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Article 1 : Immunisation

Pediatricians generally recommend that all babies are immunised and in some countries immunisation is compulsory. The immune system of a baby is immature and developing, reaching its prime in the mid teens.

While vaccines were first introduced to combat more serious contagious diseases, they are now also given for most of the common childhood illnesses and are offered to babies much earlier than they used to be.

The arguments for and against immunisation go to the very heart of the question 'What is health and how can we help our children to build resilience to disease and a strong immune system?'

Those who favour a more natural approach point out that childhood illnesses help to strengthen the immune system, providing the foundation for a lifetime of good health. On the other hand, immunologists believe that vaccines are largely successful and have been able to eradicate certain life threatening diseases.

Doctors point out that childhood illnesses like mumps and measles can, albeit rarely, be severe and lead to serious illness. Rubella though not in itself usually a serious illness, can result in a deformed baby if a woman is infected in pregnancy.

The anti-vaccination lobby argue that research has raised concerns that are significant enough to bring the policy of routine vaccination into question. While this is acknowledged by the medical community, most doctors do not believe that the research findings are sufficiently conclusive to outweigh the benefits.

This is a decision you need to make on behalf of your child. There are many questions and few easy answers. Whether to immunise or not remains a huge dilemma for many parents.

What is immunisation?

Immunisation is designed to stimulate immunity artificially by giving a vaccine. This is done either by giving weak "live" form of an infection designed to trigger the production of antibodies to that infection, or by giving a substance produced by a germ that has been "killed" or weakened.

Currently babies are routinely offered vaccination against diphtheria, tetanus, polio, measles, mumps, rubella (German measles), pertussis (whooping cough) and haemophilus influenza Type B or Hib, a type of bacterial meningitis and meningitis C. Vaccination against hepatitis B may also be offered and is routine in some countries. Booster doses are given as your child gets older.

The orthodox approach

Most orthodox health professionals argue that immunisation gives children protection against potentially devastating childhood diseases and prevents them spreading through the community - a phenomenon known as herd immunity.

Before the existence of vaccines, they point out, many thousands of babies and young children developed serious complications or died in epidemics of childhood illnesses.

With the introduction of vaccines the childhood death rate dropped dramatically in industrialised countries. Without immunisation, they claim, these illnesses could once again become rife.

The anti vaccine lobby argue that improvements to lifestyle, diet and health care are the primary factors of lower mortality and that suppressing illnesses leads to the emergence of others. They believe that the occurrence of disease is cyclical and this is the reason some illnesses are no longer prevalent.

While orthodox practitioners acknowledge that some vaccines can cause side effects, they claim that this is a small price to pay for maintaining herd immunity.

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However some of the following concerns have been raised in recent years which have made this view controversial:

While artificial immunity may protect against acute illnesses (ie short-term ones that come on suddenly) the price of this may be an increased incidence of chronic disease. Some research infers that the rise in chronic problems such as asthma, allergies, autism and other conditions may be connected with the introduction of routine immunisation.

There have been concerns about the potentially damaging side effects of vaccination and some vaccines in particular. Although the vast majority only cause minor side effects - the most common are redness and swelling at the site of the injection - there can be more serious consequences.

Some children become unwell and irritable and develop a temperature and more rarely, but more worryingly, a small number experience serious side effects such as encephalitis (brain inflammation) permanent brain damage and in a few cases death. The pertussis (whooping cough) vaccine has been the subject of intense debate since the 1970s because of the risk of encephalitis. The vaccine has been improved, but it still not proven to be without risk.

More specifically there are worries that when a number of vaccines are administered all at once, like Hib/DTP (Hib meningitis/diphtheria, polio, tetanus) and MMR (mumps, measles and rubella) this may overload and overwhelm a baby's immature immune system.

After all, in nature it's rare to get several illnesses at the same time. There are also very little known about how different vaccines given simultaneously interact with each other.

Links have been implied between auto-immune diseases such as diabetes, in which the body turns against itself and vaccination, which primes the body to attack itself.

There is also no follow up research into the potential long term side effects of vaccines. While we know that natural disease provides lifelong immunity, we do not know if immunised babies could contract these diseases as adults, resulting in a worse outbreak.

Some parents are concerned about the short term discomfort and local reaction of injecting a baby. This is an issue you can discuss with your physician and in some cases oral vaccines are available.

Your choices

Parents in the UK are not obliged to have their child vaccinated, although you may be strongly advised to do so by your doctor, friends, or relatives. If you decide to go ahead, you can choose to delay or stagger some immunisations until your child is older and more at risk of contracting certain diseases.

A newborn baby, for instance, is unlikely to sustain a deep puncture wound which could lead to tetanus and you could therefore opt to delay tetanus until s/he is walking and actively exploring the outside world. Interestingly, Japan has the lowest infant mortality rate in the world, yet vaccinations are not given to babies until after the first year.

You may also choose for your baby to have some vaccinations but not others, based on your child's individual circumstances: Tetanus, for example, if you live in the country and there is real risk of him stepping on a rusty nail but not Hepatitis B, unless you believe him to be at risk; the more serious childhood illnesses such as Polio and Meningitis, but not rubella.

In some countries combined vaccines can be given separately rather than in combination, however in the UK this may not be widely available.

The subject is highly controversial and making a decision is not easy. The only correct decision is the one that seems right for your child and your family.

Reaching a decision

Consider your lifestyle and the risks your child is likely to be exposed to.

Take into account your child's need for immunological support. For example, a fully breast fed baby who consumed a large quantity of colostrum and is likely to be breast fed through out infancy, is less vulnerable than a partially breast fed or formula fed baby. There is no guarantee that a fully breast fed baby won't catch diseases, but they are likely to manifest more mildly.

Gather as much information as you can about the pros and cons of vaccination and the different vaccines on offer. Distinguish between more serious and more

common diseases. Would you be available at home to nurse your child through a common illness such as mumps, measles or rubella?

Consider the implications of your child contracting a serious disease or suffering the side effects of a vaccination. Write them down. This may help you to weigh up your priorities.

Discuss all the issues with your partner or support person and with an informed, sympathetic professional such as your GP and/or an alternative or complementary practitioner.

Minimising problems

When immunising your baby, make sure that he is completely well on the day. Paediatricians suggest that babies who are unwell are usually the ones who at most risk of damage by vaccination. It is important for your physician to assess the health of your child before vaccinating.

Vitamin A and C supplements given in the weeks before a child is vaccinated are said to help lessen the threat of complications and strengthen the immune system. You may wish to consult a practitioner with an interest in nutrition, or if you are breastfeeding you could take some supplements yourself.

There are homoeopathic remedies which can be given before and after your child is vaccinated to help counteract any side effects. Ask your homoeopathic practitioner about these before your child is vaccinated.

There are also homoeopathic remedies called "nosodes" which are sometimes described as "natural vaccines." If a child has a particular susceptibility to a disease either because of his/her constitution or if there is an epidemic and s/he has been exposed to a particular illness, these are said to help support the immune system.

Not all homeopaths agree with this approach however. You should also bear in mind that because, like all homoeopathic remedies, nosodes contain so little of the active ingredient, they cannot be considered to be vaccines in the orthodox sense of the word.

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