

## IMMUNIZATION by MIRANDO CASTRO

First published in *Mothering Magazine*, 1996 as part of a special issue dedicated to immunization.

A number of experts were each given the same questions.

Here are Miranda's answers.

### 1. How does natural immunity work?

Exposure to childhood illnesses confers a life long natural immunity and encourages the development of a strong immune system. This natural process cannot be duplicated. Childhood illnesses can be distressing but in the main they are not life threatening, most of them had naturally evolved into mild illnesses where complications and fatalities were rare at the point at which mass vaccination was introduced.

The medical emphasis should be on preventative measures that enhance the immune system in order that individuals can cope adequately with exposure to these diseases and to safely survive infections that occur. Research has consistently demonstrated that a healthy immune system can Withstand and/or cope with disease more effectively than a weakened one. There is now a wealth of evidence to support the fact that vaccines weaken the immune system.

The health of the immune system is multi-faceted: a complex interaction between inherited strengths and weaknesses; cultural and social factors; the environment; and our mental, emotional and physical state. Rather than manipulate nature by trying to eradicate disease it makes more sense to research into the use of treatments that will ensure those diseases are benign—to work with the immunological process rather than against it—to focus on effective treatments that prevent complications and encourage the development of a healthy immune system.

### 2. a) What are vaccines?

Vaccines are attenuated human or animal disease by-products, live or killed, depending on the vaccine: infected monkey's kidneys for polio, human fetuses for rubella and chick pox, horse's blood for diphtheria and the mucous of infected children for pertussis. This is preserved (usually with formaldehyde) and processed with a number of other chemicals (including antibiotics) and metals (including aluminum and mercury compounds). Live vaccines include measles, rubella, BCG, polio, influenza, and yellow fever. Killed vaccines: cholera, typhoid, parathyroid (TAB), whooping cough, influenza, anthrax and rabies.

### 2. b) How does vaccine immunity work?

Vaccines work by stressing the immune system artificially—they do not provide natural immunity. It is not possible to duplicate the natural protection (known as acquired immunity) that comes after a bout of infection. The injection of foreign proteins sensitizes the immune system artificially (they actually modify the immunological response) which increases the individual's general susceptibility to other infectious diseases. Infections occurring after vaccination are considered to be coincidental. Double blind trials are urgently needed to investigate this worrying aspect of vaccine response.

### 3. a) Is there a cost to the immune system for the immunity from vaccination?

The crux of this issue is not that vaccination isn't sometimes effective, but that it may be so at a cost to health that is unacceptable. Exposure to bacteria and viruses cause a generalized inflammatory response which protects the major organs and tissues from those foreign particles. When the vaccine is injected directly into the blood stream it bypasses the body's normal lines of defense and has direct access to the major organs and tissues eliciting a particular type of antibody response which the body uses only as a last resort. While the individual may have

some artificial resistance to a particular disease the body's ability to react against other infections is reduced i.e. the vaccine response alters the body's natural ability to fight infection, by overloading the immune system, and it is this which can lead to a general lowering of resistance.

### **3. b) Does the immune system have a finite capacity?**

The immune system can be enhanced and strengthened (particularly through good nutrition (including having been breastfed as a baby), adequate rest and sleep, exercise, the avoidance of drugs and medications, satisfying relationships, etc.) Conversely it can be stressed and weakened through poor nutrition, emotional stress, a lack of exercise, drugs and medications etc. While the immune system is remarkably resilient and appears to have almost limitless powers of recovery, one that is stressed to its own limit can and will break down (as with AIDS).

### **4. a) Are vaccines effective? What proof do we have of this?**

Vaccines at best offer limited protection, claims regarding their efficacy have been exaggerated and the statistics distorted. They work in a hit-and-miss manner with many fully vaccinated and unvaccinated individuals contracting the disease in an epidemic, or contracting a mutated form of the disease (because of vaccines) which can be more serious than the one against which they were immunized. There is much conflicting evidence with both sides using the same statistics to support their claims. This makes decision-making difficult. Those supporting vaccination use the date when particular vaccine was introduced to demonstrate the decline of the disease after that date. Those against vaccination look at the longer trend with regard to that disease to show that it was already dramatically on the decline before the introduction of the vaccine—a trend unaltered by the vaccine and sometimes halted by the vaccine. For example:

