

Chapter 45:

Interview with
Dr. Irvin Sahni, M.D.



Ty: Welcome, everyone. I'm sitting here with my good friend, college roommate actually, Dr. Irvin Sahni, here in his condo in Austin, Texas.

Dr. Sahni: Good to see you, bud.

Ty: Yeah, thanks for joining me, Irv. So, I wanted to talk to you briefly today about the subject of vaccines. So you're a medical doctor, and vaccines, pretty controversial subject. You were telling me some stories about people that you work with, and it's a real dividing issue, right?

Dr. Sahni: It is a dividing issue. In fact, I've learned a lot myself, just through the process of the awareness that's been created through movies like *Vaxxed*. And the fact that you've been involved in this project. And there's a lot of things that I didn't know when I dug a little deeper.

Ty: Did you learn anything much about vaccines when you went through medical school?

Dr. Sahni: Well, we learned about the theory. We certainly were taught that vaccines were a good thing and that everyone should be vaccinated, and that herd immunity protected people against disease. And obviously, people used smallpox and polio as a big example, that were both early vaccines.

Those were vaccines that were given in a single dose, monovalent vaccines. Things have changed a lot. They've really just created vaccines for all kinds of things.

Ty: You said that in medical school, they told you that vaccines are good and give them basically, right? That's the gist of it?

Dr. Sahni: Sure. So, when you're in basic science, believe it or not in most cases there's not a political agenda. They're basically just teaching you the mechanism of action. How does the immune system respond? How does vaccination work?

How does it stimulate your immune system to create immunity? Things like that. So, it wasn't like a basic science professor stood there and said "You'd better give a vaccine." But when you start your clinical rotations, when you're actually seeing patients, certainly it was just sort of assumed and understood that "Everyone's got to be vaccinated. You'd be crazy not to be vaccinated. That would be insanity."

You didn't really question it. In fact, I would have thought it would have been crazy not to be vaccinated. Because we are exposed to a lot of things in the hospital: Hepatitis B, Hepatitis C, HIV.

And so, there's lots of exposure, especially as a surgeon. I'm a surgeon. If I get stuck with a needle or I get exposed to blood, splashed in my eye or something like that, that can certainly be a big problem for me.

Ty: So, in your years in medical school when you were taught about the immune system and vaccines, and so forth, were you ever taught about the dangers of vaccines or the potential risks?

Dr. Sahni: No, not to the level. It's kind of like nutrition. We covered it briefly. "Here's what vitamin D is. Here's a vitamin D molecule. There's your nutrition." That's it. We didn't study vitamin D in this food. We learned that certainly the whole physiology behind vitamin D, it actually goes from cholesterol and then it's metabolized in both the kidneys, the liver, and ultimately in the skin to become vitamin D3. Goes D1, D2, D3. Complicated metabolism.

But just like nutrition, as far as the mechanics behind it, there certainly wasn't any advice on what foods to eat necessarily. Maybe briefly, but we're talking a few hours.

Ty: People might say, and you hear it frequently, "there's no risk to vaccines. They don't harm." Is that true?

Dr. Sahni: No, it's not true. Okay? But your initial question was did they teach us that in medical school? And the answer is, I don't remember. It certainly wasn't pressed upon me enough for me to remember. I certainly don't remember anyone mentioning Thimerosal, some of the ingredients that are in vaccines.

We certainly didn't talk about reactions that people have. We certainly didn't talk about autism. So, my answer is, more than likely, no. Probably we never really covered any of those things. Certainly, they would talk about injection site reactions, the redness on the skin, a mild fever, those kinds of things.

People have said "Sure, you could have a little mild reaction to the vaccine." But no, not some of the more severe things that have affected so many people, including small children. But certainly, there is injury. The Supreme Court has stated that there's injury.

There's been a lot of money that's been awarded in lawsuits, 3.6 billion. And there are codes in the actual—as a medical doctor, we use diagnosis codes, called International Classification of Disease. It's actually International Statistical Classification of Disease.

And we just transitioned from something called ICD-9 to ICD-10, which just means it's a different version. Europe specs have been on ICD-10 for a while. We've been a little bit late to the game. So more, it's just more specific.

They break things down a little bit more. But in ICD-9 codes, there's 18 different codes that specifically define vaccine injury. If someone wanted to Google them and look them up, they would type in ICD-9 and look at 978 and 979, and each of those ICD—those are ICD-9 codes, have sub-classifications, 9 each, discussing the different injuries that are created by vaccines.

So, clearly, if there was no injury from vaccines, there would be no need to have an ICD-9 code. I mean why would you create it? Why would you put that in your coding system if there were no vaccine injuries? So, you specifically can show that this patient had 978.3, which I don't know which one it is, but posits a specific vaccine to say "Flu" or whatever it is.

It's broken down that way. So, people can look that up for themselves. The medical classification system defines it, defines it and says "Here they are. Here's the 18 different injuries that we're going to list that you can give the patient as a diagnosis when they come and see you."

Ty: If there wasn't potential injury from vaccines, there would not be codes that doctors bill for, for a vaccine injury.

Dr. Sahni: Right. I mean why? Why would you have it if it didn't? It certainly seems strange if people are making that claim. But I think that people are becoming more aware that vaccine injury is real. And a lot of the information that we just discussed, I think alludes to that, proves that.

