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Vaccine Induced Immune Overload and the Epidemic of Chronic Autoimmune Childhood Disease

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Most people in our vaccine-overloaded society knows of one or more families that have one or more children with chronic, supposedly incurable (but probably preventable) diseases that will need lifelong, regular, costly physician "management" and the highly probable use of potentially toxic, costly, synthetic, possibly dependency-inducing medications that can cause additional prescription drug-induced illnesses (that may further sicken the already-ill children).

The following peer-reviewed article convincingly implicates iatrogenic vaccine-induced immune overload as a highly likely, major cause of the current epidemic of chronic illnesses of childhood (and adulthood?) that has paralleled the enormous increase of childhood vaccinations over the past several decades – which have a variety of known cellular toxins in them (such as mercury, aluminum, formaldehyde, MSG, neomycin, gentamycin, streptomycin, polymyxin B, polyethylene glycol (antifreeze), squalene, killed and/or live viruses, viral contaminants (some of which are carcinogenic), etc).

It Isn't Just About Autism, Folks

The list of autoimmune disorders considered in this article includes such increasingly common chronic illnesses as type 1 diabetes, type 2 diabetes, pre-diabetes, nonalcoholic fatty liver (= NASH = nonalcoholic steatohepatitis), autism spectrum disorders, asthma, food allergies, a variety of organ-specific autoimmune disorders (such as thyroiditis, vasculitis and autoimmune rheumatic diseases like SLE (lupus), rheumatoid arthritis, psoriasis and sarcoid), and metabolic syndrome (= obesity, type 2 diabetes/insulin resistance, hypertension, and dyslipidemia).

J. Barthelow Classen, MD, immunologist and the author of the present study says "since 1999 the routine pediatric immunization schedule has increased by 80 vaccines" (that number counts each strain of antigenic virus or bacteria that have been included in the new inoculants). Classen believes that "the sum of the data described and reviewed in this paper supports a causal relationship". From the perspective of the tens of thousands of parents (since the "age of autism" began just just a few decades ago) who know for certain that their previously happy, developmentally normal infants were sickened shortly after routine vaccinations, Dr Classen's powerful scientific research cannot be discounted, even with the expected media blitz that is expected from Big Pharma, the AMA, the American Academy of Pediatrics, the AAFP, the CDC, the WHO and the various trade organizations that profit so mightily from the vaccine industry.

This important article was published exactly one year ago this week, on February 19, 2014, in the Journal of Molecular and Genetic Medicine. The entire original article and the 42

supporting journal references are available at: http://www.vaccines.net/-vaccine-induced-immune-overload.pdf.

— Gary G. Kohls, MD

Review of Vaccine Induced Immune Overload and the Resulting Epidemics of Type 1 Diabetes and Metabolic Syndrome, Emphasis on Explaining the Recent Accelerations in the Risk of Pre-diabetes and other Immune Mediated Diseases

Author: J. Barthelow Classen MD, J Mol Genet Med 2014, S1:025

http://www.vaccines.net/vaccine-induced-immune-overload.pdf.

Abstract

There has been an epidemic of inflammatory diseases that has paralleled the epidemic on iatrogenic immune stimulation with vaccines. Extensive evidence links vaccine induced immune over load with the epidemic of type 1 diabetes. More recent data indicates that obesity, type 2 diabetes and other components of metabolic syndrome are highly associated with immunization and may be manifestations of the negative feedback loop of the immune system reacting to the immune overload. The epidemic of diabetes/pre-diabetes appears to be accelerating at a time when the prevalence of obesity has stabilized, indicating that the negative feedback system of the immune system has been over whelmed. The theory of vaccine induced immune overload can explain the key observations that have confounded many competing hypotheses. The current paper reviews the evidence that vaccine induced immune overload explains the disconnect between the increase in pre-diabetes and nonalcoholic fatty liver at a time when the obesity epidemic is waning in children.

Introduction

Twenty years ago it was predicted that a massive increase in immunization would result in a massive increase in people with chronic immune related diseases like type 1 diabetes, autoimmune diseases, and asthma [1]. A massive increase in immunization has occurred. In the United States for example since just 1999 children are scheduled to routinely receive over 80 additional vaccines over their childhood as explained below. The increase in immunization has been followed by a huge increase in inflammation associated disorders.

Diseases like autism, type 1 diabetes, asthma, food allergies, many autoimmune diseases, obesity, type 2 diabetes, NASH and metabolic syndrome have increased many-fold in children. The rate of change of several closely followed diseases appears to be accelerating while others have decelerated. This paper describes how the theory of vaccine induced immune overload can explain many observations about the changes in the epidemics.

