

Orthomolecular treatment for
girls with adverse effects of
human papilloma virus (HPV) vaccine

Atsuo Yanagisawa, MD

INTRODUCTION (1)

The immunization of adolescent girls with the human papilloma-virus (HPV) vaccine was initiated to prevent uterine and cervical cancer. The first HPV vaccine, Gardasil (Merck & Co) was approved in 2006, and the second vaccine Cervarix (GSK) was introduced in 2009.

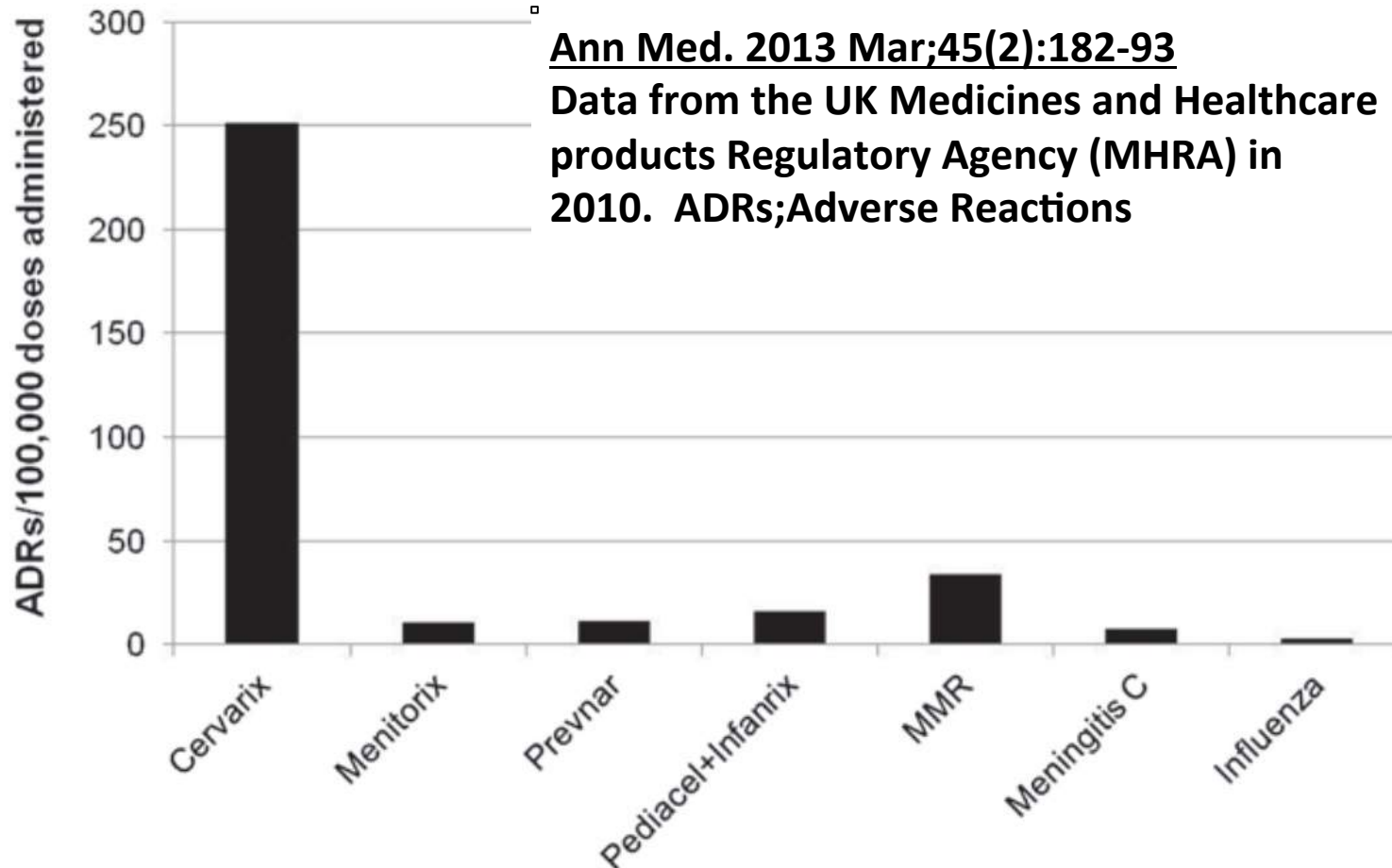
By the end of 2011, approximately 130 million doses of Gardasil and 44 million doses of Cervarix had been distributed worldwide.

