

# Cause and side effects

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Cause and side effects

By: Farah Baria

A couple of months ago, a gentleman turned up at our door with a large wooden box.

"Madam," he said gravely, thrusting his identification through the grill,

"according to our records, you have not availed of the government's Pulse

Polio Programme yesterday. Would you like to immunise your children now?"

Impressed by the professorial tone, I let him in and summoned the kids.

Then, before I could say "vaccination," he opened the box, expertly unscrewed a vial, administered the drops and vanished, leaving me bemused and vaguely uneasy.

Two days later, my seven-year-old daughter complained of a pain in the leg.

I panicked and dialed my paediatrician, silently praying that she would laugh it off and call me a neurotic hen. She did nothing of the sort.

"We'll

just have to wait and watch," was the ominous diagnosis. Eventually, it turned out to be a false alarm.

False, but evidently not unfounded. Because the Oral Polio Vaccine (OPV)

uses a live virus, at least one out of every 5,00,000 vaccinated children

will actually contact the disease.

## Cause and side effects

This is what doctors call the "theoretical risk" of immunisation, a "statistically insignificant" number that justifies India's Pulse Polio

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probably the most aggressive disease eradication campaign the world has ever seen.

But what if that one sacrificial lamb happens to be your own child?

I hesitate to ask this question because it is almost impossible to point out the potential hazards of inoculation – no matter how negligible they may be – without sounding irresponsible and alarmist.

The truth is that, across the globe, compulsory vaccination has managed to eradicate several killer diseases and saved millions of lives. In the west, it has eliminated, or sharply curtailed, polio, diphtheria, pertussis, tetanus, measles, mumps and rubella.

But despite a meticulous immunisation campaign that has cost the government over Rs 2,000 crore, stray cases of polio continue to keep India on the international pariah list. A leading Mumbai paediatrician once put this down to sheer public apathy, misinformation and parents' lack of commitment to the cause.

He is right, of course. Yet, there are two sides to every story. As early as 1979, the prestigious American Academy of Paediatrics (AAP)'s Red Book clearly stated that "although modern immunising agents are generally considered safe and effective, they are neither completely safe, nor completely effective".

As parents, I think it's important for us to know this, because, no matter how great the larger "cause" of eradication, our individual right to make an informed choice is greater.

And recent reports are disquieting, to say the least:

\* The Hib Vaccine, which protects against meningitis, pneumonia and other serious infections, can cause allergic reactions, convulsions and seriously impair a child's immunity.

## Cause and side effects

\* Five years ago, the MMR vaccine, which protects against measles, mumps and rubella, kicked up a hullabaloo in the English Parliament, after researchers linked it to childhood autism.

\* The DPT, which protects against diphtheria, whooping cough and tetanus, is the most controversial vaccine, indicted in both anaphylaxis, a dangerous allergic reaction and encephalitis, or inflammation of the brain.

In fact, the Connaught Company, an American vaccine supplier, has actually issued the following warning in its package insert: "In a large, controlled study in England, children two to 35 months of age with serious, acute neurological disorders such as encephalopathy or complicated convulsions, are more likely to have received DPT in the seven days preceding onset."

More widely shared medical literature admits that about ten percent of babies suffer from persistent crying spells and drowsiness, days after the DPT injection is administered.

Official reports are not far behind. In 1994, the American Center for Disease Control and Prevention conducted a study of half a million kids vaccinated with DPT and MMR shots in Atlanta, Georgia, and found 34 major side effects including asthma, blood disorders, neurological disorders, hearing loss and seizures. (The rate of seizures increased three times above the norm in the first few days after the shots).

Dr Lendon Smith, one of America's well-known paediatricians, cautions that vaccines can have "immediate, sometimes drastic" side effects. These may also be long-term and include behavioural problems like aggression and Attention Deficit Disorder (ADD). Worse, inoculation may not always be effective.

In the UK, more than 2,00,000 cases of whooping cough have occurred in fully vaccinated kids since 1970. In Australia, where half the aboriginal population is immunised and half is not, a study found that the incidence of the diseases is the same in each group.

## Cause and side effects

And when the Japanese government decided to give the DPT shot at two years instead of at two months following rumours that it caused Sudden Infant Death Syndrome (SIDS), the number of cot deaths dropped dramatically.

Fortunately, or unfortunately, studies like these show no "definite" correlation between the vaccine and the side effect. Moreover there are practically no long-term studies that conclusively link one to the other.

And the graver reactions are pretty rare.

Yet, naturalists and an increasing number of mainstream doctors are fiercely opposed to compulsory inoculation.

Why?

Because it is an incontrovertible fact that vaccines put enormous stress on a child's inherent immunity.

The reason is simple. When a virus naturally enters the body, a sequence of defense mechanisms gets activated and gradually fights the invasion.

Once this well-orchestrated military maneuver is completed, the body develops a resistance to the viral "enemy" and gets immunised against further attacks. The process is automatic, and only a small part of the system's immune capacity is utilised.

However, when a live or dead virus artificially enters the body via a vaccine, it's like a sudden blitzkrieg that forces the immune system to press the panic button and go into overdrive, dipping into standby reserves.

The result: immunologic bankruptcy. Over time, repeated vaccinations lower the body's overall resistance to disease.

The question is, should we go ahead and "protect" our kids? Although I am a loyal devotee of natural medicine, I personally think we should, for several reasons.

Firstly, global eradication programs have probably lowered our collective immunity over the decades. Secondly, the widespread misuse of antibiotics has spawned a new army of mutant super bugs that can be potentially deadly.

## Cause and side effects

Public health experts warn that stopping vaccinations could lead to global pandemics that may wipe out entire populations. And finally, we simply don't have another cost-effective, viable alternative that can protect millions of kids around the world. As I see it, we actually have little choice but to inoculate.

But as a parent and consumer, at least let it be an informed, calculated choice that allows you to weigh the risks against the benefits.

While few of us in this country even question the standard immunisation schedule, in the US, the National Childhood Vaccine Injury Act of 1986 actually makes information a fundamental right of all parents – and also provides the framework for compensation when things "go wrong".

Meanwhile, Dr Smith offers a simple way to minimise the trauma of inoculations: on the day of the shot, plus one day before and after it, he prescribes an Immunity Cocktail: 1,000 mg vitamin C, 500 mg calcium and 100 mg vitamin B6.

Incidentally, nutritional therapy is not just an antidote; the World Health Organization recently admitted that good, wholesome food provides the best immunity we can give our children.

Many other paediatricians and parents also prefer to avoid the "optional" vaccines such as chicken pox, hepatitis A or typhoid altogether, and let Mother Nature do her job.

In the years to come, I hope we will all realise that no one does it better.

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- Prev by Date: *Chronic H. pylori Infection Linked to Early Vascular Disease*
- Next by Date: *ALS – Lyme disease story*
- Previous by thread: *Chronic H. pylori Infection Linked to Early Vascular Disease*
- Next by thread: *ALS – Lyme disease story*
- Index(es):
  - ◆ *Date*
  - ◆ *Thread*