



## **Retired? Time to take action for your health!**

Due to its numerous side effects, the World Council For Health (WCH) has been calling for the discontinuation of Covid-19 “vaccinations” for all age groups since November 2021 in order to finally put an end to the various ailments caused by this “therapy”. The following is a summary of a scientific review of the vaccination of the elderly by the WCH [1]:

### **The immune system in elderly people**

As we age, the immune system works more slowly and less reliably. This means that your body's ability to respond to infections AS WELL AS to vaccinations is weakened. Both the innate and the acquired immune system (the part of the immune system that develops targeted antibodies and immune memory) are affected. Vaccinations that stimulate these two systems do not work the same way in older people as they do in younger people for the reason mentioned above:

- After a vaccination, the immune system produces fewer antibodies, i.e. protection is reduced.
- The immune system's reaction is delayed.
- Immunity lasts for a shorter time because the antibodies disappear more quickly than in younger people.
- Older adults are more likely to suffer from low-grade persistent (silent) inflammation, which impairs the effect of vaccination.
- In addition, obesity, diabetes or heart disease reduce the functioning of the immune system.

This could also explain why the varicella zoster virus was reactivated in older people in particular after the Covid-19 vaccination and why shingles occurred more frequently [2].

All these factors must be taken into account. What does science say about this challenge?

### **The flu vaccine**

In 2023, a study was published in “Immunity & Aging”, which showed that despite the vaccinations developed specifically for older people, the level of effectiveness was disappointingly low [3]. According to this study, whether the vaccination was effective seems to depend on various factors: Age, general health and the virulence of the seasonal influenza virus. A systematic review from 2024 [4] confirmed that both young adults and older people were less effective than other age groups. A comprehensive analysis [5] found no significant effectiveness at all in terms of fewer hospitalizations or mortality rates in older people. Another study showed that the most important parameter for measuring the effectiveness of the flu vaccination cannot even be measured over the course of a year and that the immunity generated by the vaccination may even disappear before the peak of the flu epidemic has been reached [6].

## Vaccination against pneumonia

The widely used PPV23 vaccine has been shown to provide at most 50% effective protection. The antibodies even fall back to the pre-vaccination level within 6-10 years [7].

## The Covid-19 vaccine

A study from 2021 [8] found that people over the age of 80 had significantly lower antibody titers than younger people after the Pfizer-BioNTech vaccination. Alarming, many of the older people were unable to produce any antibodies at all even after the second dose. After a few months, it turned out that all mRNA-based “vaccines” even showed negative efficacy. The “vaccinated” were more likely to fall ill with Covid-19 than the unvaccinated.

## Does it even make sense to vaccinate older people in the future?

The current “one fits all” approach definitely doesn't make sense. Scientists are therefore trying new ways to increase the immune response in older people.

1. Increasing the dose: This has already been tested for the flu vaccination, e.g. the HD-TIV vaccinations have shown a stronger immune response. But whether they produce fewer side effects or protect against more severe courses is not known.
2. Additives: Adding immunostimulatory components such as MF59 can increase antibody production and activate T-cells. However, these components could also entail many risks. There are no long-term studies on this so far.
3. Regular boosters: With COVID-19 vaccinations in particular, booster vaccinations are intended to ensure that antibody levels are maintained and that the immune defense is strong as a result. However, they have led to these antibodies converting to IG G4, which makes them ineffective. Those affected become more susceptible to infection (including Covid-19), the course of the disease becomes more severe and the body is more likely to develop cancer.
4. Customized vaccinations: This is a completely new field of research. So far there are no satisfactory study results.

Conclusion: Vaccinations for older adults may be of dubious efficacy and may even lead to more infections (due to the effect of altered antibodies IG G4) and more severe courses.

## There is a “Better way”

In 2021, the World Council For Health explained to the Italian Senate that lifestyle changes support health. The evidence for their important role in fighting a virus outbreak (Covid-19) was compelling. These lifestyle changes showed great results for people who - with various risk factors for a possible severe course, including age - asked for advice from all over the world. Here is the related protocol with 446 references for download



Covid Protocol 2022 July  
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Here are the key takeaways for you from this protocol:

- Ensuring that older adults have enough vitamin D (ideally between 50-80 ng/ml) can dramatically reduce the risk of severe courses of diseases like Covid-19, some studies even show that you can reduce the mortality rate to almost “0”! We in Northern Europe are all deficient in this vitamin during the winter months. If you take 10,000 IU daily, you will quickly notice that you feel more vital and resilient.

