We’re bestowed with the gift of real immunity. As human beings, we are designed to move toward perfection. We’re designed to detoxify, to be self-healing. I mean, look at a baby. Look at the beautiful energy you see when you look at a baby that’s pure and vibrant and alive. I mean, this is what we’re imbued. That’s real immunity.

(Intro Music: acoustic guitar folk song "Wild Eyes" by Mariee Sioux)

[Intro]

[0:00:34]

Amber: Hello friends! And welcome to the Medicine Stories podcast. I’m Amber Magnolia Hill, and this is Episode 30 with Cilla Whatcott.

Before we get into it I’ve gotta let you know that coincidentally, since I recorded this interview over two months ago, and I’m just now finally getting it out, we are updating the Mythic Medicine shop this Friday at 9:30 am. California time and releasing our first batch of extra potent elderberry elixir of the season. These always sell out very quickly. We always try to keep up with demand, but, you know, just kind of nice, synchronist timing for me, who, I never advertise my products on this podcast, but since we’re talking about immunity today, just what perfect timing with this.

So that’s MythicMedicine.love/shop, Friday morning, 9:30, October 19th. And if you’re listening to this way later there might be some left. We’ll keep making new batches and keep putting them out there.

We’re also going to have our Bedtime Bear Sleep Elixir back in stock. Sold out so quickly last year when we first released it, so we made six times the amount this year, and hopefully, hopefully, there will be plenty for everyone.
We’ve also got our fir tip oxymel, redwood tip elixir, and yerba santa elixirs back in stock.

So, alright, that out of the way.

Phew.

[0:02:15]
Amber: This episode is a big deal to me. It is immunity, real immunity, supporting the vital intelligence of the immune system, especially in our children, which is something that is so important to me. And, of course, I feel a little nervous as well, because we have to talk about vaccines when we do this, and this is something I’ve been avoiding for a long time.

I’ve been asked many times to talk about it on the podcast, but I hate arguing with people on the internet, and I swear, like, nothing is more controversial than vaccines, right? But, it’s just… because of finding Cilla’s work, because of finding this option of homeoprophylaxis, because of what my family went through this summer with shingles and pertussis, I feel ready. I feel ready to talk about it.

So since my oldest daughter was born twelve years ago, I have envisioned my approach to mothering as two-fold, like, the foundations of my mothering, and the first part of that is love, and just being able to provide a steady, unwavering backdrop of love in the home and in the relationship all the time, so that she can unfold into her truest self in a safe space, knowing that she’ll always be accepted and loved.

And then the second part of that has been immunity:

What do I do to make sure that her body has such a strong sense of itself, physically and energetically, so that she can deal and process whatever comes her way, especially — you know, I’ve always been interested in disease, especially infectious disease. It’s part of why I became an herbalist. Especially in this changing world with autoimmune issues becoming — you know, I’ve joked before on this show that autoimmune issues are the new infectious disease, and that’s not really true because infectious disease has certainly not gone away; the ones we used to be afraid of, the ones we now vaccinate for, the ones that were already steeply on the decline before the vaccines were introduced. Those are the ones that I’m worried about so much, but it’s these mutating viruses that worry me, and you know, I had Stephen Harrod Buhner on Episode 8 of this show, and we talked about how this is the 100th anniversary of the great flu pandemic of 1918. In Buhner’s book, Herbal Antivirals, and the books that that book introduced me to have really shown me that we’re just waiting for the pandemic.

[0:05:20]
Amber: Viruses are incredibly intelligent, and they mutate, and they spread, and we don’t know what it’s going to look like. We don’t know what it’s going to look like. So cultivating this really deep, real immunity, so that whatever comes my daughter’s way, now with both of them, has been a focus of mine, and so we’re going to talk about that.
I am not going to get into vaccines in this intro, though. I'm going to record an outro for the first time ever, and that's when I really get into vaccination, but right now I want to not take up too much from getting into the interview.

So in the outro I will talk about:

- Vaccines
- The story of how measles was at my daughter's school in 2016.
- I'll talk about our experience with pertussis, which is whooping cough, this summer.
- The difference between cell-mediated and humoral immunity: Which is the one that you really want? Which is the one that vaccines provide temporary relief or temporary immune-boosting by using?
- I'll talk about my three favorite vaccine books. I think these are absolutely fundamental to anyone who really wants to understand the bigger picture, just beyond the mainstream, just beyond what the pharmaceutical companies are paying to put in front of our eyeballs.
- And talk about the vaccine trade-off.

So, let me just say right here, though, that, like, yeah, if you are vaccinated, you are less likely to get the diseases for which you are vaccinated. That's totally true, at least in the short-term, and if you’re lucky, and if they work for you, you know, they don’t work for everyone, and they don’t work for anyone long-term. And the real trade-off in my mind comes from the meddling with the vital intelligence of the immune system and how we’re creating new autoimmune diseases with this really over the top vaccine schedule that we do in America; really, overall, weakening the intelligence of the immune system.

[0:07:31]

Amber: so let me also say though, as I say in this interview, I think that the pro-vaxxer, anti-vaxxer dichotomy is false. It is not a black and white issue. It’s all grey. It’s all grey when it comes to immunity, autoimmunity, vaccines, health. It’s so complex. It is so much more complex than we can really fathom.

So I just don’t buy into — I do not buy into that there are “pro-vaxxers” and “anti-vaxxers”, especially, of course, the anti-vaxxer thing. I don’t know anyone… okay, I know one lady, and she’s the only person I’ve actually had to unfriend on Facebook because her anti-vaccine posts were so over-the-top and just, like, veering into the dangerous and ignorant. It made me understand why some people think that anti-vaxxers are a real thing and are a crazy thing, ’cause there’s a couple of them who really are.

Most parents who question vaccines are, well, first of all, highly educated. There’s like actual studies showing that there are people who have had the privilege of learning how to really do research around these things, and the more research you do around vaccines, the more likely you are to be like, “Huh. I’m not sure if this is the right choice for us right now.”

So most parents I know who haven’t vaccinated, or who have vaccinated on the slower schedule, or vaccinated one kid and then not the following kids, are not like, screaming in the streets, you know, about how the CDC are “killers”. They just want a more nuanced approach and more conversation around it, and for the truth to really be out there, and for the big, big Pharma, big money, to be separated from what the actual research shows, and what people’s real lived experiences are.
Amber: When in this interview, I wanted to define the word “nosode” real quick, because we talk about this:

Nosode is the pill that you are given when you are a child when you use homoeoprophylaxis. So, you know, let’s say the varicella HP, the little bottle, the little pills, the little homeopathic sugar pills, the super-diluted varicella virus that’s in that bottle that is in those little pills, that’s the nosode.

So when you hear Cilla or maybe myself use that word, that’s what we are referring to.

I also want to say that, usually, in my understanding of varicella, which is chickenpox, is not a part of most HP protocols because it’s a non-issue. Chickenpox is a non-disease, and it’s crazy that we vaccinate for it. I’ll talk about that in the outro. But the reason that we did it, and the reason that I even had it in our home (because it doesn’t come with the kit that we got) was because my oldest never got chickenpox, as I say in this interview. And so, with her turning 12, I just thought, well, you know, I tried to expose it to her many times when she was younger. She didn’t catch it, so now, at least I can give her this homeoprophylactic dose of the varicella virus in a super diluted form, which she will have no negative reaction to. Just a small immune reaction, her immune system gets educated about how to respond to this particular disease.

So, we had it in the house, and we were going to start our homoeoprophylaxis program the next day, this last May when I got diagnosed with shingles. So you usually start with pertussis (Amber laughs), and the irony that my kids actually got pertussis the next month, and that they might not have if we had started with pertussis, is not lost on me at all. But what happened was because I got shingles, I was really worried that my little one, my two-year-old, would get chickenpox, would get the shingles from me and it would be chickenpox in her body because that’s how varicella first presents itself. And I just did not feel prepared to take care of a little one with chickenpox while I had shingles in my head and could barely frickin’ think straight. So we started with the varicella for both of the girls.

Just in case anyone out there is familiar with the homoeoprophylaxis dosing schedule, and is like, “Why did they do varicella first?” That’s why.

I wanted to also touch really quick, in the interview Cilla asks me why is it that I am able, why do I trust the vital intelligence of my kids immune systems? Why have I been able to make choices that are so outside the mainstream?

And I start talking, and I say this in the interview, but I really want to emphasize again here, that information is power, and it is worth it to spend hours researching this stuff. I mean, hours. I can’t even count how much time in my life I’ve spent researching vaccines and the immune system as well, ever since my first was born.

You know, just beyond websites, just beyond on the first few pages of Google and stuff that is paid for by the pharmaceutical industry. You guys, the vaccine industry, they make billions. They make billions. I just read the number, but I’m forgetting it now. They are making so much money off of this. And, you know, like, we all know that when money is a motivating factor, things are going to
Amber: A few months ago, going back to my interest in infectious disease and in the Great Flu Pandemic of 1918, and I’m going to tie in a little ancestry into this too, which is something, if you’ve never listened to this show before, that we talk a lot about.

So I’ve always heard the story that my husband Owen’s dad’s dad, Grandpa George, was adopted. And, you know, I’m trying to do genealogy and find out more about Owen’s family, and he’s like, “Well, yeah, my grandpa was adopted so we don’t really know who his parents were, what his last name was or anything beyond that.” And then Owen’s mom was here this summer, and I had Ancestry.com open, and I was asking her questions about both her side of the family and her ex-husband’s, Owen’s dad. She told me that, “Oh no, actually, George was adopted by family because his parents died in some sort of disease outbreak.” And I was like, “(Amber gasps) The Great Flu Pandemic of 1918?!” And she was like, “Yeah, I think maybe so.”

So I started looking at what we already had on Owen’s family tree on Ancestry, and I found the records and sure enough, sure enough, Grandpa George’s parents, Ernest and Lena McCullum died in the Great Flu Pandemic of 1918. George was born in August of that year, and they died in December. And this was, I know from ready so much about this disease outbreak, during the last wave of the outbreak. There were three big waves. And so they caught the tail end of it. I mean, I just can’t even believe how awful this is, and I’m guessing that Ernest was in the war, in World War I. And I think the final discharge of soldiers happened right before he came home and probably shared the virus with his wife, and they left a three-month-old baby behind.

