



Saturday, October 21, 2009

Health News Updates are a free service provided by King Institute, Inc. Please feel free to print and give these to your family, friends and clients and let them know they can receive them direct.

SWINE FLU

A REAL DANGER OR NOT?



By Glenn King, PhD, RD, CN

There are ongoing debates about the current influenza virus termed “swine flu” and the vaccines recommended.

This is aside from the dangers argued by medical physicians about injecting a person with the both the regular influenza vaccine and the H1N1 vaccine, when considering the increased impact on the immune system.

Each person will need to make their own decision, but most are making a trusting decision rather than an informed decision.

One in three nurses do not want the swine flu vaccine

Frontline health and social care workers will be offered the H1N1 vaccine as of October.

One in three nurses refused to be immunized against the swine flu. This is despite being offered the vaccine as a priority to protect patients.

Increasing concerns about the vaccine’s safety and the professional perception by many that the infection is mild are among reasons that NHS (National Health Service) staff gave for refusing to have the quick developed vaccine. This was from a study of nearly 1,500 staff. Ref. www.time-sonline.co.uk/tol/news/uk/health/Swine_flu/article6799297.ece

Frontline health and social care workers are now offered the vaccine

as of October. This includes patients in at-risk groups, such as those with diabetes, asthma and pregnant women. The primary target for the H1N1 vaccine is children.

There are two H1N1 vaccines being produced rapidly and distributed with priority target groups in the plan of widespread inoculations. The nasal passage vaccine contains minute amounts of the live H1N1 flu virus, which is said to be a combination of viruses according to some medical experts, as well as the CDC (Center for Disease Control).

The online survey for Nursing Times magazine, showed 30 percent of nurses chose not get immunized when the vaccine for H1N1 became available to them; 37 percent said they would and 33 percent were undecided.

Some medical doctors have anonymously stated that they believe the end result of the high risk vaccines could cause more death than the end result of the H1N1 virus.

It has already been termed as an international pandemic by the CDC, although the numbers have yet to show that it is even climbed to the level of the CDC’s percentage requirement for an epidemic.

Others are pointing out the fact that the numbers diagnosed did not sharply spike until the vaccines were

being administered.

An international study published November 8, 2008 which was conducted over a four year period concluded that deaths classified as occurring within the annual influenza period averaged 85 deaths. These deaths were observed among persons who had received influenza vaccine prior to flu season. Deaths among persons who had not received the vaccine prior to flu season were averaged at 49.

These deaths were influenza related and had a history of weakened immunity. Ref. www.eurheartj.oxford-journals.org/cgi/content/full/ehn498

Among those who refused to be vaccinated, 60 percent cited concern about the safety of the vaccine as the main reason.

Thirty-one percent said they did not consider the risks to their health from swine flu to be great enough.

Their Chief Medical Officer said “They have a duty to themselves, they are at risk. They have a duty to their patients not to infect their patients and they have a duty to their families. I think you solve those responsibilities by being

Photo Courtesy of Fotolia

vaccinated.”

Transmission by staff of contagious viruses were blamed for some hospital outbreaks of flu last winter, when fewer than one in seven staff members received the annual flu vaccine. This data was not compared to non-vaccinated workers having any connection to the outbreaks.

George Kassianos, immunization spokesman for the Royal College of GPs, among many other medical officials internationally who were pressured by the WHO (World Health Organization), said: “More than any other year, this year it is extremely important that people get vaccinated against flu. It is very important that nurses, doctors and healthcare workers do not get influenza themselves and have to go on sick leave, and also that we do not give it to our patients.”

There is a huge push in the U.S., also pressured from the WHO, to administer these new vaccines to children across the entire country. It seems a guarantee that pressure will continue to increase to vaccinate.



Photo Courtesy of Fotolia

Dr. Kassianos added that it was understandable that people were unsure about having a new vaccine, “but its ingredients and the way it’s being manufactured are almost exactly the same as the annual flu vaccine. I see no reason why this vaccine should be any different to the flu vaccines of the past.”

