Vaccines and Chiropractic: Evidence-Based Medicine or Medical Dogma?

By Timothy Perenich, MA, DC

Right or wrong, the chiropractic profession has historically been against vaccinations. However, a growing trend within the profession is seeking to reverse this position. Articles written by respected physicians and prolific authors within the profession are seeking to sway opinion in favor of vaccination. Even chiropractic education, in some institutions more than others, has a pro-vaccine bent to it.

For some chiropractors, this trend toward acceptance and promotion of vaccines is welcomed and viewed as a necessary step in the integration of science in chiropractic medicine. Indeed, some chiropractors have warned that if the profession does not accept the prevailing medical thought that vaccines are safe and effective, "the world will leave us behind where we will, rightfully, belong."1

The argument is that chiropractors who reject vaccines do so because they are anti-science and love their so-called "chiropractic philosophy" and the founders more than evidence.1 Similarly, a member of the profession has warned that it is unethical to advise patients not to receive vaccines.2 Some have even suggested that in order for our profession to be taken seriously by other health care providers (as a means of increasing referrals), chiropractors must change their anti-vaccination position.3

The premises of the pro-vaccine camp can be broken into three arguments: 1) Vaccines are safe and effective. 2) Vaccine adverse reactions are rare and no more frequent than a stroke from a cervical adjustment. 3) Physicians do not reject vaccines on a scientific basis, but rather on unscientific dogma.1-3 If any of these premises is true, then these are serious accusations against anti-vaccine chiropractors. However, if these premises are false, then the pro-vaccine camp is guilty of spreading gross allopathic propaganda and misinformation.

Are vaccines safe and effective? Mainstream media outlets, MDs, DOs, most health care professionals and even some DCs think so. Chiropractors who say vaccines aren’t safe and effective are often vilified as anti-science practitioners who don’t consider facts, but instead are blinded by dogma.3 However, the data concerning vaccine safety and efficacy does not paint as rosy of a picture as some believe.
Examining Vaccine Safety

An interesting study published in *Human and Experimental Toxicology* demonstrated a positive relationship between the number of vaccine doses given to infants and infant mortality rates. In other words, nations with the highest amount of required immunizations had the highest infant mortality rates. For example, nations like the Netherlands, Canada, Australia, and the United States, which require between 24 and 26 vaccine doses, have the highest infant mortality rates. In contrast, nations like Sweden, Japan, Iceland, and Norway that average 12 required vaccine doses for infants have the lowest infant mortality rates.

Ironically, the U.S. has one of the highest infant mortality rates out of 34 nations surveyed, beating out nations like Slovenia, Singapore, Greece, and Cuba. Correspondingly the U.S. also has the most required childhood immunization doses at 26.

A companion study also published in *Human and Experimental Toxicology* noticed a positive relationship between number of vaccine doses and hospitalizations rates of U.S. children. The researchers examined records from the government’s own VAERS (Vaccine Adverse Reporting Event System) and found that the more vaccines a child received earlier in life, the more likely the child was to suffer a reaction requiring hospitalization.

All the post-marketing surveillance of vaccines as it pertains to adverse events is filed voluntarily through the VAERS. Since this surveillance is voluntary, it inherently represents only a fraction of what is actually out there. David Kessler, former FDA commissioner, estimated that only 6 percent of all vaccine adverse events are reported. This means whatever is reported is a mere fraction of what is going on in the real world. Nevertheless, vaccines are assumed to be safe, so even when reports surface that severe adverse reactions are occurring, they are summarily dismissed.

For example, an article by Kulenkampff, Schwartzman and Wilson in the *Archives of Disease in Childhood* (1974) observed that children receiving the tripartite DPT (diphtheria, tetanus and pertussis) vaccine suffered from severe neurological complications. These severe complications included convulsions, spasms, transitional blindness, progressive cerebral degeneration, hemiparesis, cranial nerve palsy, epilepsy unconsciousness and "mental retardation." They pointed out that their findings were not new; in fact, studies published between 1955 and 1967 also noticed an association between the DPT and severe neurological symptoms. However, these studies were ignored in favor of a vaccine safety bias.
Because the association between the DPT vaccine, particularly the pertussis portion, was so strongly associated with neurological damage to children, Kulenkampff, et al., recommended it be delayed;\(^7\) and also recommended the initiation of systematic reporting post-vaccination to accurately track the rate of vaccine injuries.\(^7\) For whatever reason, these recommendations were ignored.