In 2010, both vaccines were widely introduced to Japanese girls.

In April 2013, Japan decided to add both HPV vaccines to their government recommended vaccination schedule. The new law was to take effect April 1st.

INTRODUCTION (2)

In June 2013, only 2 months after the law was issued, Japanese government suspended their recommendation. A new study reported that the adverse events of Gardasil and Cervarix were 1.7 to 3.6 times higher than other vaccines.



INTRODUCTION (3)

In 2013, the government task force analyzed reports of HPV vaccine injuries – examined 2,500 cases and found 617 (25%) cases to be serious. However, another health experts re-evaluate those cases and evaluated 1,112 (44%) cases as serious.

Japanese expert committee commented that;

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“It is impossible to find physical causes for the alleged and presumed adverse reactions at those vaccinated girls, so we cannot help, concluding that their so-called adverse reactions are the psychosomatic reactions. The government should provide counseling to the girls so that they may be freed from their psychosomatic reactions.”

Case 1 (video)

Late-onset symptoms in girls with HPV vaccine adverse effects

Headache	Joint pain
General malaise	Abdominal pain
Muscle weakness	Irregular menstruation
Nausea	Gait disturbance
Difficulty in awakening	Hypersomnia
Learning disturbance	Impaired writing
Muscle pain	Memory loss
Dizziness	Skin eczema, acne
Photophobia	Syncope
Arm, Foot, Finger tremor	etc

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**Onset of initial symptoms after HPV
= 5.3 ± 4.5 months**

Various clinical diagnosis were given in girls with HPV vaccine adverse effects

- 1. Higher brain dysfunction**
- 2. Guillain-Barré syndrome**
- 3. Multiple sclerosis**
- 4. ADEM: acute disseminated encephalomyelitis**
- 5. SSPE: subacute sclerosing panencephalitis**
- 6. CRPS: Complex regional pain syndrome**
- 7. POTS: Postural orthostatic tachycardia syndrome**
- 8. Antiphospholipid antibody syndrome**
- 9. SLE: systemic lupus erythematosus**
- 10. Rheumatoid arthritis**
- 12. Chronic fatigue syndrome**
- 13. Fibromyalgia**
- 14. Cushing's syndrome**
- 15. Hashimoto's disease**
- 16. Hyperprolactinemia**

Laboratory findings

- **Normal blood chemistry**
- **No inflammatory finding in the blood**
- **Increased proinflammatory cytokines in the spinal fluid (IL-2, IL-10, TNF- α)**
- **Reduced brain blood flow by perfusion scintigraphy**
- **High leukocyte sensitivity against Aluminum.**

Aluminum adjuvant

- HPV vaccine contains Amorphous Aluminum Hydroxyphosphate Sulfate (AAHS) as powerful adjuvant.
- Current research strongly implicates aluminum adjuvants in various inflammatory neurological and autoimmune disorders in both humans and animals.



RESEARCH ARTICLE

Open Access

Slow CCL2-dependent translocation of biopersistent particles from muscle to brain

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Abstract

Background: Long-term biodistribution of nanomaterials used in medicine is largely unknown. This is the case for alum, the most widely used vaccine adjuvant, which is a nanocrystalline compound spontaneously forming micron/submicron-sized agglomerates. Although generally well tolerated, alum is occasionally detected within monocyte-lineage cells long after immunization in presumably susceptible individuals with systemic/neurologic manifestations or autoimmune (inflammatory) syndrome induced by adjuvants (ASIA).

Methods: On the grounds of preliminary investigations in 252 patients with alum-associated ASIA showing both a selective increase of circulating CCL2, the major monocyte chemoattractant, and a variation in the *CCL2* gene, we designed mouse experiments to assess biodistribution of vaccine-derived aluminum and of alum-particle fluorescent surrogate (PIXE) Bot

Results: I in distant materials with phag were first reduced t increased implicate neurodeli accumula
Conclusi HIV, may explaining doses of t overimm

