

# Basics of the Human Immune System Prior to Introduction of Vaccines: Are Vaccines Turning Our Children's Immune Systems Inside Out? Part 2

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There is a universal principle referred to as "atrophy of disuse" which, as far as can be determined, applies to all physiologic processes of the human body. Although a normal full-term infant comes into the world with virtually all of the brain cells (neurons) that it will ever have, the brain continues to grow from increasing numbers of glial (connective tissue) cells and dendrite branching extensions that continue throughout life with mental activity. As an example, the story is told of two sisters who were identical twins and entered a nunnery, one gravitating into administrative work, the other into menial labor. With the passage of years the former remained mentally alert and bright, while the latter lapsed into Alzheimer's disease from brain atrophy.



As a brief review of Part 1, the human newborn comes into the world with temporary protection from residual maternal antibodies. Otherwise the infant's immune system is rudimentary, requiring a series of challenges to become fully functional, which is around three years of age. Although the so-called minor childhood diseases of earlier times were looked upon as nuisances (chickenpox and mumps) or potentially dangerous (measles and rubella), they may have evolved as friends-in-disguise by challenging and therefore uniquely activating and strengthening both epithelial and endothelial tissues, their respective organs, and lymph nodes. Those natural diseases also had the advantage of conferring permanent immunity, which is not necessarily the case with vaccines as attested to with revaccination every few years and higher percentages of infectious disease among those vaccinated.

Concerning the dangers of measles, aside from hygiene and sanitation, this largely involves personal disciplines in terms of diet, nutrition, and other health habits in which restriction/avoidance of sugar plays a prominent role along with abundant dietary sources (fresh fruits and vegetables) containing vitamins C and A. Nutrient deficiency may be an underlying reason that flu epidemics tend to occur over holidays, when people are inclined to overindulge in sweet treats and alcoholic beverages, which metabolize like sugar in the body.

There is an experimental basis for demonstrating sugar's paralyzing effects on the immune system. As demonstrated by Professor Emanuel Cheraskin at the Alabama University Medical School, blood samples were drawn from students before and after drinking a single soft drink (soda). White cells were siphoned from the blood samples and the white cells inoculated with staphylococcus microorganisms. After a period of incubation, the number of staphylococcus phagocytized (engulfed) by the white cells were counted under a microscope. The numbers of engulfed staphylococcus were reduced by more than half following consumption of the soft drink, indicating that the white cells were significantly paralyzed and crippled by that sugar-containing beverage. [1]

Also pertinent was a study conducted in Afghanistan in which 200 children with measles were divided into two groups, one of which received aspirin and Tylenol® to lower fever, the other not receiving aspirin or Tylenol®. The children receiving antipyretics had more prolonged illnesses, more diarrhea, ear infections, respiratory complications such as pneumonia and bronchitis, and higher death rates. [2]

Concerning the chickenpox (varicella) vaccine, articles by Gary Goldman seriously question the advisability of universal varicella vaccination as related to increasing subsequent occurrences of herpes zoster (shingles or zona). [3-4]

The differing functions of the Th1 **cellular** and Th2 **humoral** immune systems were summarized in a review article by P. Kidd:

*“The Th1 cells are hypothesized to lead the attack against intracellular pathogens such as viruses, raise the classic delayed-type to viral and bacterial antigens, and fight cancer cells. The Th2 cells are believed to emphasize protection against extracellular pathogens. On the negative side, the Th1 pathway is often portrayed as being the more aggressive of the two, and when it is overreactive, can generate organ-specific autoimmune disease (e.g. arthritis, multiple sclerosis, type 1 diabetes). The Th2 pathway is seen as underlying allergy and related IgE disease.” [5]*

Regarding vaccines and their propensity toward fostering allergies, Imani and Kehoe found a previously unrecognized side effect of the MMR vaccine by incubating it with a line of human plasma cells, which resulted in increased expression of allergy-related IgE antibodies accompanied by a corresponding decrease in protective IgG antibodies. Based on these findings, the authors concluded that viral vaccines might be playing a role in the increasing incidence of asthma and other allergic diseases. [6]

Much the same also holds true for a causal relationship between vaccines and the rising incidence of juvenile diabetes. In 1998 John Classen, MD, gave a presentation at a conference held by the American College of Medicine in which he reviewed 32 published articles, five authored by himself, indicating a causal relationship between vaccines and the rising incidence of insulin-dependant diabetes mellitus (IDDM). Nations represented in the papers included New Zealand, Canada, the United Kingdom, Denmark, Finland, Sweden, the USA, and Holland. Single vaccines were used including haemophilus influenza, hepatitis B, pertussis, BCG, and smallpox.

A prototype study was conducted in Finland by Classen and reported in the British Medical Journal. [7] In this study, from all children born in Finland between October 1, 1985 and August 31, 1987, approximately 116,000 were randomized as test subjects to receive four doses of haemophilus vaccine starting at three months of age, or one dose starting at 24 months. Additionally, 125,000 unvaccinated children served as controls. Each group was followed until age 10 years for development of IDDM. The incidence at seven years for those receiving four doses, those receiving one dose, and those receiving none was 261, 237, and 207 respectively with relative risks of 1.2, 1.14, and 1 for those children receiving no vaccine.

In virtually all of the reports from other countries the results were very similar, indicating a slight but consistent increase in IDDM following each of the five single vaccines listed above. Classen interpreted these results as indicating that it was not the type of vaccination that mattered so much as the immunologic impact of vaccination itself. Typically there was a 3 to 5 year delay between vaccines and onset of IDDM.