- *Whooping cough*: deaths per million from whooping cough in 1905 were 900 per million (in children under 15). This declined by 80% in 1955 when mass vaccination was introduced. The decline simply continued although at a slower rate after this date, which makes one wonder whether vaccination slowed down the natural tailing off of the disease.
- *Measles*: deaths per 100,000 from measles in 1900 were 13.3. This declined by 97.7% (to .03 per 100,000) in 1955 when vaccination was introduced. Measles was disappearing and becoming a milder disease. Major epidemics are occurring in spite of mass vaccination, and since the vaccination a particularly vicious, atypical (mutated) form of measles has appeared which affects the vaccinated and unvaccinated alike. In addition, increasing numbers of adolescents are contracting measles: pre-vaccines 90% of measles occurred in children aged 5-9 years old; post vaccines 55-64% of measles occurs in children 10 years and older. Re-vaccination of measles vaccine in older children has been associated with major side effects and is not recommended.

### **4. b) What studies have been done showing the efficacy of vaccines?**

Vaccines may or may not be effective. According to statistics they have played a relatively small part in the decline of epidemic diseases.

- Scarlet fever declined without immunization, and started to decline before the introduction of antibiotics.
- Diphtheria disappeared in Sweden and Norway without any immunization program.
- Studies in the US and the UK have consistently demonstrated that Pertussis vaccine offers limited protection: with between 30% and 50% of fully vaccinated children contracting the disease. Conversely, there are statistics to show that compulsory vaccination has had the opposite effect that was intended.
- In Germany after the war (1945) there was a vast increase in Diphtheria after vaccination was made compulsory with the number of cases increasing from 40,000 to 250,000. In Switzerland, Paris and Hungary at the same time the number of cases of diphtheria nearly trebled with the introduction of compulsory vaccination.
- A recent study concluded that all cases of polio in the USA since 1980 had been caused by the polio vaccine,

or some had been contracted in a foreign country. (“Epidemiology of Poliomyelitis in the United States...” Clinical Infectious Disease, Feb. 1992 by Peter M. Strebel, et al.) N.B. Individuals who go on to contract the disease against which they were vaccinated can be diagnosed as having something other than that disease. This affects statistics.

## **5. Is it true that the incidence of some diseases declined before vaccinations for them were introduced?**

All epidemic diseases have a natural life cycle. All diseases for which there is a vaccination were on the decline when the vaccine was introduced.

- Polio had declined by 82% from 755 in 1950 to 137 in 1956 and then by 67% from 1945 to 1962. Polio vaccination was introduced in 1956.

## **Is this decline in disease related to improved health and sanitation or to vaccinations or both?**

Improvements in sanitation, living conditions and nutrition have contributed more to the decline in epidemic diseases than any immunization program. The introduction of the Public Health Acts in the 1930s in the United Kingdom (clean water, basic hygiene, improved sanitation and nutrition) and smaller families living in less crowded conditions caused dramatic changes in the patterns of epidemic diseases—including a dramatic decrease in the incidences and fatalities from ALL epidemic diseases. This proves beyond a shadow of a doubt that politicians, social reformers and plumbers have had more of an effect on the public health of any nation than any medical intervention.

## **6. If disease have a life cycle and most of the ones we vaccinate against are on the decline, then what is the fear of not vaccinating?**

I don't know. I don't think we should stress the immune system unnecessarily. If these diseases no longer pose a threat and if in addition the risks from the vaccine outweigh the risks from the disease parents should think twice before submitting their children to a procedure that may cause them unnecessary harm.

## **Is it common for diseases on the decline to have a significant resurgence?**

In some case. For instance, with whooping cough we are seeing a resurgence in certain communities. This has been traced to mutated strains of the disease (due to vaccination) to which both vaccinated and unvaccinated children are not immune.

## **7. How do vaccinated kids and non-vaccinated kids compare regarding incidence and severity of disease?**

This varies depending on the disease and the strength of the individual. For example, whooping cough is usually a milder disease in children who have been vaccinated, but can go undiagnosed because the characteristic whoop may be absent and therefore a child may receive inappropriate medical treatment which further weakens their resistance and their ability to fight the disease. Children with measles may fail to produce the characteristic rash (and likewise go undiagnosed). They may be ill for longer (with non-specific symptoms) and then go on to develop chronic complaints, as opposed to unvaccinated children who may seem objectively sicker, but for a shorter period of time, and with no long term side effects. Research is urgently needed to study this phenomenon.