Keyword Macrophage

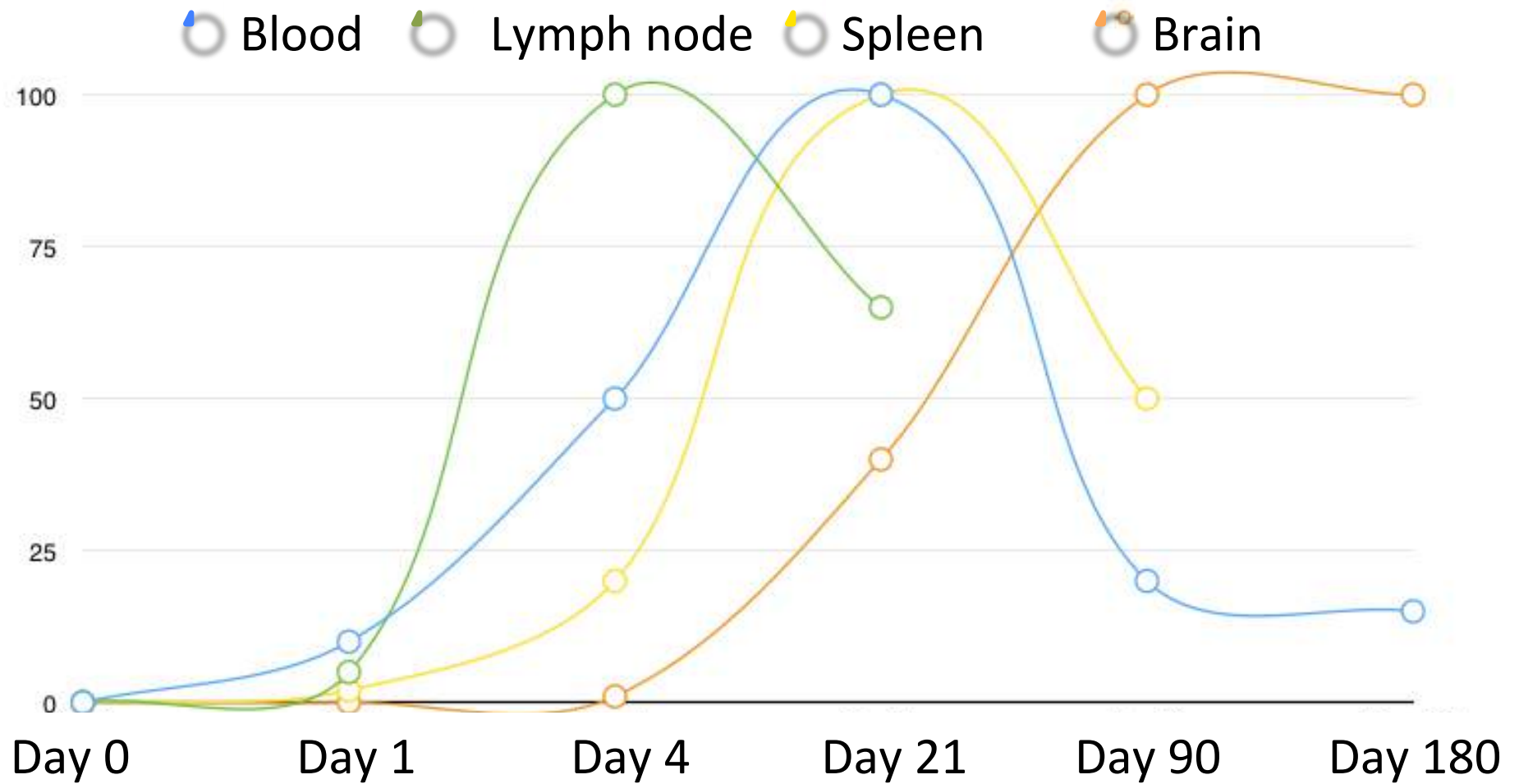
Slow CCL2-dependent translocation of biopersistent particles from muscle to brain

Nanomaterials can be transported by monocyte-lineage cells to DLNs, blood and spleen, and ----- may use CCL2-dependent mechanisms to penetrate the brain.