So, we figured out that Lena’s brother and his wife took in Baby George, so he was adopted by family. So he had got his mother’s maiden name, which is Lindsey, which is Owen’s last name. So it’s still a family name. He was still in the family. It was really neat to finally get that whole picture.
and to learn more about that whole branch of the family going back through that, and that Lindsey is a family name. Owen kind of always felt like it wasn't and it was just a stranger, the adoptive parents’ names. Anyway, I’ve just been so struck, so struck, by the fact that Owen’s ancestors died in that pandemic.

[0:18:38]
Amber: So every time before I do an interview on this show, I burn a little mugwort, and set an intention, or say some sort of prayer, and I just, before I interviewed Cilla two months ago, I said the most heartfelt prayer. I just felt the profundity of what it is to die of an infectious disease. So my prayer was for Ernest and Lena and anyone who’s ever died of from an infectious disease, for everyone who has died or been hurt by a vaccine, for every researcher and doctor who has gone against the grain and told the truth, and for all the mamas who have had their intuition shut down by "experts".

And having said that, let me also say, again, because it’s so complex, and it’s all a huge grey area, that I totally acknowledge that vaccines have saved people’s lives and have played a positive role in some ways. It’s just the way we do it now is so over-the-top, and we have learned as a species since the idea of vaccines were developed, like, we really need to look at immunity in a more nuanced way. I’m going to quote Dr. Kelly Brogan here, she says that

Vaccines are predicated on a two-hundred-year-old science, developed conceptually long before our discovery of the double helix, microbiome, or epigenetics, and without a single true placebo-controlled trial under its belt.”

So, I mean, that really, the double helix, the microbiome, and epigenetics, really looks to how much more we know now about the human body and how immunity works and the damage that can be done when we try and get immunity from the end of a needle or a pill, or some sort of magical antidote that’s actually not at all building true, vital intelligent immune systems.

[0:20:51]
Amber: Let me tell you real quick about the Patreon offering this month, and it’s free. It’s not gonna be behind the two-dollar a month payroll. It’s a graphic that Cilla has created called “The Health Helix.” We talk about it a little bit in the interview, too. It’s just one page that kind of shows how, starting at baseline, you can either improve health and vitality or go the opposite direction. And how there’s a domino effect with every choice we make. So she talks about this in the interview that a pediatrician friend of hers noticed that all her kids who have asthma had eczema first. So what happened was they tried to repress the eczema, and then it drives deeper into the body and becomes asthma, and that goes deeper and deeper.

So this one-page downloadable PDF at Patreon.com/medicinestories will just give you a little visual representation of how we can spiral upward into health or spiral downward into chronic illness.

[0:22:00]
Amber: So let me tell you a little bit about Cilla.

Cilla Whatcott HDRHOM, CCH, Ph.D., is a board-certified homeopath, with a B.A. from Arizona State University, a diploma from the four-year program at Northwestern Academy of
Homeopathy, Minneapolis, and a Ph.D. in Homeopathy. An instructor at Normandale Community College, she’s also the author There is a Choice: Homeoprophylaxis and co-author of The Solution: Homeoprophylaxis. Cilla is the executive director of Worldwide Choice, an organization undertaking evidence-based research with homeoprophylaxis, or HP, and training medically-licensed providers in administering HP. She offers individualized HP programs for adults and children. Cilla has been a guest lecturer in London, France, Scotland, Ireland, Indonesia, the USA, and Canada, and was featured in Episode 7 of The Truth About Vaccines. She has organized and directed international conferences in 2015-2017 about homeoprophylaxis with leading researchers from around the world. Cilla has published articles in Pathways, Homeopathic Links, Organic Lifestyle Magazine, Holistic Moms Magazine, Natural Health 365, Greenmed Info, Fearless Parent, Healthy Homeeconomist, and the Weston A. Price Foundation’s Wise Traditions. She is the recipient of the 2016 Public Service Award from the Weston A. Price Foundation for her work with HP.

Cilla is the producer and director of Real Immunity, a film about the intelligence of life, and how we can overcome fear to access the resources we need to build real immunity. Of course, we talk about the film a bit in this interview, and I really just cannot recommend it enough. RealImmunity.org, I believe.

As the mother of two children adopted from Russia, Taiwan, and China, and one biological child, her deepest desire is to see families everywhere heal and thrive.

Alright, so stick around afterward if you want to hear more in-depth talking about vaccines themselves.

[0:24:22]

Amber: And, can I also say, dude, I respect all the choices that parents make around vaccination. It is so complicated and hard to know what’s true and what’s right and what’s best, and there’s so much fear. And of course, every single parent, makes the choice that they think is best for their child. So dude, seriously, no judgment on my part. It’s by far the most fraught and complicated and difficult choice I think that we make as parents. So, dude, all love, all good. If you’ve already vaccinated and you regret it, no guilt. No guilt. No judgment. Just keep loving those children and do everything you can to build natural, real, vital immunity.

Okay, so let’s hear more about that now from Cilla Whatcott.

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(Transitional Music: acoustic guitar folk song "Wild Eyes" by Mariee Sioux)

[Interview Begins]

[0:25:15]

Amber: Hello Cilla, welcome to Medicine Stories.

Cilla: Thank you, Amber. It’s great to be here.
Amber: I'm very happy to be talking to you. I was really blown away when I first discovered your work, and it intertwines so much of what I'm interested in and intertwines so much of what I've been speaking and sharing about with my audience for years, and has really deepened my interest and even my knowledge (Amber laughs) in this area around infectious disease and health and immunity, so thank you so much for everything you've done and being here.

Cilla: Oh, thank you for having me, and I really appreciate the opportunity to speak with you.

Amber: Yeah! So I thought we could start out, get a little bit of your background, and learn a little bit about how you came to be doing what you're doing.

So I wanted to ask you to please tell me more about your mother's death, and what you witnessed and what you learned from that experience, and how a visitation from her later in your life set you on the path that you are now on.

Cilla: Sure. So when I was 15 she was diagnosed with lung cancer, and it was fairly progressed. So they gave her about six months to live. My sister, who was about six years older than me, was very interested in supplementation and natural medicine. This was in the 1970s so it was the corner health food store and education from the person who was behind the counter at the health food store.

And my sister started giving my mother different vitamins and supplements and reading, and I remember there was a book by Adele Davis about nutrients and supplements. My mother rallied. I mean, she was doing great! And they were amazed at her progress, and things had stopped growing, and the prognosis was looking better.

And then at one point when they were complimenting her — my sister would drive her to these appointments and sit outside and wait — my mother came out in tears saying to my sister, “They told me I needed to stop the vitamins.” Because they commented to her how well she was doing, and she proudly announced her daughter was giving her supplements, they said, “That’s going to interfere with your treatment. You’ve got to stop that.”

So she stopped all of her supplements, and it was a matter of weeks later that she died. She went downhill very quickly and died. So it was pretty traumatic.

And those were the days when cancer was a bad word, and people didn’t discuss it. It was almost said in hushed tones in the 1970s, and there was no open discussion or planning, or kind of trying to find closure amongst family members, so it was very difficult. It was very traumatic.

I mourned many years after her death. It came at a time in my life when, as a teenager, I really needed that influence of a mother.

Cilla: So time went on, and I went on to college and got a degree in dance, actually, from Arizona State University, and I danced professionally with a company. I loved the field. I danced with a Chinese woman who put me in touch with a home for unwed mothers in Taiwan and found me a baby, my first child, that we adopted. And then after that, I adopted two others: one from mainland China, one from Russia.
In the middle of that, I got pregnant in my late 30s, gave birth to a biological child of our own, and was on this path with dance. I was dancing professionally. I had a small company, I had a studio. I worked with high schools doing their musicals and thought about getting a Master’s Degree in Ethnochoreology, dance of the world.

So applied for a Fulbright Scholarship, and the only university offering this program was in Limerick, Ireland. So I applied there, was accepted, and really looking towards going there for a two-year stint to finish this degree, and my child was sick: asthma, kidney reflux, migraines. And I was very resourceful, took them to all the specialists, and nothing was happening. There was no progress.

So, one lovely little pediatrician, she lived on Whidbey Island, where we were living, I believe her name was Dr. Maze, and she said to me, “You should try homeopathy. There are some good results with asthma.” So I found a homeopath that was very well-known that lived right there on Whidbey Island, took my son. Within six months his asthma was gone. I was blown away.

So, took my other children, and similar experiences, they did very, very well, went myself, and I’ve been quite depressed over a number of different life events at that point, and slowly I began to see the light of day and be uplifted and toying with the idea of getting more education in homeopathy because I was so amazed at the power and depth of homeopathy.

So my mother, who had been dead now — I’m in my late 40s now — so since I had been 16, she had been dead. She came to me in a dream, carrying flowers, white flowers, and saying, “This is exactly what you need to be doing because I had actually reached out to a couple of schools: one in Minnesota, one in Canada, and both of them, one of them, the Minnesota school, had invited me to come for a semester.

So I was at this crossroads. This was the summer, and in the fall the semester was starting in Ireland. So I needed to decide what to do, and I loved dance, you know, and it was a proven winner for me in terms of what I loved to do, but I was intrigued by homeopathy.

So she basically said, “This is perfect for you. It is exactly what you need to be doing, and you’ll be really good at it.” And that was really impactful for me.

So I flew from Washington, where I was living, to Minneapolis, sat in on four days of class, loved it; absolutely loved it. Knew it was exactly what I wanted to do. Flew back home, made the decision, and proceeded to commute back and forth between Washington and Minneapolis for about three months until we could collect everything and decide to move.

And we packed up the kids, packed up our belongings, moved to Minneapolis. My husband had no job here. He did it on faith completely, and we arrived. Lo and behold, he ran into someone he knew from another job who said, “Oh, this particular company is hiring. Let’s get you in for an interview.” And boom. He got the job, and the rest is history.
So he had a job here. I finished four years of school here in Minneapolis and thinking we would leave as soon as I was done, but we’ve been here ever since, and that was around 2000. So, anyway, that’s the history of what brought me to this point.

[0:33:07]
**Cilla:** And then in homeopathy school, I bumped into homeoprophylaxis which is a natural method of educating the immune system against infectious disease, and I realized, wow. This is what parents are looking for because one of my three children, Lily, my baby from China, when we brought her home, she received all her vaccines, immediately went into aseptic meningitis, almost died, did not, but almost died. I started researching and found that aseptic meningitis is a side effect of the MMR.