Although, research and development of this vaccine has not undergone any of the past criteria and no cooperative studies have been conducted, nor details on any fast-

track study has been published.

Death linked to swine flu vaccine

Health officials warned doctors of possible similarities between the “new” swine flu vaccine and a vaccine linked to 25 deaths in the U.S. in the mid 70s.

The government’s Health Protection Agency (HPA), sent a letter to neurologists warning them to look out for increases of brain disorder cases that might follow this huge immunization launch.

This was due to concerns sparked by studying the large swine flu vaccination campaign in America.

In 1976, Washington rushed in a mass immunization program against a swine flu outbreak that was confined to one military base.

Several hundred cases of a rare, lethal, paralyzing neurological disease called Guillain-Barré syndrome (GBS) were reported afterwards.

This incident is one of many that have made many people mistrustful of immunizations. Read more at: www.timesonline.co.uk/tol/news/uk/health/Swine_flu/article6797993.ece

Side-effects of Tamiflu outweigh benefits for children with swine flu

Most children who contract the swine flu should not be given antiviral drugs. Scientists say this because the risks posed by Tamiflu and Relenza to our children outweigh their benefits.

University of Oxford researchers requested the Department of Health to urgently reconsider its pandemic cry after an analysis of four studies published in the British Medical Journal showed that the benefits for children with seasonal flu were slight.

Evidence showed that one in twenty children given Tamiflu suffered side effects of vomiting, which could result in dehydration and the need for hospital treatment.



Photo Courtesy of Fotolia

More than 300,000 people in England received Tamiflu through the National Pandemic Flu Service since it started in July, with children below age 15 being the worst-affected group.

These scientists state that doses of Tamiflu were unnecessary in almost all cases in children, plus widespread use raised the risk of the virus becoming resistant to antiviral drugs.

Carl Heneghan, GP and clinical lecturer at Oxford, Matthew Thompson, a senior clinical scientist at the university, both said that the government was pursuing an “inappropriate strategy.”

Doctor Admits Vaccine Is More Deadly Than Swine Flu Itself

A recent interview on Fox News “Tracking the H1N1 Virus” featured Dr. Kent Holtorf, an expert on infectious diseases. He was adamant about his opposing opinion to sources advocating receiving the swine flu vaccine. He also opposes the theory of the swine flu being a danger over the common flu, based on his tracking of the H1N1 virus as an expert on infectious diseases.

Dr. Holtorf stated that the H1N1 virus is losing its virulence as shown as it came through Mexico and the symptoms lessened, and as it came back through and is passed to other regions the symptoms and intensity are no more than the common flu.

In fact, Dr. Holtorf says, “there is no difference at this point as to

whether you would take a high risk person to the doctor over the swine flu or the regular seasonal flu.” Dr. Holtorf stated “If you had to choose, then you would want to choose the swine flu over the regular seasonal flu” to contract.

When asked about the vaccine, this expert on infectious diseases declares “I have more concern about the vaccine than I do the swine flu. It’s been rushed to market, it has high levels of adjuncts to make it more potent and is an unrefined method to produce and manufacture the vaccine.

Thimerosal is used as a preservative, which contains high levels of mercury, which has been linked to autism. **It has been shown to cause autism in children with mitochondrial dysfunction. It is highly controversial, but also highly implicated.**

The problem is you don’t know if your child has mitochondrial dysfunction before they are vaccinated.

There is also high risk for those who have blood brain barrier dysfunction, or the brain is not fully developed, which includes babies, children, pregnant women, neurological illnesses, chronic fatigue syndrome, fibromyalgia and many other disorders that creates a high risk for serious reactions to this vaccine and are devastating.”

Dr. Holtorf was asked, would you give this vaccine to your children? He emphatically answered “I’d definitely would not!”

The interviewer stated that he had interviewed three other doctors and that said they would vaccinate their children, but you say no.

Dr. Holtorf answered, “I definitely would not, I’ve seen it devastate many people.” He firmly stated “it’s rolling the dice. **It is a proven neurotoxin! It has 25,000 times the level of mercury that would be considered toxic if it were a food or water.** And serum levels rise a hundred times above toxic level. It is just too big of a risk!”

