



A TREATISE ON MEASLES

Abstract

This document provides an overview of measles, its prevalence, and mortality rate. It also covers aspects of vaccine safety, side effects, and vaccine effectiveness. The document also gives an insight to alternatives to vaccination and traditional medicines. Media reports of vaccine injuries including lawsuits are also covered in this document

Vratesh Srivastava, Ameeta Sanghvi Shah, Jaishree Naruka & Deepika

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1 DISEASE OVERVIEW, PREVALENCE, AND MORTALITY RATE

1.1 What is measles?

According to modern medicine, measles refers to an infection caused by a virus. It mainly affects the respiratory system and its onset is accompanied by high fever, runny nose, frequent coughing, itchy rashes all over the face. It is extremely contagious and spread through saliva or even mucus.

This infection has several symptoms. Some of them are:

- **Persistent coughing:** Affecting the respiratory system, the onset of measles can be identified by persistent and a nagging cough, one that refuses to recuperate.
- **Fever:** If you are infected by the measles virus, chances are very high that you will suffer from extremely high fever. It is often accompanied by chills.
- **Sore Throat:** The throat forms an important part of the respiratory system and if it is infected, its repercussions can be felt in the throat. You will have extreme difficulty in eating or swallowing food when suffering from measles.
- **Small white spots develop inside the mouth:** Sometimes you may notice outbreak of small white spots in the interior of your mouth.

1.2 How prevalent is measles?

- Worldwide, measles incidence has declined 99.8% since 1981.
- Measles is considered eradicated in 81 countries (Lomte).
- In India, measles incidence declined by 98.7% since peaking in 1987.
- To conclude, measles is much less prevalent today worldwide, even in countries where it is endemic.

As we will demonstrate in this document, this decline cannot be attributed to vaccination given what we know about disease decline prior to onset of mass vaccinations, vaccine effectiveness and temporary nature of vaccine induced immunity. Improvements in sanitation, reduction in malnutrition and natural immunity are the more plausible contributors to this decline.

Figure 1: 1974 - 2021 - India reported cases of measles

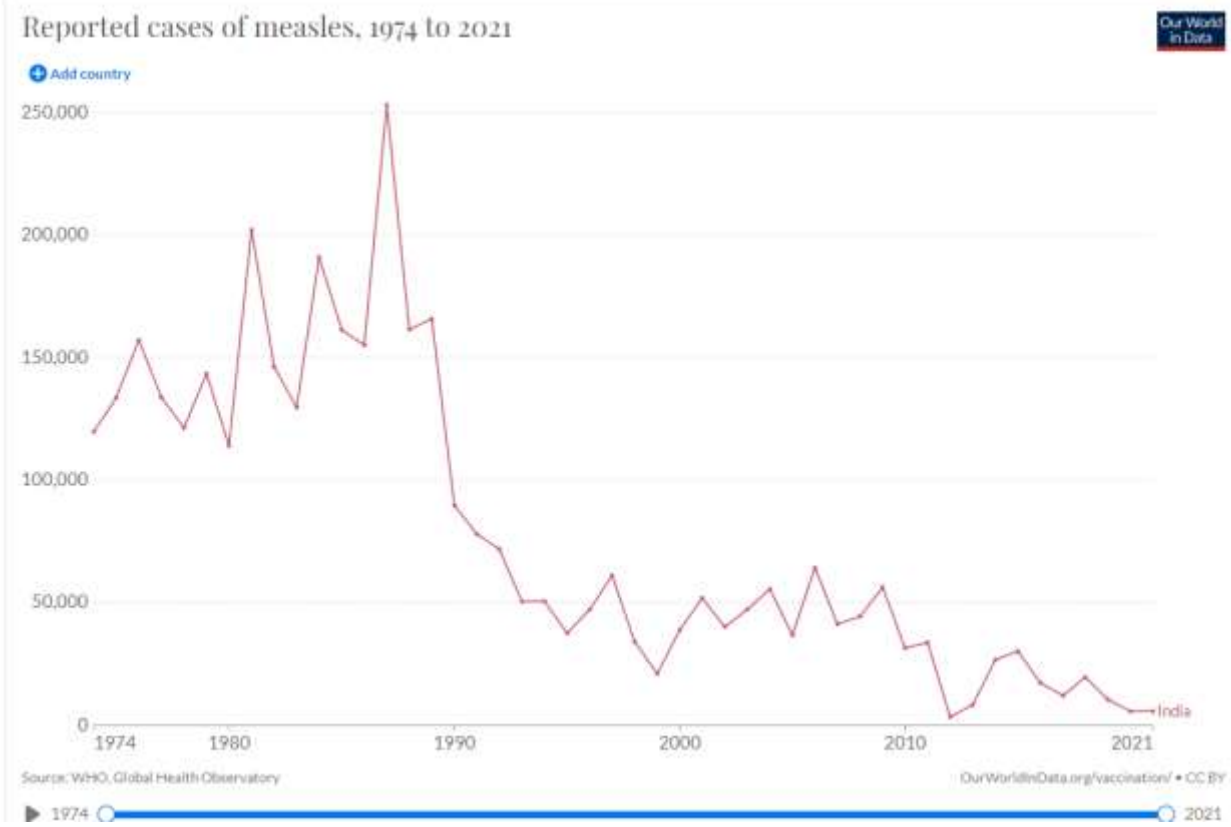
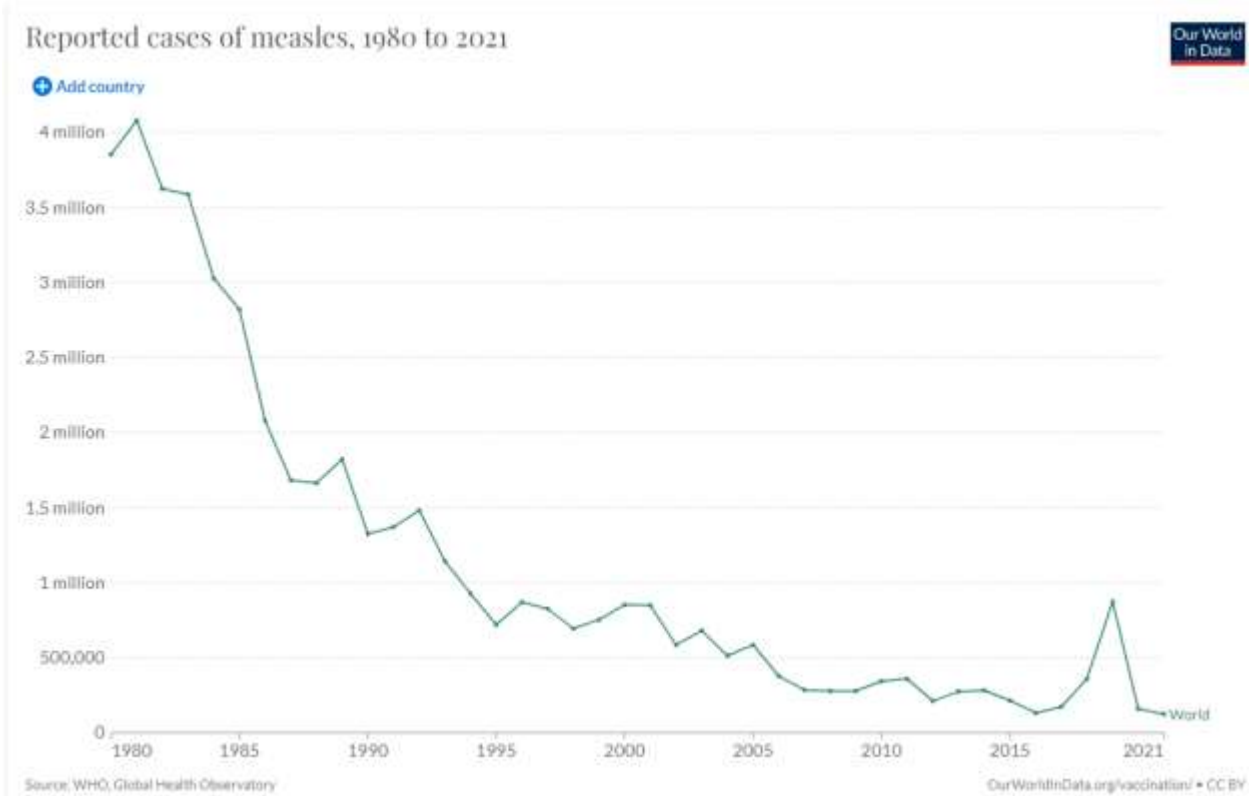


Figure 2 - World: Reported cases of measles - 1980 -2021



1.3 What are severe outcomes of measles?

While mortality rate from measles is estimated at 0.01% (or 1 in 10,000) in developed nations, in rare cases serious complications can occur. Following are the main serious complications¹

1. Pneumonia: Studies have observed pneumonia as the most common complication occurring in over 50% of hospitalizations. Another study estimated pneumonia as the cause of 91% of deaths in measles patients.
2. Pulmonary complications: A study from West Bengal estimated that pulmonary complications accounted for over 90% of deaths.

Figure 3 - Severe complications from measles per a study from Kolkata

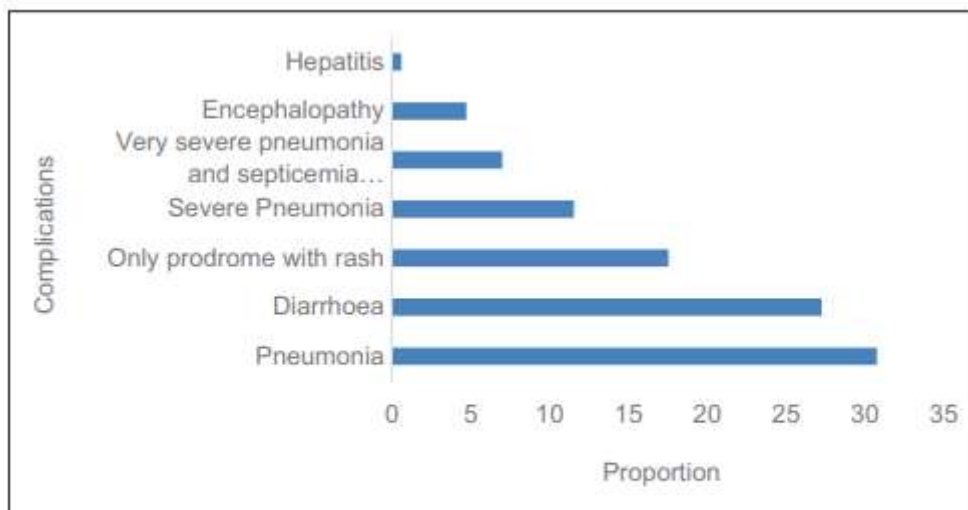


Figure 1: Proportion of different complications among 484 measles patients, Infectious Diseases and Beliaghata General Hospital, Kolkata, West Bengal, 2011–2013

3. Encephalitis: A study of hospitalized patients in Pakistan estimated that encephalitis was the cause of death in 57% of patients (4 out of 7)

Figure 4 - Severe complications from measles per a study from Pakistan

Table-2: Complications and outcome in Measles Patients (n=136)

Complications	No.	%	Expired (%)	Discharged (%)
Pneumonia without dehydration	54	39.7	1 (14.2)	53 (38.9)
Pneumonia with Dehydration	19	13.9	1 (14.2)	18 (13.2)
Diarrhoea with Dehydration	51	37.5	1 (14.2)	50 (36.7)
Encephalitis	12	8.8	4 (57.1)	8 (5.8)
Total	136		7 (5.14)	129

¹ References

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4. Diarrhea: Diarrhea was identified as the second most common complication among patients hospitalized for measles.

1.4 Who is at risk from severe outcomes of measles? What is the measles mortality rate?

Malnutrition, comorbidities (such as leukaemia/HIV) and vitamin A deficiency are some of the main factors associated with severe outcomes from measles.

In the modern era, it is rare to suffer permanent disability or death from measles in the United States. Between 1900 and 1963, the mortality rate of measles dropped from 13.3 per 100,000 to 0.2 per 100,000 in the population, due to advancements in living conditions, nutrition, and health care— a 98% decline

In US, it is estimated that nearly 90% of measles cases are benign and not reported to the CDC

- 1 in 10,000 or 0.01% of measles cases are fatal.
- to 3.5 in 10,000 or 0.03–0.035% of measles cases result in seizure.
- 1 in 20,000 or 0.005% of measles cases result in measles encephalitis.
- 1 in 80,000 or 0.00125% of cases result in permanent disability from measles encephalitis.
- 7 in 1,000 or 0.7% of cases are hospitalized.
- 6 to 22 in 1,000,000 or 0.0006–0.0022% of cases result in subacute sclerosing pan-encephalitis (SSPE), fever, enezema and asthma ²

1.5 Does measles infection provide lifelong immunity? Does measles infection provide other health benefits in the long term?

Having measles not only results in life-long specific immunity to measles, but also reduced risk against other chronic diseases. Associations in the scientific literature have been found between measles & mumps infections lowering cardiovascular mortality. Natural infection with measles during childhood has been associated with a reduced risk of much more serious diseases later in life, including degenerative bone disease, certain tumours, Parkinson’s disease, allergic disease, chronic lymphoid leukaemia, both non-Hodgkin lymphoma and Hodgkin lymphoma, and cardiovascular disease. ³

² References – section 1.4

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³ References -section 1.5

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2.1 Vaccine rollouts gone wrong

Measles vaccination in the US and many other countries started in the early 1960s, at the time when measles was naturally abating. The mortality rate had already plummeted well prior to the introduction of the vaccine as demonstrated in section 5 of this document. This reduction in the mortality rate obviously had nothing to do with the vaccine. It was rather the result of an increasing standard of living, including better nutritional status among the population.

It's important to note that since the introduction of the vaccine, several safety signals were observed as emphasized below.