## **8. Why do schools keep non-vaccinated kids at home when there's an outbreak of disease?**

I don't understand the rationale behind this. If vaccinated children are thought to be fully protected then why worry about those who aren't. Many parents who have chosen not to vaccinate their children are happy to support their children's natural immunity by having them contract a childhood illness. N.B. The argument of herd im-

munity is spurious—statistics (based on small, isolated communities) have shown that 100% vaccination against a particular disease does not offer 100% protection i.e. incidences of the disease occur in spite of a whole community having been vaccinated.

### **Are non-vaccinated kids a risk to vaccinated kids?**

At risk of what? Only if vaccines are ineffective are vaccinated children vulnerable to contracting the disease an unvaccinated (or a vaccinated child) may be incubating.

### **Under what circumstances should we keep our kids away from one another?**

We shouldn't. In the past there used to be chicken pox parties! I always encouraged my son's measly friends to drool all over him (after the age of 2)... he grew an inch in the month after he had measles (when he was 5).

### **Are kids who have recently been vaccinated with live polio a risk to others?**

The killed vaccine may have more side effects but does not cause polio (as does the live vaccine), and because the live vaccine is passed in the feces for up to two weeks after immunization there is a risk of contamination. Parents who are having their infants vaccinated against polio may be advised by some doctors to be vaccinated at the same time to minimize the risk to themselves. In any case, all those involved with the care of infants and children (especially the changing of diapers etc.) who have been recently vaccinated against polio need to be rigorous with hygiene (especially the thorough washing of all hands).

### **9. Vaccines are recommended for younger and younger infants. Are early vaccines appropriate for all infants?**

In my opinion this is criminal and unjustifiable and needs challenging and fighting against. It is the one aspect of vaccination that I find deeply upsetting. Vaccines are by definition toxic, and those injected into an infant's blood stream represent a serious assault on an immune system that is still in the early stages of its development. They should be delayed for as long as possible in order to give an infant's immune system a chance to mature. In the UK doctors have been advised to vaccinate earlier in order to ensure a higher rate of patient compliance—some are recommending the first DPT at 4 weeks old. Research is urgently needed (and some is under way in the UK) to demonstrate that this practice is detrimental to the general health of the infant. In Japan cot deaths disappeared (and there was a dramatic decrease in vaccination side effects) after the minimum age for Pertussis vaccine was moved to 2 years. N.B. Natural immunity is passed by mothers to their babies through the placenta. We are going to be seeing a generation of adults (fully vaccinated as children) whose own children will be vulnerable to contracting epidemic diseases at ages when they would normally be protected by maternal antibodies.

### **Is delaying some or all vaccines a responsible option?**

Yes, all vaccinations should be delayed until at least six months in my opinion, in order to give the infant's immune system an chance to form itself (and be seen to be healthy) before being exposed to vaccine stresses.

### **10. What are the immediate and normal reactions to vaccines?**

Common local reactions include swelling and irritation at the site of the vaccination, rashes. Common general reactions include fever, alterations in sleep and behavior (crying and restlessness, or sleepiness and unresponsiveness). Unusual severe side effects include encephalitis, epilepsy, retardation, neurological damage and death. The evaluation of side effects (immediate/minor effects) and adverse effects (moderate to severe and long term effects) has been poorly or inadequately carried out. It is hard to assess because of the many sub-clinical possi-

bilities (which are impossible to gauge in infants) and because long term effects are always going to be difficult to track back to a particular vaccination. Symptoms or adverse reactions which occur outside of the time frame allocated by researchers are not taken into account. This issue alone represents a serious challenge to a medical profession dedicated to eradicating epidemic diseases.

The biggest problem is this: if a vaccine can cause a severe reaction such as brain damage (as is the case with Pertussis vaccine) then what other reactions lie between that and the minimal effects experienced by some at the other end of the spectrum. Logically, it is not possible for only extreme reactions to occur. In between there will be others which are hard to measure (and therefore these will not be attributed to the vaccine). They can include a general decline in well-being, a general lowering of resistance, behavioral disorders and developmental alterations (mental and/or physical).

### **11. What are possible permanent and dangerous reactions to vaccines?**

The most dangerous and immediate (although rare) reaction is anaphylactic shock which is fatal if immediate medical assistance is not available. Common adverse affects can include: allergies, asthma, hay fever, eczema and recurring infections. Reactions that have been linked to vaccination (but not proven, especially through research) are chronic degenerative diseases, neurological diseases, certain types of cancers, and a great variety of autoimmune diseases. The huge increase in chronic diseases over the past twenty years has coincided with mass vaccination, as well as other factors such as an increase in environmental stresses i.e. radiation and toxic chemicals. This is alerting some people to the sobering conclusion that vaccines may be a unwitting health hazard.

