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ANOTHER PHANTOM VIRUS

By Gary Krasner

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The Medical Boys—ever vigilant against “diseases”, and the microbes to blame them on—have come through again. The fact that the virus is harmless, and the condition is hardly a disease, should not stand in the way of what should be a very profitable vaccine.

Peter Duesberg’s excellent book, “Inventing The AIDS Virus” (reviewed in *WB* last year), contains a section entitled, Phantom Viruses And Big Bucks. It described the discovery (actually, “invention”) of a harmless virus that is purportedly the cause of Hepatitis-C. Early last year when I began to read about rotavirus and the proposed new vaccine for it, I immediately thought of that section in Duesberg’s book, but with one exception: Not only is a virus not the cause of diarrhea, but the so called disease itself is just a natural condition in response to an inappropriate diet, and is effectively treatable by parents, without drugs. (Note: Diarrhea may also accompany normal biological changes, such as teething.)

A CHRONOLOGY

Before I get into that aspect, here’s a brief order of events that led up to the newly-released vaccine for rotavirus.

On February 11, 1998 the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP) had recommended the routine vaccination of all full-term infants against rotavirus, a common virus that they said can cause diarrhea, gastroenteritis, abdominal cramps, vomiting, and in severe cases dehydration and death, in infants and children. ACIP’s decision was contingent on the FDA’s Vaccines and Related Biologicals Advisory Committee approval of a new vaccine, which came through December 1997.

The vaccine, which will be sold in the United States under the brand name RotaShield, was developed by Philadelphia-based Wyeth-Lederle Vaccines and Pediatrics and the National Institute of Allergy and Infectious Diseases. At \$38 per dose, Wyeth could conceivably gross close to a billion dollars annually with RotaShield. Outside the US, the company is

seeking marketing approval for the vaccine under the name of Rotamune.

In August 1998 the FDA licensed RotaShield. A month later ACIP recommended that RotaShield be given routinely to term infants at 2, 4, and 6 months of age, with the series to be completed by a child’s first birthday. Some committee members also felt that the recommendation would help ensure third-party coverage of the live, oral, tetravalent, rhesus monkey-based vaccine. The recommendation is also expected to clear the way for states to begin mandating this vaccine for school entry.

ACIP decided against issuing a permissive statement that would have made the vaccine optional, or a recommendation to vaccinate only high-risk groups. Those options were favored by an advisory commission of the American Academy of Family Physicians (AAFP). While a formal statement on RotaShield from AAFP is still pending, last November another organization of physicians—the American Academy of Pediatrics (AAP)—had endorsed the ACIP recommendation.

JUST THE “FACTS”

Throughout 1998, the CDC and their cohorts issued press releases to prepare the public for the new vaccine. Whether from a health department bulletin or a newspaper article, these claims appeared to come from identical scripts from the same source—the CDC—as I summarize them here:

Rotavirus is the most common cause of severe diarrhea in children in the United States. About 70 percent between the ages of one and five become ill from rotavirus diarrhea, and one in every 78 of them will become sick enough to require hospital treatment. About 125 die annually. Virtually all children have one or more rotavirus infections in the first 5 years of life. Each year in the US, rotavirus is responsible for approximately 500,000 physician visits and 50,000 hospitalizations (30-50% of all hospitalizations for diarrhea are in children under 5 years of age). Children aged 3 to 24 months have the highest rates of severe disease and hospitalization. It is estimated that a vaccination program would prevent 39 percent, or 1.08 million cases, of rotavirus diarrhea in children under five years of age, including 13 deaths among those most seriously afflicted.

The World Health Organization is considering recommending use of the vaccine in developing countries where rotavirus is less easily treated. Worldwide, the virus is estimated to lead to one million child deaths each year. The NIH scientist who discovered the drug said Wyeth officials have promised him they'll somehow get the vaccine to children in developing countries, probably by using profits from rich countries to subsidize poor ones.