- **Australia & UK:** Measles vaccination was temporarily suspended in Australia & UK following 1 death and several cases of encephalitis in UK in 1969.
- **UK:** UK withdrew the MMR vaccine with Urabe mumps component in 1992 due to increased risk of aseptic meningitis.
- **US:** In 1963, both an inactivated (“killed”) and a live, attenuated (Edmonston B strain) measles vaccine were licensed for use in the United States. The inactivated vaccine was withdrawn in 1967 because it did not protect well against measles. The original Edmonston B vaccine was withdrawn in 1975 because of a relatively high frequency of fever and rash in recipients. A live, further attenuated (Schwarz strain) vaccine was first introduced in 1965, but also is no longer used in the United States. (CDC)
- **US:** In 1989, a government sponsored study failed to disclose that the vaccine was experimental.
- **Japan:** In Japan, the MMR vaccine was discontinued, and several parents compensated for neurological damage to children, after it was observed that severe side effects were over 2000 times higher than expected.
 - When the MMR vaccine was first introduced, parents who were refusing it were required to pay a fine. This is a clear example of coercion. Given that the vaccine was eventually discontinued, parents who chose not to vaccinate their children stand vindicated, Japan's case is an important example of coercion by government gone horribly wrong.
- **Canada:** In 1986, Canada experienced an outbreak of atypical measles, which was primarily observed in those who were injected with the killed measles vaccine in 1960s.
- **West Africa:** A high titre measles vaccine was recommended by WHO in West African countries, but the recommendation was withdrawn after long term follow up revealed increased mortality.
- **Senegal:** Increased long term mortality was observed in children who received a high titre measles vaccine and developed a rash.
- **China:** After compulsory vaccination was rolled out, several parents from different parts of China assembled in Beijing to protest death & illness which they claimed was caused by the vaccine.⁴

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2.2 Side effects identified over the years

Some adverse events of the MR vaccines as listed by WHO are reproduced below:

- (i) Blood and lymphatic system disorders
- (ii) Cardiac disorders
- (iii) Congenital, familial and genetic disorders
- (iv) Ear and labyrinth disorders
- (v) Eye disorders
- (vi) Gastrointestinal disorders
- (vii) General disorders and administration site conditions
- (viii) Hepatobiliary disorders
- (ix) Immune system disorders
- (x) Infections and infestations
- (xi) Injury, poisoning and procedural complications
- (xii) Metabolism and nutrition disorders
- (xiii) Musculoskeletal and connective tissue disorders
- (xiv) Neoplasms benign, malignant and unspecified (incl cysts and polyps)
- (xv) Nervous system disorders
- (xvi) Pregnancy, puerperium and perinatal conditions
- (xvii) Psychiatric disorders
- (xviii) Renal and urinary disorders
- (xix) Reproductive system and breast disorders
- (xx) Respiratory, thoracic and mediastinal disorders
- (xxi) Skin and subcutaneous tissue disorders
- (xxii) Vascular disorders

Source: <https://vigiaccess.org/>

Besides the above, the AEFI reports of India have acknowledged severe adverse events including **death** and “measles like illness” to have occurred after measles vaccination. There are instances where these reactions have been classified as ‘A1 – Vaccine Product Related Reaction’ implying that causality was established.

Source: <https://main.mohfw.gov.in/Organisation/Departments-of-Health-and-Family-Welfare/immunization/aefi-reports>

2.2.1 Autism:

There has been significant controversy around vaccines link with autism. Here we highlight studies that establish the association between the two.

- A 2002 study in Journal of Biomedical Science argued that an inappropriate antibody response to the measles component in the MMR vaccine may be related to the pathogenesis of autism.
- A 2002 study in Journal of Public Health and Epidemiology analyzed birth year change points – dates when a substantial rise in incidents of autism occurred, and introduction of vaccines that were

▪ Cimons, Marlene. “U.S. MEASLES EXPERIMENT FAILED to DISCLOSE RISK.” *Washington Post*, 17 June 1996, www.washingtonpost.com/archive/politics/1996/06/17/us-measles-experiment-failed-to-disclose-risk/6a4dd6ce-7add-4daa-8c5e-6e5fc343b996/. Accessed 16 Apr. 2023.

manufactured with human fetal cells (MMR, varicella & Hepatitis A), and concluded based on the relationship observed that such vaccines are associated with autism,

- A 2015 study in the journal ‘Issues in Law and Medicine’ argued that vaccines manufactured in human fetal cell lines contained “unacceptably high levels of fetal DNA fragment contaminants” that may be causally associated with autism spectrum disorder prevalence.
- A 2003 study in the journal *Pediatric Neurology* observed that autistic children have a hyperimmune response to the measles virus, which might be a sign of abnormal immune reaction to the vaccine strain.
- Studies comparing overall health outcomes in vaccinated vs. unvaccinated children have observed significantly higher prevalence of autism and other neurodevelopmental disorders in children who are vaccinated as per the recommended immunization schedule, compared to those who are unvaccinated.⁵

2.2.2 Convulsions and Seizures.

- A 2007 study in the *American Journal of Epidemiology* observed that the measles component in the MMR vaccine caused a 6-fold increase in the risk of convulsions.
- A 2013 study observed that vaccines are the second leading cause of febrile seizures.
- A 2011 study in the journal *Epilepsia* observed that vaccination associated seizures present in the setting of various epilepsy syndromes.
- A 2004 study in *JAMA* observed that MMR vaccination was associated with a “transient increased rate of febrile seizures”.
- A 2010 study in *Pediatrics* observed that children were seizure risk was 3.7 times in the 8-10 days after vaccination with MMR, compared to seizure risk on other days.
- A 2001 study in *New England Journal of Medicine* found that the MMR vaccine increased the risk of febrile seizures by almost 3-fold in the 8-14 days following vaccination.⁶

⁵ References: Section 2.2.1 – Autism

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⁶ References: Section 2.2.2 – Convulsions and Seizures

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2.2.3 Diabetes

- A 2003 study in the *Journal of Pediatric Endocrinology and Metabolism* found increased incidence of type 1 diabetes 2-4 years after the introduction of BCG, pertussis and MMR vaccines.
- A 2008 study in ‘*The Open Pediatric Medicine Journal*’ observed that the 1 dose of the MMR vaccine increased the risk of type-1 diabetes by 88%.⁷

2.2.4 Inadequate safety studies

- A 2003 study in the journal *Vaccine* observed that “*The design and reporting of safety outcomes in MMR vaccine studies, both pre- and post-marketing, are largely inadequate*”, thereby making it difficult to accept or reject a causal relationship between MMR & some other serious chronic diseases.⁸

2.3 Severe outcomes from vaccines that are observed with measles too

2.3.1 Prevalence of severe outcomes in vaccinated versus unvaccinated children

Severe outcomes of measles include pneumonia and diarrhea. It is important to observe that studies that compare overall health outcomes among vaccinated and unvaccinated children have observed a much higher prevalence of pneumonia and gastrointestinal disorders in children vaccinated per the immunization schedule. This implies that regardless of whether a vaccinated child gets measles or not, the child is still more susceptible to severe outcomes. This observation challenges the notion that measles vaccination would make a positive contributing factor in lowering child mortality from severe outcomes such as pneumonia and diarrhea.⁹

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⁸ Jefferson, Tom, et al. “Unintended Events Following Immunization with MMR: A Systematic Review.” *Vaccine*, vol. 21, no. 25-26, Sept. 2003, pp. 3954–3960, [https://doi.org/10.1016/s0264-410x\(03\)00271-8](https://doi.org/10.1016/s0264-410x(03)00271-8). Accessed 29 July 2021.

⁹ References: section 2.3.1: Prevalence of severe outcomes in vaccinated versus unvaccinated children

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Figure 5 - Health effects in vaccinated versus unvaccinated children

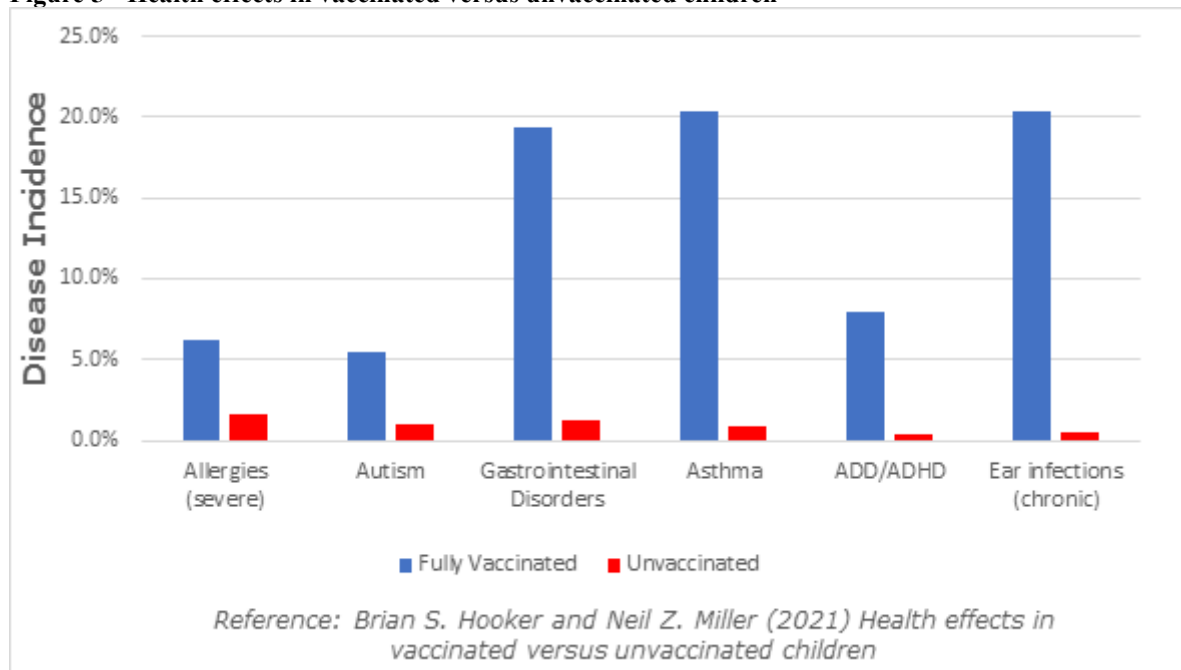
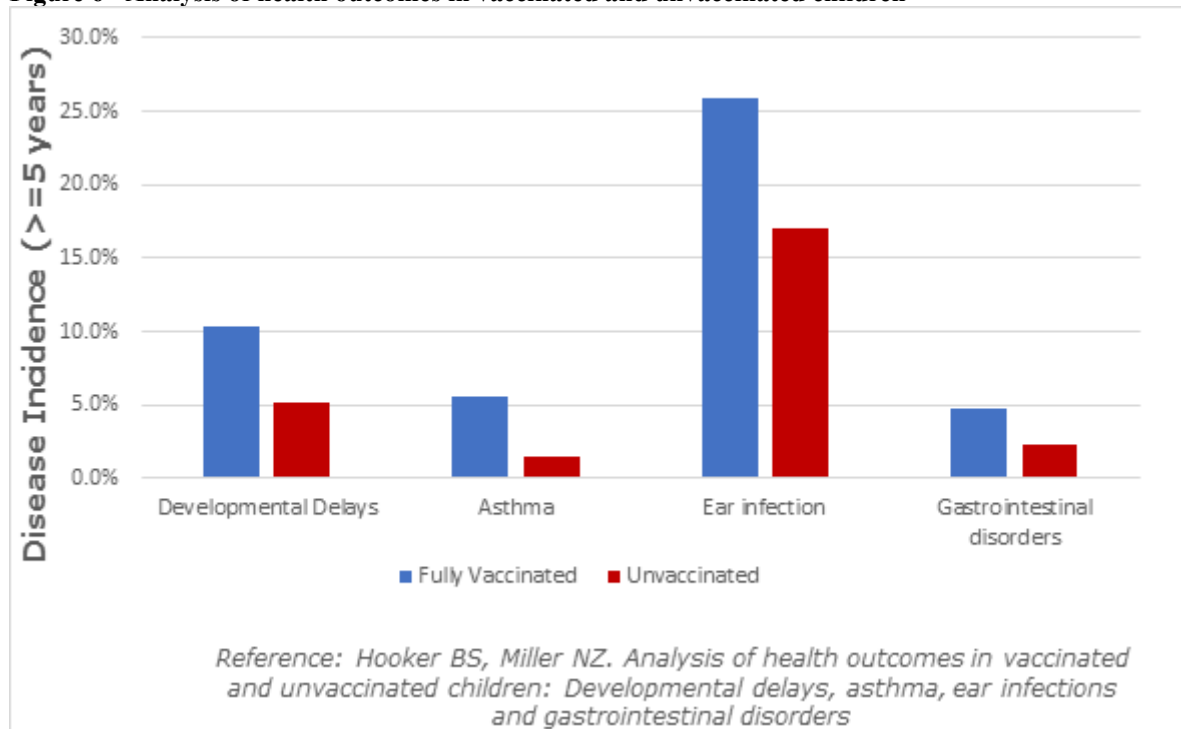
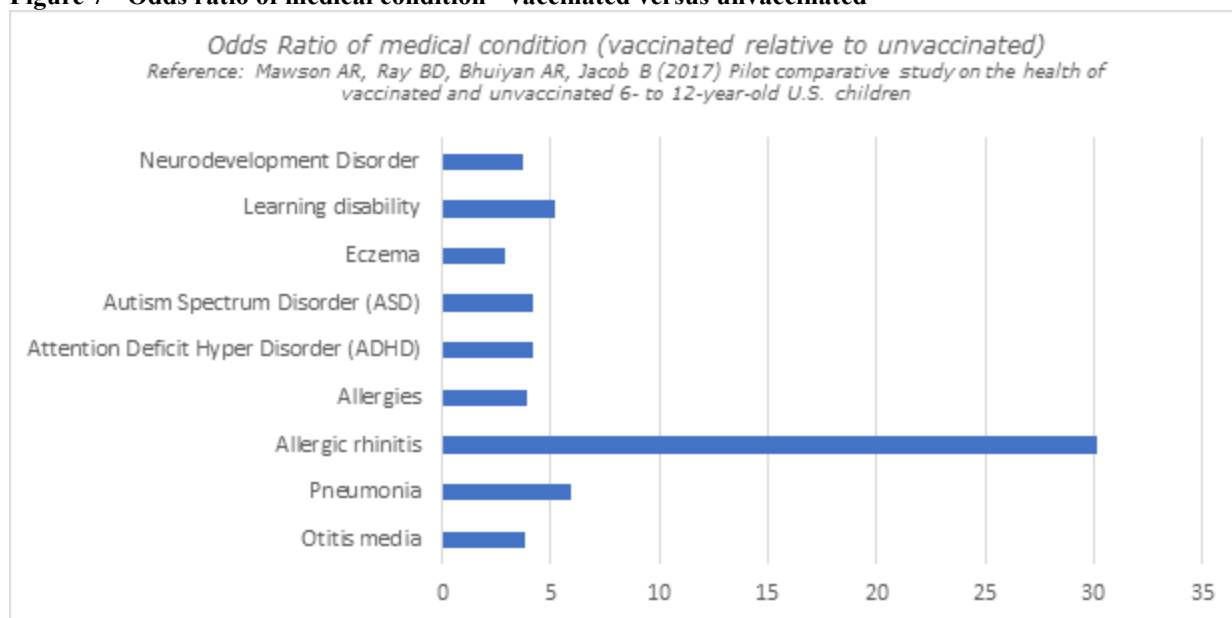


Figure 6 - Analysis of health outcomes in vaccinated and unvaccinated children



- Mawson AR, Ray BD, Bhuiyan AR, Jacob B (2017) Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12-year-old U.S. children. J Transl Sci 3: DOI: 10.15761/JTS.1000186
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Figure 7 - Odds ratio of medical condition - vaccinated versus unvaccinated



3 VACCINE EFFECTIVENESS

There are clear breakthrough cases of measles and mumps in fully vaccinated individuals. These outbreaks suggest the vaccines do not fully prevent disease occurrence or transmission.

