

# **EAST-WEST HEALTH JOURNAL**

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## **Vaccinations**

One of the more controversial topics currently revolves around the question of vaccinations. Many parents of autistic children swear that their child displayed no abnormalities of learning or behavior until after receiving the MMR (measles, mumps, rubella) vaccine. I have had many patients come through my own clinic over the years who fall into this category. Currently, there is a sort of “celebrity battle” going on between the comedic actor Jim Carrey and his girlfriend the former Playboy model Jenny McCarthy, and the actress Amanda Peet. Jim Carrey and Jenny McCarthy have been making the talk show rounds reciting their personal journey with their own son who developed autism within a short time of receiving the MMR vaccine. They consulted with several pediatricians and pediatric neurologists who all agreed the child had autism, and offered no satisfactory solutions. They took matters into their own hands, did some research, and between employing dietary changes and several alternative or complementary therapies, their son is now developing and behaving normally with no signs of autism. The pediatricians who had all agreed that their son was autistic responded by suggesting that they must have been wrong in their earlier diagnosis and that their son was probably never autistic. Amanda Peet has countered the Carrey and McCarthy media campaign with her own commercials declaring that there is no scientific evidence that vaccines cause autism or any other severe problem, and that parents who do not vaccinate are putting other children at risk and that there is no logical argument against vaccination. Her arguments echo arguments that were made in favor of vaccinations beginning over 100 years ago, and repeat the language uttered by the Institute of Medicine (IOM) and the National Institutes of Health (NIH); more on this later.

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Let's start the discussion by my saying that my own position with my patients is that they need to make their own decisions about vaccinations, but do so from an informed position and not from a reaction to the fear tactics that are often employed by vaccine manufacturers and those they influence including legislators, physicians and government agencies like NIH and IOM. I should also say that on the anti-vaccination side there are some who employ fear tactics not based on the science. If one is going to avoid vaccinations it should be done from a science-based, informed opinion. The best resource I know of to get all of the science on vaccinations is from Dr. Sherri Tenpenny, D.O., a board-certified emergency room physician now in private practice. Her website is [www.dr.tenpenny.com](http://www.dr.tenpenny.com). You will be able to purchase DVD's and her book, "Saying No To Vaccines: A Resource Guide For All Ages," which includes a 75 minute DVD. You would probably be amazed by the fact that there is a wealth of published scientific data, including much from the Centers for Disease Control (CDC) that does NOT support the concept of mass vaccinations. Should you want to explore this subject further and expand your own knowledge about this controversial subject I strongly recommend getting Dr. Tenpenny's book or one or more of her DVD's.

One of the most commonly used vaccines, and one of the most highly touted, is the flu vaccine. Every year before the start of flu/cold season public announcements begin to come forth advising people to get the flu vaccine. It is especially promoted for the very young and the elderly, the two groups at highest risk for fatal complications resulting from the flu. Somewhere between 80 and 85 million doses are delivered yearly. It makes a lot of money for the companies manufacturing the vaccine and for individual clinics delivering the vaccinations. Locally, one medical organization offered drive-in flu vaccines so that one did not have to get out of the car. Numerous companies make the

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vaccine available to their employees at the company facilities so that employees don't have to go to the trouble of making an appointment at their doctor's offices. The overwhelming question about the flu vaccine, given all the doses handed out yearly, is does it work? The Cochrane Collaboration in 2005 produced a series of articles reviewing published studies on the flu vaccine and found that the vaccines were ineffective and that there was no evidence supporting the vaccine's widespread use. There was no evidence that the vaccines prevented childhood deaths or other serious complications from the flu, plus, there were no safety studies on the vaccine. That's right, the vaccine is administered to one and all with no evidence that they are safe to use. In healthy adults the review found that the vaccine reduced the risk of getting the flu by only 6% and reduced the number of days missed by less than one day, or precisely 0.16 day. Likewise, the Cochrane Collaboration found no effectiveness for the flu vaccine in the elderly. Additionally, flu vaccines are preserved with several toxic compounds including mercury (thimerosal). When I've been asked in the past whether or not a person should get a flu vaccine I always respond that the science does not support its use.