SOME CAVEATS

While the aforementioned presentation issued by the medical establishment sounded impressive, there were other aspects reported about the vaccine that moderated its endorsement:

According to five published placebo-controlled trials, the vaccine was determined to be only about 50% effective in preventing diarrhea caused by rotavirus infection. However, the vaccine was claimed to be about 80% effective in preventing severe rotavirus-induced diarrhea in three U.S. trials. Nevertheless, a large number of mild cases of rotavirus diarrhea will still occur, and childhood diarrhea from other causes will not be prevented by vaccination. (50-75 percent of hospitalizations for diarrhea are due to non-rotaviral etiologies.) It will require three doses to reliably provide a high degree of protection from severe rotavirus disease. Earlier studies, in which only one dose was given, did not find a high degree of protection. No studies were conducted using a two-dose schedule, and it is unknown if children who receive two doses will be protected.

Concerning adverse events: In the pre-licensure studies, there was a higher rate of fever after the first dose of vaccine, primarily on days 2-5 after

administration. Higher rates of intussusception and failure-to-thrive among vaccinees were reported initially, but were not confirmed on a more detailed analysis of the data. Safety and efficacy data are not available for children 12 months of age or older. However, since a small trial indicated infants 6 months of age or older had a higher rate of high fevers after vaccination with an initial dose of rotavirus vaccine, vaccination with second and third doses are not recommended for children 12 months of age or older for lack of data.

Finally, contraindications to the use of the vaccine in children include known or suspected immunodeficiency, acute moderate to severe febrile illness, an evolving neurological condition, or persistent vomiting. Due to lack of data, rotavirus vaccine should be used with caution in infants who were born prematurely (at less than 37 weeks' gestation), or who have ongoing diarrhea or preexisting chronic GI disease. The vaccine should not be readministered to an infant who spits out the vaccine or regurgitates or vomits after receiving it.

Not all doctors agreed with the ACIP endorsement. Prior to ACIP's recommendation of RotaShield last November, the AAFP Commission on Clinical Policies and Research member Theodore G. Ganiats,

M.D., speaking on behalf of the CCPR, opposed routine rotavirus immunization. He stated in Family Practice News (8/1/98) that such a recommendation “could unnecessarily override patient preference by

promoting use of a vaccine that does not produce herd immunity and for which the cost is not yet known.” To date, word from AAFP is that they are not likely to support ACIP’s recommendation.

BACK TO REALITY

Despite these negative aspects of RotaShield, the “germ hunters” of modern medicine’s public relations campaign has been effective. There’s just one little problem: A virus is no more the cause of diarrhea than it is the cause of any disease.

The tautological “reasoning” that rotavirus causes diarrhea mirrors the claims for other so called pathogenic viruses: If it is present in some form during the malady, then it is the cause of it. If not, then something else caused it! The relatively few parents who recognize this nonsense don’t see any need to subject their children to a potentially hazardous vaccine for (what is, in reality) an easily preventable and treatable digestive disturbance.

Loose stool simply indicates that something was ingested that cannot be digested. Whatever cannot be digested will decompose. The products of this decomposition, and food itself are viewed by the body as an irritant that it must get rid of it quickly. So there’s no chance for the food to be assimilated and the fibrous components to absorb water for eventual elimination. Instead, the partially digested food is eliminated quickly, still in its watery state.

Ironically, the most common food of infants—cow’s milk—is the worst culprit. The proper functioning of the colon is impaired because the excessive mucous that the body generates in response to milk (as a defense mechanism) hardens in the intestines to form a coating on the inner lining that becomes nearly impermeable to nutrients and fluid exchange. Any food eaten with milk is also coated. The indigestible protein complement, casein is another goeey substance that inflicts similar damage, as well as to coagulate in the stomach to form large, tough, dense, hard-to-digest curds. In fact, casein is so goeey, it is the main ingredient in all wood glues. Drinking it cold and pasteurized makes it even worse. And consuming it with another kind of protein food may also cause diarrhea.

Milk also causes chronic gastrointestinal irritation, leading to eczema, diaper rash, and diarrhea. It stems from the fact that cow’s milk is a somewhat coarser emulsion than that of human milk, possibly due to the difference in the amount and quality of unsaturated fatty acids. Vitamin and mineral differences play an important role as well. There are many books that deal with the digestive problems caused by consuming milk.