It has not been proven that the MMR vaccine is safer than measles. The vaccine package insert raises questions about safety testing for cancer, genetic mutations, and impaired fertility. Although VAERS tracks some adverse events, it is too inaccurate to measure against the risk of measles. Clinical trials do not have the ability to detect less common adverse reactions, and epidemiological studies are limited by the effects of chance and possible confounders. Safety studies of the MMR vaccine are particularly lacking in statistical power. A review of more than 60 MMR vaccine studies conducted for the Cochrane Library states, "The design and reporting of safety outcomes in MMR vaccine studies, both pre- and post-marketing, are largely inadequate."

The largely unvaccinated Amish (they claim religious exemption) had not reported a single case of measles between 1970 and December 1987, for 18 years

Though there are studies claiming measles vaccine is highly effective, there are other studies that have brought the effectiveness of the vaccine into question. Below are a few examples

- In a measles outbreak in a secondary school in Toronto in 1995, 86 out of the 87 students were vaccinated. The efficacy of a single dose of the vaccine was negative.

Figure 8 - Measles outbreak in 1995 in a secondary school in Toronto

Comparison	Attack rate; group		Vaccine efficacy, %
	Nonvaccinated or less often vaccinated	Vaccinated or more often vaccinated	
Never vaccinated v. received one dose	0.03	0.09	-200
Never vaccinated v. received two doses	0.03	0.01	67
Received one dose v. received two doses	0.09	0.01	89

*Only students vaccinated at age 12 months or more before the outbreak were included.

- A 2022 Malaysia study published in the International Journal of Environmental and public health revealed the following astonishing findings
 - Despite 95% vaccination coverage, measles incidence increased 10-fold over a period of 5 years.
 - The unvaccinated population was the least likely to contract measles.
 - The population vaccinated with a single dose were 4 times as likely to contract measles.

Figure 9 - Malaysia: Vaccine effectiveness study

Table 2. Factors associated with confirmed measles among notified measles cases in Pahang (*n* = 2460).

Variables	Crude OR (95% CI)	<i>p</i> -Value ^a	Adjusted OR (95% CI)	<i>p</i> -Value ^b
Gender				
Female	1			
Male	0.91 (0.68, 1.22)	0.536		
Ethnicity				
Chinese and Indian	1		1	
Malay	0.87 (0.37, 2.04)	0.754	0.99 (0.41, 2.42)	0.983
Indigenous	6.42 (2.47, 16.71)	<0.001	4.90 (1.74, 13.78)	0.003
Urbanicity				
Rural	1			
Urban	1.10 (0.82, 1.48)	0.520		
History of contact with measles cases				
No	1		1	
Yes	14.53 (8.94, 23.61)	<0.001	14.03 (8.23, 23.90)	<0.001
Measles vaccination status				
Complete vaccination	1		1	
Incomplete vaccination	3.23 (2.22, 4.70)	<0.001	3.38 (2.28, 5.01)	<0.001
Not vaccinated	0.89 (0.60, 1.30)	0.533	0.79 (0.52, 1.18)	0.246

Simple Logistic Regression; ^b Multiple Logistic Regression; Constant = -2.954; Forward LR method applied to avoid multicollinearity and no interaction; Hosmer-Lemeshow test, *p*-value = 0.072; Classification Table 92.3% correctly classified; area under ROC curve 73.5%.

4. Discussion

The incidence of measles in Pahang varied over the course of five years. In 2019,

- A study of measles outbreaks in Bihar revealed a slightly higher case fatality rate in the vaccinated population compared to the unvaccinated population

Figure 10 - Measles case fatality rate by vaccination status based on 16 outbreaks in Bihar

Table 2. Measles case fatality rate by selected variables, in 16 outbreaks, Bihar, India, October 2011 to April 2012.

Variable	Measles cases (%)	Measles associated death	Adjusted CFR (%) (95% CI)	Odds Ratio (95% CI)	<i>p</i>
All	3670	28	0.78 (0.47-1.30)		
Measles vaccination status					
Vaccinated	988 (26.9)	7	0.83 (0.36-1.90)	1	
Not vaccinated/Unknown*	2682 (73.1)	21	0.77 (0.48-1.21)	0.92 (0.50-1.71)	0.783

- In a measles outbreak in Dhankutta, Nepal, all patients were fully immunized. Other studies from Nepal revealed poor vaccine efficacy.
- **Zero efficacy for babies under 9 months:** A study from South India showed vaccine efficacy was ZERO for babies under 9 months of age. ¹⁰

¹⁰References: Section 3

The purpose of this section is to explore possible alternatives to vaccination. The information here should not be construed as medical advice. The purpose is to review literature and assess if there are other avenues that can possibly be considered safer alternatives to vaccination, and help build natural immunity which as we have argued is lifelong and has other health benefits.

4.1 Traditional Chinese Medicine

- ❖ A hospital treating 671 measles patients using Traditional Chinese methods (First People's Hospital in Chang-chia-k'ou) reported a 63-67% reduction in progression to pneumonia compared to 2 other controls. The death rate of 6.1% was lower than the 10%-20% prevalent then.
- ❖ Of 1,316 cases of measles treated in Fu-chou, a comparison was made of the therapeutic efficacy of Chinese and Western medicines in secondary infections, with a resulting death rate of 3.64% in the group treated with Chinese medicines, and 13.9% in the group treated with Western medicines, a reduction of 73%.
- ❖ 3 different observations of comparison between Combined Traditional & Western medicine methods, compared to only Western medicine methods, in treatment of measles, demonstrated a 60%-70% reduction in death rate.
- ❖ Prophylaxis: The preventative effect of 3 different herbs (used individually, not in combination) - *Lithospermum officinale*, Lei-chi Powder, and *Aspidium falcatum* was published - and efficacy rates in the range of 37% to as high as 90% were observed.
- ❖ A Cochrane review acknowledged that a large number of relevant studies that showed benefits of traditional Chinese medicine in a clinical setting were published. Although high quality RCTs were recommended, the review did acknowledge that further research seemed justified given the claims of doctors and the prevalence of TCM in treatment of measles.¹¹

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¹¹ References – Section 4.1 Traditional Chinese Medicine

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4.2 Homeopathy

- ❖ Homeoprophylaxis is an alternate method of immunization against infectious diseases, in the system of homeopathy, reportedly in use for over 200 years. This particular article observed that a small observational study had inferred 90% effectiveness of homeoprophylaxis against 7 infectious diseases including measles. It also observed improved long term health outcomes compared to conventional vaccination.
- ❖ Another observation on homeoprophylaxis (HP) made by Dr. Golden was that proportion of children who contracted measles and underwent both vaccination and HP (labeled All HP in the table below) was significantly higher, compared to children who only underwent HP. (labeled HP only in the table below) ¹²

Figure 11 - Homeoprophylaxis: Findings of Dr. Golden

Table 1: Comparison of HP Use, Program Supplied/Not Supplied by Golden

	All HP		HP Only	
	Golden	Not Golden	Golden	Not Golden
Number of Respondents	59	100	25	47
HP only	42.4%	47.0%		
Vaccination Also	33.9%	31.0%		
General protection Also	44.1%	42.0%		
Proportion with Asthma	5.1%	16.0%	0.0%	4.3%
Proportion with Eczema	17.0%	20.0%	4.0%	12.8%
Proportion with Ear/Hearing	15.3%	26.0%	8.0%	21.3%
Proportion with Allergies	23.7%	29.0%	16.0%	12.8%
Proportion with Behavioral issues	8.5%	12.0%	0.0%	6.4%
Proportion with Measles	6.8%	18.0%	0.0%	12.8%
Proportion with Whooping cough	10.2%	17.0%	0.0%	17.0%
Proportion with Mumps	1.7%	1.0%	0.0%	0.0%

4.3 Traditional Persian/Iranian Medicine

There is some literature to indicate that measles was treated using herbs orally and topically in the practice of Traditional Persian/Iranian medicine. It is suggested that given the available literature, safety & efficacy studies should be carried out to validate the recommendations in the literature.

¹² References for section 4.2 – Homeopathy

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Figure 12 - Traditional Iranian Medicine recommendations

Table-1: Some of Diet and Maintenance Therapy of Measles in Traditional Iranian Medicine

Type of Recommendation	Recommendation	Comments
General	Venesection	only in patients with blood congestion
	Smelling the scenes with cold temperament	such as: sandalwood and camphor
	Avoidance from: Bathing, sexual intercourse and walking in hot weather	
Nutritional	Using foods, fruits, vegetables and herbs with cold nature	such as: lentils, cabbage, cilantro, lettuce, poppy, etc.
	Prescription of laxatives	such as: fresh or soaked plums in rose water and sugar
	Avoidance from: Milk, manna, wine, dates, honey, wine and sweets (eating)	
Topical	Gargling with sour pomegranate juice	
	Body massage	
	Sweating	
	Fumigating chamomile, nightshade, violet and mallow	
	Washing the face or body with cold water	

4.4 Early treatment

Treatment of the average attack of measles in the well-fed involves no more than good nursing at home, with attention to fluid and food intake, and keeping the eyes and mouth clean.

The importance of nutrition, hydration, and good general nursing care during any illness came to be appreciated and, along with the improved nutrition of children, led to better survival from measles. Rampant malnutrition is one of the major reasons measles mortalities remains so high in developing countries. The greater part of the decrease in infant mortality in Britain and Europe took place through social revolution, which improved nutrition, housing, and child care, before the discovery of vaccines and antibiotics.¹³

¹³ References: Sections 4.3 to 4.6

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Figure 13 - Infant Mortality: England & Wales

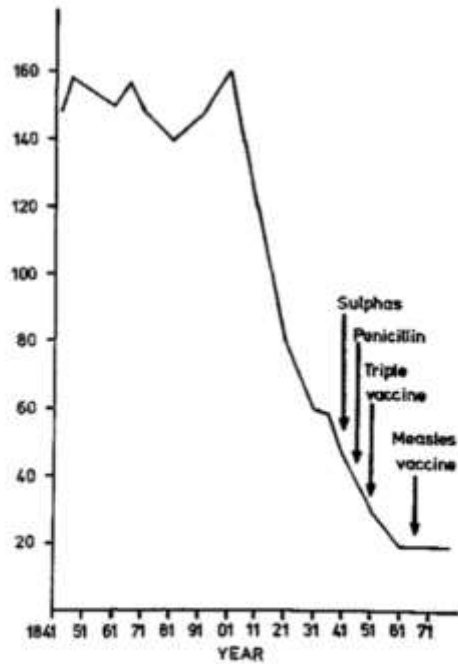


Figure 10: INFANT MORTALITY : ENGLAND AND WALES

Vitamin A

Vitamin A deficiency, for example, is a known risk factor for complications from measles. High dose vitamin A is shown to be helpful in treating severe measles among children

- A study from Bihar observed that case fatality ratio was ~90% lower among measles cases who were given vitamin A during illness.
- A study of children hospitalized due to measles complicated by pneumonia, diarrhea or croup, in South Africa, observed that vitamin A reduced risk of death by almost half, and also resulted in faster recovery times.
- A Cochrane review of multiple studies observed that 2 doses of vitamin A (200,000 IU) reduced the risk of mortality in children under 2 years of age by ~80%.

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4.5 Traditional African Medicine

- A study observed that 4 out of 13 medicinal plant extracts used in the diet of the Maasai community in Africa exhibited antiviral activity in vitro against measles virus.
- A survey of 20 herbalists, herb sellers and old people with privileged information in Nigeria, identified 23 medicinal plants used in the treatment of measles. While the safety & efficacy information associated with these treatments is unavailable, it is suggested that safety & efficacy studies be carried out to validate the recommendations in such traditional systems.

Figure 14 - Traditional African Medicine: Medicinal plants recommended by practitioners

Table 1
Medicinal plants used in the treatment of measles.

