

Commentary

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Dr. King's editorial highlights the important point that healthcare is more concerned about treating illness rather than curing it. There seems to be more profit in treating the symptoms of illness, rather than in understanding the causes, thereby preventing their occurrence and lessening the need for cures.

Vaccines, instead of contributing to "cures" may, in part, contribute to the ongoing cycle of disease and treatments. While many see vaccines in terms of a positive cost-benefit, the deleterious effects of vaccines are rarely ever documented as such, and adverse effects are only infrequently reported. A passive national reporting system exists called the Vaccine Adverse Event Reporting System (VAERS), but it is admittedly incomplete with an estimated 10% or fewer cases reported. At least some cases of SIDS and SBS (Shaken Baby Syndrome), upon closer scrutiny, have been determined to be the result of vaccine-related deaths. Difficult neurological conditions such as ADD, ADHD and the more serious disorder called autism, are increasingly being seen as attributable to Thimerosal, a mercury "preservative" used in several childhood vaccines through year 2000 and even beyond. When we consider that in the past 10 years autism has increased over 800% in school children aged 3 to 21 years, manifesting in 1 in 166 children (or impacting 1 in 68 families), this is a most sobering fact that is claimed by healthcare to be a "mystery." When we factor in vaccine-related deaths and a \$1 million cost to raise each autistic child, this dramatically impacts the cost-benefit equation and should require intense investigation.

Unfortunately, Thimerosal in vaccines is not the only risk; therefore, the removal of Thimerosal cannot be equated with the cessation of vaccine induced diseases (VIDS). The autoantibodies against myelin and neurofilaments in the case of autism, against the thyroid in the case of hypothyroidism, etc. are caused by the mechanism by which vaccines corrupt the immune system. Historically, during approximately 1950-1970, late onset autism at 18 to 24 months of age was rarely reported. Following inoculation with the MMR vaccine, a statistically significant increase in autism has been reported during 1990-1992 among children aged 5 to 9 years in Denmark despite using mercury-free vaccines. (*Journal of American Physicians and Surgeons*, Fall 2004, Volume 9, Number 3, pages 70-75 and 89-91; investigation by Goldman and Yazbak; commentary by Stott C, Blaxill M, Wakefield AJ) Parents and medical professionals have reported that otherwise normal children stagnated and then regressed in terms of interest in surroundings, sociability, and ability to communicate. In time, repetitive obsessive behavior, loss of language, loss of acquired skills, and increased agitation and inattention became prominent. These are marked changes compared to the period prior to MMR

vaccination when these same children were considered developmentally normal and responsive.

Furthermore, there exists no way to prescreen those individuals who might have an adverse reaction to any given vaccine. Charles M. Poser, MD FRCP in *Neurological Complications of Vaccinations* explains, "The individual's susceptibility is determined by the genetic background and previous immunological history. We are constantly exposed to a wide variety of viral antigens that cause our immune system to develop antibodies against them. The phenomenon of molecular mimicry explains why some people's immune system will mistakenly respond to the measles antigen, for instance, in the vaccine because some of its amino acid groupings, its epitopes, are the same as those in the protein of a previously encountered viral antigen." (First printed in Mealey's Litigation Report, *Thimerosal & Vaccines*, Volume 1, Issue #10, April 2003).

Man is certain to look back on this period of medical history concluding that the cure for all diseases is detoxification of poisons and enhancing immune function—not injecting more toxins and viruses as is the current practice.

There is much positive reporting bias and positive propaganda promoted by public health departments and medical journals, often with the objective of maintaining high vaccination rates and corresponding monetary enrichment. The research data and analyses that present deleterious results are often suppressed and the data are presented in a skewed manner so as to mitigate against discovery of negative trends—achieving the goal of presenting vaccination in a more favorable light.

Consider, for example, a CDC study recently published in the *Journal of the American Medical Association (JAMA)*, *Contagiousness of varicella in vaccinated cases* by Seward et al. (August 11, 2004; Volume 292, No. 6), where it is reported that varicella vaccine effectiveness is 78.9% (95% CI, 69.7%-85.3%). This figure, however, represents the average or mean effectiveness over the period of 5 years (1997 to 2001) among children and adolescents aged 1 to 14 years in households. Using the very same data, and including individuals aged 1 to 19, we find there was a significant decline in vaccine efficacy to 68.8% (95% C.I., 52.5%-79.5%) in 2001 as natural varicella incidence continued at a dramatically reduced level relative to the precensure era. Interestingly, Goldman presented this result for inclusion in the 2001 Annual Report to the CDC, however the data and results were omitted. The larger proportion of varicella cases that Seward et al. report especially during 1997-1998 tended to bias the cumulative

