Simple Steps to Reduce the Risk of Vaccine Side Effects - Naturopathic Support

It's OK to ask questions: Ask your doctor/nurse to see the Vaccine Insert first! Find out the ingredients of the vaccine, ensure the vaccine is ‘in date’ and what the side effects of each vaccine are BEFORE vaccination.

1. Give vitamin A before the measles vaccine (MMR). Vitamin A has been shown to reduce death in measles sufferers by 50% so will support the body in its dealing with the measles vaccine. The WHO is now giving out Vitamin A pills along with the vaccine! Consider high doses (5,000 IU or more) the day before, on the day and the day after vaccination.

2. Give increased vitamin C before and after all vaccines. Vitamin C is known to help eliminate heavy metals which are found in high amounts in vaccines. Consider high doses of Vit C (3,000-5,000 mg per day) the day before, day of, and day after.

3. Consider detox programs after vaccination. These include homeopathy (before and after each vaccination), supplements, especially vitamin C, probiotics etc. It can take up to a year to detox the system but it is worth the investment (Autistic children are usually highly toxic)

4. Reconsider the routine use of Calpol or similar before or after vaccination. A rise in body temperature is the immune systems healthy response to any attack. Suppressing this reaction will impair its’ ability to deal with the load imposed upon it by the vaccine. Links have been made with the use of Calpol etc after the MMR and autism because the body needs to raise a high temperature to deal with measles. Complications can arise if temperature is bought down too early in cases of measles. See 'Dealing with Fever Naturally' under the Health section of this site.

5. Avoid antibiotic use where possible.

Delay vaccines, especially the MMR, within up to 6 months of antibiotics.

The strength of the gut is compromised and the gut is 70% of the immune system. Autistic children often have Gut and Bowel disorders. Antibiotics during pregnancy & breast feeding can also compromise the child's immune system.

Try not to use antibiotics, as there are links with increased asthma in the vaccinated and also with the overuse of antibiotics in children. Asthma kills 1,300 people a year in the UK and rates have doubled in the last 40 years. This is far higher than the mortality rates as a result of contracting contagious diseases before the vaccines! In the years leading up to the vaccination program between 30-50 people died of measles, for example. Nearly 200 children under 14 years now die of Asthma. Asthma UK puts this condition down to lack of childhood infections! For most children, as they recover from illness, their immune system is strengthened.

6. Use Probiotics to strengthen the gut, in capsule form rather than from a drinking yogurt product which usually contains sugar and other additives.

7. Consider giving long term Vit B6 as "One of the components of the MMR is Neomycin. This is an antibacterial drug that is used to suppress gastrointestinal bacteria before surgery to avoid infection. ...This antibiotic interferes with the absorption of Vitamin B6. An error in the uptake of Vitamin B6 can cause a rare form of epilepsy and children become mentally retarded. Vitamin B6 is the major vitamin for processing amino acids, which are the building blocks of all proteins and a few hormones. There are studies around which support the theory of treating autistic children with Vitamin B6."
Always seek professional Medical or Naturopathic advice before using any supplements, especially in babies.

Reducing The Risk - Practical Steps

1. Keep your vaccination records up to date. Vaccine damage has occurred in cases where children had been given additional vaccines by mistake.

2. Check the lot expiry dates. Problems can arise if a vaccine is out of date.

3. Check the lot/batch numbers with the recall numbers. Around 15% of the whooping cough vaccine is recalled for example, and there have been cases where not all the batches have been collected, resulting in litigation. It is CRUCIAL to have a record of the batch/lot no/expiry date because if your child has a severe reaction or dies, you will not be able to proceed effectively with a claim of litigation without this vital piece of information.

4. Consider using single vaccines. This requires careful research. The Health Protection Agency argues that this leaves children up-protected against some diseases and that is why single vaccines are not licensed anymore. However, this route does give much flexibility for parents who want to choose a different vaccine program for their child. Dr Halvorsen at BabyJabs offers open consultations and aluminium free vaccines.

If using single vaccines for the MMR it has been suggested that 1 year be left between live vaccines. (Currently, the mumps single vaccine is not available.) Japan opted for single vaccines but saw the rate of autism rise! However, 3 jabs were often given within a month, sometimes on the same day.

5. Consider the 'merits' of each vaccine separately. For example does an eight week old baby need tetanus? Is chicken pox necessary?

6. Wait until your child is older. At least wait until your baby is an average weight of an 8 week old, or is at least 8 weeks after the due date if premature. Better still, wait until 6 months. Maternal antibodies will have passed via the placenta and through milk of a breast feeding mother and will offer some protection for about the first 6 months of life, and for that reason the dosage is far higher for young children. The last generation began vaccination at 3 months and left longer intervals between vaccines.

In Japan, during the changing of the vaccination program to start at 2 years old, they enjoyed the lowest child mortality in the world. Two years old is considered a milestone in development of the immune system. (Six years is when the immune and brain is more fully developed although the brain is still developing until 21.) However, when Japan came into line with other countries and vaccinated at 2 months child mortality rose and cot death was seen.

In Denmark they vaccinate babies with DTP at 3, 5 and 9 months and they only give children far less vaccines compared to the US, and have considerably lower rates of Autism and Asthma. However, even in Denmark the rates for autism are increasing.

You can choose if, when and with what your child is vaccinated.

7. Ask that the nurse/Dr swabs first - bacterial infections from the injection and resulting antibiotics are not uncommon.

8. Monitor your child closely after vaccinations. Even consider sleeping with them or using an alarm. Fits are known to occur in a minority of children, often 10 days after the MMR for example. Breathing during the night takes a dip a few days after and a few weeks after the DTP jab. (It is not known how breathing patterns are affected at night after the new 5-in-one jab).

9. If constant fever lasts more than a few days or if you child fits then see your doctor. Fits, for example, occur in one in a thousand children after the MMR vaccination. They need to be monitored and the child can be helped if caught early. Calpol, etc does not reduce the risk of febrile convulsions. Convulsions linked to illness do not appear to cause any lasting neurological problems although fits in otherwise well children are of concern. See your Dr also if your child's behaviour changes or if your child development regresses, e.g. speech. Take more precaution with babies.
10. Be aware of allergy issues. Be aware of the peanut and albumen (egg) content if your family suffers severe allergies. Research shows that if such an allergy has already presented, administration of the vaccine will not trigger a reaction. (Children with allergies used to be vaccinated in hospital.) However, we are not aware of any research which compares the prevalence of such allergies amongst non-vaccinated children! The proteins in the vaccine may be responsible for some allergies.

Research shows that by delaying vaccines from 2 months to 4 months halves the risk of Asthma.

11. Be aware that vaccinated children contract these diseases also. For example, cases of persistent cough are often Whooping Cough (sometimes called Bronchiolitis). One borough recently found Whooping Cough in nearly half of the cases of persistent cough tested in their primary school children. Nearly 90% appeared in fully vaccinated children. A recent study found that whooping cough is found more in the fully vaccinated. See BMJ

Measles also appears in the vaccinated populations but will present in a slightly different way (e.g. a rash first appearing on the stomach rather than on the head.) This illustrates that all parents must be vigilant in recognizing disease. Statistics will not always reveal patterns of disease due to mis-diagnosis and political manipulation.

The Meningitis Foundation, for example, didn't have figures on the vaccine status of those contracting meningitis!

12. If your child doesn't reach developmental milestones, e.g. speech, consider delaying vaccines until you know more.

13. Ask to read the Vaccine Insert first. The insert will often reveal more than you will be told by your GP e.g did you know that a side effect of the rubella vaccine is juvenile arthritis?

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