S/N	Botanical name	Family	Local name	Plant part used
1.	<i>Aframomum melegueta</i> K. Schum.	Zingiberaceae	Ataare	Seeds
2.	<i>Argemone mexicana</i> L.	Papaveraceae	Maflowokanmomi	Whole plant
3.	<i>Bambusa vulgaris</i> Schrad. ex J.C. Wendl.	Poaceae	Oparun	Leaves
4.	<i>Butyrospermum paradoxum</i> (C. F. Gaertn.) Hepper	Sapotaceae	Ori	Fruits
5.	<i>Caesalpinia bonduc</i> (L.) Roxb.	Leguminosae	Ayoo	Leaves
6.	<i>Capsicum frutescens</i> L.	Solanaceae	Ata wewe	Seeds
7.	<i>Citrullus colocynthis</i> (L.) Schrad.	Cucurbitaceae	Tagiri	Seeds
8.	<i>Cochorus olitorius</i> L.	Tiliaceae	Ewedu	Whole plant
9.	<i>Deinbollia pinnata</i> (Poir.) Schumacher & Thonn.	Sapindaceae	Ogiri	Seeds
10.	<i>Dioscorea rotunda</i> Poir.	Dioscoreaceae	Iso-igo	Leaves
11.	<i>Elaeis guineensis</i> Jacq.	Palmae	Eyin	
12.	<i>Elytraria marginata</i> Vahl	Acanthaceae	Eso	Leaves
13.	<i>Loranthus</i> L. spp.	Loranthaceae	Etu	Leaves
14.	<i>Momordica augustiseptala</i> L.	Cucurbitaceae	Kankan	Bark
15.	<i>Momordica charantia</i> L.	Cucurbitaceae	Ejinrin	Whole plant
16.	<i>Newbouldia laevis</i> (P. Beauv.) Seem. ex Bureau	Bignoniaceae	Akoko	Leaves
17.	<i>Ocimum gratissimum</i> L.	Labiatae	Efinrin	Leaves
18.	<i>Peperomia pellucida</i> (L.) Humb., Bonpl. & Kunth	Piperaceae	Renren	Whole plant
19.	<i>Piper guineensis</i> Schumacher & Thonn	Piperaceae	Iyere	Seeds
20.	<i>Raphia hookeri</i> P. Beauv.	Palmae	Oguro	Latex
21.	<i>Secamone afzeli</i> (Schult.) K. Schum	Asclepiadaceae	Ailu	Leaves
22.	<i>Senna occidentalis</i> (L.) Link	Leguminosae	Rere	Leaves
23.	<i>Veronica amygdalifolia</i> Del.	Asteraceae	Ewuto	Leaves

4.6 Ayurvedic Supplements & Herbs for measles

As per Ayurveda, Measles is considered as '*Romantika*' referring to the disease seen in the pores of the skin. It occurs due to *dosha vridhhi* (vitiation of doshas), *dosha prakopa* (overflow of doshas) and *strotavaigunya* (etiological vectors in tissues) respectively. These lead to the classical infection and tissue invasion for which cell injury takes place and causes *dhatu avarana* (enwrapment of tissues) and *dhatu kshaya* (loss of tissues), with the initiation of the diseases.

Treatment described in Ayurveda has dual roles, cures the patient from illness as well as prevents its spread to others. Preventive and curative measures includes medicated water bath, oral rinse with medicated water, herbal decoctions for oral administration, topical application of medicated paste of herbs, promotion of immune health by immune modulator or drugs and fumigation of surroundings.

Curative treatment continues for bodily purification by adding therapeutic purgation and therapeutic emesis which eliminate toxins present in body.

Itching over the body is taken care by application of a paste all over the body.

Prevention of contamination by self-isolation and the necessity of maintaining absolute hygiene are clearly written as very essential and important. Prevention of outspread is controlled by Fumigation

Prawal pishti, swarnamakshik bhasma and kasturi bhirav ras are very useful ayurvedic treatment for measles.

- Prawal Pishti

- Swarnamakshik Bhasma
- Kasturi Bhairav Ras

Suvarna prashan is an ayurvedic medicine for children 0- 15 years mainly given to increase immunity, recurrent illness, concentration, and memory. Suvarnaprashan is given to children in morning daily/ on every pushya nakshatra for at least one year. It is administered orally on an empty stomach, preferably in the early morning. It can be given from birth up to 16 years of age. It is given with clarified butter and honey in a dose of two drops up to 6 months and four drops after 6 months. It can be given daily for a minimum of 30 days and maximum of 180 days. The dosage is to be taken strictly under the observation of a Vaidya.

Some herbs for treating symptoms include

- Neem – Neem leaves are full of antiviral properties and they can prevent further infections and reduce infections from spreading to other members of the house.
- Mint – Mint can be made into a paste and applied directly to the measles rash.
- Sandalwood – Sandalwood gives great relief when applied on itchy rashes and keeps the skin protected. It has antiviral properties which prevent further infections.
- Ginger – Ginger has anti-inflammatory agents in it which helps reduce the onset of fevers.
- Lemon – Lemon is a good source of vitamin C and helps in clearing the skin of rashes.
- Indian Grass – Indian Grass has a cooling effect on skin and it can reduce fever due to measles.
- Saffron – saffron has soothing properties when applied directly to the measles rashes.
- Clove – clove oil is often used as painkiller if the measles rashes turn painful
- Bitter gourd
- Barley
- Aloe Vera

Disclaimer: *The information is presented for educational purposes only. It is not intended as a substitute for the diagnosis, treatment, or advice of a qualified, licensed medical professional. The facts presented are offered as information only, not medical advice, and in no way should anyone infer that we are practicing medicine. Seek the advice of a medical professional for proper application of this material to any specific situation.*

Conclusion: The published literature makes a compelling case for research into integrating methods of treatment from other verticals of treatment, and also calls into question the widespread belief that herd immunity through vaccination, of questionable safety and efficacy, is the only way of reducing community prevalence of measles.

The general notion accepted in the medical community is that measles vaccination has been the primary driver behind eradication of measles. However, for this statement to hold true, the following conditions should hold true

- No evidence that measles was a major public health issue prior to launch of mass vaccinations.
- No evidence of declining trend in measles mortality prior to launch of mass vaccinations.
- No evidence of major outbreaks after the launch of mass vaccinations.
- A drop in disease incidence despite lack of widespread natural immunity.
- No evidence that other factors such as improved sanitation and reduction in malnutrition may have caused the decline.

We will demonstrate in the examples below, that at least one of the above conditions is not fulfilled in each example.¹⁴

Specifically, the examples below will demonstrate

- A declining trend in measles incidence or mortality in countries like US, Canada, UK, Australia, France, Japan, East Germany & West Germany prior to the launch of mass vaccinations. The decline was quite significant (over 90% in many countries) even before the launch of mass vaccinations. Given that these declines happened in the absence of vaccination, it's reasonable to attribute the declines to a combination of factors including improvements in sanitation, reduction in malnutrition and gradually increasing population wide natural immunity.
- Several countries launched mass measles immunization programs following the introduction of WHO's EPI (Expanded program for immunization) in 1974. As will be shown below, massive measles outbreaks were observed in several countries after the launch of mass vaccinations. Some countries experienced their worst outbreaks after a vast majority of the population was already vaccinated. While disease incidence did eventually decline, it is reasonable to hypothesize that robust natural immunity had developed in a sizable proportion of the population following these outbreaks. No information has been made available by WHO about population wide natural immunity. On what basis can the decline be attributed to vaccination?

5.1 US

From 1950 to 1955, measles death rate in US declined by almost 98%, in the absence of any measles vaccination.

¹⁴ References: Section 5

- Sinclair, Ian. *Vaccination: The Hidden Facts*. 1992, URL: https://ia601707.us.archive.org/2/items/sinclair-ian-vaccination-the-hidden-facts_202012/Sinclair%20Ian%20-%20Vaccination%20The%20hidden%20facts.pdf
- "Measles in Canada--1986 Update." *CMAJ : Canadian Medical Association Journal = Journal de l'Association Medicale Canadienne*, vol. 135, no. 5, 1986, pp. 499–501, www.ncbi.nlm.nih.gov/pmc/articles/PMC1491555/. Accessed 22 Apr. 2023.
- Infectious Agents Surveillance report, Vol 22, No 11, URL : <http://idsc.nih.go.jp/iasr/22/261/tpc261.html>
- Hellenbrand, Wiebke, et al. "Progress toward Measles Elimination in Germany." *The Journal of Infectious Diseases*, vol. 187, no. s1, 15 May 2003, pp. S208–S216, <https://doi.org/10.1086/368046>. Accessed 21 Jan. 2021.
- Link for charts from ourworldindata.com: <https://ourworldindata.org/grapher/reported-cases-of-measles?country=~IND>
- South Korea Image Source: https://www.researchgate.net/figure/Incidence-of-measles-by-year-in-South-Korea-1963-2010_fig1_340301293
- France Image Source: <https://dissolvingillusions.com/graphs-images/>

Figure 15 - US: Measles Mortality Rate

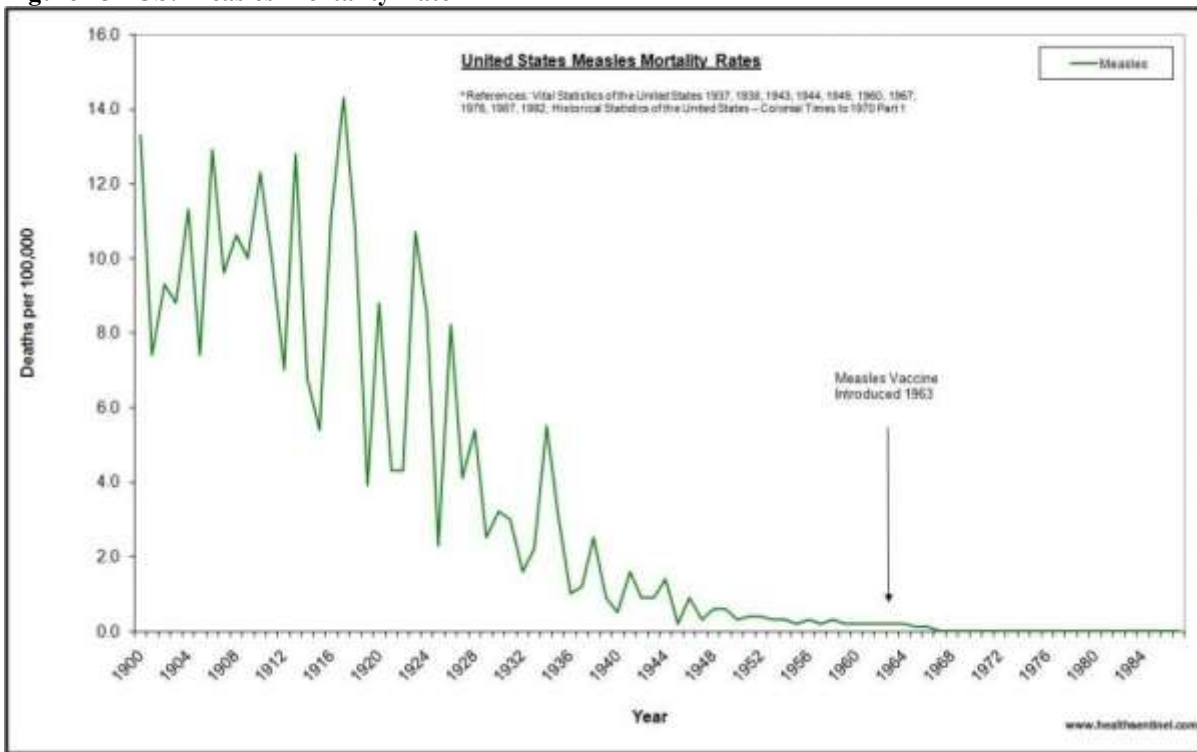
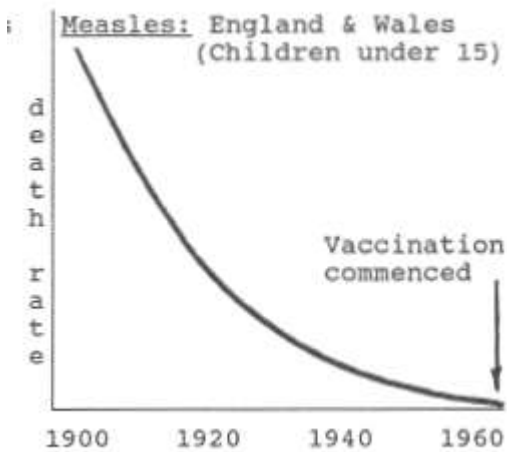


Image from healthsentinel.com

5.2 UK

In England, measles death rate declined by almost 99%, prior to the launch of mass vaccinations

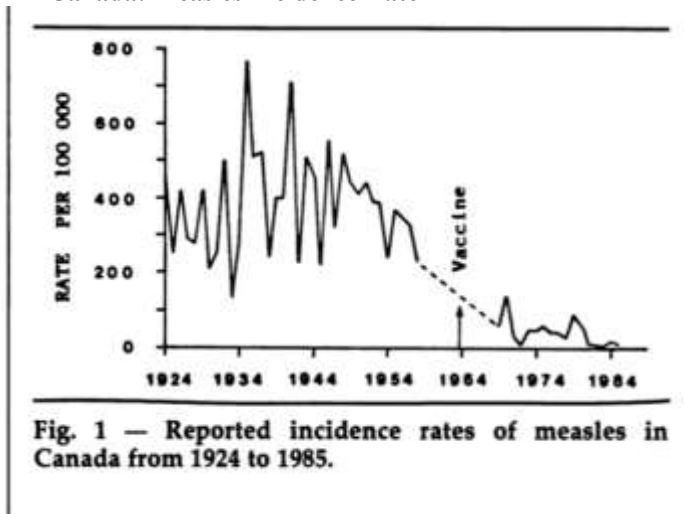
Figure 16 - England: Measles mortality rate (Children under 15)



5.3 Canada

In Canada, measles incidence had declined over 80% prior to the launch of the vaccine

Figure 17 - Canada: Measles Incidence Rate

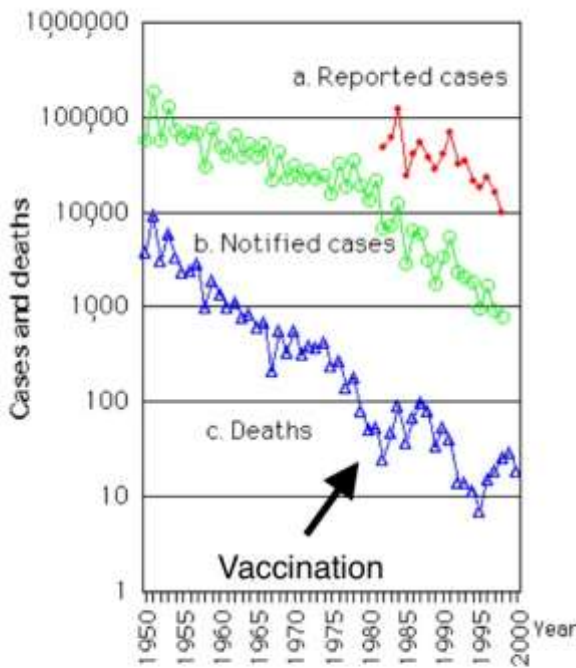


5.4 Japan

Measles mortality declined 99% prior to vaccine being part of routine immunization.

