

Studies Find Flu Shots Can Harm Your Heart, Infant And Fetus

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Global Research, December 06, 2014

[GreenMedInfo](#) 17 January 2013

Theme: [Science and Medicine](#)

Updated December 5, 2014

Flu vaccines, according to the best scientific evidence available today, will only work against 10% of the circulating viruses that cause the symptoms of seasonal epidemic influenza. Additionally, flu vaccines have been found to elicit inflammatory reactions that may harm the human heart, the developing fetus, and the fragile immune systems of our infants. So, do the theoretical benefits really outweigh the known harms?

In a recent article, [The Shocking Lack of Evidence Supporting Flu Vaccines](#), we addressed the surprising lack of empirical evidence supporting the use of flu vaccines in the prevention of seasonal influenza, in [children under two](#), [healthy adults](#), [the elderly](#), and [healthcare workers who care for the elderly](#).

The reality is that vaccines not only do not work as advertised, but they represent a significant health threat, likely on the same order of magnitude as influenza itself, due to their well-known role in compromising immunological self-tolerance ([autoimmunity](#)), as well as by eliciting a wide range of adverse health effects associated with the use of [adjuvants](#), preservatives, foreign animal DNA and cell byproducts, [adventitious viruses](#), and other so-called “inactive ingredients,” including even the unnatural route and method of antigen administration itself.[i]

Basic Virology Facts Reveal Trivalent Flu Vaccines Are At Best 10% Effective

But it shouldn't take expensive, elaborate, time-consuming research to grasp the obvious limitations in effectiveness of flu vaccines from the perspective of this fundamental fact of influenza virology:

Over 200 viruses cause influenza and influenza-like illness which produce the same symptoms (fever, headache, aches and pains, cough and runny noses). Without laboratory tests, doctors cannot tell the two illnesses apart. Both last for days and rarely lead to death or serious illness. At best, vaccines might be effective against only Influenza A and B, which represent about 10% of all circulating viruses.” (Source: [Cochrane Summaries](#)).

Indeed, if facts like these were not so commonly ignored or denied, and it was the *actually* clinically-confirmed, unequivocal “evidence” that drove the so-called “[evidence-based](#)” medical system into its annual, seasonal influenza-induced, frenzy of pro-vaccine propagandizing and proselytizing, we might look at this ritual of mass vaccination as

something other than just a profit-, policy-, and, for the masses, faith-based indoctrination, which sadly it has become.

“Science-Based” Medicine Unwilling To Look At Empirical Evidence On Vaccine Harms

Similarly, were those self-avowed “skeptics,” and would-be advocates of “science-based medicine,” who claim vaccinating is *always safer and more effective than not vaccinating*, to acknowledge research indicating the limitations and increasing [failings of vaccination](#), as well as the value of [natural influenza flu alternatives](#),* they might someday earn the right to use powerful-sounding words like “Science” and “Evidence” in their crusade against your access to the empirical truth and your right to bodily self-possession, i.e. your right to make free and informed decisions for yourself to engage or disengage from medical interventions, that carry a known risk of harm and [even death](#).

The reality is that many top biomedical journals cannot and will not suppress the truth concerning the many unintended, adverse health effects of vaccines. This would, after all, be both immoral and illegal, especially when human lives, and particularly the lives of our most vulnerable, our children, are on the line. In other words, by publishing empirical research that shows vaccines are not safe and effective *a priori*, many thwart the party line, as represented by the policies and official statements of the CDC, the FDA, and the ACIP, and many online skeptic bloggers (anti-anti-vaccine groups, if you will; most whom fail to grasp the foolishness of such a dialectic, since they rarely take a critical look in the mirror) who claim those refusing vaccines, or educating about their harms, are guilty of crimes, or have blood on their hands.

Flu Vaccines Found To Increase Heart Attack Risk

For example, a concerning study published in 2011 in the *International Journal of Medicine* revealed a fact rarely addressed by conventional health authorities, or the mostly uncritical mainstream media, namely: flu vaccines result in inflammatory cardiovascular changes indicative of increased risk for serious heart-related events such as heart attack.[ii]

Titled, [“Inflammation-related effects of adjuvant influenza A vaccination on platelet activation and cardiac autonomic function,”](#) their study concluded:

Together with an inflammatory reaction, influenza A vaccine induced platelet activation and sympathovagal imbalance towards adrenergic predominance. Significant correlations were found between CRP [C-reactive protein] levels and HRV [heart rate variability] parameters, suggesting a pathophysiological link between inflammation and cardiac autonomic regulation. The vaccine-related platelet activation and cardiac autonomic dysfunction may transiently increase the risk of cardiovascular events.

