

Why a Satisfactory Solution to the Sudden Infant Death Syndrome Has Not Been Achieved

by Dr Archie [Kalokerinos](#)

The problem arises because the definition of the sudden infant death syndrome (SIDS) is too limited in its scope. It is usually accepted that it means the sudden, unexpected death of an infant who was either apparently well or suffering from a 'trivial' illness which normally would not be expected to cause death and autopsy findings failed to provide a satisfactory explanation for death. However, one could become involved in all sorts of discussions and arguments concerning fine details of many cases. While a recognition of these fine details is important the definition as outlined above is a practical starting point.

Some aspects have been intensely studied during recent years. They are:

1. So called 'risk factors'
2. Abnormal biochemical, bacterial, viral, immunological, microscopic (including electron microscope findings) and almost every aspect of modern medical technology.

In other words, the more we look for fine abnormalities the more we find. Unfortunately, apart from a few factors such as the recognition of the dangers of cigarette smoking, nothing had been found that dramatically reduces the incidence of the syndrome. Most authorities will admit that the syndrome is a 'garbage can' where almost anything can lead up to it and almost any abnormality can be found if one cares to look carefully enough. It is necessary, of course, to bear in mind the fact that whatever the findings are they are insufficient to satisfactorily explain the death according to accepted medical standards.

Over thirty years ago I was able to make a series of observations that permitted me to finally understand the syndrome and not just reduce its incidence but to reduce the infant mortality rate overall in a dramatic fashion.

In the area under my control there was an extraordinarily high incidence of the syndrome and a high infant death rate overall both amongst Aboriginal and Caucasian infants. Many deaths could be attributed to the SIDS syndrome as defined above. Other infants were apparently well or had an apparently trivial illness, became suddenly shocked or unconscious, often preceded by an irritable or apprehensive state, and died. Autopsies failed to explain why.

When I sought assistance from other general practitioners, specialists and government departments I was told:

1. That nobody else had such a problem
2. That I was obviously doing something wrong
3. That I was not suited to practice medicine in such an area
4. That I should see a psychiatrist because I was 'over concerned'.

The fact was that all doctors had this problem. In some areas it was worse than it was in mine. Many doctors, for reasons that I still cannot explain, really thought that they did not have the problem in spite of records studied by me later that revealed that they had it in a big way. Other doctors, specialists and government departments *deliberately* lied to me. I cannot, to this day explain why but it was so. It is important to recognise this because in many ways authorities have not changed. They still lie, cheat and misrepresent when some most serious and obvious medical problems are considered.

Eventually I found that provided I could treat an infant early enough I could reverse the unexplained shock or unconscious stage by administering vitamin C in big doses, intramuscularly or intravenously. The method of administration and the dose given depended on the severity of the clinical state. It was a dramatic breakthrough. The statistics demonstrate clearly how I was able to reduce the infant death rate during the period from December 1967 to November 1975 when I left the area.

With such a result one would expect other doctors to sit up and take notice. I was shocked to find that the reverse occurred. Doctors and authorities (and later SIDS organisations) not only ignored my work but became extremely hostile. Several times I was able to demonstrate to colleagues the dramatic reversal of the shock or unconscious stage. They remained hostile.

This hostility reached an extreme state one time when twins were admitted to the hospital in a desperately neglected, malnourished and dehydrated state. I lived next door to the hospital. There were three phone lines between my place and the hospital. The twins were admitted (from memory) about 10.00pm at night. Nobody informed me about their admission. I saw them when I did routine rounds next day at 10.00am. When I stated that I was going to resuscitate them by administering intravenous fluids the nurses tried to talk me out of doing this. When I insisted that I would they all walked out, leaving me alone to find the instruments and equipment and resuscitate them. They did survive.

What makes otherwise sane people do something like this? I can only assume that there was a large degree of hostility because of jealousy - something gets into

individuals and changes their entire psychology. They become twisted in such a way that normal human responses are impossible. It is necessary for me to stress this event so that others can understand why it is that my work has been ignored.

But worse was to come. I observed that in some circumstances, particularly when infants had even a mild illness that sudden collapse (shock or unconsciousness or sudden death) could occur after the routine administration of a vaccine of any type. Immediately authorities rushed to deny that such a thing happens or if it does it is so rare that it can be ignored because of the overpowering benefit of the vaccines to others.

Now I am not going to state here that vaccines should not be administered - that is too complex a topic for simple consideration. But I am going to say that serious reactions to vaccines, particularly the crude form of whooping cough (pertussis) vaccine that is used in Australia, are far more common than authorities would have us believe. More important this gives us an important clue that leads to an understanding of the SIDS.

Any stress, any infection, any vaccine can in susceptible infants lead to the SIDS. Any of these factors can lead to sudden unconsciousness or sudden shock. The SIDS is not a clearly defined condition. It must be considered as a multifactorial end to a complex picture. It is more likely to hit an infant with poor immune responses. Vitamin C can and does play a critical role. There is no doubt that smoking and other forms of pollution are important factors. Proper breast feeding provides a considerable degree of protection. Except in rare cases there should be no need for any baby to die in a manner that ends with a death certificate labelled 'SIDS'. As far as I am concerned the problem is 90% solved. If other doctors prefer to think otherwise we will continue to see many more unnecessary deaths. Most research projects now in progress only cloud the issue without solving it.

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