Many hypotheses have been proposed to find alternate explanations for these epidemics, such as the hygiene hypothesis for autoimmune diseases and poor diet or decreased exercise for the obesity epidemic.

These hypotheses don’t readily explain the recent changes in the rates of these diseases. For example the prevalence of obesity in US children has stabilized while junk food and leisure activities persists, and the epidemics of autoimmune diseases continue to rise at a

time where hygiene does not seem to increase.

Recently publications have provided evidence that vaccines are responsible for the epidemics of both autoimmune diseases such as type 1 diabetes as well as the epidemic of type 2 diabetes, obesity and metabolic syndrome [2].

One major problem with vaccines is the concept of one size fits all. Package inserts of almost all vaccines recommend a dose based on age. In order for a vaccine to be a commercial success it is expected to induce a protective immune response in well over 90% of children. In order for this to happen a dose, based on age, must stimulate a protective immune response in those with the weakest immune system. In the process of doing this, the other 90% or more of children have their immune system over-stimulated. The process of over stimulating the immune system time and time again increases the risk of inflammatory diseases like autoimmune diseases, and allergies which cause even more inflammation. The clinical manifestation of disease depends on one's physiologic response to inflammation as has previously been reviewed[3].

Inflammation causes the release of cytokines which can trigger autoimmune diseases but also stimulate cortisol production, the major negative feedback loop of the immune system. According to the theory inflammation induced cortisol production varies based on race [3] which can be explained by the presence of genes that alter cortisol production. Individuals who produce a lot of cortisol in response to inflammation have a tendency to develop a Cushingoid like response that includes obesity, type 2 diabetes/insulin resistance, hypertension, and dyslipidemia which is called metabolic syndrome.

Evidence that vaccines cause type 1 diabetes has been well established. Data from a large prospective clinical trial of the Haemophilus vaccine [4] as well as epidemiology data [5] support vaccines as a major causative agent for type 1 diabetes. The data from the clinical trial validates an animal toxicity model [4]. The findings were verified by others [6]. Discontinuation of vaccines has been repeatedly shown to be followed by declines in the rates of type 1 diabetes [5,7]. Evidence that vaccines cause type 2 diabetes, obesity and metabolic syndrome has been reviewed recently [2]. Evidence includes the observation that the discontinuation of school age BCG vaccination in Japan was followed by a decrease in type 2 diabetes in children in Japan [8].

Since 1999 the routine pediatric immunization schedule [9,10] increased by 80 vaccines. This number is derived by the fact that multivalent vaccines contain specific vaccines to each separate strain.

The following have been added, pneumococcus (13 valent), meningococcus (4 valent), human papilloma virus (4 valent), hepatitis A (1 valent), rotavirus (4 additional valent), influenza (3 valent per year x 18 years=54).

Parallel Epidemics of Inflammatory Diseases

The theory of vaccine induced immune overload explains the parallel epidemics of multiple different autoimmune diseases. It is a known fact that the pathophysiology is shared in many autoimmune and inflammatory diseases. Patients with autoimmune disease often have more than one autoimmune disease or have a family history of multiple different autoimmune diseases. It is thus not surprising that many inflammatory diseases are increasing along with type 1 diabetes, in fact it is expected. A wide variety of diseases have

been reported to increasing in children. There are insufficient data to know if the prevalence of the majority of inflammatory diseases is increasing.

However given the number and variety diseases that are reported to be increasing in children it is likely many more also increasing. Epidemiology studies show a close linkage between type 1 diabetes and other autoimmune diseases. Type 1 diabetes is strongly linked with other autoimmune diseases in Type II polyglandular autoimmune syndrome [19]. In this syndrome 52% of patients have diabetes mellitus, 69% have autoimmune thyroid disease and 100% have Addison's disease.

Patients with type 1 diabetes and their close relatives are at increased risk for organ specific autoimmune disease [20]. Some of the epidemiology data comes from studies of families where several members have autoimmune disease. Family studies indicate type 1 diabetes is linked to the development of several different autoimmune diseases including organ specific autoimmune diseases and rheumatoid diseases. Close relatives of patients with type 1 diabetes have an increased risk of a wide variety of different autoantibodies [21,22]. It has been found that depending on the family, type 1 diabetes is linked with either an increased risk of an organ specific autoimmune disease or a rheumatoid disease [23]. A large study of Mennonites showed a linkage between type 1 diabetes and other autoimmune diseases including organ specific and rheumatoid diseases [24].

