Shaken Baby Syndrome

Do Childhood Vaccines Cause Subdural (Brain) Hemorrhages, Currently Diagnosed as Shaken Baby Syndrome, and Other Health Anomalies?

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A growing base of raw material statistics from the USA and Japan showing clear time-based relationships between childhood vaccine schedules and incidences of subdural hemorrhages, occurring predominately during the first six months in the USA and during the seventh month in Japan, provides heretofore uncollected input material for an epidemiological study of massive proportions that clearly can illustrate a causal vaccine-subdural hemorrhage relationship and other health anomalies.

This paper documents support for such a retrospective study both in the USA and in Japan to correlate incidences of subdural hemorrhages within infant vaccination schedule timeframes in both countries along with other health issues in children.

Repeatedly, the U.S. CDC and FDA declare there is no correlation between vaccines and subdural hemorrhages or other medical issues including autism spectrum disorder, childhood diabetes, or allergies.

Interestingly, the Institutes of Medicine admitted in a report published August 25, 2011, Adverse Effects of Vaccines: Evidence and Causality [1], the following:

Using epidemiologic and mechanistic evidence, the committee developed 158 causality conclusions and assigned each relationship between a vaccine and an adverse health problem to one of four categories of causation:

Evidence convincingly supports a causal relationship

Evidence favors acceptance of a causal relationship

Evidence favors rejection of a causal relationship

Evidence is inadequate to accept or reject a causal relationship.

The committee finds that evidence convincingly supports a causal relationship between some vaccines and some adverse events—such as MMR, varicella zoster, influenza, hepatitis B, meningococcal, and tetanus-containing vaccines linked to anaphylaxis. …

Since anaphylaxis is serious, brain damage other than subdural hemorrhage from the above IOM-cited vaccines can occur due to lack of sufficient oxygen during anaphylaxis, if one survives it. Up to 15 percent of the U.S. population, which includes infants and children, can be considered at risk for anaphylactic reactions when exposed to one or more chemicals. Vaccines contain numerous chemical compounds—many neurotoxins, e.g., aluminum and mercury—whose interactions have not been studied and therefore jeopardize and place at risk, infants and children in particular, because of brain physiology due to the young age and under-developed brain neurons and immune system.

The Institute of Medicine's report is convincing evidence that seizures and inflammation of the brain, which is a contraindication on some vaccine package inserts, can occur and undoubtedly do occur, as many innocent parents are charged with Shaken Baby Syndrome in the absence of physical abuse to the child's body.

The Institute of Medicine report also found that the chickenpox vaccine [varicella] could cause meningitis, a brain inflammation, along with pneumonia or hepatitis years later if the virus, normally suppressed by the immune system, re-emerged because the immune system had been weakened, which can occur from neurotoxins from normal infant and childhood vaccines administered as per the CDC's vaccination schedule—26 within the first year of life. The brain's immune system becomes overwhelmed and cannot cope.

The Brain's Immune System Reaction

In what may be the most comprehensive review to date on the pathophysiology of adverse vaccine reactions, neurosurgeon Russell Blaylock has compiled a mass of evidence that repeated stimulation of the brain's immune system results in intense reactions of microglial and astrocyte cells, which serve as the brain's immune system, with each successive series of vaccinations. This is primarily the result of vaccine adjuvants that are added expressly for this purpose [2-4]. In addition to peanut and other oils, current adjuvants may include aluminum phosphate, aluminum hydroxide, and bacterial products including B pertussis, (whooping cough), mycobacterium tuberculosis), and others.

In explanation, microglia and astrocytes are first-line immunological responder cells located in the brain that defend against foreign infectious invaders. Normally this response, such as to a viral infection, is of limited duration and harmless to the brain.

However, when microglia and astrocytes are overstimulated for prolonged periods, which vaccine adjuvants are designed to bring about, this extended activation can be very destructive to the brain.

Because of the critical dependence of the developing brain on a timed sequence of cytokine and excitatory amino acid fluctuations, according to Blaylock, sequential vaccinations can result in alterations of this critical process that will not only result in synaptic and dendritic loss, but abnormal (nerve) pathway development. When microglia are excessively activated by vaccines, especially chronically, they secrete a number of proinflammatory cytokines, free radical lipid peroxidation products, and the two excitotoxins, glutamate and quinolenic acid, which may become proinflammatory and highly destructive when activated for prolonged periods.[10] This process was suggested as the principle mechanism resulting in the pathological as well as clinical features of autism.