Figure 18 - Japan: Measles mortality rate

Figure 1. Incidence of Measles in Japan, 1950-2000



- a. National Epidemiological Surveillance of Infectious Diseases (old system)
- b. Statistics on Communicable Diseases in Japan
- c. Vital Statistics of Japan



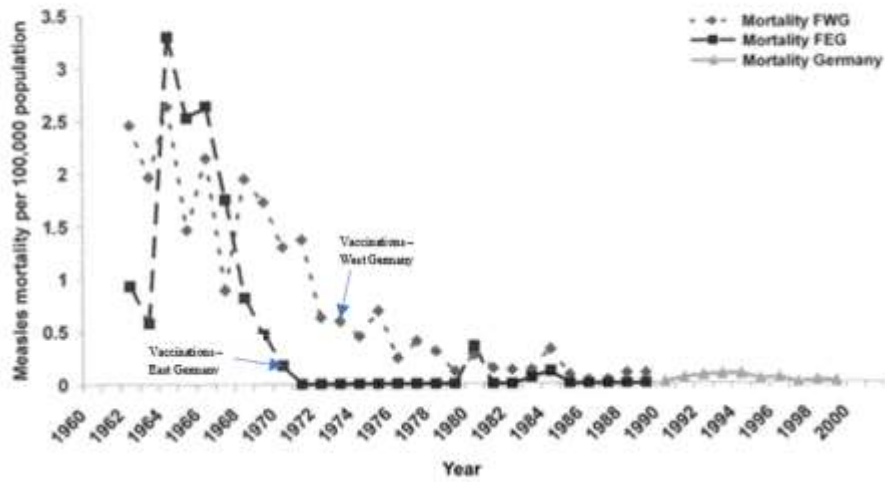
5.5 Germany

Prior to launch of mass vaccinations:

- East Germany: Mortality rate declined by ~90%
- West Germany: Mortality rate declined by ~80%

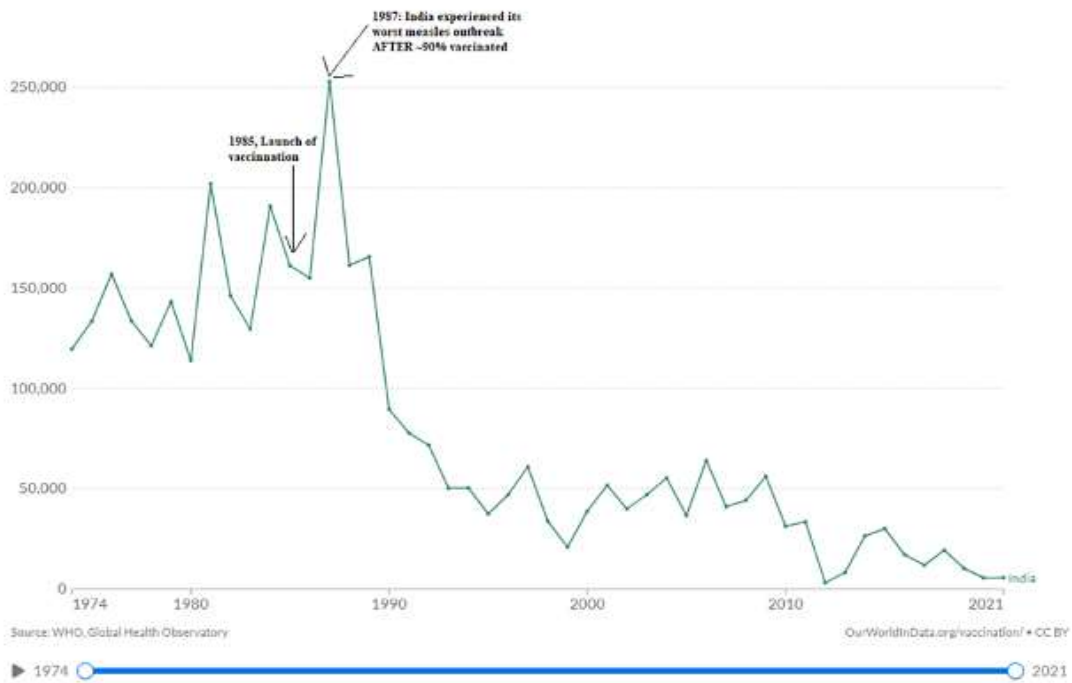
Figure 19 - Germany: Historical measles mortality rate

Figure 1.



5.6 India

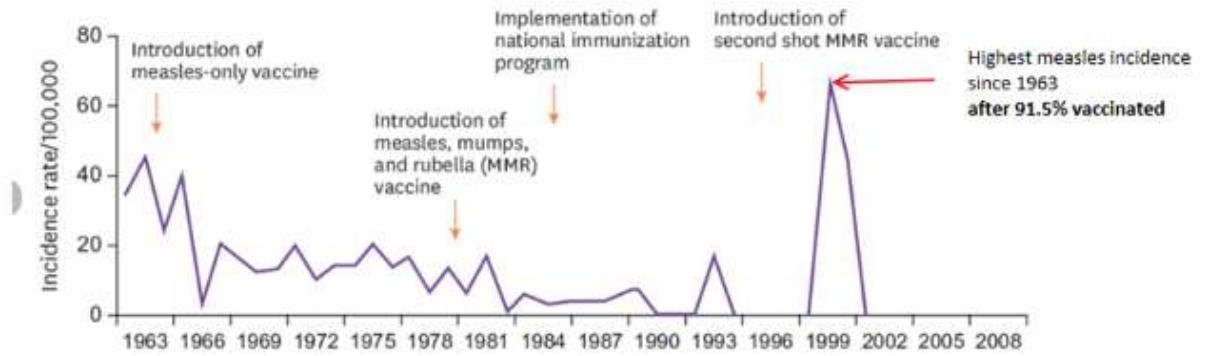
Figure 20 - India: Historical measles incidence rate



Source: <https://ourworldindata.org/grapher/reported-cases-of-measles?country=~IND>