So I had gone to the pediatrician, announced I had found the reason for this. She completely denied it. She shamed me, scolded me for even thinking of this, and a lightbulb went off for me, realizing it’s up to me to figure out how to care for my children. And this was years before I went to homeopathy school.

So that happened in ‘96, and then it was 2000, the early 2000s that everything happened that I just explained, and I started school.

SO when I bumped into HP, homeoprophylaxis, the puzzle pieces fell into place, and I realized this is the answer. This is totally the answer.

The first thing was writing the book, The Solution, and then with a colleague, I formed an organization, a non-profit organization, where we trained homeopaths, left that organization, started Worldwide Choice, held three different international conferences bringing researchers in to try and familiarize medical professionals with homeoprophylaxis, wrote a second book called There is Choice, then launched into making a film that I launched in February of this year. The next film is coming out in the fall.

So that’s a nutshell

**Amber:** Wow. That’s an incredible story, Cilla. That your mother came to you to validate this interest and to push you farther along this path, and now look at what you’ve done with it! Look at all the people you’ve educated, all the children whose lives you improved, and all the mothers that you have empowered. I’m so struck by the beauty of that story.

**Cilla:** Well, it’s been a passion, Amber, and at one point I kind of got on my knees and said, “I can’t do this. It’s not up to me. I’m not driving this bus. Show me the way. I’ll use my resources. I’ll use my skills,” and everything just kept happening after that.

So I don’t take credit for that. It’s beyond my abilities. I just know that what I’m here to do, and I’m committed to it.

[0:36:06]
**Amber:** The piece around that empowering mothers to trust themselves, to trust their intuition, to trust their own abilities to do their own research, is something that I’m really passionate about. It’s
so... like that doctor telling you, "No, that's not what happened to your child. That's not a side effect" (even though it is a documented side effect in the literature). So many, so many women have stories, and specifically, mothers of being shamed, belittled, put down, told they're stupid by their doctors, and it's a really hard and scary thing to stand up against.

Cilla: Disempowered.

Amber: Very disempowered. So let's dive more deeply into real immunity. Huge topic, and let's spend the rest of the time talking about this:

What is real immunity, and how does homeoprophylaxis play into this?

Cilla: Sure. So we’re bestowed with the gift of real immunity. As human beings, we are designed to move toward perfection. We’re designed to detoxify, to be self-healing. I mean, look at a baby. Look at the beautiful energy you see when you look at a baby that’s pure and vibrant and alive. I mean, this is what we’re imbued with.

That’s real immunity, and it doesn’t come along from something outside of ourselves or something artificial. It’s just a matter of how do we support that? How do we promote that and support it especially in the world today where we’re bombarded with so much toxicity from every direction: emotionally, physically, so it’s not about going after something that isn’t already there. You know? We already have it. It’s just trusting it.

So that trust piece — so here’s my theory, Amber:

In 19... oh, it was between 89 and 99 when direct-to-consumer marketing took place with the drug companies. Before that — I forget exactly which year. I think it was ’97. — there were no drug ads on TV at all, and we are one of only two countries that allows that. When those ads started coming on TV, it shifted the consciousness of the viewer. All of a sudden it became very comfortable and familiar to see these drug ads and to feel like there’s a drug for any symptom I have.

So it promoted this concept that:

- Symptoms are bad.
- We need to suppress them.
- There’s a drug to do that.
- Go to your doctor.
- Ask for the drug, then you won’t have it anymore!

So it robs the entire concept of natural immunity. It robs that awareness that we have the capacity to heal. It’s not overnight. It’s not quick. It can take time, but it’s there.

[0:39:20]
**Cilla:** When I went into practice, and I have all these parents coming to me over a 99-degree fever and running to the ER, it became all too apparent to me that wow, people have lost all touch with their intuition.

Who knows their child better than the mother? They know that child. They carried their child.

It’s not about a number on the thermometer. It’s about their vitality.

**Amber:** Yes, and vitalism is something, as an herbalist who’s had many herbalists on this show, that we’ve talked about a number of times here, and I love that homeopathy is there to support the innate vitality of the body of the person.

And I really loved the way the chiropractor in your film put it. It kind of really put everything into place for me when she talks about a sperm and an egg meeting, and then nine months later there’s a baby?! There’s a whole human being? —

**Cilla:** Right. Life has intelligence.

**Amber:** Yes! That is the innate intelligence of life coming forth, and it’s something that we are all born with and gifted with, and some people more than others, depending on genetics and the lifestyle choices of the mother, but I… yes.

So ever since I was pregnant with my first, who’s going to be 12 in two weeks, I’ve been just hyperfocused on how do I build the most intelligent immune system in these children? And for me, I made the choice not to vaccinate, and that’s a hard choice. I’m not an anti-vaxxer. I think that whole dichotomy is false and extremely detrimental to everyone, to every parent out there.

But on the deepest level of my intuition, it did not feel right to me, and I did a lot of research and I continue to do so much research. I remember just thinking back then, like, “I just can’t wait for the future, when there’s even more research, and maybe I’ll know for sure if I made the right choice,” and I don’t think you ever really know that.

[0:41:14]

**Amber:** When I learned about homeoprophylaxis from you I was just thrilled because here’s something that totally makes sense. It’s this idea of introducing the disease pathogen into the child’s body in an extremely diluted form, as homeopathy is, so it’s basically just the energetic imprint that’s left. And so the body learns its innate adaptive immunity to that pathogen so that if ever exposed to it in the wild in real life, it knows how to fight it.

**Cilla:** Right. That’s an excellent description, and I would add it satisfies a certain susceptibility. So we each have particular susceptibilities based on our ancestry, our lifestyles, you know, a lot of variables. You may be more susceptible to certain types of diseases than I am, and vice-versa. So when you get that HP nosode, a certain susceptibility that you possess is being satisfied by receiving that, and then you won’t succumb to the disease. You have less of a chance of succumbing to the disease.

**Amber:** Mhmm. And one thing that really struck me that you said is when we are exposed to these infectious diseases in the real world, they don’t come to us at the end of the needle into the
bloodstream. They come to us through our mucous membranes, and that’s what we’re doing with HP, too.

So it’s giving us more long-lasting, natural, cell-mediated immunity, which is very different from what vaccines do.

Cilla: Right, we’re replicating how nature does it.

Amber: Right.

Cilla: On an energetic level. Exactly.

Amber: Yeah, so it just makes so much sense, and there’s absolutely no possibility of harm being done. No one has ever been hurt by taking homeopathy.

Cilla: Right, because it’s energetic. It’s like saying, can you be hurt by prayer or music, or a frequency?

[0:43:13]

Amber: Yeah, so for anyone listening who’s like, oh well, it’s just energetic, that’s nothing. I would like to share the story that I’ve shared with you, Cilla, which is when I gave my daughter their first dose of the varicella nosode, which is chickenpox, my oldest had no reaction at all, which didn’t surprise me at all because she never caught the chickenpox. It just, like, it seems like her thing with that disease is not that strong.

Cilla: No susceptibility.

Amber: Exactly! That’s the word. But my little one, who is 18-20 months at the time, had a big immune reaction that day. We gave it to her in the morning, and that afternoon she got super hot, she got a fever. Her nose was runny, and she went to bed about three hours earlier than usual, slept through the night, woke up the next day and was like a brand new child, and I was hoping for that. I really wanted to see that immune reaction to know, like, look! Look! That energetic imprint of that varicella pathogen woke her immune system up.

Cilla: That’s great. That’s textbook. Really nice.

Amber: Yeah, it’s amazing. It’s so beautiful.

[0:44:20]

Amber: So let’s talk about this idea, too, of the pathogen versus the terrain.

Cilla: Yeah, so the whole concept of pathology is a little bit skewed because the medical model is that this germ comes into us, this microbe, and infects us and causes harm.

The reality is that the body is this dynamic organism that is constantly detoxing on different levels; the skin, the mucous membrane, the bowels, the kidneys; and we interface with microbes because they’ve been here a lot longer than we have, and there’s a lot more species, than there are of humans, of bacteria, viruses, parasites, fungi, and when we interface with them, we have a
response based on our susceptibility. And that response can include some kind of discharge, and that's a healthy thing because it's exercising the immune system.

So it's a very different way of thinking about disease. Instead of this fear-based avoidance of disease, it really is a necessary function Mother Nature put into place in order to exercise our immune systems, and children can get 10-12 viruses a year. Some go unknown to parents. They're mild. One day: runny nose, slight fever, boom. It's over.

But we’re going to see that process where they go through a prodrome and then they have a discharge...

**Amber:** What's a “prodrome”?

**Cilla:** The prodrome is the preliminary period before — when the disease enters your field. So something’s not quite right, but there’s no symptoms yet. So it’s just the preliminary stage.

And then the next stage, there’s a chill. The child may nap, fall asleep, be chilled, shivering, and then a fever can start generating. And then with that fever, the body starts to discharge, and will cause some sort of eruption. Maybe diarrhea, maybe vomiting, maybe pustules that are coming up, like chickenpox, and then the fever may rise to really start to clear this process in the body, and then they come back to baseline. They may have a sweat, and then they come back to baseline. They've come completely around that circular phase of catching a virus and moving through it.

And it’s a healthy process, and so many times when people do homeopathy, they're so accustomed to allopathic medicine that’s intended to suppress a symptom that they’re misguided in thinking that, “Oh, should homeopathy just stop this?” And the answer’s no. Homeopathy’s intended to support that process. You’re still going to go through all of the stages, but you’re going to go through them more smoothly, more rapidly, and you’re not going to get stuck anywhere and go deeper.

So instead of four days of a virus, getting stuck in the vomiting or the diarrhea, it might be a two-day process where you move through each stage in a matter of hours. And **that’s** supporting the system.

**[0:47:57]**

**Amber:** Yeah, I had that made very clear to me. So my girls got whooping cough, and again, much, very mild in my oldest and very severe in my youngest, 22 months. And I did not call our homeopath, who you know, Marcy, because I’m thinking, “What can homeopathy do for this?” Like, everything I’m reading is telling me there's nothing you can do for pertussis. You know, we were doing high-dose vitamin C, but I was like, homeopathy isn’t going to kill this bacteria or the extra toxins it releases, which is what makes it so bad. There's just not much we can do.