This interview can be seen at: <http://www.youtube.com/watch?v=WJoCDqVXgRI>

Pressured by the WHO, CDC pushes to vaccinate the entire U.S. population

Just released: Philadelphia’s MedImmune has been quietly pumping out swine flu vaccine at about a million doses a week.

Workers wear protective gear, covering them from head to toe, produce batches of live, genetically modified flu virus, which robots inject tiny doses of virus-laden fluid into glass vials. The vials are mounted into nasal spritzers, labeled and shipped at the direction of the Centers for Disease Control and Prevention (CDC) in the most ambitious vaccination program since the anti-polio campaign in the 1950s.

The federal government has commissioned **MedImmune and four other companies to produce enough vaccine to cover the entire U.S. population.**

The U.S. government plan’s said purpose is for preventing deaths from swine flu. Shots are offered at doctors’ offices, hospitals, airports, pharmacies, schools, polling places, shopping malls, and big box stores like Wal-Mart.

The federal government also spent approximately \$3 billion stockpiling millions of doses of antiviral drugs like Tamiflu.

Some researchers estimate the seasonal flu results in 36,000 deaths annually in the U.S. and 500,000 worldwide.

But, what if everything we know about fighting influenza is wrong?

The term *influenza* dates back to the Middle Ages, and is taken from the Italian word for occult or astral influence.

What if the expensive antiviral drugs the government has stockpiled has little, if any, power to reduce the number of hospitalizations or deaths?

The government with support of leaders in public health and medical communities has put faith in the vaccines to limit the spread of flu. Yet some top flu researchers are deeply skeptical of both flu vaccines and antiviral’s. **Experts caution that our defenses may be flawed.**

The flu remains mysterious in many important respects. Determining how many deaths it actually causes is no simple matter.

We think we have the flu anytime we fall ill with symptoms of headache, malaise, fever, coughing, sneezing, and

that achy feeling.

But, researchers have found that at most half, and perhaps as few as 7 or 8 percent of such cases are actually caused by an influenza virus. There are more than 200 known viruses and other pathogens that can cause the same symptoms. Researchers say that most illnesses medically diagnosed as influenza are merely other common viruses which are nonlethal as compared to an influenza’s potential. 🗨️

Related links:

www.timesonline.co.uk/tol/news/uk/health/Swine_flu/article6790756.ece

www.timesonline.co.uk/tol/news/uk/health/Swine_flu/article6790014.ece

www.timesonline.co.uk/tol/news/uk/health/Swine_flu/article6798178.ece

www.theatlantic.com/doc/200911/brown-lee-h1n1

Some on our website:

http://www.kinginstitute.org/health_news_updates/200411.html

http://www.kinginstitute.org/newsletters/2004_spring.html

http://www.kinginstitute.org/newsletters/2003_winter.html

http://www.kinginstitute.org/newsletters/2003_summer.html

http://www.kinginstitute.org/newsletters/2001_spring.html

http://www.kinginstitute.org/health_news_updates/200407.html

http://www.kinginstitute.org/health_news_updates/hnu-06-2007.pdf

http://www.kinginstitute.org/health_news_updates/hnu-12-2008.pdf

Commentary: To provide my perspective on the issue, I’ve read dozens of websites about swine flu (H1N1) recently, and as much on the opinions of the vaccines, including medical studies which often conflict.

Many studies published I feel are truly amazing in how they provide statistics, but draw conclusions and make recommendations that contradict their own numbers and statements within the report.

So H1N1 influenza, could be dangerous if a person has a weakened immunity. For me, if I had a weakened immune system, I prefer not to be injected with a live influenza, which bypasses my defense systems and goes directly into my body. *Continued on page 4*

Almost 400 Lb. Boy Collapses and Dies, Age 13

An obese eighth-grader's sudden death on the football field during a conditioning lap revives discussion concerning testing children's hearts before they engage in sports or strenuous activity.

Anthony Troupe Jr. collapsed last August in St. Louis before he finished running a football field lap before practice. The oversized 13-year-old was pronounced dead at a local hospital an hour later.

