



Chapter 18:

Interview with
Dr. Debra Gambrell, D.O.



Robert: This is Robert Scott Bell filling in for Ty Bollinger here with “The Truth About Vaccines.” There are a lot of places that he can be but not all at the same time so we’re going to continue on with some fascinating, fascinating interviews here that will help us understand not only the truth about vaccines but the options that you have to undo the damage or injury from it.

And also the fact that maybe the whole concept of vaccination at the starting point may not be a good one and we might need to look completely differently back to our history to understand what is a strong child, what is a strong adult and how do we develop through those childhood infections and how they may be beneficial for us rather than detrimental and scary.

Right now we got Dr. Debra Gambrell from the San Francisco Bay Area, practicing physician. She was here speaking at the Homeoprophylaxis Conference: A Worldwide Choice and presented on some things that, I’ve been involved in this long time, I hadn’t heard it communicated the way you did. Debra, welcome.

Dr. Gambrell: Thank you, thank you. It’s nice to be here.

Robert: So what is it that you do in your San Francisco Bay Area clinic as a physician?

Dr. Gambrell: I have two practices. I’m a pediatric anaesthesiologist and I also do immune recovery work with my osteopathic practice. Both are strictly pediatric.

Robert: Okay, so working with children, obviously, the pediatric community and that’s a real key here. Because observationally, as a homeopath, and other doctors we talked to have said, “The healthiest children we see are the ones that are not vaccinated or the least vaccinated.” I wonder if you’ve had a similar experience.

Dr. Gambrell: Yes, working in the operating room, I’ll have children that look healthy on paper and can have two very different responses. Over a few years, watching these children go to sleep under anaesthesia, I saw that the children that weren’t vaccinated or the ones that were delayed later did better under anaesthesia. By better I mean they had a better vagal response.

Robert: Vagal response? That’s something that a lot of people have heard about. What is a vagal response?

Dr. Gambrell: What that is is when you have a stimulation within the body your heart rate can go down and then it recovers and goes back up. That’s normal. That’s what you want. A healthy child will have that response. When you are stimulating certain areas of the body, whether it’s the trachea or the stomach or the eyes, you want that vagal response.

What I’ve seen is children that are heavily vaccinated from birth, they don’t have that vagal response, it’s just a lack of their heart rate variability that we see even in babies in utero. That’s what we’re looking for. That beat to beat heart rate variability is important and a sign of health.

Robert: Dr. Gambrell, you’re saying that if children are coming to you and they’re having a surgical procedure that requires some form of anaesthesia, that the response of those children is different than someone who hasn’t been vaccinated. Again, that’s something I don’t think I had ever heard. It’s a stunning observation.

Dr. Gambrell: Yes, it’s interesting. We have a high amount of unvaccinated children in Northern California. I don’t think I would have seen that had I’ve been practicing in an urban area.

Robert: When we look at the interesting concept of vaccination that says, “It’s better to prevent

diseases by artificially stimulating an antibody.” Would you agree that these childhood diseases need to be prevented at all costs?

Dr. Gambrell: What I’m seeing is what I call fever drought. Children today need to be getting fevers. All children, historically, need to have fevers every six to twelve months, as they’re developing. These are fevers that bring them into their body, these are fevers that clear the gut from anything, viral proteins that aren’t digested, food proteins that aren’t digested.

We expect the children should have roseola at six months, chickenpox between 12 and 18 months, measles, mumps, rubella. These are the normal things that our body has been evolutionarily been designed to take in, to process anything that’s undigested.

Right now, like I said, we’re in a fever drought. So we’re lucky if a child gets a fever of 102 or higher. Some children still get roseola, some children still get maybe hand-foot-and-mouth, which is relatively new. But we’re not seeing enough fevers.

Without these gut reset fevers we’re seeing an increase in asthma, ADHD, sensory disorder. The children are not in their body. You can see this when you go out in the grocery store. You can see children that are not able to walk down the grocery aisle and be aware of where they are in space. One out of two children is what I see are affected.

Robert: Some of these children are not being diagnosed necessarily in the autism spectrum but you’re seeing this disconnect with their body. They’re like not in their body.

Dr. Gambrell: They’re not in their body.

Robert: You said something very interesting here in that last grouping of sentences. The gut fever reset, is that the way to say it? Or gut reset fever.

