



Vaccination

Any medical therapy usually is a balance of 'risks' and 'benefits' to the human body. The question as to whether vaccinations are safe and have raised the health of the population is disputed. Proponents point to the near elimination of polio and smallpox as evidence of the benefits of vaccines. Others question the safety of routine vaccination of children pointing to the possible causal relationship to the growing epidemic of childhood autism, developmental delay, attention deficit hyperactivity disorder (ADHD), A.I.D.S., cot deaths and weakened immune function to name but a few. Concerned parents are mystified by the contradictory claims of those for and against vaccination. Those travelling abroad and the aged may have to make decisions as to whether to be vaccinated or not.

My goal is not to convince anyone to avoid all vaccinations under any and all circumstances. Rather, as with everything else, it is to consider potential dangers (and benefits) about which we may not have been informed; to stimulate consciousness and purposeful thought about everything that goes into our body (and the bodies of family members); and to provide alternative perspectives that may help in making more conscious decisions.

"I know of no safe depository of the ultimate powers of the society but the people themselves, and if we think them not enlightened enough to exercise control with a wholesome discretion, the remedy is not to take it from them, but to inform their discretion by education." Thomas Jefferson, letter to William C. Jarvis, September 28, 1820

At the present time the following is the

Full immunisation schedule

| WHEN TO IMMUNISE | WHAT IS GIVEN | HOW IT IS GIVEN |
|--------------------------|---|------------------|
| At 2, 3 and 4 months old | Pediacel® - Diphtheria, tetanus, pertussis (whooping cough), polio and Hib (DTaP/IPV/Hib) Pevnar®-Pneumococcal vaccine Meningitec® - Meningitis C | Three injections |
| At 12 months | Menitorix® - Meningitis C plus Hib | One injection |
| At 15 months | MMR plus Pevnar® - measles, mumps rubella, pneumococcal vaccine | Two injections |
| Pre-school | Infanrix® DTaP IPV Measles, mumps and rubella (MMR) | Two injections |
| At 15 years | Revaxis® dT IPV – diphtheria, tetanus, polio MMR – if fewer than 2 previous doses | Two injections |

NB: 19 vaccines by 5 months
25 vaccines by 16 months
32 vaccines by 5 years

www.paulinestarthomeopath.com

Information in this column is obtained from the NHS publication:

**A Guide to Immunisation for Babies
Up to 15 Months of Age**

What is immunisation?

Immunisation is a way of protecting your child against serious disease. Once children have been immunised their bodies can fight those diseases if they come into contact with them.

Why do we need immunisation?

Our bodies have a natural defence system against disease. This is called the immune system. The immune system produces substances called antibodies, which usually fight off infection and prevent disease. However, there are some diseases that can kill children or cause lasting damage to their health. Immunisations are given to strengthen your child's immune system to fight off those diseases if they come into contact with them.

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Immunisation is the safest and most effective way of protecting your baby against serious diseases

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- Generally, measles, mumps and rubella are considered non-serious in children. Recovery times without treatment: measles – 10 days; mumps – swelling subsides after 2 – 3 days; rubella – 3 days or less
- Many consider childhood diseases to be an opportunity for children to throw off any toxins accumulated during pregnancy and noticeably, children often make a developmental leap after these illnesses. 'Acquired' rather than 'artificial' immunity is the result, which gives lifelong immunity.

- The risks cited to justify vaccination:

Measles: Encephalitis - most likely to result from 'atypical' measles, which is more common in children immunised against measles. Dehydration from a high fever, difficult breathing due to a secondary chest infection, and permanent eye damage (malnourished children with vit A deficiency at risk).

Mumps – orchitis, a swelling of the testicles in adult men (extremely rare, nearly all cases clear up totally and usually only one testicle is affected)

Rubella (German measles) – a potential threat to pregnant women, since those who contract it during the first three months of pregnancy are considered to have approximately a 10% risk of having a baby with birth defects, including blindness, deafness, a heart condition, cleft palate or mental problems.

However, the immunity offered by vaccination does not last into adulthood whereas contracting German measles as a child usually does. Sometimes, just exposure can result in immunity – natural immunity can be checked by a blood test.

- **Health** is the best defence, achieved by proper nutrition and aided by holistic medicines. Confidence can be gained in the body's own healing ability.
- Scientific evidence does support the effectiveness of immunisations but, not necessarily the safety. It is admitted that between 5 and 10% of everyone who gets MMR will not be protected against each of the diseases. Overall, about 40% of children need some or all parts of the MMR a second time.

Studies on the safety of immunisation are limited to short periods – days to weeks. No long-term (months to years) safety studies have been carried out. There is increasing evidence of long-term side effects and many books and articles have been written on the subject:

Vaccination – A Medical Assault on the Immune System by Viera Schreibner

DPT: A Shot in the Dark by Harris Coulter and his book The Controlled Clinical Trial: An Analysis is a clear discussion of the difficulties arising from the current emphasis on such trials.

Other sources of information:

www.drgascoigne.com: link to article – Vaccinations: An Alternative Perspective

www.bodyfueling.com/ARTICLES/vaccinations

List of books found at: <http://home.san.rr.com/via/VIAINFO/vaxbooks.htm>

How does immunisation work?

Vaccines contain a small part of the bacterium or virus that causes a disease, or tiny amounts of the chemicals that the bacterium produces. Vaccines work by causing the body's immune system to make antibodies (substances that fight off infection and disease). If your child comes into contact with the infection, the antibodies will recognise it and be ready to protect him or her.

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Because vaccines have been used so successfully in the UK, diseases such as polio and diphtheria have effectively disappeared from this country.