And then finally I was like — oh, and then I watched your video, Cilla, your influenza video on your website.

**Cilla:** Oh good.
Amber: And you said, yeah, you said what you just said, “Actually, what homeopathy is doing is helping to speed along the process.” And I was like, “Oh, duh. I know that.”

So I called Marcy. She asked a million questions, as homeopaths do, which is so wonderful 'cause you really listen and get to the heart of the problem. And then she made her recommendation, and we got the ipecac from the store, and that, within 30 minutes, Nixie had her first coughing spell that did not become a full-on paroxysm. It was just a little cough.

And then that night for the first time, she slept for longer than one hour at a time.

Cilla: That’s lovely. Yeah, that’s lovely. Really now, she has wonderful vitality. See, everything you’ve said about her: the chickenpox episode, the pertussis episode, her vital force speaks loudly and it responds well to remedies. So it’s very reactive and very vital. Very strong vitality.

Amber: Yeah, well it’s good to hear! (Amber laughs) And again, it’s something that I’ve really focused on, building up that terrain, knowing that different people can all be exposed to the same pathogen, but based on what is going on inside their body, some people are going to get very sick from that, and some people are not at all.

Cilla: Right, and this, Amber, is the beauty of homeoprophylaxis because we don’t know who will suffer from a particular disease, so why not prophylactically give HP to protect the weaker among us?

[0:50:13]

Amber: So let’s talk a little bit more about fevers. This is something that I’ve talked about a lot, shot videos about it, talked about it on Instagram, and about not suppressing fevers. And I always get mothers coming back at me, like, “What?! That’s crazy. This is a problem that needs to be shut down as soon as possible. I would be terrified if I let my baby’s fever run its course.”

And I tell them, I’ve never once tried to stop one of my kid’s fevers. It’s never been a problem, and it’s a really important thing to support them through.

So tell us how suppressing symptoms only drives the illness in deeper and why we need to let fevers run their course.

Cilla: Right, so a couple of points:

First of all, in the film Real Immunity, Dr. Kendra Becker has a lovely, lovely interview about fevers and how mothers get through a fever, it feels like they’ve walked through fire. But they get to the other side, and she supports them, and it’s just a really lovely explanation of why we shouldn’t be afraid of fevers and what they’re doing physiologically to educate the immune system. So I recommend people take a look at that.

Fevers are scary to parents. Way worse for parents than the kids. And the fear is febrile seizures. I have a free knowledge base you can access through my website, familyhomeopathycare.com, and in the knowledge base, there’s information about fevers. So you can educate yourself about fevers, and I know many moms who’ve taken calcium lactate. It’s a simple supplement you can get at the
health food store. You can put it in juice or water and sip it, and it provides the calcium necessary because it's calcium deficit that can cause a febrile seizure.

Febrile seizures are not dangerous. Children typically do not continue to have seizures when they have a febrile seizure. Now, this is very different than a child who's vaccinated, leaves the office, and starts having severe seizures. That's not febrile seizures.

But just from high fevers: some children are prone. My own children had 105-degree fevers. I kid you not. They hallucinated during these fevers and I couldn't get them down. I would try because you want to take the edge off. You don't want a child to be suffering. You just don't want to suppress the fever altogether.

So they're on my website, therealimmunity.org for the film.

There's actually a free download of a health helix, and that helix explains this process of when we support the processes in the body, it builds immunity. And when we suppress those processes, it drives disease deeper.

So I'll give you an example:

[0:53:27] Cilla: When infants have eczema, and topical corticosteroids are used on the skin to suppress the eczema, the skin is related to the lungs, the respiratory system.

So you suppress the skin and you start to see the child have asthmatic symptoms, and then those are suppressed with inhalers, etc, and you can start seeing emotional symptoms. So we're driving things deeper and deeper into the system.

And I actually had a patient come in and said she'd been to the pediatrician. I think it was a pediatric ENT who said, “Yeah, it's so weird. All my kids with asthma, they all had eczema first!” She had no idea why or how they were related, she just knew she saw that frequently in her practice.

And it's pretty logical, really. So the goal is: we don't suppress. We don't drive things deeper. We support the system with chiropractic, with energy medicine, with homeopathy; anything that's supportive.

And this is not only at the physical level, this is at the emotional level, too. I can give you examples of that, but the point being, suppression on any level is detrimental to our evolution as human beings. We don't want that. We want to support and express.

Amber: Mhmm. I'm looking at that image, that graphic you're mentioning. You can be like, Oh I know someone who's going down that path, and you just, you know the personal stories of people who've followed that path, either upward into health, or downward into ill-health. Looking around at just how unhealthy so many people are. So many of us, especially my generation, really, people who are parenting right now, who were raised on processed food, who were fully vaccinated without their parents questioning it at all who were given — I was given three or four rounds of antibiotics a year as a kid for ear infections, and you can see how unhealthy we all are and we just
have decades of that suppression and driving down, and making everything worse to contend with now that we’re hitting mid-life and being like, “Why do I feel so terrible?”

**Cilla:** Right, and we’re seeing it really dramatically even on young children right now because so much suppression is taking place.

I mean, I see this all the time in my practice: a child goes in, two months old, they get eight different diseases, vaccines for eight different diseases. The mother leaves. The child develops an ear infection. She goes back in. There’s no relationship acknowledge. It’s the body trying to discharge some of the toxins, basically, but that’s not acknowledged, and they’re given antibiotics to suppress the symptoms. Takes the antibiotic, comes back two months later at four months, eight more disease vaccines are given. The ear infection keeps coming, or sinusitis, or you know, chest infections, and it’s this vicious cycle that gets set up where the child is chronically ill, and mothers these days, think this is normal. This is childhood. Children are always sick, and it’s bizarre to me because that’s not really the natural state of childhood.

**[0:56:59]**

**Amber:** Yeah, I told this story more deeply in the intro to Episode 8, when I talked to Stephen Harrod Buhner, and we talked a lot about empowerment around your own health, and about the Great Flu Pandemic of 1918, but I know a family, who, for three generations now, have formula-fed, c-section, all processed foods, full vaccines, tons of antibiotics, and now this fourth generation of children, they are SO sick, and they talk about it all the time, “Why are our kids so sick?” One of their grandmothers one time was like, “Why are my grandkids always sick?!” and I wanted to be like, “I know why,” but I can’t ‘cause they already think I’m crazy hippie over here.

But some of those family members in private have said to me, like, “Amber, like, your girls are so healthy and beautiful and smart, and you’re doing something right. And even though we live so differently, like, we see that what you’re doing is working, and we respect it.”

**Cilla:** But they can’t make the leap to make the change.

**Amber:** They can’t because the doctor’s the “expert”, and they just don’t trust themselves.

You interview a mother in your film, and I really — you know, she tells a story of like going through this thing with the doctor, and not listening to her intuition and doing what the doctor said, and it doesn’t really work out, and she realized. She says, “I am my child’s healer.”

**Cilla:** Right. Right. So important.

**Amber:** It is!

**Cilla:** So important.

**Amber:** It is. No one but me.

**Cilla:** That was my goal with the film. To really open that door to help parents see you don’t need to be afraid. You are the expert because no one loves your child like you do. That qualifies you! Just get your information. Just learn.
Amber: Yes, and no one loves your child like you do, and no one observes your child as thoroughly, as often, or has the same intuition of what might be going on beneath the surface as you do.

Cilla: Right. Absolutely.

[0:58:53]
Amber: When I took both my girls into different doctors, different days, saying, like, “I think this is whooping cough.” Both times, like, “No. No. It’s not whooping cough. Come on. Stupid mom.” Like, you know? (Amber laughs) And it was. It was, and I knew it was, and I just… I was like, okay I’m going to take them home. I’m going to do as much research as I possibly can, and I’m going to take care of this on my own, and I did.

And at this point after going through two months of pertussis hell, I feel so sharpened and so honed in my instincts as a mother, and just super empowered and passionate about talking to more parents about all the options we have when it comes to building natural immunity.

[0:59:40]
Cilla: So Amber, my question to you is what makes it possible for you to go that route instead of just listening to the authority? What is it about you that can do that?

Amber: Well, so, I mean a lot of things. We could take this so far back into my ancestors and their health, and me being really loved and supported by my parents and grandparents, even great-grandparents as a kid, and always being allowed to follow my curiosity because…

So in the film, you talk about this very thing: people losing themselves in fear when their kids are sick, or an authority figure like a doctor is breathing down their neck about something, which is so understandable. You know we all do it. You even talk about how a certain decision-making part of the brain gets shut down when we’re in that kind of fear, and how to counteract fear, three ways to counteract fear: information, intuition, and love.

So I got the love down, that’s again, I’m super blessed to have been loved by parents, and that’s been easy for me to love my kids fully. The intuition, like so many people in our culture, is something I’ve had to work on, and I’ve been doing that for about two decades now, and as soon as I became a mom 12 years ago, I really felt that intuition come online, but the information is such an important piece because we do live in this super, linear, logical, left-brained-thinking society, and it’s very hard for me, and I’m sure for everyone, to step out of that.

So I can say, “I love my kid, and I have this feeling about it,” but I also want the research to back it up.

Cilla: Right. Right, so I’m gonna interrupt you, because I’m going to reference exactly what you’re saying about this love and support that you receive from your parents, your grandparents, and that is a graphic representation of the support of expression.

Go back to the health helix, where I talk about supporting. So, emotionally, you were supported to express yourself, and who you are. You weren’t suppressed. Their love for you enabled you to ask
questions, express your emotions, or whatever it is, and as a result, you are able to more fully explore the possibilities in your life, as opposed to being suppressed and being told, “Nope. There’s one way. This is what you’re going to do. There’s no other way.” So it’s just another example of how supporting expression helps us to heal. It’s like if you have a child in a messy room, and you want him to clean up your room, the mechanistic way to do it, is to grab that child, force them to the toys, and move their arms to pick up the toys and put them away. The job will get done, but what have you done?

The vitalistic way to do it supportively is to say, “How about we clean up the room? I’ll help you,” and then you proceed to help the child and act as a role model, and then they’re able to move forward. So it’s all about support, encouragement, love, acceptance.

[1:02:56]
Amber: This reminds me, too, that you talk about in your film which is that healthy boundaries are very intertwined with healthy immunity, and I think being so loved and supported as I grew up, and being someone who’s always open to more information, and just trying to make my life better and work better, boundaries is just something that’s really important to me and has become more and more so, and supporting my kids and their boundaries. I just thought that was a very astute observation on something that a lot of people probably don’t think about.