### **12. What statistical evidence compares the effectiveness of vaccines with the possible risks?**

To my knowledge none have been done taking the possible risk factors seriously into account. This would be most interesting and useful to parents and health care professionals alike.

### **13. Are some vaccines more risky than others?**

Yes (tetanus appears to be the most benign), but we cannot predict the individual's reaction to vaccination and individual susceptibility can mean that a normally harmless vaccination, like tetanus, can cause acute, allergic reactions (or more rarely some long term chronic complaints) in those who are sensitive. Unfortunately, trying to weigh up the risk factors against the benefits of vaccination is rather like playing Russian Roulette because many of the outcomes are simply not predictable.

### **14. When vaccine reactions do occur is it the vaccine toxin itself: the culturing medium that the vaccine is grown on; additives and preservatives used in processing the vaccine; or the sensitivity of the person receiving the vaccine that accounts for the reaction?**

Any or all of the above are capable of producing reactions. Very few double blind trials had been performed to demonstrate their safety. One double blind trial using the vaccines in one group and the medium in a control group showed serious side effects in both groups. Each substance used in the manufacture of vaccines is potentially toxic. As with other medications, a list of ingredients/contents would help parents in their decision making. For example, eggs are used in the manufacture of the measles vaccine—infants with a known allergy to eggs can react severely to this vaccination.

### **15. Can parents anticipate or evaluate their child's risk of reaction to vaccine?**

This is unfortunately (and sometime tragically) hard to predict. Perfectly healthy children can and do suffer seri-

ous reactions to vaccination. To a certain extent the state of health of the child can be used as a measure i.e. a healthy child is more likely to cope better with immunizations than one who is unwell, especially one with a compromised immune system or a history of recurring, chronic complaints. A history of adverse vaccine reactions in either or both of the parents should be taken into account. Allergies, asthma, hay fever, eczema in the personal or family history can be indications that a child is higher risk than those who are sturdy and healthy.

#### **16. How can a parent tell if a child has had a reaction to vaccine?**

If the child is different in any way (if any aspect of their behavior is different/altered) after a vaccine then they have reacted to it and should be watched closely. Careful notes should be kept (including the date and time of the vaccine and all reactions) and medical professionals kept informed.

#### **What symptoms should a parent look for?**

Local reactions at the site of the vaccination should be monitored but are rarely a cause for concern. These include inflammation (swelling and redness). Sometimes these form painful, hard lumps which can last for several weeks or even months. Parents should be on the look out for the following general reactions: crying, in particular a high pitched crying which might indicate brain damage; restlessness; unresponsiveness (in children who were formerly lively); excessive sleepiness; any alterations in sleep or appetite; fever. Longer term reactions are more difficult to evaluate. Parents will find it useful to take note of any increase in acute illnesses such as ear infections, sore throats and coughs; developmental delay; skin rashes; allergies or breathing difficulties.

#### **Over what period of time?**

Local reactions take place immediately and should be gone within a few days. General reactions usually occur immediately (within a week) and can last a few days, weeks or may sometimes be permanent. Longer term, chronic reactions are more variable with regard to when they appear and can occur weeks or even months after vaccination and may be permanent.

#### **What can parents do if they suspect that their child has had a reaction to a vaccine?**

Parents need to keep careful notes if they suspect a reaction so they can keep medical professionals informed and these may also be helpful in their future decisions about vaccination. If a child has reacted badly to a particular vaccine the chances of a similar (or worse) reaction with subsequent vaccinations is high. Homeopathic treatment has proven effective in treating children suffering from a wide range of side effects (immediate and long term) of vaccinations. Some parents who have chosen to vaccinate their children routinely take them for a constitutional remedy afterwards to boost their immune system and minimize the risk of side effects.

#### **Or is at risk for one?**

Vaccines should be delayed or not be given if the child has one or more of the following: a fever; any acute infection (however mild), including colds, earache etc.; a chronic disease of any sort i.e. if the immune system is weak; allergies; a history of convulsions; developmental delay.

#### **17. What lessons can we learn from other countries regarding the benefits and risks of vaccines?**

I think I have already answered this one.