Quotations by Classen during the 1998 conference included:

“Vaccinating every child against every disease is fundamentally unsound.”

“There is a 3.78-fold increased risk of insulin-dependent diabetes mellitus in children from today’s vaccines.”

“All autoimmune diseases are increasing in incidence. General immune (over) stimulation from vaccines is a cause of autoimmunity.”

## Genetic Exchanges in the World Around Us

Barbara McClintock, the 1983 Nobel Laureate “Corn Lady,” was the first to discover genetic mobility in the so-called jumping genes in the 1930s. For over 50 years she pursued solitary research with corn, uncovering some of nature’s innermost secrets about life. McClintock studied maize, a form of Indian corn, where distribution of red kernels and yellow kernels is genetically determined. What she first perceived was that some of the genes were moving from one place to another on the cell’s chromosomes (the floating threads on which genes are lined like beads on a string). She then saw patterns in the movements, with sharply differing results in the colored kernels, and realized that some genes, once moved into position, switched other genes on or off. It followed that while most genes were workers, others were controllers or managers of genes.

According to an article in World Medicine [8] scientists at the University of Geneva made the startling discovery that biological substances entering directly into the bloodstream may truly become a part of us, even a part of our genetic material. The article stated in part:

*“When Japanese bacteriologists discovered that bacteria of one species transferred their own*

*highly specific antibiotic resistance to bacteria of an entirely different species, they seemed to hit on a unique if not startling phenomenon. Dr. Maurice Stroun and Dr. Phillippe Anker, with colleagues in the Plant Physiology Department at the University of Geneva, have now accumulated a wealth of evidence that the transfer of genetic information is not confined to bacteria but also can occur between bacteria and higher plants and animals.*

*“Dr. Stroun and colleagues did most of their research in plants but have now turned to animals. In their latest experiments they used the isolated auricles of frogs’ hearts, [9] from which they dipped RNA extracted from the frog auricles into a bacterial suspension, resulting in a high percentage interlinkage of frog RNA with bacterial DNA.”*

The article concluded that the implications of this work on “**transcession**” are enormous and reflect something that may be commonly taking place in human bodies. From the standpoint of future generations, the possibility that vaccines may be bringing about genetic hybridization in our children may represent far and away the greatest hazard of today’s childhood vaccine programs.

## A Case On Point

During June 2011 a great number of German E.coli infections (3,406) and 39 deaths have occurred with suspicions that organically grown bean sprouts are the source of contamination. The findings have vacillated from yes, it was the sprouts to no, it was not the sprouts to now as of this writing, it IS the sprouts.

However, the real issue may be more than bean sprouts, if they truly are the source of contamination and not a scapegoat. It seems the medical profession did not recognize that they were dealing with a rare strain of E.coli, O104:H4.

*“What most predominantly differentiates O104 from O157 is its adoption of numerous traits not typically found congregated in one strain: Not only does it produce the noxious Shiga toxin of the virulent enterohemorrhagic strains, it also possesses defensive enteroaggregative traits –a combined mouthful of properties much more difficult to tolerate physically than verbally.”*

*“When people come into a hospital with bloody diarrhea, they would normally assume it’s O157 and not give antibiotics to the patients,” he said. “In this case, because it wasn’t O157, the physicians might have thought it was okay to give antibiotics, not knowing that O104 would produce the Shiga toxin.”*

*“This potential misunderstanding over antibiotics might at least partially explain the high rate of HUS [hemolytic-uremic syndrome] among the ill. Girón [Jorge Girón, Ph.D., E. coli researcher and associate professor of microbiology at the University of Florida’s Emerging Pathogens Institute] said this outbreak may necessitate new screening procedures at hospitals to account for O104 alongside O157, ensuring patients don’t receive antibiotics that could exacerbate their illness or kill them.” [Emphasis added] [11]*

The above may be the classic example needed to illustrate the unknowns involved in vaccine pharmacology and morphology, and medicine’s inability or unwillingness to address that aspect of vaccinology.

## Are Vaccines Sowing the Seeds of Genetic Change?

As reviewed above, the first six months of an infant’s life is a period of heightened vulnerability because of the infant’s immature and rapidly growing nervous system and highly immature immune system. It is during this time-period that 19 or 20 vaccines are routinely administered, according to officially recommended schedules, irrespective of whether the infant was born prematurely, a condition that apparently predisposes preterm infants to a series of vaccine adverse reactions. [12]

A very revealing study reported in Virus Research tends to support the hypothesis of genetic exchange associated with viral vaccines. In the study of 24 passages of a nuclear polyhedrosis virus through cell cultures, there were both insertions and deletions in the virus, [10] suggesting that the virus freely exchanged genetic material with the tissues in which it was cultured [similar to transcession discussed above].

Considering that today’s vaccines have been incubated in cell cultures of aborted fetuses, monkey kidneys,

and other animal tissues, this should give any thinking person pause to consider the possible implications involved in manufacturing, injecting, and receiving vaccines.

Dr. Buttram discusses the immune system and the impact that vaccines have upon it in his book, *A Commentary on Current Childhood Vaccine Programs*, ISBN: 1-891485-30-X), published in 2010 by Philosophical Publishing Co., PO Box 77, Quakertown, PA 18951, phone 215-538-5300.

Catherine J Frompovich is the author of *Our Chemical Lives And The Hijacking Of Our DNA* available on Amazon.com [here](#).

**International Medical Council on Vaccination** | [www.vaccinationcouncil.org](http://www.vaccinationcouncil.org)

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