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The Continuing Saga of Hidden Vaccine Toxicity

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Consumer labels of vaccine ingredients are deceptively lacking in comprehensive details. Twenty-one vaccines contain at least one of the following: (a) polysorbate-80 (PS-80); (b) an immunostimulatory compound (ISCOM); and (c) sodium dihydrogen phosphate dihydrate (SDPD) [1]. The functions of these three ingredients, and their potential toxicity posed to vaccine recipients by the hidden presence of organosiloxanes (silicones) and silicon dioxide (silica) that reside in all three ingredients, have been reviewed elsewhere [1-3]. Neither silicones nor silica are required by the FDA to be listed in any consumer products, including parenterally administered vaccine materials.

The synthesis of PS-80 (a sorbitan) leaves residual sorbitol as a residue, the latter of which produces cloudiness in the solution. Visual clarity is rendered by the addition of organosiloxanes and silicon dioxide, whose presence also exists in both ISCOM and SDPD. With regard to PS-80, a recent publication has unexpectedly injected additional concerns into this discussion, because more than 350 different polysorbate compounds of varying length can be produced during its routine synthesis [4].

This heterogeneity and lack of precise chemistry implies that varying concentrations of sorbitol may linger at the end of each PS-80 production process. Thus, any standard estimate of how much sorbitol needs to be removed may not be repetitively reliable. Two questions immediately come to mind from this analysis: (a) are different batches of all PS-80 containing vaccines uniformly achieving satisfactory sorbitol exclusion? And (b) if not, what toxicity can occur if variable residual concentrations of sorbitol are then parenterally administered with all the other vaccine ingredients? Sorbitol has multiple known side effects including, but not limited to: abdominal pain, dehydration, diarrhea, dry mouth, excessive bowel activity, fluid and electrolyte loss, high blood sugar, lactic acidosis, nausea and vomiting, edema, and decreased urine output.

Combinations of hidden additives (i.e., comingling organosiloxanes and silicon dioxide with sorbitol) can expand the toxicity, whereby vaccination-induced disorders are not solely restricted to the symptoms noted above. An ever-expanding list of publications have claimed that multiple immunizations are capable of initiating a wide variety of chronic systemic autoimmune diseases [1,5,6].

This systemic disease roster includes (but is not limited to): Guillain-Barre syndrome, peripheral neuropathies, transverse myelitis, rheumatoid arthritis, systemic lupus erythematosus, vasculitis, polymyalgia rheumatica, hemolytic anemia, thrombocytopenia, diabetes, optic neuritis, sensorineural hearing loss, and various forms of juvenile rheumatoid arthritis. At other times adverse immunization reactions may mimic neurologic fatiguing syndromes [2].

In this latter situation it is also common for clinical features to exhibit overlapping secondary amplification loops of immune dysfunction and/or autoinflammatory phenomena that circuitously enhance the toxicity [2,3]. Compounding all of this is the increasing prevalence of positive antinuclear.

Antibodies (ANA) in the general population, which has risen from 5% to nearly 12% [7]. That figure is even higher in teenagers (16-20%) [7], raising the question as to whether the ever-increasing number of immunizations administered simultaneously, and earlier and earlier in childhood, are contributing factors via induction of epigenetic disturbances by the hidden presence of multiple toxins [1-3].

Indigenous host factors also appear to be partly responsible for both the occurrence and the diversity of vaccination-induced chronic systemic disorders [1,3]. This essentially implies that there exists a limited population at risk for such events, which is in keeping with observations that immunizations are generally safe for the majority of recipients. A recent publication has presented some novel theories on this topic, which in turn has reinforced the assumption that individuals with a family history of autoimmune conditions, and individuals with preexisting autoimmune conditions, do not encompass the risk group [3]. Further research is clearly needed to assess the interrelationships between vaccine additives and inherent disease susceptibility. Perhaps the incidence of chronic systemic vaccine reactions could be substantially reduced if all the hidden toxic compounds were eliminated from the final products.

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