

Vaccines, Viruses and Brain Inflammation

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A recent court ruling has rekindled interest in vaccine-related brain injury. (See article facing page.) Parents concerned about vaccines have heralded the Hannah Poling case as an acknowledgement of vaccines' potential dangers.

Vaccines have two active components, the pathogen and an adjuvant, put in vaccines as an immune system stimulant to make them more potent. Aluminum is one of the most common adjuvants (see article, page 4). Studies suggest that both the viruses and vaccine adjuvants can cause immune over-activation and brain inflammation.

With the emphasis on mercury, a known neurotoxin, few are focusing on the more insidious problem with vaccines, the viruses themselves. What we do not understand about the viruses we are injecting into our children should make parents shake in their shoes.

Virology 101

Viruses naturally enter the body through the respiratory, gastrointestinal or genitourinary tract. The immune system spots them and marks their coating with IgA antibodies, which reside along the mucous membranes of the nose, lungs and digestive tracts, for elimination.

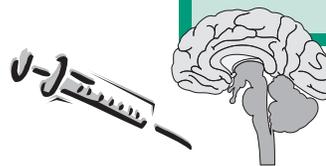
How small are viruses? Very very small. Smaller even than cells and bacteria. They are microscopic coated pieces of genetic material. The human body has two types of genetic material: DNA and RNA. Likewise, two types of viruses exist. Chicken pox and hepatitis B are caused by DNA viruses. Measles, rubella and influenza are caused by RNA viruses.

Viruses cause disease because they cannot reproduce themselves without the help of more complex live cells. The viruses have little time to inject their DNA/RNA into a healthy cell allowing it to hijack the cell's processes and convert the cell into a viral replicating machine. At the same time the viruses are attempting to reproduce, the immune system is trying to eject them.

Viruses mutate fast and furiously, so even the most effective vaccine is eventually outsmarted by the virus. Over 95% of the viral offspring have small changes called mutations so that the immune system will not recognize and eliminate them. If the viruses increase to a critical number before the immune system can eliminate them, symptoms associated with viral illness such as fever, diarrhea and nasal discharge appear. That sneeze accompanying your cold is the immune system discharging billions of viruses. To eliminate them, the body uses fluid ejection. The phlegm and discharge carry the viruses to their new host.

The Injection Problem

When a medical professional artificially injects a weakened or killed virus into the blood, the IgA antibodies are not there to coat the surface of the invader for later recognition and removal by the immune system. Vaccinations do not allow the regular immune response which initially heightens in the acute phase and then reduces the committed antibodies to a low vigilance level. According to the "one cell-one antibody" rule, once an immune B cell recognizes and commits to fighting a pathogen, it cannot respond to other assaults on the immune system.



If a child contracts some diseases, a small percentage of the immune system is permanently engaged in preventing the recurrence of those illnesses. Natural immunity is based on a series of immune responses. Because vaccines bypass the body's outer defenses by directly injecting the antigen, no generalized inflammation response, IgA tagging or eventual shedding of the virus occurs. In other words, the immune response has no clear beginning, middle and end.

As doctors give more and more vaccines to induce more "diseases" artificially, a greater and greater part the immune system could be forever committed. According to Dr. Harold Buttram, who has been following vaccine complications for over 20 years, only three to seven percent of the immune system is permanently tied up if a youngster contracts childhood illnesses naturally. On the other hand, vaccines designed to protect against the illnesses by introducing the illnesses artificially by injection permanently recruit 30-70% of the immune system.

No wonder our children have an increasing susceptibility to infections, higher rates of life threatening allergies, rising brain cancer rates and more immune deficiency syndromes. Their immune systems are used up.

Brains on Fire

According to Russell Blaylock, MD, viruses in vaccines enter the brain and stay there for a lifetime. The brain immune system responds and creates inflammation. When inflammatory chemicals are high, the brain is more vulnerable to environmental toxins. One vaccine can increase brain inflammatory chemicals for as long as two years. Add together high numbers of vaccines and increasing environmental pollution and the result is inflamed brains.

Our children are not the only ones at risk. Neurodegenerative disease among the elderly is also sharply increasing since doctors have been pushing flu and shingles shots in this population. Blaylock squarely blames the vaccines.

Short term Gains, Long Term Losses

Many believe that we are trading short term eradication of relatively mild childhood illnesses for a long term increase in more chronic problems. In 1998, researchers reported at the American College of Rheumatology that giving the hepatitis B vaccine to children after two months of age increased the risk of autoimmune diseases, particularly rheumatoid diseases, and doubled the risk for diabetes. Rather than require more studies, the vaccine was moved back to the first month of life.

What to Do

As vaccine awareness increases, more families are demanding mercury free injections and choosing to delay or spread out shots. Even with these precautions, the number of children with developmental delays is not dropping.

Before vaccinating, consider the risk and seriousness of the illness versus the effectiveness and the potential inflammation burden of the vaccine. Check with the National Vaccine Information Center www.nvic.org for more information about the laws in your state.