Khan'Z'et'al'
BMC'Medicine'2013,'11:99

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Translocation of vaccine alum agglomerates-sized nanohybrids from muscle to brain in mouse



Aluminum Toxicity

- **Aluminum is neuro-toxic and accumulates in the brain.**
- **inhibits synaptic uptake of dopamin & 5-HTP.**
- **Alzheimer's disease is related aluminum toxicity.**
- **Aluminum may contribute symptoms of Parkinson.**
- **Dementia resulting from kidney dialysis, is related to aluminum and results in memory loss, loss of coordination, confusion and disorientation.**
- **Rabbits showed difficulty in memory retention and difficulty in learning under the influence of aluminum.**

Treatment : i.v. therapy (1)

By Dr. Atsuo Yanagisawa (Japan)

VCG Cocktail

Sterile water	250ml
Vitamin C	12.5g - 25g
Glutathione	800 - 1,200mg
0.5 M Magnesium sulfate	10-20ml
8.5% Calcium gluconate	2ml
Vitamin B complex (B1, B2, B3, B5, B6, B12)	

Treatment : i.v. therapy (2)

By Dr. Claus Hancke (Denmark)

Vitamin C, Glutathione & EDTA

5% Glucose	250 ml
Vitamin C (500mg/ml)	50 ml (25g)
Na ₂ -EDTA (150mg/ml)	10 ml (1.5g)
8.4% Na Bicarbonate	10 ml
MgSO ₄ 2mmlo/ml	4 ml
*when the infusion almost done, add	
Glutathione 150mg/ml	4 ml (600 mg)

Treatment : i.v. therapy (3)

By Dr. Damien Downing (UK)

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Phospholipid Exchange Therapy and Glutathione

Treatment : Oral supplements

By Dr. Claus Hancke (Denmark)
Dr. Atsuo Yanagisawa (Japan)

Ultra Preventive III 2 x 3 Probiotic 1 x 2

*Start with 1 and increase slowly
with 1 a day until 6 daily.

Turmeric 1 x 2

EPA/DHA/GLA 2 x 3 Lipoic acid 300mg 1 x 2

Vitamin D 38 mcg 1 x 3 B-Complex 1 x 2

Magnesium -Citrate 1 x 2 Co Q₁₀ 100mg 1 x 1

Vitamin-C 750mg 2 x 2 Thiamine B₁ 300mg 1 x 1

S-adenosylmethionine (SAME) 400mg/day

MTHF 5- methyltetrahydrofolate (MTHF) 5mg/day

Treatment : Diet principles

By Dr. Claus Hancke (Denmark)

- **Alkaline foods with no fish, sugar, wheat or milk.**
- **No chemistry or aluminum in the food**
(ex.: aluminum in table salt)
- **More greens, nuts and berries.**
- **Healthy fat as olive oil, coconut oil and organic butter.**
- **Rather tea than coffee.**
No alcohol or tobacco.
- **To make the body more alkaline, take a glass of water with a teaspoon bicarbonate and the juice from a lemon 3 or 4 times a day.**

Treatment : Options

By Dr. Atsuo Yanagisawa (Japan)

Ferulic Acid ; memory loss, learning disturbance

Feruguard 100M 2-4 pack/day (Glovia, Japan)

Low-dose theophylline ; headache

50-100 mg in the morning

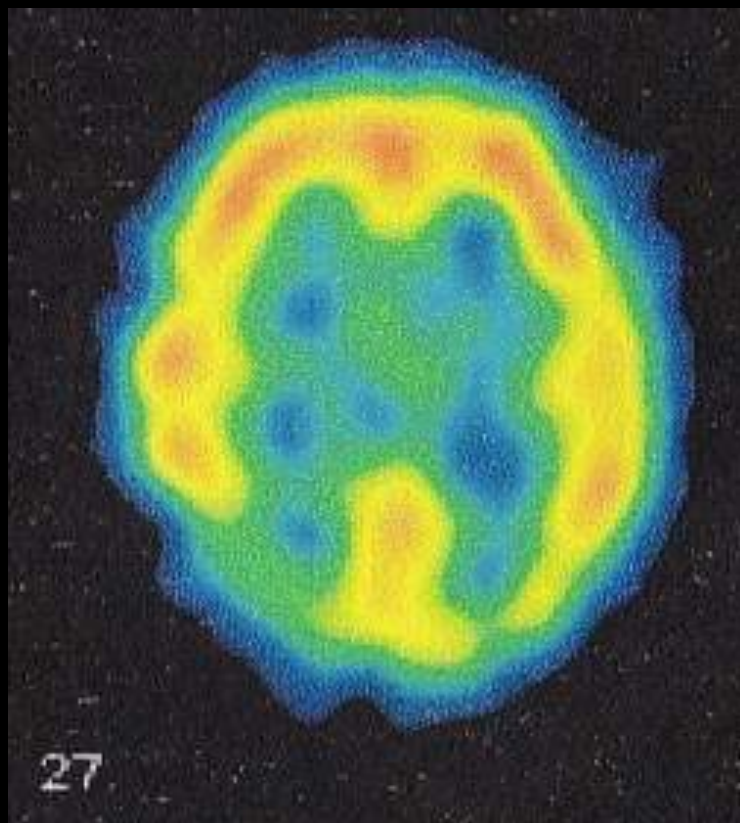
(excellent improvements in some patients)