Fast forward 12 years to 1986 when the landmark case *Graham v Wyeth* was decided, awarding the plaintiff $15 million for permanent neurological damage sustained from the DPT (mostly pertussis portion) vaccine.\(^8\) The jury found that the drug company knew or should have known that the DPT vaccine caused neurological damage in children, making their product unsafe.

Ironically, had doctors been willing to look at the evidence, they might have protected their patients from vaccine-induced neurological damage. However, pro-vaccine bias was too strong and it was not until successful lawsuits such as this one, approximately 30 years after some of the first reports of adverse reactions were published, that drug companies and the allopathic medical community took notice.

Alarmed by the emerging evidence against vaccination safety, the pharmaceutical industry lobbied Congress, who in turn passed the NVICP (National Vaccination Compensation Injury Program), which shields vaccine producers and doctors from legal liability while putting children in families of the injured into a special court, making recovery difficult. The NVICP is not funded by the drug companies, but rather by a tax on vaccine consumers. This money is placed in a fund that pays out damages to parents of injured or deceased children. Payouts average between $80-$200 million per year.\(^9\)

One has to wonder, if vaccines are so safe and effective, why would drug companies need special legislation to shield them from the "few" injuries caused by their products?

**Addressing Risk vs. Benefit**

Some may suggest the benefits of vaccination outweigh the risks of not vaccinating. Therefore, in order to ensure access to vaccines, the government must protect drug companies from financially crippling lawsuits. Conversely, a study on the pertussis vaccine done in Britain as the first wave of lawsuits against vaccine manufacturers began in the U.S. (~1978-1986) demonstrated the risk of suffering permanent neurological damage from the vaccine was greater than contracting wild pertussis and suffering complications from the disease.\(^10\)
After looking at the data from the pertussis vaccine, G.T. Stewart, a medical professor and researcher, concluded that "the risks of pertussis vaccine during the period 1970-83 exceeded those of whooping cough." Speaking of the effectiveness of the pertussis vaccine on British subjects, Stewart wrote:

"The truth which these harder data show is that pertussis vaccine is only about 50-60% effective and that about half of the child population in Britain is getting along quite well without it. The harsher truth which they evade altogether is that morbidity and death in this infection are associated far more strongly with susceptibilities which accrue from unfavorable living conditions than with low levels of vaccination."

Indeed, the effectiveness of the pertussis vaccine, along with many others, is still questioned today. For example, James D. Cherry, MD – a pro-vaccine consultant for drug companies – admitted that the pertussis vaccine fails to offer protection more often than doctors expect. And a recent study from Proceedings of the National Academy of Science (PNAS) demonstrated that primates vaccinated with the acellular pertussis vaccines were actually possible vectors of pertussis transmission, which may be a reason for publicized whooping cough outbreaks.

Nevertheless, because vaccines are assumed to be safe and effective, reports of vaccine adverse reactions and failure are usually summarily dismissed. Commenting on the bias as it pertains to vaccines and the general assumption they are safe, one researcher wrote: "Research into immunization has been based on the theory that the benefits of immunization far outweigh the risks from delayed adverse events and so long term safety studies do not need to be performed."

In some instances, this bias leads to outright falsehoods in disseminating pro-vaccination information to physicians. For example, the following talking points were provided by Merck in a continuing medical education course designed to increase the vaccination rates among children: 1) HPV vaccines are among the safest (vaccines); and 2) 46 million doses (of the HPV vaccine) have been distributed in the United States with no serious safety concerns.

"Safe" and "Effective"?