(1997–2001) vaccine efficacy high since (1) during these years transmission of natural varicella resulted in immunologic boosting causing attack rates to decline with longer time since vaccination and (2) the relatively smaller proportion of varicella cases following 1999 contributed negligibly to the overall calculation. The attack rate estimated in 2001 by Goldman, while lower than estimates in the earlier years of varicella vaccination, likely better reflects the efficacy (68.8%) under the current disease-transmission circumstances associated with moderate to widespread vaccination. Other independent researchers recently estimated vaccine efficacy at 44% in a daycare (Galil K, Lee B, Strine T, Carraher C, Baughman AL, Eaton M, Montero J, Seward J. Outbreak of varicella at a day-care center despite vaccination. *N Engl J Med* 2002 Dec 12;347(24):1909–15) and 56% in an elementary school (Lee BR, Feaver SL, Miller CA, Hedberg CW, Ehresmann KR. An elementary school outbreak of varicella attributed to vaccine failure: policy implications. *J Infect Dis* 2004 Aug 1;190(3):477–83).

The cost-benefit analysis of the varicella vaccine also neglected to consider the significant impact that exposures to natural varicella in the community played in boosting immunity to help suppress the reactivation of shingles (herpes zoster). One study estimates that as a consequence of universal varicella vaccination, there will be an additional 5,000 deaths and 21 million cases of herpes zoster (shingles) in the US among adults during a 30 to 50 year period.

Rather than employing a vaccine to combat cervical cancer deriving from HPV (Human Papilloma Virus), the *Encyclopedia of Nutritional Supplements* by Michael T. Murry, ND, indicates that many abnormal Pap smears showing cervical dysplasia are actually an indication of folate deficiency. Thus, to counteract an abnormal condition of the cells of the cervix, folic acid supplementation (10 mg per day) combined with Vitamin B₁₂ has resulted in improvement or normalization of Pap smears. Co-factors that contribute to HPV's progression to cervical cancer include smoking, long-term oral contraceptive use, poor nutrition, and poor immune status. It has also been suggested that HPV may comprise part of the viral microflora of the anogenital mucosa and that improved immune status, high circulating blood levels of folic acid and Vitamin B₁₂ correlated with a reduction in the detectability of HPV. Megaloblastic cell changes have been detected in increasing numbers of adolescent girls and young women and this has been attributed to poor diets including refined carbohydrates, saturated fats, and caffeinated soft drinks.

The previous discussion has been concerned with the association of vaccines and significant adverse events. FDA approved prescription drugs while treating some symptoms, have also played a role in contributing to ongoing adverse drug reactions. Consider for example Vioxx[®], a popular arthritis medication (with sales of \$2.5 billion worldwide in 2003) that was recently withdrawn from the market. The manufacturer, Merck and Company, estimates about 20 million patients in the U.S. have taken Vioxx[®] since 1999 and safety questions arose during a federal advisory meeting in early 2001 concerning increased risk for heart attack and stroke among those using the medication. The medication had been used in adults for years and the FDA had just approved its use in children as young as 2 years old when it was revealed that those taking this medication for more than 18 months had twice the risk of having a heart attack or stroke.

The painkiller Bextra[®] by Pfizer has also been implicated as creating increased risk of heart attacks and strokes. Bextra[®] has not proved to be any safer on the stomach and has not alleviated pain any better than less expensive medicines such as ibuprofen and naproxen.

Consider yet another recent example where prescription medication led to adverse drug reactions. Following studies indicating that antidepressants could cause children and teenagers to become suicidal, the FDA took nearly one year to require a warning on the drugs' packaging.

Medical Veritas will continue to promote improved nutrition as a preventative and first line of defense against disease. It will strive to present a balanced approach to healthcare that is neither influenced by the sometimes inadvertent or intentional positive propaganda from public health officials having conflicts of interest with the pharmaceutical industry, nor the negative propaganda that often lacks a scientific basis. Unfortunately, modern medical interventions are increasingly concerned with profits rather than with improving people's health. Some individuals put in a position to protect the public are actually persecuting those who expose the truth. Honest appraisal of the outcome of various health measures has often been suppressed from the masses so as to maintain people's sense of implicit trust. *Medical Veritas* wishes to offer a refreshing change—with the conviction that better informed parents, patients and healthcare providers promote better medical choices.