Another common, but inappropriate food is the routine feeding of starchy foods to infants. In the salivary secretion the starch digesting enzyme, ptyalin, does not appear in appreciable quantity until at least age 6 months. The other starch digestive enzyme, amylase, secreted by the pancreas, is also absent, or at least not present in adequate amounts to digest starch. Amylase generally does not appear until the molar teeth are fully developed, possibly age 28 to 36 months. Despite these physiological facts, pediatricians foolishly recommend cereals, breadstuffs, crackers and other coarse grain-based foods for infants this young. The diarrhea produced from this diet is often brown, or yellowish-brown in color. If mucous and small soft curds and an acid odor are also present, then it’s the result of sugar or maltose consumption. If it has a foul or musty odor and has an alkaline pH, it came from excessive protein.

Pediatricians also frequently misdiagnose loose looking stools—that are normal in breastfed babies—as diarrhea. But it is not. And while the baby may be thriving and gaining weight, the doctor will nonetheless want to place the baby on anti-diarrhea medications or opiates like Lomotil. Many parents don’t realize that these medications, as well as bactericides like antibiotics or penicillin used to treat their baby’s cough or cold, ultimately prevents normal bowel functioning leading to loose stool. An antibiotic may kill enough of the intestine’s normal microorganisms to allow more resistant competing strains to flourish and take over. If the surviving

bacterium is *Clostridium difficile*, for example, the diarrhea from the toxins it produces could lead to severe dehydration, and possibly ulceration and perforation of the intestine.

Diets of excessive protein, improper food combinations, or just overfeeding are known causes of diarrhea. Infants that are fed inappropriate diets that include meat, dairy, refined sugar, or even chilled or heated fruits or vegetables, render their intestines an ecological mess. Even on a proper diet, it may take an extended period of time for the restoration of normal intestinal flora that is essential to process waste in the colon. But when anti-diarrhea medications of any type are added to the mix, the infant is rendered incapable of fully restoring that normal bacterial balance. Infants in some areas of the U.S. and the Third World also face an additional obstacle to normal bacterial stasis: drinking water that may contain excessive biological waste or chemical toxins. That, together with malnutrition, accounts for the higher mortality rates there. Yet doctors would probably have us believe that the more pathogenic forms of rotavirus somehow decide on their own to inhabit only poor countries!

Diarrhea is also often a symptom of allergies. If you really want to get holistic, consider the increasing rate of allergic children as one cause of the increased prevalence of diarrhea. Whether its due to increased food processing and chemicals, pesticide drift and runoff, topsoil erosion, increased background

radiation, vaccination, cow's milk consumption (a major allergen), or even the high number of bottle-fed babies (they're at least 20 times more likely to develop allergies as breastfed babies), allergies may account for a significant amount of the incidence of diarrhea in infants. But it's not profitable for any drug company to investigate such potential causes of diarrhea. Particularly when their allergy drugs sell so well!

Finally, there is a new form of inflammatory bowel disease described as "leaky gut" phenomenon, in which undigested proteins "leak" past the stomach and into the intestines. Symptoms of this problem includes diarrhea, abdominal pain, intestinal bloating and possibly food intolerance. According to Dr. Wakefield, et.al., there is strong evidence linking the administration of MMR vaccine with the development of leaky gut, as well as Crohn's disease, non-specific colitis, and other digestive problems. The Medical Boys could conceivably promote Rotashield as a remedy for the MMR vaccine! But any sane parent would reject both.

Whenever I hear about a new vaccine for a non-existent disease, I'm reminded of my resistance to America's war against Vietnam. Liberals at that time had no trouble believing that the Pentagon was using young men as cannon fodder to fuel a military-industrial complex. Why can't liberals today make the connection that the medical establishment is doing the same damn thing with our infants and children.

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EDITORIAL POSTSCRIPT From Sharon Kimmelman, WB publisher

American Home Products pulled its rotavirus vaccine from the US market (AP–Oct 1999) "because of concerns that it may increase infants' risk of bowel obstruction." Reports of intussusception—a condition that may require surgery to repair—linked to the vaccine, had reached about 100 cases. But if they were so "concerned", why didn't they do this 3 months earlier when the government advised doctors to stop giving children the vaccine in July? Perhaps they still had too many vaccines in stock to afford the loss. An estimated 1 million infants were vaccinated with the three-dose series of RotaShield since it received government approval to go on sale a year ago. Those who followed Gary Krasner's advice in WB's January issue ("Another Phantom Virus") and declined the vaccine for their children should feel somewhat vindicated by their decision.