The Human Infant Brain – Uniquely Susceptible to Lipid Peroxidation

Among all of the organs of the human body, the brain is uniquely susceptible to inflammatory lipid peroxidation. This is because the brain has by far the highest fat content of any organ in the body with membrane lipids constituting 60% of the solid matter.[13] Although an infant's brain receives 15 percent of normal cardiac output, it utilizes nearly 25 percent of the body's oxidation.[14] Consequently the brain is a highly oxygenated organ. In addition, both brain and retina contain relatively high percentages of omega-3 polyunsaturated fatty acids including docosahexaenoic acid (DHA) and arachidonic acid (AA), which serve as primary building blocks of these structures. [6-11] DHA and AA are high in energetics but far more unstable than saturated fats and therefore highly prone to damaging lipid peroxidation (rancidity). In addition, the infant's immature brain and nervous system tissues are going through an extended period of rapid growth, which brings heightened vulnerability to cellular damage. As reported by RL Haynes et al,[20] cerebral axons (lengthy extensions of brain cells) achieve approximately one-fourth of the adult level from the 24th to 34th weeks of pregnancy, with rapid axonal growth and elongation taking place between 21 weeks of pregnancy and 24 weeks following birth. Onset of protective myelin development does not commence until 14 weeks following birth with gradual progression to adult-like staining at 32 to 52 weeks.

In attempts to deflect vaccine brain damage, a hypotheses has emerged that GERD (Gastroesophageal Reflux disease) may be a "triggering event" due to a child's fussiness not being tolerated or handled properly by caregivers who react violently and shake the child to stop excessive crying, vomiting, or refusal to eat.

Since 60 percent of Shaken Baby Syndrome events occur to male children, a question needs to be asked if there is a correlation with a known fact that more male children than females—the ratio is 4:1—suffer with autism, which is believed to result from the male hormone testosterone—mercury connection.[13] That can result from mercury (49.6 percent) in Thimerosal used as a preservative in most vaccines manufactured and thought to be removed totally—but not—with residues remaining, or actually present in multiple dose vial vaccines. Ethyl mercury in Thimerosal can cross the blood brain barrier and accumulates within brain tissue, causing devastating damage to neurons and brain cells, often permanently.

What desperately is needed to assure parents who are becoming more critical of the FDA's position on vaccines are parallel studies comparing a vaccinated population against a non-vaccinated population. Numerous non-vaccinated populations exist within the Amish communities of Pennsylvania and Ohio, and in several medical doctors' practices in the USA, particularly in Florida and Illinois, where Dr. Mayer Eisenstein's practice in the Chicago area has over 30,000 unvaccinated children.

Independent Unvaccinated Studies Results

An independent May 2005 German survey/study [16] indicates that vaccinated children suffer much more health problems than non-vaccinated children. The survey indicates that unvaccinated children are less likely to contract asthma and up to 8 times less likely to be hyperactive. Also, unvaccinated children are healthier and less likely to become sick.

The German KIGGS Study (2003-2006), which included 17,461children aged 0 to 17 years, indicated that in unvaccinated children the rate of asthma was 0.2 percent, hayfever 1.5 percent, and neurodermatitis 2 percent. However, the rate of asthma in U.S. children is 6 percent and in Australia, 14 to 16 percent.[17]

In the Dutch Roosendaal study of vaccinated vs. unvaccinated children in the Netherlands, latter half of 2004, 312 fully-vaccinated children and 231 no vaccinations children participated with remarkable differences in favor of unvaccinated children experiencing less illnesses, GP visits, febrile convulsions, ear infections—though mumps and measles were almost the same rates—with whooping cough and German measles slightly higher. However, convulsions were much lower as was antibiotic use.[18]

In a California and Oregon vaccinated versus non-vaccinated study of 9,000 boys, results show that there's 155 percent greater chance of a neurological disorder like autism or ADHD in vaccinated boys as opposed to non-vaccinated boys.[19]

Study Shows Link between Numbers of Vaccines Administered and Infant Mortality Rates (IMRs).

The study entitled Infant mortality rates regressed against number of vaccine doses routinely given. Is there a biochemical or synergistic toxicity? was conducted by Neil Z Miller and Gary S Goldman and published in the reputable Human and Experimental Toxicology Journal, which is indexed by the Nat'l Library of Medicine. [20]

This shocking new study published in a prestigious medical journal has found a direct statistical link between higher vaccine doses and infant mortality rates in the developed world, suggesting that the increasing number of inoculations being forced upon children by medical authorities, particularly in the United States which administers the highest number of vaccines and also has the highest number of infant deaths is, in fact, having a detrimental impact on health.

