

Special Flu Vaccine Report



"Years ago, people developed resistance the old fashioned way: By getting the flu. And then when that type of flu came around again years or decades later, they either didn't get sick or had only a mild case. The vaccine marketeers want to take that away from our population. What will that make us? Vaccine dependent, of course." - Barbara Loe Fisher, co-founder of the National Vaccine Information Center

Three important reasons to avoid the flu shot:

1. The flu shot contains mercury, formaldehyde, gelatin and traces of chicken cells.
2. The flu shot contains viral contaminants that have been linked to cancer.
3. You can get the flu shot - and all the risks that go with it - and still get the flu.



Flu shot does not save lives in the elderly

The flu vaccine isn't preventing death in the elderly population, the "high risk group" that is told to get a flu shot to reduce mortality, according to a study in the Archives of Internal Medicine. (1)

Although immunization rates in those over 65 have increased 50% in the past 20 years, there has been no decline in flu-related deaths. Mortality rates for those over 85 between 1968 and 2001 showed no change as well. The authors add: "Studies substantially overestimate vaccination benefit"; a diplomatic way of saying it's useless.

If you get the flu, avoid aspirin and acetaminophen (Tylenol & others)

Flu sufferers who lower their fevers with aspirin or Tylenol stay sick an average of 3½ days longer than those who do not take the drugs. (2) The purpose of a fever is to fight infection and cleanse the body of toxins. Why interfere?

Getting the flu gives you protection against cancer

Scientists discovered that those with a history of colds and flu also had less breast, colon, rectal, stomach and ovarian cancer.

A history of common colds or gastro-enteric influenza prior to the interview was found to be associated with a decreased cancer risk. (3)

In another study, subjects who reported a history of colds, flu and other infectious diseases had a 30% reduction in risk of brain tumor. (4)

Long-term consequences of flu shots - immune system damage?

Researchers have discovered that repeated vaccination at a young age substantially increases the risk of influenza at older ages. However, getting the infection naturally appears to strengthen the immune system and decreases the risk of being re-infected. Natural is better. (5) Note: The authors did not even look for an Alzheimer's-flu shot connection.

Ineffective flu shots?

Does the flu shot prevent death and illness? The elderly over age 70, who account for 90% of all flu related deaths, may not be protected at all. Flu vaccine use by the elderly increased from 15% to 65% in the US since 1980 but there is no decrease in influenza-related mortality. The few clinical trials that have included elderly people have indicated there is a decrease in antibody responses (and therefore reduced clinical benefit) from flu vaccination as people age beyond 70. (6)

In conclusion

Rather than see flu, colds, fevers and nasal discharge solely as uncomfortable, we should know that they operate in our best interest: to heal, cleanse and detoxify us. Suppressing symptoms may create more serious disease in the future. That doesn't mean we should ignore a sick person. Illness is a time of rest and recuperation. Ill people need comfort, proper nutrition and support.

Many people who wish to avoid medical suppressive therapies such as aspirin, acetaminophen, antihistamines, decongestants and other drugs designed to prevent symptoms instead turn to nutrition, chiropractic, homeopathy, naturopathy, acupuncture and many other natural "expressive" healthcare systems so their bodies will get the full benefit from their symptoms - cleansing, healing and improved health.

1. Simonsen L et al. Impact of influenza vaccination on seasonal mortality in the US elderly population. *Archives of Internal Medicine*. 2005;165:265-272.
2. Plaisance KI, Kunaravalli S, Wasserman SS et al. Effect of antipyretic therapy on the duration of illness in experimental influenza A, *Shigella sonnei*, and *Rickettsia rickettsii* infections. *Pharmacotherapy*. 2000;20(12):1417-1422. <http://www.medscape.com/viewarticle/409651>
3. Abel U, Becker N, Angerer R et al. Common infections in the history of cancer patients and controls. *Journal of Cancer Research and Clinical Oncology*. 1991;117(4):339-44. <http://www.springerlink.com/content/v6351637674w8k02/?p=fc1b22d86a8b4a0ebdeebe28d42f475a&pi=8>
4. Schlehofer B, Blettner M, Preston-Martin S et al. Role of medical history in brain tumor development results from the international adult brain tumor study. *International Journal of Cancer*.

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5. Carrat F et al. Repeated influenza vaccination of healthy children and adults: borrow now, pay later? *Epidemiol Infect.* 2006;134(1):63-70. <http://www.vaclib.org/basic/repeatedfluvax.htm>

6. Simonsen L et al. Mortality benefits of influenza vaccination in elderly people: an ongoing controversy. *Lancet Infect Dis.* 2007;7:658-666.