Low-dose naltrexone (LDN) ; hypersomnia, headache

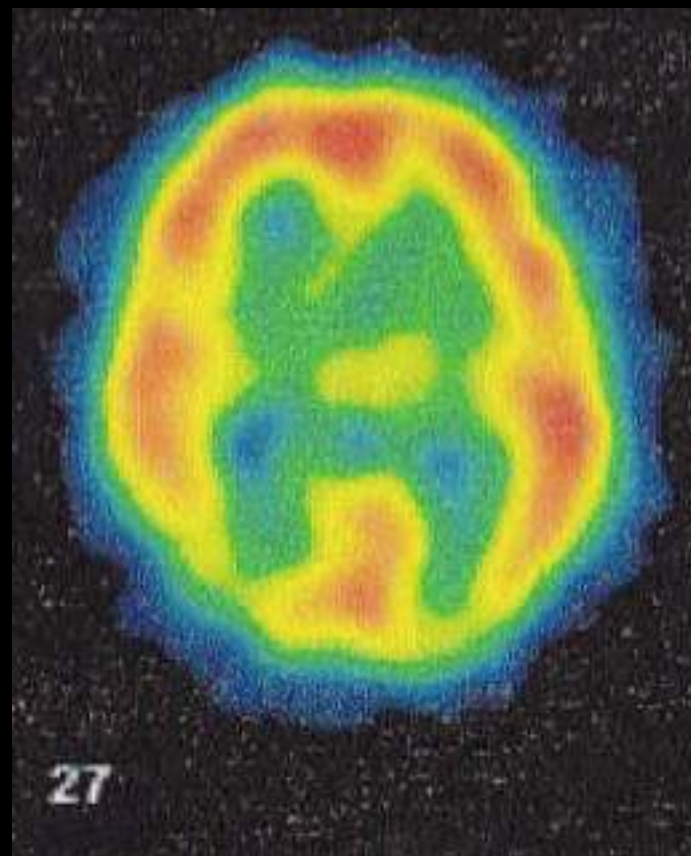
3mg before sleep

Stem-kine ; joint pain, gait disturbance

stem-cell releaser, 4 cap/day (Aidan Products, USA)



Feb 6, 2014
Before VCG



July 8, 2014
After VCG iv

Discussion (1)

Regarding HPV vaccine adverse effects, symptoms and their timing of appearances vary by each patient. These symptoms are different from anything that we have experienced before.

Unfortunately, the government and the medical societies have not faced the problem proactively.

Treatments with orthomolecular medicine are not enough for these cases –they can be very effective, mildly or not effective at all.

In order to establish a protocol, medical scientists and clinicians have to work together.

Discussion (2)

The onset of HPV vaccine adverse effects comes several months or even more than one year after the injection. This delay makes it very difficult to link their symptom with HPV vaccine.

In Japan, more than 1200 girls were registered as “severe” and still new patients were registered every day.

We estimate more than 100,000 girls with unrecognized mild to moderate HPV adverse effects. The symptoms are commonly seen in young school girls as fatigue, muscle pain, headache, learning disturbance, difficulty in awakening, hypersomnia, irregular menstruation, etc.

Conclusions

In our clinical practice, we all should be aware of HPV vaccine adverse effects. There are many girls with mild to moderate unrecognized adverse effects of HPV vaccine.

It is well known that there is no evidence about the effectiveness of cervical cancer prevention by HPV vaccine.

In my personal opinion as an orthomolecular physician who protects people's health, we should discontinue this harmful HPV vaccine as soon as possible.

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