Dr. Gambrell: Yes, gut fever reset. It’s a term that I coined. That is the clearance of whatever has been accumulating in the gut over time that usually gets cleared every six to twelve months with a fever. What that looks like, clinically, or developmentally, when a child has a nice high fever and it does affect the gut and clear it, you see a developmental leap.

So maybe a child that couldn’t ride a bike can now ride a bike. The child that couldn’t skip can now skip. This is commonly seen and is appreciated in developmental pediatrics. Without these fevers, without these gut resets, we’re not seeing these developmental leaps.

Robert: Our culture in the West has been told that fevers are dangerous, they’re scary, you want to reduce them at all costs, and the cost may be the price of their health in the future.

Dr. Gambrell: We’ve been losing our heat for three generations now. We know that in 1922, Sears Roebuck had their first razor for women. That was the year that they had the sleeveless dresses for women. The clothes became less natural fibers, less wool, cotton, linen, and now they’re replaced with polyester and synthetics.

In the 40s and 50s we started with the antibiotics, 1959, Tylenol was introduced. It was heavily pushed as a replacement for aspirin. I grew up on Tylenol, every time I had a sniffle, I had Tylenol.

And 80s, 90s, we started with the increase in vaccination. For 3 generations, we’re seeing children are losing their sense of heat. What we’re seeing is each generation goes by, we’re seeing an increased amount of dysfunctions that I say are all related to a lack of

heat. That's everything from stillbirths, to SIDS, to autism, to ADHD, asthma. These are all diseases from lack of heat.

Robert: In Chinese medicine they talk about heat. When you talk about heat I understand it in terms of the fear of fever, the reduction of any kind of elevation of temperature which is designed, I believe, by God for the immune system to overcome certain things but also seemingly developmentally. When we have these childhood eruptive diseases for instance the measles, how it seems to be preventing future cancers even.

Dr. Gambrell: There's some data with mumps and cancer and chickenpox and brain cancer, there's certainly data out there that speaks to just that. There's also a bunch of data right now in the literature about pregnant women that use acetaminophen while they are pregnant or shortly after. Their children do have increased asthma, ADHD, behavioral disorders, sensory disorders. This is not unknown. And also, giving asthma treatments are also fueling that.

Robert: That's become the norm, chronic disease in children.

Dr. Gambrell: It sure is. Just a few weeks ago I had a child that I saw, a one-year-old child, had a diagnosis of asthma and they were already written three prescription refills for their inhaler. The child's only been alive for 12 months. The expectation is this child is not going to get better. The expectation is this is a sick child, the child will always be sick.

Robert: Where is the discussion within the medical community as to whether it's even advisable and a good idea to suppress these childhood diseases?

Dr. Gambrell: I'm seeing a little bit of a trend of reversal. Within the last five years I know within the anaesthesia world we have decreased the amount of Tylenol and the incidence of where we're going to use it right away. So maybe they might hold off a little bit.

We've seen that pediatricians now, the standard of care is to not give predosing Tylenol for vaccinations. There's still a lot of pediatricians that are recommending that but the standard of care based on studies is to not give Tylenol before or after a vaccine because that is proven scientifically, NIH study, to increase the risk of autism.

Robert: Your experience as a practicing physician also now encompasses what we're here to talk about, homeopathy, a little bit of homeoprophylaxis. Have you seen evidence of utilizing homeopathy in place of, for instance, the idea of Tylenol reduce a fever. If somebody is scared of a high, high fever is there a way to manage it without suppressing and squashing that heat that you feel and you've seen is so important.

Dr. Gambrell: Yes. I work really closely with my families. My patient's fever is an emergency, that is when they call me. They have my cellphone number, they call me right away as soon as their child gets their first fever. I walk them through homeopathic treatment of fever so that we can take the fever from their head.

Children are complaining of headaches now with fevers which is unusual. This is a new clinical presentation of fevers and we are trying to get the fever down into a metabolic system. I work with the family to put Tylenol on the shelf and try this homeopathic. I watch the child very closely. If there's any sign that there's any issue, of course, that child is going to get advanced medical care but working very closely with this family so that they can develop an intuition and a trust in their ability to treat their child I think is really important.

Robert: Another aspect we're becoming aware of, the danger of vaccines. Of course, mercury has

now been sort of commonly known as a toxic metal, right? But aluminum is a newer thing that they've added in as an adjuvant and not as much study has been done. You have looked at this issue and see it relates to this heat, cold, how you described it.