Childhood vaccinations are at the core of the Carrey-McCarthy/Peet arguments, with Amanda Peet maintaining that the vaccinations are safe (she bases her position on information from an MD who has conducted vaccine studies). The impression that one gets from hearing Ms. Peet, and listening to various physicians, government agencies, manufacturers of vaccines, the Bill and Melinda Gates Foundation and other groups promoting mass vaccination programs is that vaccinations prevent epidemics, lower the childhood death rate from common childhood illnesses and are safe. They tend to dismiss those who question the safety and effectiveness of vaccinations as misguided at best, as well as uninformed, which is not often true. In Chapter 3 of Dr. Tenpenny's book "Saying No To Vaccines," she lists the 25 most common arguments

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supporting vaccinations and refutes them with published scientific studies and data. The #1 argument promoted by the pro-vaccination group is that vaccines are safe. The standard required by the FDA and in pharmacological science to determine the safety profile of a drug is the double-blind, placebo-controlled study. This is the gold standard. This type of study has not been done with vaccines. Dr. Tenpenny also points out that most vaccine studies are done with pooled data from only a few thousand healthy children. Children are excluded if they have an underlying disease. However, in daily practice, the children with underlying diseases are routinely vaccinated. Also, adverse reactions from vaccines are looked for from 5 to 15 days following the vaccination. If an adverse reaction occurs past this two week time period they are not attributed to the vaccine. Also, it is not generally known by most parents that giving your child a vaccination against a certain illness does not guarantee that your child will not get that illness. In the scientific literature there is no known correlation between antibody titers in the blood against a certain illness and the prevention of that illness (Reference: Vaccine. 2001 Oct 15;20 Suppl 1:S38~41). For instance, severe grade III tetanus occurred in four patients with a high level of tetanus antibody. One of these fully vaccinated patients died (Reference: Neurology. 1992; 42:761~764. "Severe tetanus in immunized patients with high anti-tetanus titers."). Many children get mumps, measles and other common illnesses that they have been vaccinated against. Additionally, most people are unaware of the fact that we have two types of immunity against illnesses; TH-1 and TH-2. TH-1 immunity is conferred when a child gets a disease like the mumps or chickenpox. As the child recovers from the disease he or she now has a lifetime immunity to that illness. TH-2 immunity is a more unstable and temporary immunity conferred by vaccinations. Not only is there no guarantee that one will not get the illness vaccinated against but TH-2 immunity lasts only a few years at best. In the case of the chickenpox vaccine the temporary TH-2 immunity the vaccine confers elevates the incidence of

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shingles in vaccinated populations. The shingles rate in the TH-1 group is quite low comparatively.

The area that research has found is most responsible for the reduction of many of the diseases that vaccinations are given for is improved sanitation and hygiene. There is much more information in Dr. Tenpenny's book on these issues.

The question often arises that if there is so much science against the use of mass vaccinations why do doctors push them so much to their patients. The overwhelming number of physicians are good, honest people who sincerely try to do the best for their patients. However, all of us, regardless of background and educational levels, are subject to what I like to call prevailing opinion. We all recall from our history studies that at one time "everyone knew" the earth was flat. Despite accumulating scientific observation to the contrary anyone who challenged the known "fact" that the earth was flat was a charlatan, or, in modern parlance, a "quack." If you decided to go to medical school today you would attend classes in buildings that were bought and paid for in large part by pharmaceutical and medical equipment manufacturers' grant money. Your professors would be doctors trained in the same system, and so they feel that there is only "one medicine." By the time you get to your internship drug reps from various pharmaceutical companies would be coming by the hospital several times weekly to train you in the latest drug therapies for various conditions. This practice continues throughout your residency program and when you eventually get into private practice. So the whole system is geared around the idea of "this is the way we do things." However, just like with the science on vaccines, there is always more to the story. For instance, in 2007 the sister publication of the British Medical Journal, BMJ Clinical Evidence, published a study that was a review of over 2500 standard conventional medical treatments and found that only 13% were of definite benefit. This echoes a

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white paper done for the U.S. Congress during the first four years of the Clinton administration by the Office of Technology Assessment (now part of the Government Accountability Office) that found that only 17% of standard medical treatments were based on real scientific evidence. So just because your doctor is convinced that vaccines are safe and effective, despite scientific evidence to the contrary, does not mean that your doctor is trying to mislead you. He or she is simply part of a system that encourages the thinking of “this is the way we do things.” There is a growing number of physicians that are beginning to challenge the dogma under which they were trained.

I encourage you to get Dr. Tenpenny’s book if you wish to pursue this further, and to look into at least some of the numerous references she provides. Vaccinations should only be received with the oversight of informed consent, a foundation of our legal system.