Cilla: Right, because we don’t associate immunity with anything but the physiological, but it really, I mean, holistically speaking, it encompasses everything. And it’s particularly a challenge for those people in the healing professions (Cilla’s audio cuts out)...

Amber: There’s so many things in my notes here. I wanted to go back to the thing about your fever and your kids sometimes getting up to 105 because, again, I can imagine moms listening to this.

And I remember growing up hearing “once it hits 104 you take that child right into the emergency room.” But I think in the film that pediatrician you named earlier, she talks about how between 103-105 is when the body is really killing the most bacteria.

Cilla: Yeah, she gave a really great interview about fevers.

My own children, my daughter especially, because she’d been through that aseptic meningitis episode, so what happened was her body continued to spike this high temp in an effort to get up and over the healing process. Kind of like a car with the wheels stuck in the snow, spinning, spinning, spinning and not being able to get traction. So I treated her homeopathically and was able to get her past this repetitive process of these high fevers and into a more balanced ability to get sick-get better and move through that cycle.

But yeah, it’s scary. I mean, it’s scary to parents, understandably.

[1:05:30]
Amber: Yeah, totally, and I think it was the same woman who talked about how the first cold a baby gets is gonna last about ten days, and I really hooked into that because that was my experience with both my girls: the oldest when she was eight months, the youngest when she was five months, and it is very scary and very hard to watch them go through that, and it lasts longer
than most colds do, and maybe longer than other family members who may have had the same cold.

So just knowing that, I wanted to speak that on here for any moms with new babies, or who are pregnant, or who will be in the future, that that’s really normal, and so important for that baby to get through their first illness on their own.

**Cilla:** And you nurse them, you hold them skin to skin. You get in the tub with them. They just need that contact. Totally.

**Amber:** Yeah, and it’s just such a sweet time. And I know, in our modern lives, that you have to go to work. You have to get them to daycare, and it’s so hard for modern mothers to find the time to slow down and just snuggle those babies, but it’s just so important and goes such a long way toward the healing and recovery period.

**Cilla:** Right. Right, yeah. It’s challenging if they have to get to work. I don’t know how mothers deal with it.

**Amber:** I don’t either, and truly, after my oldest was born, I was like, I’m gonna do whatever I can to build a business that I can work on from home, and I was broke for a long time trying to build that business. But I’m so glad once the second one came along ten years later, because through this whooping cough she just needed me constantly, and I wanted to be with her constantly. And again, up almost every hour on the hour at night time, I was so glad that we were still nursing, and that I was just able to immediately give her that comfort and that nutrition and those sleep hormones to get her back into bed.

**Cilla:** Right. Right. It’s great.

[1:07:32]

**Amber:** Yeah, and I think another thing that I think a lot of people don’t realize, is that when these kids are allowed to fully go into their illness, their immune system is allowed to fully launch its own adaptive response to what’s going on, that once the illness has run its course, they’re like brand new little people. They have these huge developmental leaps forward that’s so amazing to watch.

**Cilla:** Right, and Dr. Deborah Gambrel in the film talks about that, and how some of these childhood diseases are intended to help them through certain developmental stages. I think she mentions that they start to crawl after one of them, I think it’s chickenpox, they’re crawling. Measles - they’re reading after that. So mother nature designed it so these diseases come in certain windows of time during certain ages right at these developmental marks so the child can take this developmental leap.

Not only does that happen, but it’s also preventative for deeper more chronic diseases later in life. We have studies that show us that. Neal Miller wrote a book called Critical Vaccine Studies, yeah, and the information’s in there about measles, mumps, chickenpox, being preventative for cancers, tumors, lymphomas, all these different more chronic diseases later in life.

**Amber:** Yes, and one thing that’s really happening with these massive, across-the-board vaccinations is that the older adults are having more shingles. The pertussis virus has mutated into
newer, or bacteria has mutated into numerous, new bacteria, that our vaccine doesn't touch. So, you know, it's this idea of herd immunity is just so much more complex than we all think it is.

[H:09:22]
Cilla: Herd immunity's about natural disease, and if you've heard Dr. Tetyana Obukanych's lecture, she talks about it in-depth.

Herd immunity is not artificially created with vaccines. That's erroneous, and the post-surveillance studies that took place after the chickenpox vaccine was rolled out actually revealed that there would be an increase in shingles, and when that was brought to the CDC it was shut down.

The researcher, Gary Goldman, was told that they would just develop a shingles vaccine, and they basically stonewalled him, and he went to Europe and published in a publication called Vaccination, or Vaccines in Europe, and Europe did not adopt the recommendation for the varicella vaccine as a result.

But what have we seen? This increase in shingles because nobody's getting those external boosts from being around children with wild chickenpox. So, you don't mess with Mother Nature, and what kind of hubris is in place that we think we're superior to Mother Nature?

Amber: Right, and that we can outsmart these ancient life forms that are intelligent that evolve; that evolve directly in response to what we are doing to them.

Cilla: Right. Precisely.

Amber: Yeah, it is so interesting to know that vaccines are causing some of these diseases to mutate into more virulent forms, too. That's terrifying.

Cilla: And, you know, the propaganda we hear through the news is “all the unvaccinated” are causing this, and that just is not accurate.

The lovely thing about homeoprophylaxis is it addresses mutated forms of pertussis and all these viruses are bacteria because it's based on a symptom picture. It's not based on the specific species or the mutation, it's the symptom picture. So no matter what the mutation, the symptoms are similar in pertussis, and HP can address it.

Amber: Amazing. I'm so looking forward to getting through this. It's a year's long process when you're doing the full HP schedule and program, and I can't tell you what peace of mind it gives me to know that I am exposing my children to these infectious diseases and they will kick up their own natural immune response to it. You know, it really turns off that worry part of my mama brain: am I doing enough? Am I doing it right?

Cilla: Right. We all worry. That's the plague of parenthood, isn't it, Amber? (both laugh)

Have I done it right? Are they going to be on a psychiatrist’s couch 30 years from now complaining about me?

Amber: Yeah.
Cilla: I hear you. But the beauty of the HP program is that it doesn't take the entire program to create that immunity. The first dose does it. So the minute the first dose hits mucous membrane, you have some protection, and the subsequent dose is over time, just goes deeper and deeper into the system and lasts longer.

Amber: Right. Yeah, it's really neat how the program is laid out. I was really fascinated reading about it, and as the logic dawned on me I was like, "Man, homeopaths are smart." It's a very specific kind of intelligence, that's very different than what we're all raised with as we're talking about here: just shut down the symptoms and then you're healthy.

It just takes a deeper intelligence to address what's really going on.

Cilla: Right, and we have Dr. Isaac Golden to thank for that program. He devised the program and studied it for 15 years on a group of about 3000 children. So that's the program that I've put into place with my families.

You touched on the heart of it: homeopathy is not about replacing a medical system, per say. It's a different mindset. It's a different way to think about the body and health and the process of the vital force, and that's what's so beautiful about it.

[1:13:40]
Amber: Yeah, will you tell us a little more about Dr. Golden and about the studies that happened, or the effects that have been seen? Is it India and Cuba?

Cilla: Yeah, Dr. Golden initially in 1985 for a Ph.D. thesis did a study with about 3000 children, followed them for 15 years, used a number of nosodes for childhood diseases. What he found, to his surprise, was the kids with HP were actually healthier than the kids who are unvaccinated. He anticipated it would be similar, or the same, or even unvaccinated being healthier, but to the contrary, the kids with HP had fewer atopic illnesses: allergies, eczema, asthma, and it's because they were circulating wild diseases with all the benefits and none of the risks. So that was a lovely study, and it's really the only study that's been done with childhood diseases.

So some of the other studies have been influenza, with the flu out of brazil, that was double-blind, placebo-control with very good results. The conclusion being it reduces episodes of the flu. It reduces symptoms of the flu, and carries no risks, is low-cost and effective. So that was a great study.

It's been — Cuba has used it a lot. Cuba has a PubMed study about leptospirosis where they had a group of the population, a section of the population, 2.3 million people, and reduced the incidence of leptospirosis, a tropical disease that comes around annually, reduced it to zero after a couple of years using homeoprophylaxis, and they've done other studies in Cuba because they're very pro-natural medicine there.

And then in India, where homeopathy is a respected form of medical care, it’s actually endorsed by the government. Government-trained and employed doctors utilize homeoprophylaxis. They go out to the backwaters areas, put up signs, “Come get your homeoprophylaxis” when there’s an epidemic, so it's very well-utilized and respected there.
So I’ve interviewed one doctor from India for the film that’s coming out called Passage to Real Immunity, and I’m delving deeper into the research behind HP, interviewing more families doing HP, doctors using HP. I’ve interviewed Dr. Golden in Australia using HP. So all of that is going to be highlighted in the next film that’s going to be out in the fall.

[1:16:41]

Amber: Great! Okay, so we’re going to wrap up soon, but I wanted to touch a little bit more on what parents can do to build real immunity, like, concrete action steps, and country-wise, what suppresses real immunity, like, what a pediatrician in your film who says that the unhealthiest kids he sees in his practice eat processed foods, have been given many rounds of antibiotics, and have been fully vaccinated.

Cilla: Mhmm. Yeah, that was a pretty daring comment that doctor made. (Cilla laughs)

Amber: I know! I’m just shaking my head because I know that’s true from my own witnessing from people that I know in my life.

Cilla: It’s true.

Amber: You know, it’s, of course, so much more complex than that. Like, it’s all about how everything interacts, the domino effect of one thing, and then another, and again, genetics, and so many other things.

Cilla: Right.

Amber: But basically, you know, the confluence of all those things really are a recipe for declining health throughout time.

And then for the really healthy people and children, it’s, you know, proper nutrients, a strong microbiome, lack of stress, as much as possible, good sleep. What else? What do you recommend to the people who come see you in your practice?

Cilla: well, what you’ve outlined, Amber, with that is exactly what Dr. Samuel Hahnemann, the father of homeopathy, says in the organon of medicine, which is, you’ve got to have the basics in place first. So diet, environment, stress, all of those things are essential as a foundation, and that’s what I say to parents. You know?

