

Current childhood vaccine programs: An overview with emphasis on the Measles-Mumps-Rubella (MMR) vaccine and of its compromising of the mucosal immune system

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Abstract

Both common observation and official statistics confirm that there have been dramatic increases in chronic physical and mental illnesses in American children, such as autism, asthma, and allergies since the introduction of the MMR vaccine in 1978. Government health officials have denied a relationship with vaccines, but U.S. Congressional hearings on vaccine safety (1999 to Dec. 2004) revealed a total absence of vaccine safety tests that would meet current scientific standards, so that it can be assumed that many vaccine reactions are taking place unrecognized. Prior to the introduction of vaccines, the *Th1 cellular immune system* of the gastrointestinal and respiratory systems served as the primary defense systems with the *Th2 humoral immune system* in the bone marrow, serving a secondary role.

There is a school of thought that the “minor childhood diseases” of earlier times, including measles, mumps, chicken pox, and rubella, which involved the epithelial tissues of skin, respiratory, and/or gastrointestinal tracts, served a necessary purpose in challenging, strengthening, and establishing the dominance of Th1 cellular immune system during early childhood. Current vaccines against these diseases, in contrast, being directed at stimulating antibody production in the bone marrow, are bypassing the cellular immune system and thereby tending to reverse the roles of the cellular and humoral systems, with the former suffering from a lack of challenge. In addition, the cellular immune system is being further compromised by the powerfully immunosuppressive effects of the MMR vaccine. The time is overdue to totally rethink and redirect our current childhood vaccine program.

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