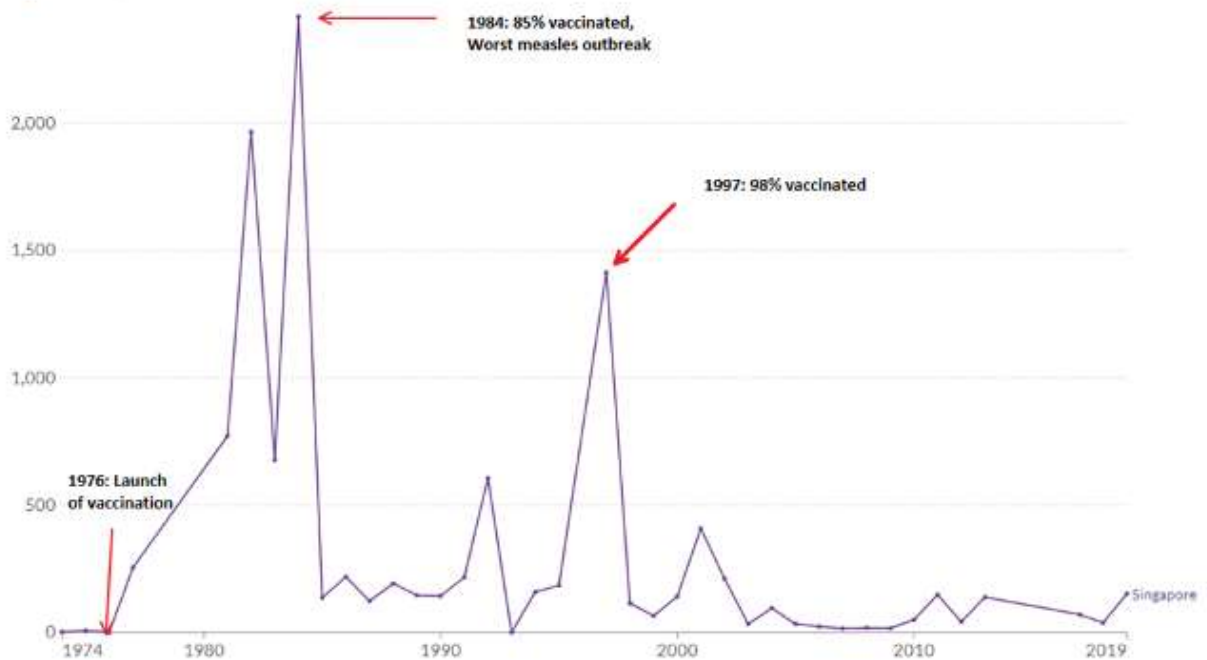
5.7 South Korea

Figure 21 - South Korea: Historical measles incidence



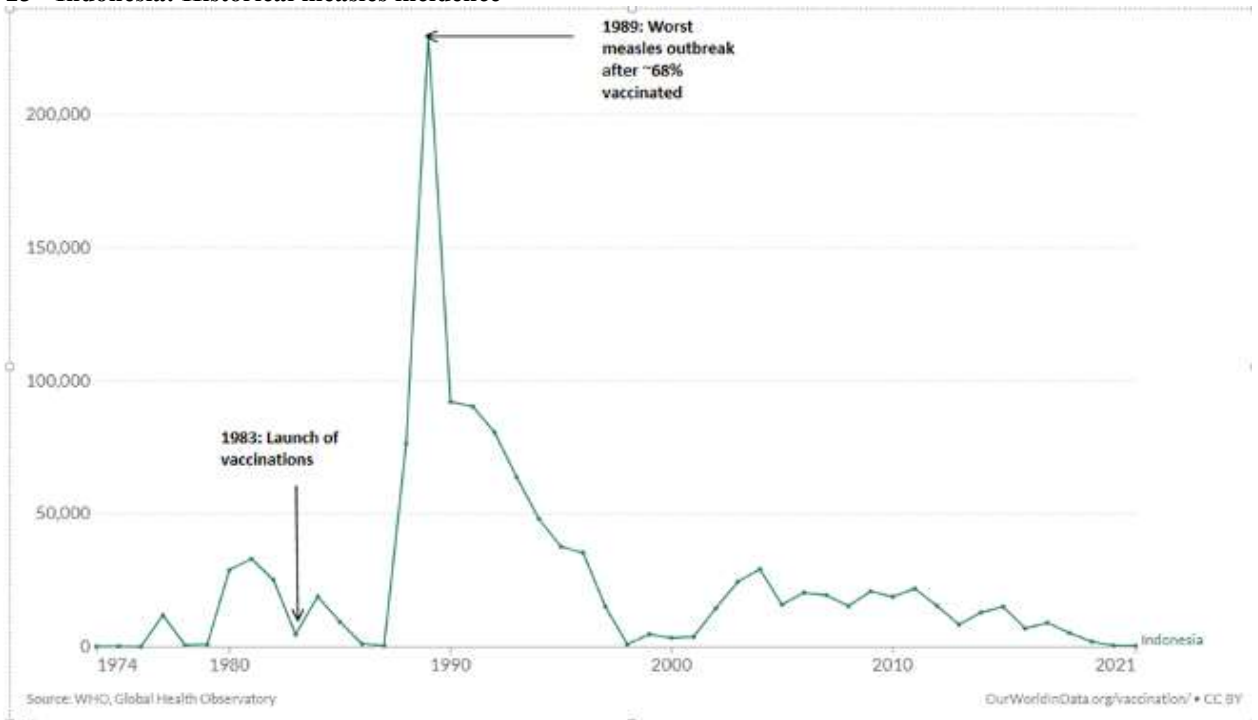
5.8 Singapore

Figure 22 - Singapore - Historical measles incidence



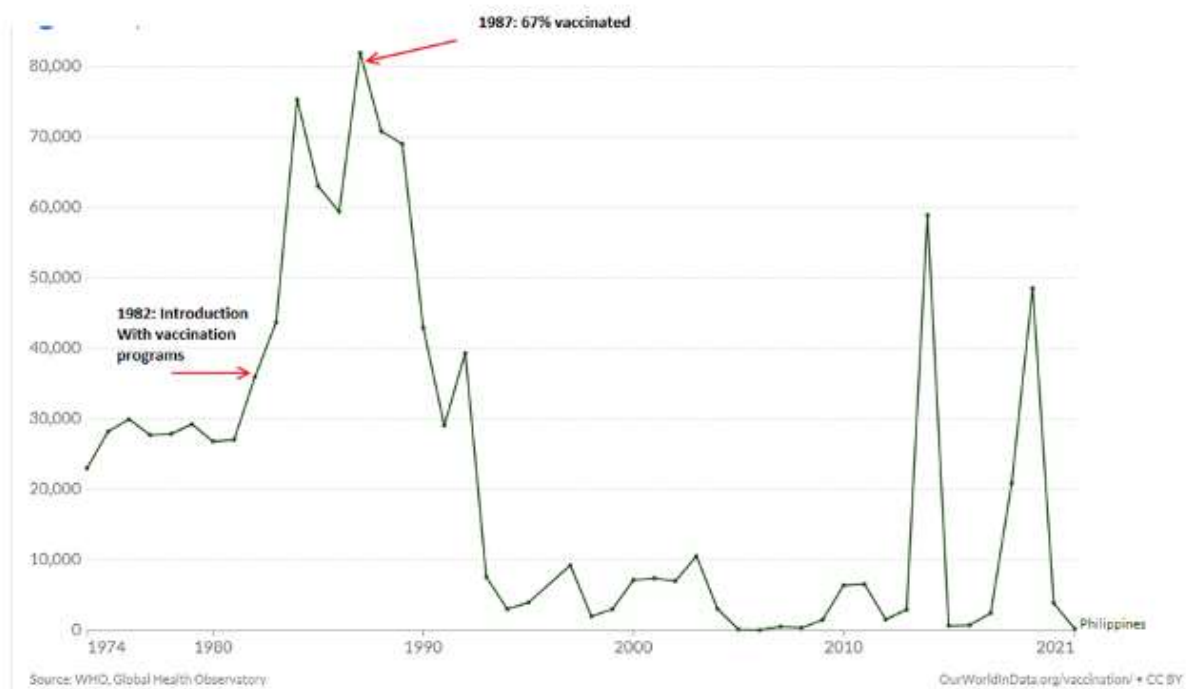
5.9 Indonesia

Figure 23 - Indonesia: Historical measles incidence



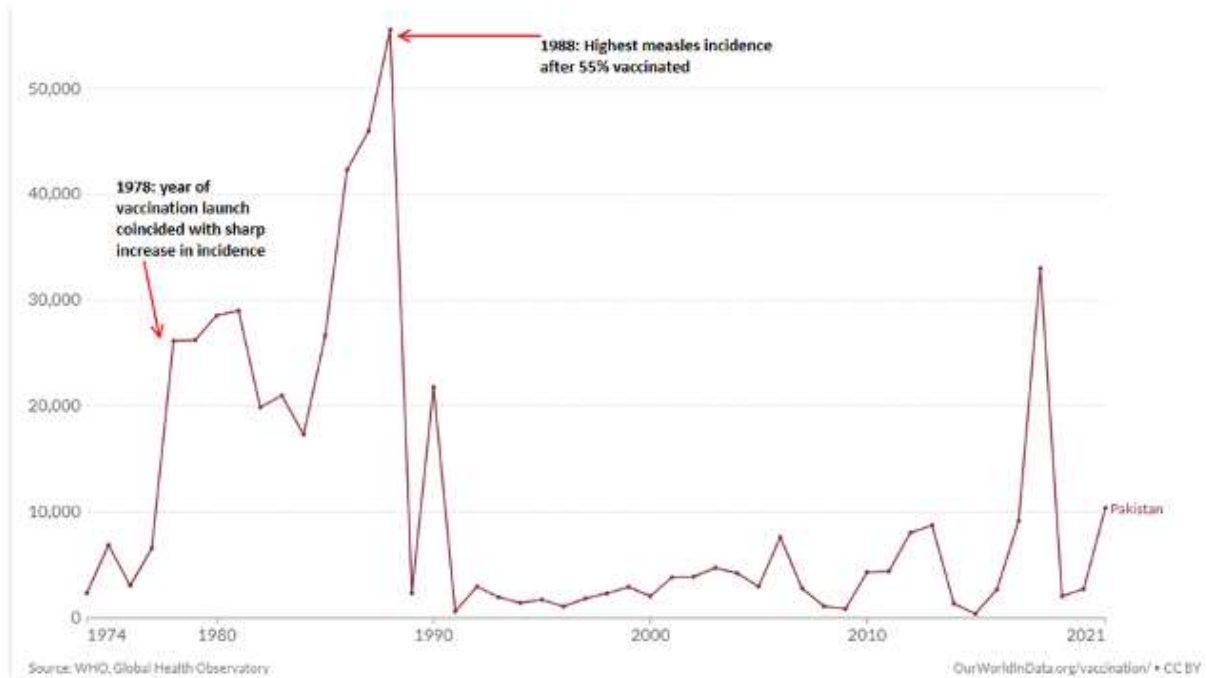
5.10 Philippines

Figure 24 - Philippines: Historical measles incidence



5.11 Pakistan

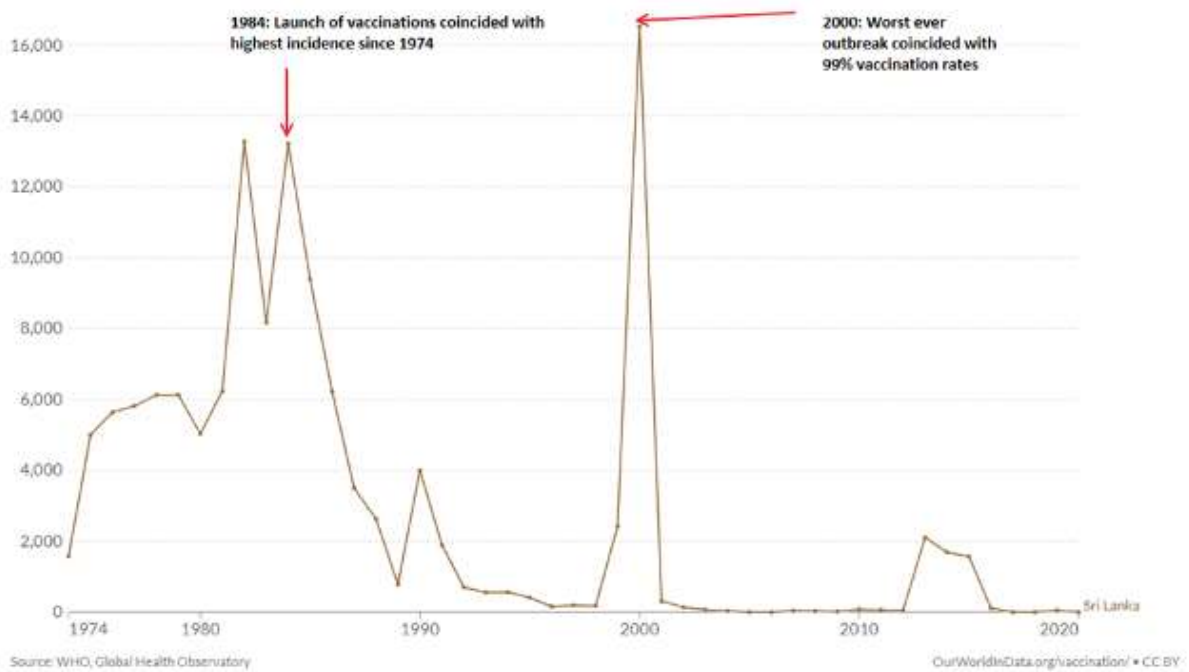
Figure 25 - Pakistan: Historical measles incidence



5.12 Sri Lanka

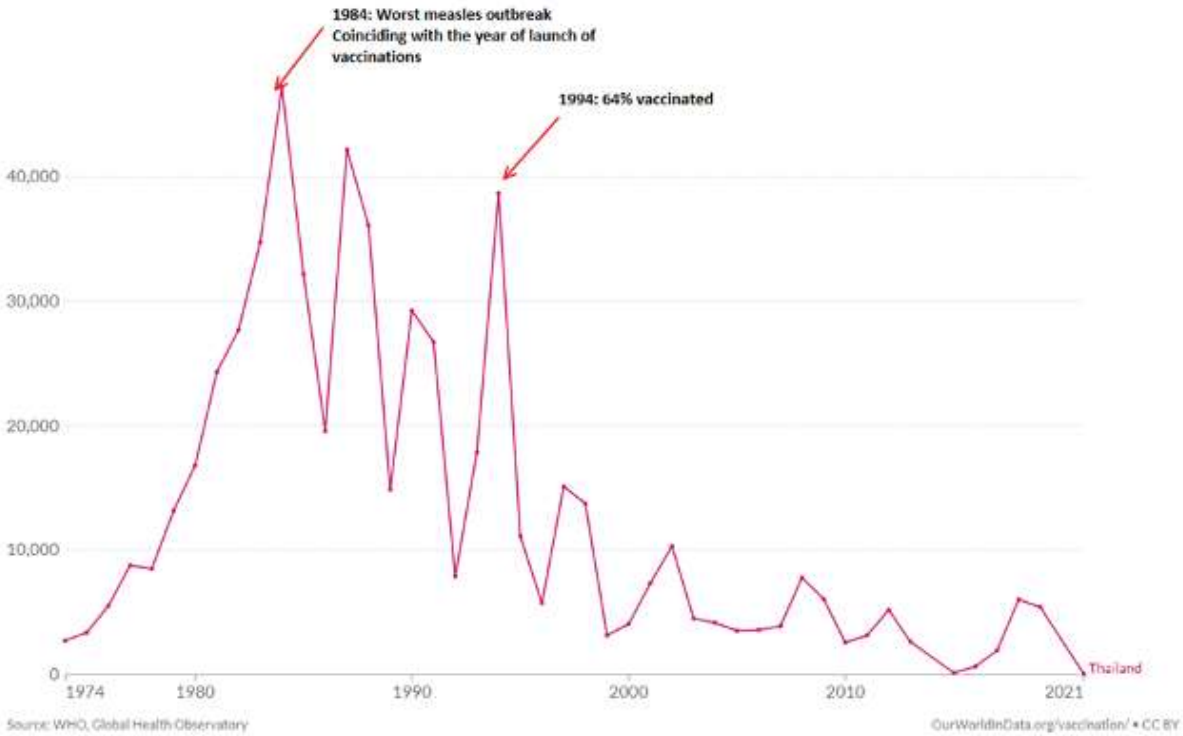
Measles outbreaks exacerbated after launch of mass vaccinations. In Sri Lanka, worst measles outbreaks since 1974 occurred despite 99% vaccination coverage.

Figure 26 - Sri Lanka: Historical measles incidence



5.13 Thailand

Figure 27 - Thailand: Historical Measles Incidence

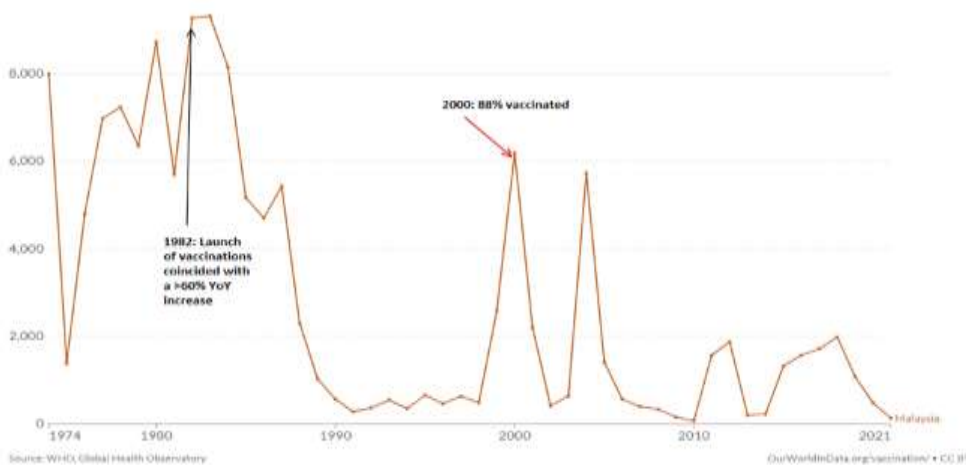


5.14 Malaysia

After over 95% coverage

- Incidence increased 10-fold over a period of 5 years
- Unvaccinated least likely to contract measles
- Single dose recipients four times more likely to contract measles

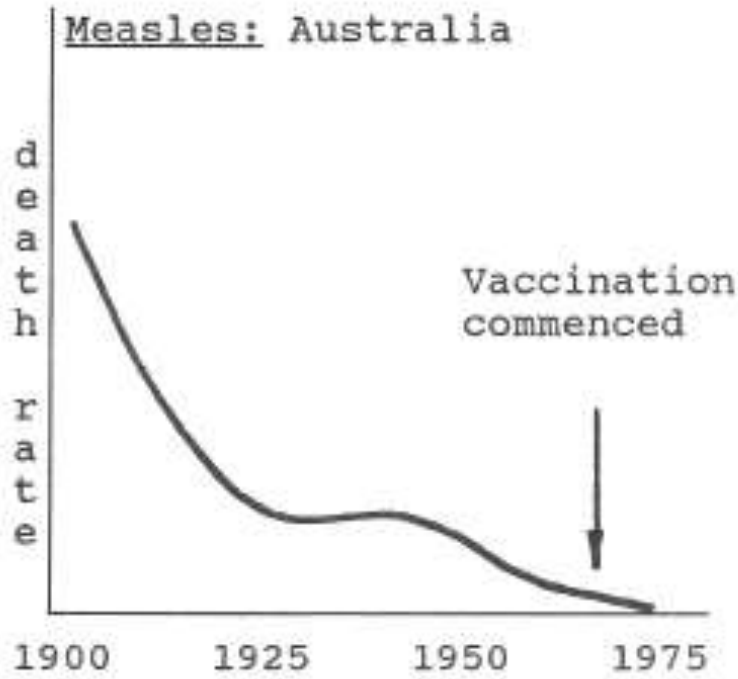
Figure 28 - Malaysia: Historical measles incidence



5.15 Australia

Measles mortality had declined by ~95% prior to launch of mass vaccinations.

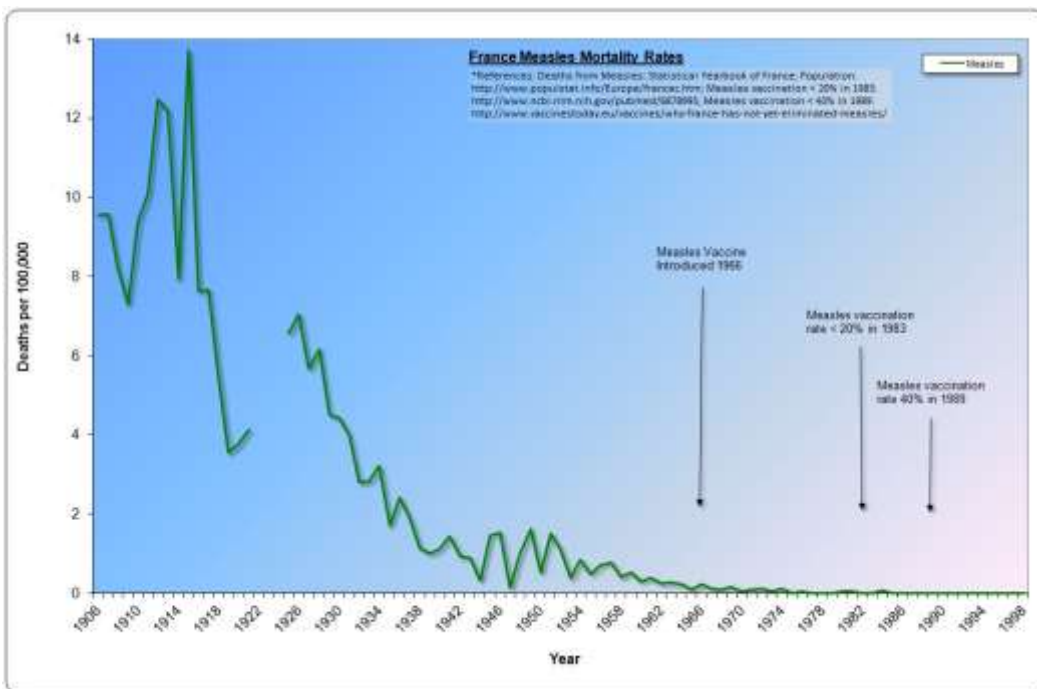
Figure 29 - Australia: Historical measles mortality



5.16 France

Measles mortality had declined by over 95% prior to the introduction of the vaccines.