Dr. Gambrell: It sure does, it sure does. Dr. Christopher Exley, who has been studying alone for over 30 years, he's a specialist in the ecotoxicity of aluminum, has shown that aluminum can lead to food sensitivities so we're now reacting to foods that we wouldn't normally be reacting to.

There are mouth studies that show this. Dr. Shaw has a study that shows when you inject the mouth with aluminum, and now they can't tolerate that next bite of food that they eat. They develop IGG antibodies to it.

We also know Dr. Schoenfeld has been studying autoimmune disease. He's in Tel Aviv. He's published over 1600 papers, he's been cited over 20,000 times on PubMed, he's written books. He wrote the book, *Vaccines and Autoimmunity*, talking specifically about aluminum and how it cools the body. Meaning, there's increased food sensitivity, there's increased autoimmune disease. We're talking multiple sclerosis, lupus, rheumatoid arthritis, Alzheimer's, all these things are directly related to aluminum that's being injected.

Robert: Absolutely fascinating what is being uncovered. You spend the time to study what's being put out there in the peer reviewed literature and then you also have the clinical knowledge to apply it or observe it and invalidate it in this way.

Dr. Gambrell: Yes, I think it's important to see what we're seeing. To actually look at the patients and change our mind when new information comes in. We had an idea of what vaccines were over the last few decades. We have an idea. But in the last year, we found out that aluminum is neurotoxic, it's got these autoimmune issues, we found out that there's glyphosates in the vaccine. Dr. Anthony Samsel and Stephanie Seneff at MIT just discovered that.

We're finding out all these new information. I think any good scientist should take this new information and look at the picture again. We do that with anaesthesia. We previously weren't testing our anaesthetics on children under two because there's an FDA issue with trying to get children into studies. That's understandable.

But then when we saw that there was a correlation, that children were getting injured under age two—they were looking at when children got anaesthesia for ear tube placement, but they are having memory problems years later. So they are able to tease that out—there's a program called SmartTots with anaesthesia—they were able to tease that out with anaesthesia. I think we should do the same thing with vaccines.

Now that we're coming with new data, new information about what vaccines are or aren't doing, I think we should take a critical look, scientifically. What is happening? I think it's an important question.

Robert: Dr. Gambrell, you're not only a doctor but you're a mother. If you speak—put on your mother half, for a moment—and you speak to other parents, off the record, you're not a doctor at the moment. How do you communicate what you have observed from one mom to another?

Dr. Gambrell: I just tell them to watch their child. Before and after a vaccine, take a picture. Take a picture of a child's face. Take a picture of all the rashes. Watch your child closely, stay close to your child when they're sick. Don't push the child back into school right away.

Trying to rewrite the paradigm of what it is. As mothers, we are expected to do it all. We're expected to work, we're expected to raise the kid, to clean the house, to do everything. I think that it is vital that the mothers take an active role when their kid gets sick.

Have somebody else cook dinner, take a day off work and be with your child. It is vitally important, and that's another big source of warmth. It's directly from the mother, to be able to warm the child's environment to help the child digest the things that they cannot otherwise digest.

Robert: We've lost generations now tribal knowledge of these things. The fever, the importance of fever, the transition through childhood through these diseases that really don't largely kill anyone that's basically healthy, that has basic nutrition, sanitation, hygiene. We see in the west these improvements that happened over the 20th century. How do we regain that tribal knowledge because so few people even know the things you're talking about, not only from the scientific way but from the mom way?

Dr. Gambrell: I would say it's just staying connected. There's a bunch of mom groups, there's Facebook, there's a lot of vaccine awareness groups. It's about information, it's about vaccine information. I think that's the way we go.

What is truly happening? How can we manage disease? I think these groups are vitally important. A source I always recommend to my patients is a book called *Vaccine Primer* by Elliott Freed. It's a book that explains where vaccines came from, the history of vaccines, and the importance of the immune system, and that community. There's a community piece in there and how to achieve that piece.

Robert: Dr. Gambrell, I certainly appreciate your scientific integrity, your willingness to communicate in a clear fashion and very important series of issues here. Not only the issues of the dangers of vaccines but also how to observe and care for the children that may need to go through these things in a healthier way and what to do about them.

Dr. Gambrell: Thank you.

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