If these diseases have effectively disappeared in this country, why do we need to immunise against them?

Around the world, more than 14 million people a year die from infectious diseases. More than half of these are children under the age of five. Most of these deaths could be prevented by immunisation.

In the UK, these diseases are kept at bay by the high immunisation rates.

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- The real causes of disease are a combination of factors. Cellular environment changes (due to toxins, poor nutrition or chemical changes from mental stress) can cause bacteria or viruses to become disease producing. Inherited tendencies, pollution, sanitation, diet, drug habits and mental or emotional stress, all affect people according to their own particular susceptibility. This is evident by the fact that during an epidemic not every person produces disease.
- Antibodies are only produced when disease is already a relatively severe problem for the body. The inflammatory response to an infectious illness (e.g. a fever, rash or cough) is a way of profoundly stimulating the immune system, resulting in the ability to respond rapidly and effectively to other infections. Infectious diseases are necessary for the maturation of a healthy immune system
- The immune system is more than the presence or absence of antibodies found in the blood. Other layers of defence come into operation before ever disease causes the body to produce antibodies i.e. skin, secretions such as sweat and tears, as well as mucosal layers within each organ. As a result, mucosal immunity remains relatively weak and stunted in many children, complications of which may be seen by the rapid increase in asthma and eczema, both in terms of frequency and severity. Vaccination does not address these other defence layers.
- The incidence of infectious diseases started to decline before the introduction of mass vaccination. In 1975 it was reported that polio showed a count of zero (to be classified as suffering from paralytic poliomyelitis the patient had to exhibit symptoms for at least 60 days – prior to 1954 patients had to exhibit symptoms for only 24 hours), while a footnote explained that all such cases were now reported as meningitis. Non-paralytic polio cases were now reported as viral or aseptic meningitis - the incidence of viral and aseptic meningitis has increased. This is in keeping with the nature of polio – the virus first enters the body and symptoms appear after the generation of antibodies. If antibodies are not produced, as in the majority of cases of polio-virus infection, there is no paralysis.
- The Health Department in the UK publish evidence showing the decline in incidence and death rates of certain diseases from 1950's onwards, stating that these reductions have been due to the introduction of immunisations. However, a graph entitled *England and Wales: Deaths of Children under 15 years attributed to scarlet fever, diphtheria, whooping cough and measles* produced by the British Association for the Advancement of Sciences, shows that the rates of decline were occurring *before* the 1950's, when no vaccines were available.
- Measles incidence had declined a dramatic 95 percent between 1915 and 1958 in the U.S. and England, *prior* to introduction of a vaccine. In addition, according to Miller, the death rate from measles in the vaccinated mid-1970s was the *same* as it has been in the pre-vaccine early 1960s.
- Pertussis (whooping cough) had also declined both in incidence and severity long before the vaccine was introduced - around 80 percent in both the U.S. and England by 1935.
- A World Health Organisation report shows that the disease and mortality rates in the Third World bear no correlation to the amount of money spent on medical treatment, including vaccination programmes, but are more closely related to the standard of hygiene and diet. It is suggested that these are the real reasons for the decline in infectious diseases world- wide.

Thiomersal

Thiomersal is a mercury-based preservative that has been used in vaccines, including the previous DTP-Hib vaccine, for more than 60 years. It was added to vaccines to prevent contamination. The World Health Organisation's Global Advisory Committee on Vaccine Safety recently reviewed the safety of thiomersal and found that there is no evidence of any risk to the nervous system of infants and children (or adults) exposed to the levels of thiomersal in vaccines. The UK's independent expert advisors have also found no problems with using thiomersal in vaccines.

However, it is a worldwide goal to reduce exposure to mercury from all avoidable sources, so as a precautionary measure it has been recommended that manufacturers should phase out the use of thiomersal wherever possible.

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•According to a study by Dr Andrew Wakefield (Royal Free Hospital, London) published in the *Lancet* in 1998 there is a suggested causal link between the MMR vaccine and autism or inflammatory bowel disease. In a clarification of research done, which can be found at <http://www.vaclib.org./email/wakefield> he points out that mercury is only one of several exposures to infants that may potentially influence the immune response to live viral vaccines.

• The issue is not only one of neurotoxicity but immuno-toxicity. The immune system of a child grows and matures at a steady rate but is not completely functioning until age 6. How can a vaccine stimulate an immune system that is not yet functioning?

• Live vaccines are cultured using animal cells. Rubella vaccine has been grown using the tissue of aborted foetuses, polio on monkey kidney cells, measles on chick embryos and so on. Various additives are also used to boost antibody responses, for sterilisation and to stabilise them. Aluminium sulphate and formalin are routinely added. Others include phenol (a disinfectant), ethylene glycol (main constituent of anti-freeze) and benzethonium chloride (antiseptic). These toxic substances are carried into the deepest recesses of the child's body without regard to what is happening to the developing immune system.

In any situation it may be said that freedom of choice is not without restrictions. In the case of vaccination, susceptibility and general health probably dictate the outcome. The Council of the Faculty of Homoeopathy recommends children be immunised with conventional tested and approved vaccines, in the absence of medical contraindications. On the other hand, the Society of Homeopaths holds the view that it is a matter for individual parents to decide.

HOMEOPATHY

If one chooses not to vaccinate, health must be pursued to encourage the building of bodies with inherent healing capabilities (the process of illness and inflammation); if your child has had a bad reaction to vaccination or has not really been well since, in either case treatment by a qualified homeopath can help. Please telephone Pauline to discuss this.

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