#### **18. What would you advise regarding travel and vaccines?**

My advice is to have the minimum number of vaccines (as opposed to the maximum often recommended by travel agents, doctors and airlines). Contact the embassy of the country concerned and find out what the legal (minimum) requirements actually are. Make sure that the vaccination program is completed at least six weeks before departure. This will give the immune system a chance to recover before the stresses of traveling (especially if it is to a high risk country). And if there are any adverse reactions, they can be dealt with at home, rather than falling sick whilst on vacation. If two or more vaccinations are required then have them done one at a time, with a gap of two weeks in between each shot. This enables the body to deal with the stress of vaccination more effectively. Certain countries are high risk with regard to epidemic diseases (South America, Asia and certain parts of Africa) and some parents choose to avoid them if their children are thought to be particularly susceptible (for whatever reason). If your child is at risk from vaccines because of a previous history of adverse reactions or because of a compromised immune system then you may consider traveling to a low risk country.

### **19. Can we afford freedom of conscience regarding vaccinations in the United States? In the world?**

Can Americans afford not to have freedom of conscience with vaccinations when this country is founded on freedom of speech (choice?) Vaccinations have never been publicly debated, in any country in the world. The vaccination program is, in effect, a mass medical intervention on the part of a medical establishment dedicated to eradicating epidemic diseases. The intention is good, but unfortunately, we know that the road to hell is paved with good intentions. Because the efficacy and safety of immunizations has been called into question a public debate is now necessary (with both sides presenting their cases), so that parents can make an informed choice. Parents have a right to make an educated and informed choice, to resist mass medication if they so choose—for themselves and/or their children. It has been hard to evaluate the risks because parents are coerced into immunizing their children without adequate information, and those who question their doctors may be labeled non-compliant and refused treatment.

### **20. How do you help the parents you work with sort out the conflicting information regarding vaccinations? What advice can you give to parents regarding the vaccination decision?**

The responsibility of parents confronted with an issue that affects their child's well-being is the same as with any other intervention (medical or otherwise): to protect their child from harm, to make an informed and educated decision in an area that affects their child's health and life. This decision-making process may be challenging and even troubling for doctors and parents, but it needs addressing so that parents can be active participants in decisions that affect their children's welfare. Parents have to somehow evaluate whether vaccination represents a significant threat to their child's health in which case they may decide not to have their children vaccinated. Or they may decide that vaccinations will help their children to ward off epidemic diseases and choose to have all the vaccinations that are available. Or they may fall somewhere in between, seeing the benefits of certain vaccines but concerned about the risks with others, especially those where the risks from the disease are minimal. These parents may decide that some immunizations are unnecessary or risky, while others are valuable enough to choose them for their children.

#### **Some basic guidelines for parents deciding whether to immunize their children**

- Weigh up the pros and cons of each vaccination, gathering information from both sides. It is sensible to do this when pregnant rather than wait until after the baby is born (parents are more vulnerable then and may find it hard to resist persuasion, however friendly). Ideally, partners need to be involved in this decision-making process too. Parents should take their own beliefs and feelings into account, and weigh up the risks (short and long term) versus the efficacy of each vaccination.
- Seek out medical providers that are sympathetic to your needs and wishes. Parents deserve doctors sympathetic to their needs, especially their wish to make informed choices about every aspect of their child's health care,

including immunization.

- Make your peace with the fact that this is a difficult decision and there are risks attached to any decision (whether you decide to vaccinate your child—or not...either way you take a risk. Your goal is to make sure the risks are minimized.
- Bear in mind that you will have to live with the consequences of your decision (as with any decision). If you decide not to vaccinate you will have to ask yourself whether you are prepared to nurse your child through a childhood illness such as measles or whooping cough, or a more serious disease such as polio. (I always advise these parents to have a homeopath on hand as homeopathy has an excellent track record with childhood diseases). You will also need to ask yourself how you might feel if your child contracted a particular disease from the vaccine or became chronically ill as a result of a vaccine program.
- Wait as long as possible before you start your child's vaccination program (see earlier comments)
- Ask your doctor to administer one at a time: since we do not contract more than one disease at a time, it makes sense to have only one vaccine at a time. This way, if there is an adverse reaction you and your doctor will know which one is the culprit. It seems to me to be particularly unwise to inject a cocktail of attenuated toxins into babies and children's bodies.
- Take some of the fear and anxiety out of the whole process by finding out some more about childhood diseases and the successful management of them using natural methods. Research into the successful management of childhood illness and the education of doctors and parents in this would be of great benefit to the public health. There is a large body of evidence that proves the benefits of fever in fighting infection. Study after study has shown that children whose fevers are artificially reduced (with, for example, Tylenol) have more complications and are sick for longer.