Figure 30 - France: Historical measles mortality rate



6 LAWSUITS

1. UK, 2010: Court ordered 90,000 pounds in compensation after a 13 month child was left severely brain damaged after the MMR shots. *(Delgado, 2010)*
2. US, 1998: Court ordered over 795,000 USD in compensation after an 18-month child suffered permanent neurological damage as a result of encephalitis caused by the MMR vaccine. *(Superior Court of Pennsylvania, 1998)*
3. US, 2021: Court ordered over 79,000 USD in compensation for a minor who suffered from an infected sinus tract fistula/abscess following the MMRV shot. *(United States Court of Federal Claims, 2021)*
4. US, 2006: Court ordered over 800,000 USD in compensation to the estate of a woman who had died as a result of injuries from the MMR shot. *(United States Court of Appeals, Federal Circuit, 2008)*
5. US, 2011: Court ordered over 473,000 USD plus an undisclosed sum in compensation after a 1 year old suffered severe cognitive & developmental disabilities following MMRV shot. *(UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLORADO, 2020)*
6. US, 2017: After 17 year legal battle in multiple courts, court finally acknowledged MMR shot as the cause of autoimmune encephalopathy in a child and ordered compensation. *(United States Court of Federal Claims, 2017)*
7. US, 2018: Court ordered USD 101 million in compensation (including annuities) after a 1 year old child suffered multiple injuries following the MMRV shots. *(mctlaw, 2018)*
8. Japan: Families were compensated after courts determined that serious adverse reactions were caused by MMR vaccine administered 1989 to 1993 *(Doward, 2004).*
9. India: Delhi High Court ruled that despite mass vaccination campaigns, all parents's explicit consent was required, there's no notion of implied consent. It also directed the Delhi government to publish risks in every¹⁵

7 MEDIA REPORTS OF VACCINE INJURY FROM INDIA

- 1989: 4 children died after being administered polio, measles and DPT vaccine.¹⁶
- 1995: 3 children died following a measles vaccination drive in a district in West Bengal.¹⁷
- 2008:
 - Tamil Nadu: 8 children died after measles vaccination.¹⁸
 - Gandhidham, Gujarat: 4 children died following administration of the measles vaccine.¹⁹

¹⁵ Refernces – Section 6

- Superior Court of Pennsylvania. (1998, October 6). *Harman v. Borah*. Retrieved from casetext.com: <https://casetext.com/case/harman-v-borah-3>
- United States Court of Appeals, Federal Circuit. (2008, February 12). *Zatuchni v. Human Services*. Retrieved from casetext.com: <https://casetext.com/case/zatuchni-v-human-services>
- United States Court of Federal Claims. (2017, February 27th). *Moriarty v. Secretary of Health and Human Services*. Retrieved from courtlistener.com: <https://www.courtlistener.com/opinion/4371458/moriarty-v-secretary-of-health-and-human-services/>
- United States Court of Federal Claims. (2021, May 24). *Ugialoro v. Secretary of Health and Human Services*. Retrieved from casetext.com: <https://casetext.com/case/ugialoro-v-secretary-of-health-and-human-services>
- UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLORADO. (2020, December 4). *J.G. v. Bimestefer*. Retrieved from casetext.com: <https://casetext.com/case/jg-v-bimestefe>
- <https://www.livelaw.in/news-updates/no-measles-rubella-vaccination-on-children-without-consent-orders-delhi-hc-142150>

¹⁶ <https://indiankanoon.org/doc/14151/>

¹⁷ <https://www.indiatoday.in/magazine/living/story/19950430-death-of-3-children-hospitalisation-of-40-highlights-sorry-state-west-bengal-health-service-807202-1995-04-29>

¹⁸ https://groups-google-com.translate.google/g/panbudan/c/Krc-WysE9Uc/m/gUcESXtNrJEJ?_x_tr_sl=auto&_x_tr_tl=en&_x_tr_hl=en-US&_x_tr_pto=wapp

¹⁹ <https://www.divyabhaskar.co.in/news/GUJ-1268368-1942327.html>

- Assam: 4 infants died following administration of the measles vaccine. ²⁰
- 2010:
 - Damoh Nagar, Madhya Pradesh : 4 children died & 11 were hospitalized following administration of the measles vaccine. ²¹
 - Mohanlal Gang, UP: 5 children died following administration of the measles vaccine. ²²
- 2011: Kutch: 4 children died after administration of measles vaccine. ²³
- 2012: Assam: Child suffered permanent disabilities following administration of the DPT, measles & OPV vaccines. ²⁴
- 2013:
 - Tilluvar, Tamil Nadu: 4 children died following measles vaccination. ²⁵
 - Aurangabad, Maharashtra: 6 children died following measles vaccination. ²⁶
- 2014: Fatehpur: 2 children died and 20 were hospitalized following administration of the measles vaccine. ²⁷
- 2016: Baliya, UP: 1 year child no more following measles vaccination. ²⁸
- 2017:
 - 4 children died & 1 was critical following administration of multiple vaccines including measles in Palamu, Bihar. ²⁹
 - Puducherry: 16 students hospitalized following MR vaccine. ³⁰
 - Bageshwar, UP: 21 children sick following MR vaccine. ³¹

²⁰ <http://archive.indianexpress.com/news/assam-denies-vaccine-to-blame-for-infant-deaths/377175/>

²¹

https://m-hindi.webdunia.com/madhya-pradesh-chhattisgarh/%E0%A4%96%E0%A4%B8%E0%A4%B0%E0%A5%87-%E0%A4%95%E0%A5%87-%E0%A4%9F%E0%A5%80%E0%A4%95%E0%A5%87-%E0%A4%B8%E0%A5%87-%E0%A4%9A%E0%A4%BE%E0%A4%B0-%E0%A4%AC%E0%A4%9A%E0%A5%8D%E0%A4%9A%E0%A5%8B%E0%A4%82-%E0%A4%95%E0%A5%80-%E0%A4%AE%E0%A5%8C%E0%A4%A4-110031400089_1.htm

²² <https://indiankanoon.org/doc/9004555/>

²³ <https://www.technet-21.org/en/community/discussions/deaths-due-to-vaccination-need-intense-investigations-in-india>

<https://www.dnaindia.com/india/report-four-infants-die-after-vaccination-in-gujarat-town-1520755>

²⁴ <https://indiankanoon.org/doc/9004555/>

²⁵ <https://www.dnaindia.com/india/report-new-delhi-team-investigates-measles-vaccine-deaths-1161365>

²⁶ https://www.dnaindia.com/india/report-measles-vaccine-issue-team-rushed-to-aurangabad-1194192#error=login_required&state=efc24721-c7fd-44e1-a211-02c97d468fd4

²⁷ https://main.mohfw.gov.in/sites/default/files/1_Final_Fatehpur_AEFI_cluster_de%20-%20Copy%201.pdf

²⁸ <https://www.jagran.com/uttar-pradesh/ballia-14894423.html>

²⁹ <https://www.bhaskar.com/news/latest-ranchi-news-033503-1432429.html>

³⁰ <https://timesofindia.indiatimes.com/city/puducherry/puducherry-health-officials-ally-fears-after-16-students-administered-with-mr-vaccine-complain-of-giddiness/articleshow/57020844.cms>

³¹ <https://timesofindia.indiatimes.com/city/dehradun/-20-children-in-bageshwar-fall-sick-after-measles->

- Muzaffarpur, Bihar: 2 babies died and a dozen seriously ill following administration of the measles vaccination.³²
- 2018:
 - Beed: 9 month old infant no more following administration of the vaccine.³³
 - Deaths of 5 children following Measles Rubella vaccination were reported from UP, Punjab & Gujarat. There were reports of hundreds of children falling sick after the vaccine.³⁴
 - Pune, 7 children fell sick after measles-rubella shot.³⁵
 - 5 children died following measles rubella vaccination from various places in India.³⁶
 - Punjab: Several children hospitalized, 1 died following Measles Rubella vaccination.³⁷
 - UP: Child died following administration of the measles rubella vaccination.³⁸
 - Ranchi: Several children hospitalized, 6 no more after administration of multiple vaccines including measles.³⁹
 - Tamil; Nadu: 5 year old child died following measles vaccination.⁴⁰
 - Gujarat: 13 year old girl no more following MR vaccination in Kothara, Gujarat.⁴¹
 - Valsad/Surat: 5 year old died after receiving MR vaccine.⁴²
 - Pune (Nov 2018 to Jan 2019): 27 children complained of side effects following MR vaccine drive.⁴³

rubella-vaccination/articleshow/61424547.cms

³² <http://www.deshvani.in/news/muzaffarpur/8718.html>

³³ <https://www.lokmat.com/beed/death-baby-second-day-after-giving-goose-penta-vaccine/amp>

³⁴ <https://www.downtoearth.org.in/hindistory///two-children-die-from-mr-vaccination-62427>

³⁵ <https://timesofindia.indiatimes.com/city/pune/seven-students-take-ill-after-measles-rubella-shot/articleshow/66943814.cms?from=mdr>

³⁶ <https://timesofindia.indiatimes.com/city/rajkot/three-year-old-dies-after-mr-vaccination/articleshow/65249489.cms?from=mdr>

³⁷ <https://timesofindia.indiatimes.com/city/chandigarh/bathinda-mr-vaccination-drive-dozen-students-land-in-hospital/articleshow/64073930.cms?from=mdr>

³⁸ <https://www.inextlive.com/uttar-pradesh/bareilly/girl-died-bareilly-news-rubella-vaccine-202529>

³⁹ <https://chauthiduniya.com/half-a-dozen-children-die/>

⁴⁰ https://m-tamil.webdunia.com/article/regional-tamil-news/5-year-girl-passed-away-in-inject-vaccine-118050400046_1.html

⁴¹ https://kutchcarenews-com.translate.goog/news/?p=6512&x_tr_sl=gu&x_tr_tl=en&x_tr_hl=en&x_tr_pto=sc

⁴² <https://indianexpress.com/article/india/gujarat-five-yr-old-dies-3-days-after-being-given-mr-vaccine-5294760/>

⁴³ <https://timesofindia.indiatimes.com/city/pune/reactions-after-mr-shot-coincidental-expert-panel/articleshow/67494864.cms>

- Indira Nagar: Child in grade 1 died following the rubella vaccination. ⁴⁴
 - Sambhal: 9 year old girl died after receiving the rubella vaccination. ⁴⁵
 - Pilibhit: College student died after rubella vaccination. ⁴⁶
 - UP:100s of children fell sick across different places following MR vaccine. ⁴⁷
 - Sitapur: 1 child died & 22 hospitalized following MR vaccination. ⁴⁸
 - Vashim, Maharashtra: Girl died following rubella vaccination. ⁴⁹
 - Buldhana, Maharashtra: 7 children suffered serious reactions following MR vaccination. ⁵⁰
 - Solapur: Boy died following MR vaccination, father alleged parents were not informed about vaccination drive. ⁵¹
- 2019:
- Rajasthan: 13 children were hospitalized following administration of the MR vaccine. ⁵²
 - Indira Nagar: 11 year old child died after rubella vaccination. ⁵³
 - Jhalna: 3 year old child died following MR vaccination. ⁵⁴
 - Neemuch: Child died after rubella vaccination. ⁵⁵
 - Anuppur: 4 year old child died following measles rubella vaccination. ⁵⁶
- 2022:
- Belgavi, Karnataka: 3 children died following administration of the MMR. ⁵⁷
 - Maharashtra: a 16 month old child passed away following administration of the measles rubella vaccine. ⁵⁸

⁴⁴ <https://t.co/pzdoLRCPdf>

⁴⁵ <https://t.co/2DI8Q8BPq8>

⁴⁶ <https://t.co/widcVXk17u>

⁴⁷ <https://t.co/SWdpD80uF7>

⁴⁸ <https://t.co/dsGPpg6gH1>

⁴⁹ <https://t.co/LQXDIP93zS>

⁵⁰ <https://t.co/XRvBdPMvS9>

⁵¹ <https://t.co/mBRBPxhWj6>

⁵² <https://timesofindia.indiatimes.com/city/jaipur/measles-rubella-vaccine-has-no-ill-effects-says-minister/articleshow/70369430.cms>

⁵³ <https://t.co/rrwzS8xG4h>

⁵⁴ <https://www.esakal.com/marathwada/3-years-old-boy-died-after-rubella-vaccination-163577/>

⁵⁵ <https://t.co/2Kc8oDoqZe>

⁵⁶ <https://t.co/5mYWcDd7kF>

⁵⁷ <https://indianexpress.com/article/cities/bangalore/karnataka-three-children-die-after-measles-vaccine-shots-in-belagavi-two-health-workers-suspended-7727577/>

⁵⁸ <https://www.maxmaharashtra.com/max-reports/a-one-and-half-year-child-died-after-vaccination-in-palghar-district-police-complaint-filed-1108612>

- Lucknow: 2 year child died after receiving measles & DPT shots. ⁵⁹

⁵⁹ <https://www.amarujala.com/uttar-pradesh/hathras/hathras-12-days-after-vaccination-the-child-dies-of-fever-hathras-news-ali297235220?pageId=1>

CONCLUSION

We have demonstrated in this paper that measles is fairly benign in the modern day era. Additionally the vaccines are neither safe nor effective. Natural infection has many long term health benefits. Also, literature exists to suggest measles can be treated from different verticals of medicine. We also provide evidence that suggests that measles vaccinations have had no role to play in decline in disease mortality.