- If you notice a cold coming on, reduce your sugar intake immediately, as sugar can contribute to the worsening of an infection in many ways [9].
- Vitamin C, zinc, hydroxychloroquine, green tea and phytochemicals such as quercetin (a substance that helps zinc get into cells) can also help prevent viral infections. Zinc and substances that promote it have been showing antiviral effects for years by impairing the reproduction of viruses.

For this reason, the World Council For Health [www.worldcouncilforhealth.org](http://www.worldcouncilforhealth.org) is committed to ensuring that these alternatives, for which there are now numerous studies [1], are further investigated in order to prevent infections and severe courses of disease without ineffective and risky vaccinations. You will also find useful guides (<https://shop.worldcouncilforhealth.org/product-category/wch-health-guides/>) to help you take action for your health. Your immune system is the best protection against pathogenic invaders. Support it with a vitamin-rich diet, plenty of exercise in the sun and fresh air, regular relaxation, good sleep and a good sense of humor [10].

#### Resources:

[1] [World Council for Health](http://www.worldcouncilforhealth.org)

[2] <https://onlinelibrary.wiley.com/doi/10.1111/jocd.14521>

[3] Cadar AN, Martin DE, Bartley JM. Targeting the hallmarks of aging to improve influenza vaccine responses in older adults. *Immun Ageing*. 2023 May 17;20(1):23. doi: 10.1186/s12979-023-00348-6. PMID: 37198683; PMCID: PMC10189223.

[4] Guo J, Chen X, Guo Y, Liu M, Li P, Tao Y, Liu Z, Yang Z, Zhan S, Sun F. Real-world effectiveness of seasonal influenza vaccination and age as effect modifier: A systematic review, meta-analysis and meta-regression of test-negative design studies. *Vaccine*. 2024 Mar 19;42(8):1883-1891. doi: 10.1016/j.vaccine.2024.02.059. Epub 2024 Feb 28. PMID: 38423813.

[5] Anderson ML, Dobkin C, Gorry D. The effect of influenza vaccination for the elderly on hospitalization and mortality: an observational study with a regression discontinuity design. *Ann Intern Med*. 2020 Apr 7;172(7):445-52. <https://pubmed.ncbi.nlm.nih.gov/32120383/>.

[6] McElhaney, J. E., et al. (2010). T-Cell Immunity to Influenza in Older Adults: A Pathophysiological Framework for Development of More Effective Vaccines. *Frontiers in Immunology*, 1, 41.

[7] Wagner G, Gartlehner G, Thaler K, Ledingger D, Feyertag J, Klerings I, Saif-Ur-Rahman KM, Devane D, Olsson K, Adel Ali K, Vygen-Bonnet S, Salo H, Zavadská D, Grgič Vitek M, Oona M, Cunney R, Tuerlinckx D, Kristensen Lomholt F, Sommer I. Immunogenicity and safety of the 15-valent pneumococcal conjugate vaccine, a systematic review and meta-analysis. *NPJ Vaccines*. 2024 Dec 30;9(1):257. doi: 10.1038/s41541-024-01048-y. PMID: 39738219; PMCID: PMC11685527

[8] Collier, D. A., et al. (2021). Age-related immune response heterogeneity to SARS-CoV-2 vaccine BNT162b2. *Nature*, 596(7872), 417-422.

[9] Logette E, Lorin C, Favreau C., Oshurko E, Coggan JS, Casalegno F., Sy MF, Monney C, Bertschy M., Delattre E, Fonta P-A, Krepl J.; A Machine-Generated View of the Role of Blood Glucose Levels in the Severity of COVID-19. *HYPOTHESIS AND THEORY* published: 28 July 2021, doi: 10.3389/fpubh.2021.695139

[10] <https://pmc.ncbi.nlm.nih.gov/articles/PMC2686627/>



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