The four main areas of concern mentioned above are:

- Platelet Activation: An indicator of increased risk for pathological clotting and/or obstruction of a blood vessel, e.g. heart attack, embolism or stroke.
- Sympathovagal imbalance towards adrenergic predominance: An indication of disturbed autonomic regulation within the heart.
- Elevation of C-Reactive Protein: An indicator of inflammation-mediated cardiovascular disease risk.

- Reduced Heart Rate Variability: An indicator of increased heart disease risk.

Flu Vaccines Found To Adversely Affect Pregnant Women

This study is not, however, the first to raise concern over states of pathological inflammation caused by flu vaccines, and vaccines in general. In 2011, the journal *Vaccine* published a study titled, "[Inflammatory responses to trivalent influenza virus vaccine among pregnant women](#)," which found that flu vaccination causes measurable increases in inflammation in pregnant women which may increase the risk of preeclampsia and other adverse outcomes such as preterm birth.[iii] In this study both CRP and tumor necrosis factor (TNF)- α levels increased to concerning levels between one to two days after vaccination. Should we be surprised, considering flu vaccines still contain highly inflammatory, neurotoxic and immunotoxic heavy metals, such as mercury-based thimerosal? Even when the precautionary principle is employed, and mercury-based adjuvants removed in tacit recognition of its profound dangers, [aluminum hydroxide](#) is then used to replace it, injected directly into the bodies of healthy infants in the name of synthetically modifying and "improving" their immunity (see: [Can We Continue To Justify Injecting Aluminum Into Children?](#)).

And so, despite the fact that vaccine-induced disruption and dysregulation of a pregnant woman's immune system could compromise her pregnancy, resulting in birth defects[iv] and miscarriage (which is a well-known phenomena within the veterinary field: [vaccine-induced abortion](#)), the CDC has defied both common sense and the precautionary principle by urging pregnant women to receive flu vaccines, without informing them of their true risks.

Infants At Risk of Pathological Inflammation Following Vaccines

Just as disturbing is the CDC's recommendation that all infants, six months or older, receive flu vaccines on top of an already burgeoning [vaccination schedule](#), which begins at the day of birth with the STD [vaccine containing hepatitis B](#) surface antigen, despite clear evidence that infants experience cardiorespiratory complications and C-reactive protein responses as a result of all vaccines, administered either singularly or simultaneously in combination.

One 2007 study published in the *Journal of Pediatrics*, found that 85% of newborn infants experienced abnormal elevations of CRP when administered multiple vaccines and up to 70% in those given a single vaccine. Also, overall, 16% of infants were reported to experience vaccine-associated cardiorespiratory events within 48 hours postimmunization. [v]

Suffice it to say, vaccinating against the flu (or any pathogen) is not as safe and effective as we are being told. But please do not adopt my opinion on the matter as your own. Do your own research, and feel free to review some of the underreported and/or otherwise suppressed research on vaccination we have collated at our [Vaccine Research and Education](#) page.

*Never mind the timelessly and often cross-culturally confirmed and reconfirmed evidence contained within "orally transmitted" traditional, plant-based medical systems, used the world over.

Resources

- [i] GreenMedInfo.com, [Adverse Health Effects of Vaccination](#)
- [ii] Gaetano A Lanza, Lucy Barone, Giancarla Scalone, Dario Pitocco, Gregory A Sgueglia, Roberto Mollo, Roberto Nerla, Francesco Zaccardi, Giovanni Ghirlanda, Filippo Crea. Inflammation-related effects of adjuvant influenza A vaccination on platelet activation and cardiac autonomic function. *J Intern Med.* 2010 Sep 1. Epub 2010 Sep 1. PMID: [20964738](#)
- [iii] Lisa M Christian, Jay D Iams, Kyle Porter, Ronald Glaser. Inflammatory responses to trivalent influenza virus vaccine among pregnant women. *Vaccine.* 2011 Sep 20. Epub 2011 Sep 20. PMID: [21945263](#)
- [iv] Margaret A K Ryan, Tyler C Smith, Carter J Sevick, William K Honner, Rosha A Loach, Cynthia A Moore, J David Erickson. [Birth defects among infants born to women who received anthrax vaccine in pregnancy.](#) *Am J Epidemiol.* 2008 Aug 15 ;168(4):434-42. Epub 2008 Jul 2. PMID: [18599489](#)
- [v] Massroor Pourcyrous, Sheldon B Korones, Kristopher L Arheart, Henrietta S Bada. [Primary immunization of premature infants with gestational age < 35 weeks: cardiorespiratory complications and C-reactive protein responses associated with administration of single and multiple separate vaccines simultaneously.](#) *J Pediatr.* 2007 Aug ;151(2):167-72. Epub 2007 Jun 22. PMID: [17643770](#)

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