They come in feeling like they’re not doing enough, or they’re doing something wrong, and I point out to them that the very fact they love their children and are giving them a stable home is huge. That’s a huge piece of the puzzle, compared to a child who’s in a home with abuse, or different negative conditions that are causing stress for that child. So, number one, the diet - what goes into them; what’s around them; the environment and stressors. The most important factors.

Then good homeopathic care is great. People can get through teen years and transitions, and so many things with good homeopathic care. Having a good chiropractor, who can keep the body in alignment - essential. And ideally, if your chiropractor knows something about nutrition and functional medicine, that’s great. So they can also pick up any red flags about developmental
problems or physical problems, and that’s your team right there. Having a pediatrician who has hospital privileges, so that if you do need to go in for appendicitis or a broken bone, you’ve got a pediatrician on your team.

And build a team. You’re not going to do this alone. Have a team in place, and have these natural methods, and have these basic building blocks of nutrition and support, love, and stress-free environment.

**Amber:** Mhmm. That mother you interview in your film, too, says it took her a while to find the right support people in her life.

**Cilla:** Yeah.

**Amber:** The right pediatrician. She had to go knocking on a lot of doors.

**Cilla:** Right. It takes time.

**Amber:** Yeah, and you know, I want to acknowledge there might not even be anyone in your area for a lot of people listening, but there’s support online at least, and there’s podcasts like this, and other ways of educating yourself.

**Cilla:** Right, and I would want to send people to the website: NaturallyNicole.com, and this woman has created a list of vaccine-friendly doctors in every state. So she’s always updating it if news comes in that somebody is not what they say they are, but doctors who will support you in your vaccine choices, whatever they are.

**Amber:** Great.

**Cilla:** So you can look for your state on her list.

[1:20:49]

**Amber:** Okay, and then let’s talk about your website, your film, your book, just everything, everywhere.

**Cilla:** Sure, so the film is realimmunity.org. You can access all my websites through just my name: CillaWhatcott.com and there’s three portals. And those three portals are the film, which is realimmunity.org. They can purchase the hard DVD. They can rent it for three days, streaming, just download it. And the next film in the series is coming out this fall, I think. October is my target date for the next one coming out. They can also sign up for the newsletter so that they’ll be made aware of anything new coming out.

My private practice is familyhomeopathycare.com, and that’s where I take constitutional care, children, adults. My book is available there. I have two books: The Solution and There is a Choice. They’re both available on Amazon. And I do cease therapy as well, which is a method to detoxify from anything; from vaccines, antibiotics, pesticides.

And then the third site is WorldwideChoice.org, and that’s an informational site about homeoprophylaxis.
So in order to access the homeoprophylaxis program or travel prophylaxis, people can just email me through any of those sites, and then I will send them out lots of information to answer their questions.

And my goal with the HP programs, Amber, is education and **empowerment**. I don’t sell kits. I don’t sell products. What I offer is a program that’s educational so the parent receives a kit. They receive a booklet to keep records in. They receive training from me over skype, then support throughout the program from me so it’s really my emphasis on the education piece.

**Amber**: Okay, I want to add, too, that your second website that you named…

**Cilla**: Family Homeopathy Care?

**Amber**: Yes, you have some online courses.

**Cilla**: Oh I do. I have courses for influenza, first aid, cell salts. There's the free knowledge vault, and there’s a membership site. So if you join the membership site. I give a webinar each month on a different topic, and then the second time in the month, two weeks later, I do a Q&A. So it’s just access to me. We talk back and forth. I’m open to any questions. We can talk about the prior webinar or anything that comes up. Usually, it’s been just a few people, so it’s been pretty intimate, really nice, and all of those are recorded and archived, so if you join the membership site, you have access to all the old recordings.

[1:23:50]

**Amber**: Great, and you know, I want to say just one more thing:

So you got into homeopathy as a mother wanting to support her children’s health. The homeopath that I’m working with, Marcy, the same thing. And she told me she got into it from Meredith Benson, who was a homeopath up in my area who passed away suddenly a few years ago. All my mom friends used her and loved her, though. And that when they were young moms together, they were looking for ways to support their children’s health, and Meredith said, “Marcy. Look into homeopathy.” Both of them changed their lives as mothers. That happened to you, too.

And I’m thinking about everything we’ve talked about with moms being their children’s healer, and trusting themselves, and I think about what I heard a doctor say once, that he trusts mothers. He trusts mothers over himself when he’s looking at their children. He trusts mothers over the scientific test results he’s getting. He said, “Trust mothers.”

Isn’t that beautiful? And that is one reason that this medicine makes so much sense to me because I trust mothers.

**Cilla**: Lovely. Really nice. That’s a wise doctor.

**Amber**: Yes. Okay, Cilla, thank you so much for talking with me today.

**Cilla**: Thank you, Amber, it was lovely to be here.
Okay, so I’m gonna do it. I’m gonna really talk more about vaccines in a way that I’ve been avoiding doing for such a long time.

First, I really want to make clear that in the intro when I was talking about it being, like, just this massive grey area, I don’t mean that it’s foggy or unknown or, you know, anything like that, like, obscured. I just meant that it’s not black and white. That it’s complicated. It’s complex. It’s nuanced. That is what I meant by the grey area.

So three big myths or just misunderstood ideas, three false ideas, that really dominate the conversations about vaccines are:

1. That it’s like, bulletproof. That it’s a sure thing. You get that shot and boom. You’re immune.
2. That you’re immune forever.
3. That there are no downsides.

So the first one, yeah, again, as I said in the intro, for sure, most people who get vaccinated are less likely to get the diseases against which they’re vaccinated, at least for a time, but not everyone. It doesn’t work that way for everyone. Some people, they get the disease. That injection gives them the disease, and things like pertussis, whooping cough, it’s actually — my understanding — is that it’s basically, like, the least effective vaccine. A ton of vaccinated people get whooping cough, and I even just read a study (I think you get five doses of pertussis vaccine over the years) that the more doses you get, the more likely to catch it you are. It’s like the inverse of how it should work with that particular disease. So it’s not a guaranteed thing. It’s just not a guaranteed thing for everyone. It’s just something to acknowledge.

And it doesn’t last forever for anyone. Vaccines offer temporary immunity. That’s what booster shots are for, and when’s the last time you got a booster shot? Or any adult you know, was like, “Oh, gotta re-up on that measles vaccine!” or you know, of course, they don’t come individually like that, the MMR, or the DTaP. It’s just this other false security. This sense of security we have around vaccines being like, “Cool. Now I’m totally immune forever. Now my kids are totally immune forever,” and it’s just not true. It’s, again, more complicated.

But what I’ve found — what I find really interesting and much more compelling than just those two facts is the idea of the vaccine tradeoff and the damage to deep health and deep immunity, the vital intelligence of the immune system, that happens when we vaccinate, especially on the schedule that we use in America today.
So there’s a new book out by Dr. Thomas Cowan called *Vaccines, Autoimmunity, and the Changing Nature of Childhood Illness*. I was so stoked when I saw this book a few weeks ago online somewhere, because it just immediately, just from the title alone, I was like, yes. This is going to explain things that I’ve been picking up on and wondering about for years, and that’s exactly what it did.

Amber: So when my oldest was born twelve years ago, you know, I researched as much as I could at the time. It was a different world. Even the internet was a very different place back then in 2006, and I didn’t really have the information that I have now from the books I’m going to talk about. I didn’t have the hardcore facts that are now available. I just had this really deep sense that vaccines f-with the immune system in a way that I wasn’t comfortable doing for my child, especially because, as I spoke about, I see mutated viruses and novel infectious diseases as much more of a threat in today’s world, than these older diseases that were, again, already on the steep, steep decline because of changing hygiene practices, and America coming out of the industrial revolution, and the cramped and unhygienic living quarters of people back then. So, just more focused on building the intelligence of the immune system.

So this book really finally for me laid out, lays out the science behind just how vaccines disrupt the immune system. I’m so grateful for it. And he’s been interviewed on the Wise Traditions podcast. The title of that episode is *The Vaccine Trade-Off*. I really, really recommend it, but let me just try to summarize what he’s saying here, and again, I highly recommend listening to that podcast or just getting the book to fully understand it.

Amber: So there are two different processes in the immune system, and actually, possibly, quite more. I was just reading this really interesting page by an immune researcher. I don’t think he’s an “anti-vax” guy at all, but he just kind of came out with this story, just how complex the immune system is, and how we’re just still really at the beginning of how it all works. So no one can claim — not me, not anyone, specifically. Certainly, I mean, not vaccine manufacturers that are profiting off of these vaccines — that we **totally** understand how immunity works. Like, “Yeah, no, this is how it works. This is great. We’re just going to go ahead and do this, and call it done.” It doesn’t work that way.

But so there’s the cell-mediated system, and the humoral immune system, and the cell-mediated is the first line of defense. Once a disease organism enters the body, especially through the mucous membranes, as it’s supposed to when you catch a wild disease. So this is not getting it through a vaccine. This is getting it in the real world or through HP. Then the cell-mediated immune system comes online, and I am not an expert on this in any way. I’ve just spent a lot of time over the last few months trying to understand it, and Dr. Cowan breaks it down in his book.

So this is when the symptoms will start to arise. This is when the body is showing you, telling you something’s going on: vomiting, diarrhea, runny nose, fever, coughing, all that kind of stuff.

And then the humoral immune system comes online, and this is when antibodies are manufactured. And so, when we vaccinate, we skip over the cell-mediated response and go straight to the humoral response. We go right into, “Let’s produce as many antibodies as possible,” and that’s what the adjuvants that are in vaccines are for: the aluminum, thimerosal, and the other
things. If they weren’t in there, the body would not have an immune response to just the disease organism that was being injected (and of course, there are other ingredients in vaccines as well), but these adjuvants have to be added to vaccines to, like, piss off the immune system; to wake it up; to get it, like, “Err. Oof. No. This isn’t good. Well, now I’m awake and can sense this disease organism has entered the body, so I’m gonna pump out these antibodies.” So the theory behind vaccines is that then the body knows how to deal with that disease organism if it ever comes across it in the wild in the future.

[1:33:40]

Amber: The problem with this is that when you skip over the cell-mediated response you are really missing something very important. You’re really missing the actual waking up of the vital intelligence of the body, and so it’s not, again, it’s not a guaranteed thing if a person comes into contact with that disease in the future in the real world that their body is going to know how to deal with it because you’ve skipped over the very important cell-mediated immune response.