The boy, known as "Big Ant" was 6'2", 383 pounds and had a good work ethic. He moved as fast and strong as boys less than half his size, coach Lonnie Jordan said.

"He knew he was a big guy, and knew what his job was as offensive guard, and defensive tackle, He was proud of it," says Jordan.

Dr. Keith Mankowitz, a professor of medicine at Washington University who specializes in prevention of sudden death in athletes, said 13-year-old boys don't die just of morbid obesity.

"He had to have had some underlying heart problem," says Mankowitz, who suspects the boy and his father had hypertrophic cardiomyopathy, the most common genetic heart condition that thickens the heart walls. It's also the most common cause of sudden death in athletes.

The condition often goes undetected in routine screening, and would need to be confirmed by a heart specialist. This is usually accomplished by referral of a practitioner who grew suspicious of symptoms, a murmur

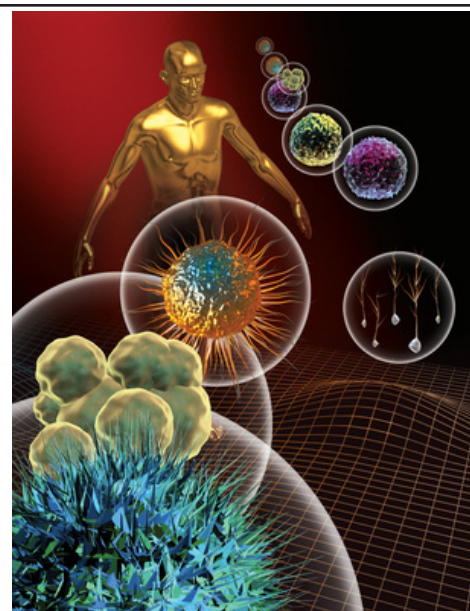
or family history of sudden death, Mankowitz said. Mankowitz directs an athletes screening program at Washington University.

He believes that every kid who play sports should get a good history and physical exam, and that if either uncovers a red flag, the student should be examined by a cardiologist, plus receive periodic follow-ups. He said this is the American Heart Association recommendations.

In Italy, a national screening program is credited with lowering the incidence of sudden cardiac death among young athletes.

Although, the U.S., screening option is the subject of debate. Patterson, cardiology chief at the University of North Carolina says, it centers around cost and the concern over an able athlete being held back because of non-definitive test results. He believes anyone who wants to engage with competitive athletics should have an EKG to detect possible problems resulting in sudden cardiac death in athletes.

Dr. Robert Eckel, past president of the American Heart Association and professor of medicine at University of Colorado Denver Medical School responds, "but do you do an EKG on 5 million kids to find 15 cases? It's a matter of cost and benefit. On the other hand if you're a parent who has lost a child, an EKG should have been done." 🗣️



Continued from page 3.

Of course the common statement is "better now than later" to risk getting the flu by injection! But, I choose not. In fact I've never had a flu shot.

I prefer the risk of getting normal exposure, risk my immune system defending properly, even risk getting the feared, by many, swine flu and fight it naturally, rather than the injection of my body of substances which are highly implicated to be more dangerous than an influenza. This conclusion is from years of researching studies and reports and actually working with the people damaged. Therefore, my choice is to not risk my health or my family to the virus and the more serious risk from the proven dangerous toxins in the vaccines.

It is a fact that there are many who do not receive any notable repercussions from a flu shot, but the contaminants are not avoidable.

A personal and most recent example: I just received notice this morning of a man in my church who died last night after great suffering, then coma, which all started immediately after a flu vaccination which caused numerous critical complications... none of which were allergic reactions. He didn't have the flu, he had a flu vaccination.

I pray protection for you, your children or your parents. I pray that no one becomes another casualty of a vaccine or any influenza.

In conclusion, I feel that most people have already made up their mind as to whether they will vaccinate or not. So not much else can be said until the aftermath tells the end story.

Note: All URL links in this hnu are provided to click on or copy and paste to locate the source.