ADDENDUM – COUNTRY CASE STUDIES

Myth: The measles disease is fearful to have and will leave people disabled or even cause death

Truth: We've argued in this paper that the measles mortality is low (1 in 10,000) and that natural infection leads to lifelong immunity as well as beneficial effects against other chronic diseases.

Myth: Vaccination eliminated measles

Truth: We've challenged this notion by showing several examples of how the disease mortality abated even before the introduction of vaccines, as well as how post vaccination several countries experienced their worst vaccination outbreaks.

We argue that the natural dynamics of such diseases and measles is to naturally abate as natural herd immunity develops in the population. Healthier people too do not face risks from the disease and hence the better path instead of elimination and surveillance, would be to heal the disease with available scientifically backed treatments from different verticals of medicine, and build robust immunity through sanitation, right nutrition and right lifestyle of work-life balance, sleep, exercise, and emotional management.

US

Measles vaccination in the US and many other countries started in the early 1960s, at the time when measles was naturally abating and was heading for the 18 year low. That's how the vaccines could be given credit for this seemingly lowered the incidence; however, this was only coincidental with the natural dynamics of measles. **This reduction in the mortality rate obviously had nothing to do with the vaccine. It was rather the result of an increasing standard of living, including better nutritional status among the population.** Vitamin A deficiency, for example, is a known risk factor for complications from measles, and the World Health Organization (WHO) actually uses high dose vitamin A supplementation as a treatment for measles infection. (Rampant malnutrition is one of the major reasons measles mortalities remains so high in developing countries.) <https://childrenshealthdefense.org/news/cdc-lies-about-and-media-repeats-risk-of-dying-from-measles/>

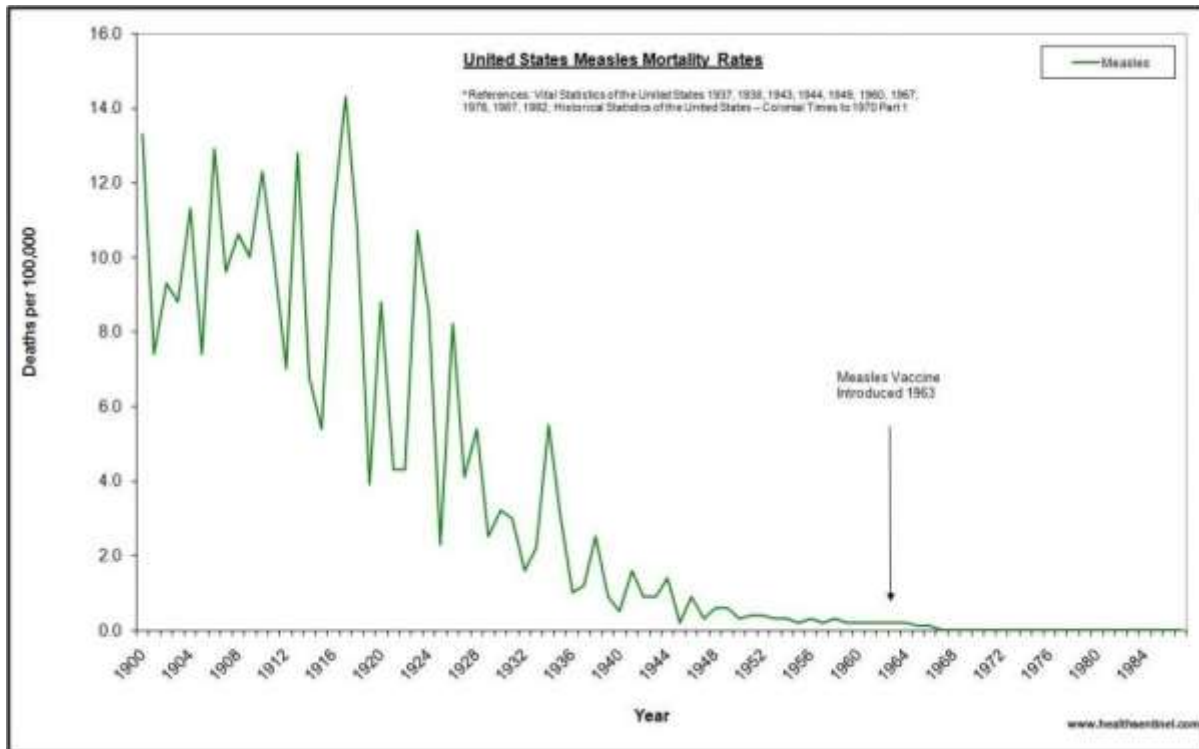


Image from healthsentinel.com

In a 1994 review on vaccine safety, the Institute of Medicine (IOM) observed that, based on pre-vaccine era data, in industrialized countries like the US, “the measles fatality rate is 1 per 10,000 cases”. In other words, when the *Times* and other news media claim that as per CDC one out of every 1,000 infected children dies from measles, they and the CDC are misreporting the death rate too high *by an order of magnitude*. **The evident intent is to scare parents into vaccinating their children, and providing the actual death rate of 0.1 per 1,000 just wouldn’t have the same motivational impact.**

All of the complications from measles talked about **today are rates are from 1985-1992**. If measles was really so dangerous, why is **the CDC relying on data that’s over 30 years old?**

But, **even based on this old data**, if your child has measles, they have a:

- 92% chance of NOT getting diarrhoea
- 93% chance of NOT having an ear infection
- 94% chance of NOT getting pneumonia
- 99.9% chance of NOT getting encephalitis
- 99.3-99.4% chance of NOT getting seizures
- And the death rate for children is wrong as explained below. It’s not .2% today. It’s ZERO.

Perhaps this is the reason that the first chief epidemiologist Dr Alexander Langmuir of the CDC wrote **in 1962 that measles is a “self-limiting infection** (means a disease that tends to go away on its own, without treatment) of short duration, moderate severity, and low fatality.”

<https://childrenshealthdefense.org/vaccine-secrets/video-chapters/measles-lighting-round-what-is-measles-how-many-children-have-died-from-measles-what-are-measles-vaccine-side-effects/>

<https://www.jeremyhammond.com/2020/09/07/the-willful-ignorance-of-measles-vaccine-failure/>

Interestingly **all the largely unvaccinated Amish** (they claim religious exemption) had not reported a single case of measles between 1970 and December 1987, for 18 years (Sutter et al. 1991). Measles vaccinations have actually kept measles alive and kicking!

Outbreaks in highly vaccinated groups:

1985 Texas: "An outbreak of measles occurred among adolescents in Corpus Christi, Texas, in the spring of 1985, even though vaccination requirements for school attendance had been thoroughly enforced." They concluded: "We conclude that outbreaks of measles can occur in secondary schools, even when more than 99 percent of the students have been vaccinated and more than 95 percent are immune." New England Journal of Medicine

1985, Montana, USA: According to an article published in the American Journal of Epidemiology titled, "A persistent outbreak of measles despite appropriate prevention and control measures," an outbreak of 137 cases of measles occurred in Montana. School records indicated that 98.7% of students were appropriately vaccinated, leading the researchers to conclude: "This outbreak suggests that measles transmission may persist in some settings despite appropriate implementation of the current measles elimination strategy."²

1988, Colorado, USA: According to an article published in the American Journal of Public Health in 1991, "early 1988 an outbreak of 84 measles cases occurred at a college in Colorado in which over 98 percent of students had documentation of adequate measles immunity ... due to an immunization requirement in effect since 1986. They concluded: "...measles outbreaks can occur among highly vaccinated college populations."³

(<https://greenmedinfo.com/blog/fail-26-contract-measles-despite-2-or-more-measles-containing-vaccines-new-chines>)

UK

MMR vaccination was introduced in the UK in 1988 as a single dose, with a second dose introduced in 1996.⁴ At present, in the UK, MMR is offered as a single dose at 13 months (MMR1) with the second dose offered at 40 months (MMR2).

There was a large outbreak of measles in Liverpool, UK, in 2012–2013, subsequently spread to surrounding communities in the North West of England **despite measles, mumps and rubella (MMR) immunization uptake rates that were higher than the national average.** <https://bmjopen.bmj.com/content/7/3/e014106>

In 2016 article, The Daily Mail quotes Dr Peter Fletcher, former Chief Scientific Officer at the department of Health in Great Britain who also served as assessor for safety of medicines, as saying "MMR fears coming true... a steady accumulation of evidence... is causing brain damage in certain children... **but there are powerful people in positions of authority who have staked their reputations and careers on the safety of MMR and they are willing to do almost anything to protect themselves.**"

(<http://www.dailymail.co.uk/health/article-376203/Former-science-chief-MMR-fears-coming-true.html>)

Canada

1989, Quebec, Canada: had one of the largest measles epidemics wherein an outbreak investigation showed 130% more cases of measles were found in the population that got more doses of the measles vaccine. **A study that showed 22% had received 2 vaccine doses amongst the adolescents was proved to be an underestimate.** (Gaston De Serres "Largest measles epidemic in North America in a decade- Quebec, Canada 2011" Journal of Infectious Diseases (2013) <https://www.ncbi.nlm.nih.gov/pubmed?term=23264672>)

According to an article published in the Canadian Journal of Public Health in 1991, the 1989 measles outbreak was "largely attributed to an incomplete vaccination coverage," **but following an extensive review the researchers concluded "Incomplete vaccination coverage is not a valid explanation for the Quebec City measles outbreak."**⁴ (<https://greenmedinfo.com/blog/fail-26-contract-measles-despite-2-or-more-measles-containing-vaccines-new-chines>)

Japan

Japan has one of the lowest rates of vaccine confidence in the world, according to a Lancet study, which found that **fewer than 30% of people strongly agreed that vaccines were safe, important and effective, compared with at least 50% of Americans.**

Japan's modern vaccine unease has its roots in a measles, mumps and rubella **MMR inoculation that some suspected of leading to higher rates of aseptic meningitis in the early 1990s.** Though no definitive link was established, the shots were discontinued, and to this day Japan doesn't recommend a combined MMR shot.

Another catalyst was a 1992 court ruling that not only made the government responsible for any adverse reactions related to vaccines, but also stipulated that suspected side effects would be considered adverse events, said Tetsuo Nakayama, a professor at the Kitasato Institute for Life Sciences whose research focuses on vaccines. **Two years later, the government revised a vaccination law, scrapping mandatory vaccinations. These events helped send a message that inoculations should be taken at one's own risk.**

Japan stopped using the MMR vaccine seven years ago - virtually the only developed nation to turn its back on the jab. Government health chiefs claim a four-year experiment with it has had serious financial and human costs. Of the 3,969 medical compensation claims relating to vaccines in the last 30 years, **a quarter had been made by those badly affected by the combined measles, mumps, and rubella vaccine,** they say.

The Japanese government realized there was a problem with MMR soon after its introduction in April 1989 when vaccination was compulsory. Parents who refused had to pay a small fine.

An analysis of vaccinations over a three-month period showed one in every 900 children was experiencing problems. This was over 2,000 times higher than the expected rate of one child in every 100,000 to 200,000. The ministry switched to another MMR vaccine in October 1991 but the incidence was still high with one in 1,755 children affected. No separate record has been kept of claims involving autism. **The triple jab was banned in Japan in 1993 after 1.8 million children had been given two types of MMR and a record number developed non-viral meningitis and other adverse reactions.** The government reconsidered using MMR in 1999 but decided it was safer to keep the ban and continue using individual vaccines for measles, mumps and rubella. The British Department of Health said Japan had used a type of MMR which included a strain of mumps vaccine that had particular problems and was discontinued in the UK because of safety concerns.

Dr Hiroki Nakatani, director of the Infectious Disease Division at Japan's Ministry of Health and Welfare said that giving individual vaccines cost twice as much as MMR 'but we believe it is worth it'.

In some areas parents have to pay, while in others health authorities foot the bill.

However, he admitted the MMR scare has left its mark. With vaccination rates low, there have been measles outbreaks which have claimed 94 lives in the last five years.
<https://www.vaccineconfidence.org/latest-news/japan-why-japan-banned-mmr-vaccine>

Why Japan banned MMR vaccine

<https://www.vaccineconfidence.org/latest-news/japan-why-japan-banned-mmr-vaccine?format=amp>

<http://idsc.nih.gov/iasr/22/261/tpc261.html>

Germany

Unfortunately, Germany's Federal Constitutional Court upheld a measles vaccination requirement in day care centers and schools. The compulsory vaccination rule has been in force since March 2020.

<https://www.theatlantic.com/health/archive/2015/02/germany-measles-outbreak/385305/>

The top court rejected an appeal by four parents to overturn the law after they claimed it interfered with their fundamental right to physical integrity. The court admitted that the mandate interfered with the parents' and children's rights but ultimately ruled that it was justified as requiring vaccination **was necessary to protect vulnerable groups who cannot get the jab against measles themselves.** Children must be "verifiably" vaccinated against measles, or recovered from the disease. If a child's immunization is not documented, schools are required to notify the local public health office. It is not possible to exclude unvaccinated children from schools, because of a legal obligation to education, but parents who refuse to vaccinate their children face fines of up to €2,500 (\$2,760). Unvaccinated children, however, can be excluded from day care centers.

Children who have a medical intolerance for the vaccine are exempt.

<https://www.dw.com/en/germany-mandatory-measles-vaccination-is-constitutional-top-court-rules/a-62844750>

China

A new study sheds light on just how dismally incorrect is the much-parroted statement "measles vaccines are highly effective."

As we reported on previously in our article, "[Why is China Having Measles Outbreaks When 99% Are Vaccinated?](#)" China has one of the most vaccination compliant populations in the world. In fact, measles vaccine is mandatory. So why have they had over **700 measles outbreaks** from 2009 and 2012 alone? The obvious answer is the measles vaccines are simply not as effective as advertised, and are becoming even less so over time.

<https://greenmedinfo.com/blog/fail-26-contract-measles-despite-2-or-more-measles-containing-vaccines-new-chines>