I just want to say, again, this is all more complex than what I’m presenting here. I’m really giving a brief overview. So when we measure titers in the blood — you might have heard about that — you’re measuring the antibodies. You’re measuring what happens when just the humoral system is activated.

So what happens, as well, when we vaccinate on the schedule that we do in this country, which is so over the top, is that we’re constantly prodding the body to create antibodies. That’s what the adjuvants are doing, and we are skipping over the really important step of the cell-mediated response, where the body gets to cleanse, you know? Like, really work through the disease, really work through what is happening; get to know it on that really basic level. It’s, like, two intelligents are meeting each other: it’s the intelligence of the disease pathogen — the virus, the bacteria, maybe the fungus — and the immune system. These intelligences meeting each other and having these immune systems responding.

So when there’s a constant, unnatural prodding of the immune system and this release of antibodies that’s just totally over the top, it sets the body into this cycle that in time, or immediately, can become auto-immune issues. In that podcast, Dr. Cowan says, like, even like 40 years down the line, auto-immune issues can arise because of the overstimulation, like, fake, unnatural overstimulation of the immune system that happened in childhood from the vaccines.

Again, as I’ve said so many times on the show, I just feel like so many of my friends, so many people around me, are constantly being diagnosed with another new auto-immune issue. I’m in my late-30s, most of my friends are my age or are in their 40s, and it just kind of seems like the time in life when a lot of people’s health starts to decline in this new modern world we’re living in. And I just thought this was really interesting to have this framework for why this is happening, and just to help me understand to really have the facts behind, again, what I intuited so strongly when my oldest was little, and it was a really hard decision not to vaccinate. It always is. There’s always going to be people in your life who give you shit for it.

Both of my parents were like, “Really? Come on, vaccines are this modern miracle!” but over time, they both totally came to agree with me, and to think I made the right choice, just by doing their own research. Within time they were both emailing me new studies or new stories and just felt really grateful to finally have their acceptance and support in that decision that I had made.
Amber: So (Amber laughs) I just want to briefly tell this story, that in 2016 my daughter at her little school here had — so it's a Waldorf school. It's a free, charter Waldorf school. It's the first charter Waldorf school in the nation, which is just an amazing blessing. I didn't know it was here when I moved up here, and I just can’t believe how truly blessed we are to have this school in our lives. — but a lot of the kids are not vaccinated. A lot. I think it might be the most unvaccinated school in the country, certainly one of them. My county also has lower vaccination rates than a lot of other counties, and the highest breastfeeding rate of any county in California, which is so cool. A lot of homebirths here, too.

So a child at her school tested positive for measles. I still don’t know who this child is. The school did a really good job of keeping him or her private. Our school director at the time was interviewed by a nearby news station out of Sacramento, and he kind of mentioned, “Yeah, we respect parent’s choices around whether or not they vaccinate.” And this, like, ends up on mainstream media. This ends up in publications, online, and newspapers, all over the country, and I made the mistake of scrolling down to the comment section on one of these— I don't know, the Washington Post or New York Times or something. Some mega publication — and just reading the vitriol, and how, oh my gosh, again, people fighting like crazy over this issue. That’s really when it became so clear to me that this is like THE divisive issue of our times.

So meanwhile — so here’s the whole country fighting over what parents at my child’s school are doing— meanwhile, though, us parents — so here’s just one memory from that week. That week my friend her daughter’s 8th birthday party, I think. I don’t know how old she was, but anyway, so I was standing around the kitchen with maybe 10 other parents, and we were all talking about it, ‘cause the kids who weren’t vaccinated had to stay home from school for like a week.

So we were like, “So is your kid in school this week? Is yours? Is yours?” and some of us had vaccinated, some of us hadn’t, some of us had started vaccinating when their kid was little and then stopped, some had one kid who was and one kid who wasn’t in different orders. It was like we ran the gamut of vaccinating versus not vaccinating, or vaccinating to not vaccinating parents. And no one was fighting. No one was calling each other names or accusing people of putting their child in danger. It was just like, “Yeah, it’s a really complicated issue.” “That must have been a hard choice for you to make.” “Yeah, that was a hard choice for me to make, and you, too, yeah, totally.”

To contrast, this group of parents, who were able to just think rationally, be reasonable, like, admit that it’s such a hard choice to make and that we’re all making the decision that we think is best for our kid, versus the way people were fighting and talking about us in the larger culture, and online, was really striking to me. It just really brought home how contentious this issue is, how hard this decision is for parents to make, and how much compassion that I have for every parent who has to make this decision, which is every parent.

Amber: And you might be wondering, yeah, California did pass a law a couple of years ago that you cannot opt-out of vaccines for personal belief reasons anymore, so just, you know, what we had to do when my oldest entered kindergarten. So now you have to try and get a medical exemption, and apparently there are ways to do that.
Different doctors and medical professionals who will for (there has to be) a reason, but who will help you get that medical exemption so your child can keep going to school. So on that note, I totally understand that some parents just, like, vaccinate just to get their kids in school, who don’t even really want to. I totally get why you would have to do that.

So let’s talk about my family’s experience with whooping cough this summer:

Oh my gosh. It was awful. It was awful, and yet, knowing how terrible it was and what we went through, everything that I learned through the experience and how much deeper I dove into vaccine research still says to me that I would not make the choice to vaccinate. I wish we had done the HP, the pertussis nosode back when we started the HP program instead of the varicella, ‘cause who knows? In theory, they wouldn’t have gotten it. They wouldn’t have picked up the wild pertussis strain, because their body would’ve already been educated, then, with how to deal with it and would have processed it out before it got deep into the lungs and became what it became.

So my oldest started coughing one week, and it seemed, it was a bad cough, but it was so irregular. It was a few times a day, and then she would have this whole spasm, and then that was it. And she was insistent that she was fine. And she’s with her dad half the time, so she wasn’t with me all the time, so the week she was with him, I just was not thinking about it. She came back and she was like, “No, I’m still fine,” and I’m like, “Okay.”

I did post in a Facebook forum, like, health and herb stuff about it, and someone suggested that it might be whooping cough, and I really looked into it, and I was like, “Yeah, this might be. Huh. Well, I’m not sure.” Then it seemed like she was getting better, but then the little one got it. Nixie got it. This was before she turned two; she was 22 months, yeah, and it was so much worse with her, as it tends to be with little ones. But we still, for the first few days, were like, “Oh, she got Mycie’s cough. Okay, that sucks,” and then she started doing the paroxysms, and then she started barfing as she was coughing or right after she coughed. Immediately I was like, “Oh my gosh. It is whooping cough. Oh my god, my kids have whooping cough!”

And the school had sent out this notice from the health department a few weeks before saying that we expect this to be a big pertussis year. So I kind of had it on my mind already. So I took them both to the doctor. They both ended up going to two different doctors. I took the oldest one into the ER and then the younger into just a local clinic, and both of these doctors insisted that it was not pertussis.

So this is what I’m talking about in this episode about moms and parents really needing to listen to their instincts and be empowered around your own child’s health because they just didn’t believe me. “That’s not what it is,” and it turned out that that is what it was, and the reason I know that is because another child who got it from my child tested positive. They wouldn’t even test my girls, but she did the test and it was positive. So I truly already knew that’s what it was.

[1:44:51]

**Amber:** Like there’s nothing else like pertussis. There’s just no cough like it, but for anyone listening, and the people in my life who needed the scientific proof, that’s what it was. There’s the proof. We know my child gave this child the pertussis, and she tested positive for it.
And, I, you know, I wouldn't have taken the antibiotics for it either way, because it was already so far advanced, and from what I've read, it's only if you take them at the very beginning — almost before there's even symptoms, so how would that even happen? — might antibiotics help. In my mind, antibiotics are almost never worth it; never worth that decimation to the microbiome unless it's truly a life or death situation. So all this deep research that I did online, especially through Dr. Suzanne Humphries, I — there's not much you can do.

So there's the bacteria that causes it, and then there's all these secondary toxins that the bacteria excretes, and that is why pertussis is so hardcore and is such a difficult illness to deal with. SO the best thing you can do is high-dose vitamin C. If you just Google Suzanne Humphries, high-dose vitamin C, you'll find this very, very long webpage ([High Dose Vitamin C for Pertussis webpage](https://www.suzannahumphries.com/antibiotics-high-dose-vitamin-c-to-prevent-colds-and-flus)) that she has about pertussis; how it works, how's it's been mutating (I'll talk about that), and how to calculate the high dose for your child's body.

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[1:46:30]

Amber: So we did that, and it helped a lot, and then I also told this story of the ipecac homeopathic remedy. That's really what started to turn it around.

(Amber sighs) Gosh. It was hell. For three weeks during the paroxysmal stage, there's three stages to pertussis, there's just when they first start coughing for like a week, and you're like, “oh, my kid has a cough.” and then there the paroxysmal stage, which can last very different lengths depending on the child, how healthy they already are, and how you're taking care of them, and i’m sure many other factors as well. But ours lasted for about three weeks, again, and that's on the very shorter end of what's possible. I think it's because of the high dose vitamin C and that I was still breastfeeding. Oh my gosh. So grateful to have still been breastfeeding, and just knowing that my body was producing exactly the antibodies and the things that her body needed to deal with this infection.

She was waking up every hour, on the hour, which is also a sign that it's pertussis to clear her lungs, and she would barf a lot of the time, just like the middle of the night, throwing up, constantly through those weeks. It was so exhausting. It was so exhausting, and then the rest of the time and throughout the day she was fine. Like, her energy was fine but then she'd have a paroxysm, and the coughing would just overtake her. It was so sad. It's just so sad to think that it's happening to little babies too. Like, little babies die. Little babies die of pertussis. Again, here, this is where vaccines possibly really have their place.

So now, in Chinese medicine, the pertussis is called “The 100 Days Cough”, we are at about 100 days, the day I’m recording this. It's been like three months a d week, three months and two weeks, and she still coughs every now and then. I've read and been told by other moms who've gone through it that for up to a year when it's really cold outside, or after they've physically exerted themselves that they can have a coughing spell. It's just nothing like it was.