Apparently the CME team at Merck designing the pro-HPV vaccine "education piece" was not concerned with the facts when making such statements. They clearly ignore a number of reports of neurological disease and death associated with the HPV vaccine. While many of these reports still retain a vaccine safety bias, they all indicate the paucity of post-vaccination surveillance and the need for heightened awareness of
vaccine-induced disease.

Tomljenovic and Shaw published a paper investigating the histopathology of two teenage females, 19 and 14 years of age, who died after getting their HPV shots. The researchers found, after laboriously looking at the brain tissue of the girls who died, evidence of vaccine-induced cerebral vasculitis. They concluded that specific antigens in the vaccine most likely caused a fatal autoimmune reaction in these young women. The death of two teenage girls for the supposed benefit of cervical cancer protection is hardly scientific, logical or even noble sacrifice for the greater good.

Another case study published in Neurology (2012) noted the association between neuromyelitis optica (the sometimes-precursor to multiple sclerosis) in four young girls after HPV vaccination. While the researchers clearly sided in favor of pro-vaccine bias, they admitted such findings were troubling because the information pertaining to post-vaccination surveillance is limited. Thus, they have no way knowing the true incidence and severity of neuromyelitis optica among the vaccinated; nor do they know the long-term effects of the HPV vaccine.

If autoimmune disease is not bad enough, the British Medical Journal published a case report of a 16-year-old girl who suffered from ovarian failure after HPV vaccination. Disturbingly, researchers examining the case were unable to get histological data from rat ovaries originally used to test the HPV vaccine, even after filing a Freedom of Information Act request. Worse of all, they admit that a number of variables make it difficult for them to assess just how many girls may lose or lost the ability to have children due to this vaccine. How could a vaccine like this be worth the risk of never having children versus the small risk of cervical cancer?

It must be pointed out that if any alternative therapy (chiropractic, acupuncture, herbal medicine, hydrotherapy, etc.) was associated with just a handful of cases of neuromyelitis optica, MS, death, and female infertility, it would be banned from the U.S. and its practitioners would be jailed or fined out of existence.

On June 14, 2013, after looking at the evidence in favor of the HPV vaccine and reports of adverse reactions following it, the pro-vaccine government of Japan decided not to recommend this vaccine for its young girls. Yet despite all these facts, pro-vaccine proponents will continue to parrot the mantra that vaccines are "safe" and "effective."
If vaccines are so safe and effective, why do populations suffer measles outbreaks despite 95 percent of population being vaccinated? Why do flu vaccines fail to protect the populations most susceptible to the flu? Why do several reports in the medical literature exist describing severe neurological damage from vaccine adjuvants like aluminum hydroxide? And why is the public not made aware of the fact that many of the diseases vaccines allegedly saved us from were already in decline before the vaccine was initiated?

Conscientious skepticism toward vaccines cuts across medical philosophy. Physicians such as Sherry Tenpenny, DO, Russell Blaylock, MD, and Joseph Mercola, DO, all oppose vaccines because of scientific data, not writings found in chiropractic "green books." There is even a group known as the International Medical Council on Vaccines (IMCV) in which researchers and clinicians from all disciplines critically examine the vaccination mantra of "safe and effective."

Patients also have awakened to the notion that vaccines can be a health risk. Thus, chiropractors should not be silenced or looked down upon because they do not obsequiously accept pro-vaccine medical dogma. If anything, chiropractors have a duty to study this issue if they choose to talk to their patients about vaccination.

Members of the chiropractic profession, especially those who do not parrot allopathic slogans, should not be coerced by their colleagues or anyone else to accept medical dogma and quixotic ethical notions of duty as it pertains to vaccines. After looking at the evidence, it appears that vaccines are not safe or effective. In fact, vaccines harm far more individuals, and far more severely than "bad" cervical adjustments, and many conscientious chiropractic physicians reject vaccines based on the evidence, not philosophy.

References

5. Goldman GS, Miller NZ. Relative trends in hospitalizations and mortality among infants by the number of vaccine doses and age based on Vaccine Adverse Event Reporting System (VAERS) 1990 – 2010.


8. Graham v. Wyeth, 760 F. Suppp. 1410


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