Evidence-Based Medicine: An Example of Recent Level I or II Quality Ratings in Vaccine Safety Tests and Evaluations

• The Pourcyrous Study: a Major Landmark in Medical History

A study on primary immunization of 239 premature infants with gestational ages of less than 35 weeks by M Pourcyrous et al [21](Journal of Pediatrics, 2007) was conducted to determine the incidence of cardio-respiratory events and abnormal C-Reaction Protein (CRP) elevations associated with administration of a single vaccine or multiple vaccines simultaneously at or about two months of age. (CRP is a standard blood test indicator for body inflammation, which in the present study would represent brain inflammation.) CRP levels and cardio-respiratory manifestations were monitored for three days following immunizations in a neonatal intensive care unit sponsored by the University of Tennessee. Elevations of CRP levels occurred in 70 percent of the infants administered single vaccines and in 85 percent of those administered multiple vaccines, 43 percent of which reached abnormal levels. Overall, 16 percent of infants had potentially lethal vaccine-associated cardio-respiratory events with episodes of apnea (cessation of breathing) and/or bradycardia (abnormal slowing of the pulse). Intraventricular (brain) hemorrhages occurred in 17 percent of those receiving single vaccines and in 24 percent of those receiving multiple vaccines. Multiple vaccines were significantly associated with gastroesophageal reflux.[21]

Although preliminary in nature, the Pourcyrous study is the first of its kind in that it provides evidence for a unified theory of vaccine reactions:

• Brain inflammation, as indicated by elevations of C reactive proteins.

• Brain edema, which can be assumed as one of the cardinal manifestations of inflammation.

• Potentially lethal cardiorespiratory events.

• Intraventricular brain hemorrhages.

The study also raises questions. First, why do vaccines primarily affect the brain? Why not other organs? This is undoubtedly due to the highly fatty nature of the brain, a large portion of which is made up of highly unsaturated omega-3 fatty acids, highly susceptible to lipid peroxidation. [6-11]

Additionally, Tween 20, Tween 80, and Triton X-100 are components in many vaccines. Studies indicate that Tween 80 and Triton X-100 induce cell apoptosis. Both chemicals cross the blood brain barrier and suppress the immune system. [22]

Regarding the second question as to why intraventricular hemorrhages are characteristic of preterm births in contrast to subdural hemorrhages, which typically occur following term births, as far as I am aware, there are no published studies on this specific issue, but a theoretical answer might be found in the significant differences in the infant brain/skull interactions at these different stages of development.

In term infants, when brain hemorrhages are characteristically subdural, the inner surface of the skull presents a firm and solid surface. When brain inflammation and edema takes place from vaccines, [23-25] it would require very little brain swelling for the outer surface of the brain to impact against the firm inner surface of the skull and, tourniquet-like, to cut off the outflow of venous blood in subdural spaces. With cranial arterial blood coming in at much higher pressures, this would bring a precipitous rise in intracranial venous pressure, this in turn causing an extrusion of blood into the subdural spaces. In preterm infants of 30 weeks or less gestational age, the skull would remain highly malleable, providing negligible resistance to a swollen brain.

According to W Squier and J Mack, most subdural hemorrhages in term infants take place as a result of blood seepage into the immature subdural membranes themselves, which in infancy are made up of 10 to 15 layers of loosely arranged flake-like cells with fluid-filled spaces between the layers. These open spaces readily allow seepage of blood in between the subdural membranes.[26-27]

In preterm infants of 30 weeks or less gestational age, the skull would remain highly malleable, providing negligible resistance to a swollen brain.

As the Final and Ultimate Question, Do Vaccines Cause Subdural Hemorrhages, which form the basis for most SBS/NAI hospital diagnoses and legal prosecutions in the USA?

As reviewed above, the best evidence to date on this issue comes from the observations of ophthalmologist Horace Gardner who, based on an article from a Japanese neurosurgeon reporting that clusters of nontraumatic brain hemorrhages tended to occur around ages 7 to 10 months in Japan [28], Gardner astutely noted that there was a distinct age difference between nontraumatic brain hemorrhages in Japan and in America, where most nontraumatic brain hemorrhages tend to occur during the first six months of life.

The explanation, according to Dr. Gardner, was that Japanese do not begin their childhood vaccine programs until seven months, whereas in the United States they are administered during the first six months, starting within 24 hours of birth with the Hepatitis B vaccine.[29] What actually happened was an inadvertent epidemiological study of gargantuan proportions involving large portions of childhood populations in Japan and the USA, where hospital statistics would be readily available, and which should easily qualify as a Class 1 epidemiologic study if systematically pursued, and which would provide proof beyond a reasonable doubt that vaccines can and do cause a significant percentage of subdural brain hemorrhages in term infants.