Immune stimulation with alpha interferon increases the risk of type 1 diabetes and a wide variety of other autoimmune diseases. People receive alpha interferon for the treatment of viral hepatitis and cancers. Alpha interferon has been repeatedly reported to cause type 1 diabetes in humans [25-28]. One of 40 patients receiving alpha interferon in a Japanese study developed anti-islet cell antibodies [28].

An Italian study found 14 of 11,241 patients receiving alpha interferon developed diabetes mellitus [29]. Alpha interferon also increases the risk of organ specific autoimmune diseases such as thyroiditis and autoimmune rheumatic diseases such as SLE, rheumatoid arthritis, psoriasis and sarcoid [30]. It has been reported that upon the administration of alpha interferon that the same patient developed both rheumatoid and organ specific autoimmune diseases [31,32].

It is well accepted that the diagnosis of autism is epidemic. Many cases of autism have a strong inflammatory component and the epidemic has already been linked to vaccine induced overload [33].

Autism epidemiologically linked to diabetes and those with autism have a family history of increased risk for autoimmune diseases. Attention deficit syndrome is epidemic and epidemiologically linked to increased risk of immune disorders [34].

Many inflammatory mediated diseases other than diabetes are epidemic. The incidence of psoriasis has been reported to double in children [35]. Autoimmune anti-neutrophil cytoplasmic antibody vasculitis resulting in renal failure has also been increased [36].

Wegener's Granulomatosis has been reported to increase in children [37]. The incidence of inflammatory bowel disease is also increasing rapidly in children [38].

Data indicates vaccines can act to sensitize recipients to environmental antigens. The CDC [39] found several vaccines were associated with an increased risk of asthma including the

Haemophilus influenzae type b, relative risk 1.18 (1.02 to 1.36) and hepatitis B vaccine 1.20 (1.13 to 1.27). It is not surprising then that there is a rise in food related allergens [40]. Peanut allergy has tripled in children since 1997 [41]. Immune mediated food related disease, celiac disease [42], has also increased substantially.

Conclusion

There has been an epidemic of inflammatory diseases that has paralleled the epidemic of iatrogenic immune stimulation with vaccines. The epidemic of diabetes/pre-diabetes appears to be accelerating at a time when the prevalence of obesity has stabilized, indicating that the negative feedback system of the immune system has been over-whelmed.

The theory of vaccine induced immune overload explains the key observations that have confounded many competing hypothesis. Unfortunately *(Ed. Note: "tragically" would have been a better term)* the prospective controlled trials of vaccines performed for licensure *(Ed. note: by Big Pharma)* are either too small, too short in duration or inappropriately controlled (use other vaccines as controls) to appropriately study the relationship between vaccines and these epidemics. Furthermore most *(post-marketing)* epidemiological studies performed after licensure of vaccines suffer from the same deficiencies. The conclusions of this paper are based on data from a single clinical trial, animal toxicity studies, and epidemiological studies. While it would be ideal to have more clinical trial data, industry and government have been reluctant to provide such information. However, conclusions regarding toxicity of many agents including cigarettes and asbestos were made without clinical trial data. The author believes that the sum of the data described and reviewed in this paper supports a causal relationship.

Dr Kohls has spent many years researching the powerful, obscenely profitable and therefore easily corrupted pharmaceutical industry and the many false claims that their lobbyists, think tanks and co-opted opinion leaders in the media have been making. He knows many families whose lives have been devastated by vaccine injuries, including the post-vaccination regressive autism that unequivocally began following routine vaccinations, often inoculations of more than one type (not just the mercury containing or live virus types).

Dr Kohls takes seriously the precepts of the Hippocratic Oath that he took when he received his medical degree. That oath says that physicians should above all do no harm to their patients and thus, when there is evidence of harm from a prescription drug, vaccine or procedure, physicians should stop doing that harmful treatment until a thorough, unbiased re-evaluation is done. Tragically, with the proliferation of for-profit medical corporations (health insurance companies and corporate clinics and hospitals) and the secretive for-profit drug companies that regularly use corrupted science to justify their results (and also, because they are corporations, by their charters, mainly work for the economic benefit of their shareholders), that oath seems to have become superfluous.

Dr Kohls practiced holistic mental health care for the last decade of his family practice career. He has produced a series of Preventive Psychiatry E-Newsletters since about 2000. There is no PPEN website, but many of the 450 editions of the newsletter can be found on many internet sites.

Dr Kohls now writes a weekly column for the Reader Weekly, an alternative newsweekly published in Duluth, Minnesota, USA. The last three years of Dr Kohls' Duty to Warn columns

are archived at http://duluthreader.com/articles/categories/200_Duty_to_Warn.

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