[1:48:40]

Amber: So one of the really interesting things I learned through this is that like bacteria are developing resistance to antibiotics and mutating into new forms, pertussis is mutating into new forms thanks to the vaccine. So there's one form called parapertussis, and then there's at least a couple others that it's now taking on. And the vaccine does not work against those, as we've talked about in this interview. These mutations are new. As Cilla said, the HP **does** address them.
I just thought that was so interesting, because we talk about herd immunity and it’s just, again, so much more complex than “Well, if everyone was vaccinated, then no one would get sick anymore.” Herd immunity really only can be achieved naturally. Like, in the wild, with the wild strains of these disease pathogens, and not through vaccination. Another interesting disease in talking about herd immunity is measles.

Measles, like chickenpox, is really no big deal when kids get it, and strengthens the immune system. It protects against further and later diseases that can happen in life, and it often catapults the child into a new phase of being. They grow through it. It’s these really amazing processes, so natural that human beings have been going through forever, that we just cut off when we vaccinate and do this false, unnatural, temporary immune jabbing into the body (Amber laughs). Jabbing this immunity into the body.

So, now people don’t get exposed to measles naturally because we get the vaccines, and for the first few decades of our lives (or decade or two, or less maybe) we are “immune” to it, and we don’t catch it anymore. So it’s not circulating in the population like it used to.

[1:51:19] So what happens is when that immunity wears off, we’re just walking around without immunity to measles anymore, and Dr. Cowan gives this analogy of the Native Americans when the white European colonial settlers came over and we know that one of the huge weapons of devastation that was used against the indigenous people of America was disease, and measles was one of those diseases, and the Native American population just had absolutely no immunity to it because they’d never been exposed to it before.

And Dr. Cowan’s analogy is that we are now in that same place with measles as a country, where no one is getting exposed to the wild strain anymore. So, when we come across it later in life, years and decades after immunity wears off, it’s like we’ve never seen it before, and so we’re creating this very vulnerable, this big vulnerability in our population by vaccinating for measles for later-in-life exposure.

And then a third disease, and a really interesting herd immunity concept to think about, is varicella, chickenpox, and shingles.

So when the varicella virus gets into the body it first manifests as chickenpox, and then — I got it when I was four, in preschool. My sister got it, too, when she was two— and then the virus goes to sleep in the nerve cells of the body. It can be re-awoken later in life and become shingles, which is what happened to me last May.

I had a really stressful trip out of town, and then I came back and got some dental work done on my lower back right molar. A couple days later it started really hurting around that area, and then the pain was spreading through my head, through my trigeminal nerve, which comes off the temple in the head, and it just took over my entire head. It was just so intense and crazy. I couldn’t believe it, and it took me 10 days to figure out that it was shingles. I just thought it was because I’m prone to pain in the right side of my head anyway. I thought it was just like over-the-top from the trip and the dental work. Then finally got this rash on my right forehead and realized that it was shingles.
Amber: So shingles used to be considered an “old person’s disease”, and it is no longer that. One of the reasons for that — I think one of the reasons is young people are much more stressed than we used to be: the economy and just financial stresses of my generation. It’s just a really different world than what my parents and grandparents were living in — but, another big reason for that is because now that we vaccinate for chickenpox, which started in the early 90s, again, the wild chickenpox is not circulating throughout the population. So, we are not constantly being exposed to it without even realizing it, and giving our immune systems a workout; giving our immune systems the chance to deal with varicella when they come across it.

Because little kids are being vaccinated, it’s not being circulating in the population, our immune systems are not getting the workout that it needs when that stress triggers the awakening of the varicella out of the ganglia of the nerves, my immune system was like, “Oh, I don’t know how to deal with this. I haven’t seen this virus since you were four. So that’s 34 years ago, so oops. Now you have full-blown shingles.”

And (Amber laughs) a researcher, Gary something, Gary Goldman, Ph.D., he predicted this. He predicted that this would happen. He was specifically researching varicella and the chickenpox vaccine, and he was all for it. He thought, as most doctors do, that vaccines were the most amazing thing and just the height of science and medical science. He realized this was going to happen, and he started telling people: telling his bosses, other researchers, and pharmaceutical companies about it, and they were like, “Yeah, we know that’s gonna happen, and we’re just going to make a shingles vaccine.” Which, they did.

And when I had shingles, it was crazy how hard the doctors in the ER were trying to push it on me. And then I was in, like, Walgreens a couple days later to get toothbrushes or toilet paper or something, and it was covered in advertising for this shingles vaccine. So, you know, it’s just interesting, and I just think that those three examples of how complex and all the nuances around these infections diseases: measles, chickenpox, and pertussis, are really interesting and really shed light on the idea of herd immunity and show us how much more complicated it is than we pretend when we talk about vaccines.

Amber: So I wan to talk about another book, Miller’s Review of Critical Vaccine Studies, and of course he gives the journals that these studies were originally in. So you can find the full study if you want. These are just short little summaries of what these studies showed. Here’s, like, the Journal of the American Medical Association is one that comes in here a lot, and a lot of these are abbreviated so I’m not sure what all these journals are: the Biomed Research International Journal, Neurochemistry... something. So my point is these are all real medical journals. All these studies are out there.

And let’s see: it’s divided into... wow, there’s a lot of chapters. I won’t read them all though, I’ll just give you some ideas of chapter titles and the types of studies that are covered:

- Thimerosal (which is mercury)
- Aluminum
- Influenza
So there's a lot here. It's just why would you not want to know this stuff? Why would you not want to know this stuff is what I come back to, again and again.

[1:58:00]
**Amber:** So let me also explain. You might be wondering about what I said earlier that even though the pertussis experience was so, so awful, and even though I know that if I had vaccinated my girls they might not have caught it, the main reason I still wouldn't do it (of course, there's many others, such as I don't want to create auto-immune issues) is that that disease got to work itself out at the interface of the lungs. The lungs are, of course, in an incredibly vulnerable spot when it comes to so many diseases. For me, especially when it comes to influenza, the reason that so many people died in the Great Flu Pandemic of 1918 was because of the lung infection that that influenza virus caused. The autopsy reports of what people's lungs looked like after that are so horrific, and so, now that my girls' immune systems have got to really work out this incredibly noxious bacteria from -- at the interface of -- the lungs, it gives me hope that perhaps we really strengthened that area of their body.

I have no scientific research to back up what I just said. Influenza is a virus, and pertussis is a bacteria, so they're clearly two different pathogens, but still, like, that the lungs got that interface; that the immune system learned how to send what was needed to the lung tissues.... I don't know. It just makes me feel a little bit better about their chances to survive the future influenza pandemic outbreak.

[1:59:49]
**Amber:** So the third book here is *Dissolving Illusions: Disease, Vaccines, and the Forgotten History* by Suzanne Humphries, MD, who is one that has that awesome page up about high dose vitamin C and pertussis, and Roman Bystrianyk. This is a thick book. They really, really go into the history of
vaccinations, starting, you know, hundreds of years ago with the first idea that this might work and people rubbing the pox into their open sores and stuff.

There’s charts in here that really show what I’ve spoken about twice already: that these infectious diseases that we vaccinate against today were already almost gone when we started the vaccine campaigns. A lot of people say, “But look, vaccines eradicated this or that issue!” and when you actually look at the timing, you see that that’s just not the case. Again, it was different hygiene practices, and us understanding the germ theory and just the American way of life, changing from this dirty, overcrowded, industrial revolution time to what’s going on today, which, not even really better for human health but it’s definitely different.

Oh, and one thing that I found really interesting in this book is that people have been against vaccination since the very beginning. There have always, **always**, always been people being like, “This doesn’t seem like a good idea. I don’t like this. I don’t want this for my self or my children. Let’s really think about the logic behind this. I’m not so sure,” including, like, protests, like, people in the street with signs sometime in the 1800s. There’s photos of it in here.

So I just, again, if you like history or you just want to see those charts, I’m sure you can find them online, too. There’s just a lot of really interesting information in here that kind of rewrites the way that we’ve told the story of vaccines to ourselves in the past.

So I think… I think I said everything I want to say. I know I rambled more than usual in this outro, but that’s because I’m assuming a lot of people are not listening at this point, and the people who are listening really want to hear it. You know, there’s so much more. Again, there’s so much more to all of this than just what I’ve shared. I’m only sharing what’s been capturing my attention, and what really got my focus, especially this summer as we were dealing with the terribleness of the pertussis, and I just went crazy learning so much more. So, so, so much more.

So, you know. There’s just so much, and I’m super rambling, and I’m going to stop, and thank you for listening.

I wish you **ABUNDANT health and a vital, vital immune system.**

*(Exit Music: acoustic guitar folk song "Wild Eyes" by Mariee Sioux)*

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**[Closing ]**

**[2:03:01]**

Amber: Thank you for taking these Medicine Stories in. I hope they inspire you to keep walking the mythic path of your own unfolding self. I love sharing information and will always put any relevant links in the show notes. You can find my blog, handmade herbal medicines, past podcast episodes, and a lot more at MythicMedicine.love.
While you’re there, I invite you to click the purple banner across the top of the page to take my quiz “Which Healing Herb is your Plant Familiar?” It’s a fun and lighthearted quiz, but the results are really in-depth and designed to bring you into closer alignment with the medicine you are in need of.

If you love this show, please consider supporting my work at Patreon.com/MedicineStories. There’s some killer rewards there: exclusive content, access to online courses, free beautiful downloadable e-books, coupon codes, giveaways, and just amazing gifts provided by past guests of the podcasts. All of that stuff is at the two dollar a month level.

For a little more, you can access my herbal e-book or my small online course, and that’s all there as a thank you, a HUGE thank you from me and from my guests for listening, for supporting this work. I love figuring out what I can gift to people on Patreon. It’s so fun. And I love that Patreon makes it so that you can contribute for such a small amount each month.

I’m a crazy busy and overwhelmed mom and adding this project into my life has been a questionable move for sure, but I love doing it, and I love the feedback I get from you all. And I just pray that Patreon allows me the financial wiggle room to keep on doing it while giving back to everyone who is listening.

If you’re unable to do that, or if you’d like to support further, I would love it if you would subscribe on iTunes or wherever you get your podcasts. And if you would review the podcasts on iTunes, too, it really helps getting it into other ears. It means so much to me when I read those reviews. It’s, like, the highlight of my week when I check them and see new ones.

People are amazing. You guys are wonderful. Thank you so much.

The music that opens and closes the show is Mariee Sioux. It’s from her song "Wild Eyes." It’s one of my favorite songs of all time.

Thank you and I look forward to next time!