As an indication of growing international concerns about childhood vaccines, in March 2011, Japan's Health Ministry ordered doctors to stop immunizing infants while authorities investigate Pfizer's Prevnar vaccine and Sanofi-Pasteur's Act HIB vaccine, commonly given to infants in the USA and other developed nations. The health ministry said it suspended the vaccines because five children died within days following the vaccines.[30]

The NZ Miller and GS Goldman findings [20] are in line with previously observed reductions in the infant mortality rate, specifically in Japan where vaccines were eliminated for children under the age of 2 in 1975. The country's infant mortality rate subsequently plummeted to the lowest level in the world. Japan changed its infant vaccination schedule again in 1995, but it remains one of the least aggressive in the world with Japan's IMR [infant mortality rate] remaining low as well (third in 2009). [Emphasis added]

It must be noted that two countries, Japan and Sweden, administer the least number of vaccines to infants—only 12, suggesting that both countries' statistical data on infant vaccine adverse reactions and/or deaths following vaccines should be studied in parallel with USA VAERS reporting statistics in view of the growing number of prosecutions for shaken baby syndrome and non-accidental trauma.

Dr. Viera Scheibner, PhD, a vaccine researcher for numerous years, stated in a paper she had published in 1998, The usual scenario is that a baby is born and does well initially. At the usual age of about two months it is administered the first series of vaccines as above [as stated in her published paper]. (Sometimes a hepatitis B injection is given shortly after birth while the mother and child are still in hospital. However, a great number of babies now die within days or within two to four weeks of birth after hepatitis B vaccination as documented by the records of the VAERS [Vaccine Adverse Event Reporting System] in the USA.) [31]

Furthermore, Dr. Schreibner points out in the Conclusion part of her aforementioned paper above, "This is very much the same as with the causal relationship between SV40 contamination of polio vaccines and the age-related epidemics of certain brain and other cancers in the victims who were given the contaminated vaccines first as school children and later on as babies."

Dr. Schreibner is a retired principal research scientist with a doctorate in natural sciences. During her career she has published three books and 90 scientific articles. Since the mid-1980s she helped to develop the Cotwatch breathing monitor for babies at risk for cot death (sudden death syndrome or SIDS), which showed clear indications of potentially lethal episodes of apnea (cessation of breathing) following vaccines. [31]

As outlined in another article by Dr. Viera Scheibner of Australia, the author wrote:

Increasing number of sudden cardiac deaths, in which aneurysms of the large arteries play an important role, are being reported all over the world, but especially in industrialize countries. Even though orthodox medicine is at a loss to understand and explain (another of the mysteries?) these increases, the problem has previously been described as an acute febrile vasculitis of infancy and childhood. In 1967 Tomisaki Kawasaki described these conditions as a possible new disease affecting infants and young children since the 1960s. Since then, the problem has been reported all over the world and given a number of names depending on which organs, besides the heart, are affected. However, the common underlying condition is immunopathological vasculitis. This article presents and reviews the relevant published studies, which collectively reveal that vaccines and other pharmaceutical agents are the primary causal factors. To educate clinicians, the emphasis in on case histories. As the age of the recipients of a variety of vaccines increases, so does the age at which Kawasaki disease results in sudden deaths. It is a time bomb that can only be stopped by abandoning mass vaccination and reconsidering the full extend of medication-iatrogenic harm. [32]

Summary and Conclusion:

It's estimated that half of infant deaths is attributed to child abuse classified as Shaken Baby Syndrome/Non-Accidental Trauma, for which parents are legally prosecuted. In view of the documentation presented in this paper, it is incumbent upon the U.S. CDC and FDA to conduct proper surveys of vaccinated versus non-vaccinated children populations to ascertain the extent of health damage from all adverse events, and not assume child abuse as a given when, in fact, subdural hemorrhages can result from brain inflammation due to vaccine adverse events along with other diseases connected with vaccinations.

Solid proof for this contention is suggested by an astute observation of ophthalmologist Horace Gardner who, based on a report from a Japanese neurosurgeon reporting that clusters of nontraumatic brain hemorrhages between 7 to 10 months of age children in Japan.[28] Gardner noted that there was a distinct age difference between nontraumatic brain hemorrhages in Japan and in America, where most nontraumatic brain hemorrhages tend to occur during the first six months of life. The clear explanation, according to Dr. Gardner, [29] was that Japanese do not begin their vaccines until seven months, whereas in the United States they are administered during the first six months, starting within 24 hours of birth with the Hepatitis B vaccine.

What actually has been taking place is an inadvertent epidemiological study of gargantuan proportions involving large portions of childhood populations in Japan and the USA, where hospital statistics would be readily available in both nations, and which would easily qualify as a Class 1 epidemiologic study if systematically pursued, and which would provide proof beyond a reasonable doubt that vaccines can and do cause a significant percentage of subdural brain hemorrhages which, tragically, are being falsely and unjustly misdiagnosed as inflicted abuse by parent or caretaker.

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