Ty: Sure. So, Dr. Sahni, how are vaccines grown? How are they manufactured?

Dr. Sahni: So, vaccines are grown in a substrate. A substrate would be a petri dish. It's basically a

medium that the vaccine can be grown in. So, there's viral vaccines, there's bacterial vaccines. And the vaccines can be grown in human as well as animal tissue.

Basically animal and human living tissue. Some examples are chick, chicken fibroblasts and embryos, chicken retinal and kidney cells, monkey and dog kidney cells, human embryonic tissue, lung tissue, specifically the fibroblasts found in aborted human fetal tissue, as well as monkey brain tissue.

And there's others, but these are some of the more common substrates that live vaccines are grown in living cells. The problem is that now we're finding that these substrates also contain other harmful additives like glyphosate.

So, glyphosate, which is Roundup, which is a pesticide, herbicide/pesticide made by Monsanto, is making its way into the vaccines as well. We spray glyphosate ubiquitously, almost on so many food products, that they're actually finding their way into vaccines.

When you're getting injected with a vaccine, we're typically worried about things like Thimerosal, mercury, phenols, other chemicals, things—glycols, ethylene glycol, basically antifreeze, but also glyphosate. So, in 2015, the World Health Organization actually declared glyphosate to be a probable carcinogen, okay?

So it's probably a carcinogen, and it's being injected into your body when you get a vaccine, along with possibly other things that are also harmful. Injecting a vaccine into someone's body that is contaminated with a probable carcinogen, glyphosate, probably deserves some congressional investigation in terms of its safety.

Ty: Yeah, I would agree with you. It certainly does. So, Dr. Sahni, the flu vaccine I believe is one that does not contain glyphosate. I don't think I've seen that.

Dr. Sahni: Okay.

Ty: But the flu vaccine's one of the most popular vaccines. Would you take the flu vaccine?

Dr. Sahni: This is a very big issue for medical staff, personnel, people who work in hospitals. Doctors, nurses. Nurses have been fired for refusing to take the flu vaccine. A nurse died, a young, healthy 22-year-old, I forgot her name, died shortly after receiving a flu vaccine, like within—she got very sick within hours of having it and died shortly after that.

So, these are people who essentially—or she was I guess not forced, but certainly pushed into having a vaccine. Others lose their job. I have had contention with hospitals that I've worked at in terms of getting a flu vaccine.

I haven't had the flu vaccine in over 10 years. So, why do I not get the flu vaccine? The only time I've ever felt sick is after getting a flu vaccine. I haven't had the flu or had a serious illness in over a decade, which knock on wood, right? Knock on wood.

Certainly, I should feel very blessed in that way. But the flu vaccine has been shown to be relatively ineffective. So, prior to 2015, 2016, the CDC claimed that it prevented flu in 70 to 90 percent of cases, and this was essentially debunked in January of 2016 by the CDC itself.

And so, they even said now “No, it's not 90 percent or 70 percent, whichever one they were claiming, it's more like 50 percent.” It can be lower than 50 percent. In some studies, it's been shown to be between 39 percent and 66 percent.

So, why would it be so variable? It doesn't make any sense. Well, for the same reason that you have to get a flu vaccine every year. Because the virus itself mutates. It changes. So, when they go to—most vaccines typically are either trivalent or quadrivalent.

What does that mean? That means that they insert typically two strains of influenza A and one strain of influenza B, or the quadrivalent vaccine is two strains of influenza A and two strains of influenza B. They have to pick them.

You can't just manufacture a vaccine five minutes after you've decided which strains to use. These are manufactured the year before, they're well in advance. And so, they have to predict. It's like trying to guess the weather.

Do I need an umbrella or do I not need an umbrella a year from now on this particular day? And so they have to try to predict what the strains will be. Sometimes they'll do a good job. Sometimes they get lucky, really. Sometimes they get lucky and sometimes they don't.

And so, when the vaccine itself matches the strains that actually occur out in the population, then it works well. It might be 66 percent, not 90. Sixty percent would be a good year. And that's even what it says on the CDC website.

50 percent they claim is the average, but there's also cases where they've failed miserably in terms of matching, guessing which strain is going to be the one that, whether it's going to rain or not, which one's going to actually affect people a year or more in advance.

Because they have to produce millions of doses of this stuff, so they have to have lead time to produce that stuff. There's been further studies showing that it's ineffective. First of all, you don't give a vaccine to a six-month-old or younger.

That's just not done. That still is the case. And they've shown that even in six months to 24 months that it's ineffective. Now some CDC studies show that it reduces the incidence of influenza in kids, but there's a big Cochrane study, this is a meta-analysis.

A meta-analysis is a study that looks at a bunch of studies, 50, 60, 100 studies, and it takes that data, it's kind of hard sometimes, and finds the way to commonly mesh all that together and come up with a number. And they actually showed that in certain age groups, six months to 24 months, that those kids actually were three times more likely to get sick after having a flu vaccination.

It's hard to say exactly what that means, but certainly there are studies out there that show that the flu vaccine in certain age groups and young children, is ineffective. The CDC themselves, if you look at their website, will tell you that in certain years, I forgot which year it was, but in a couple of years, that for patients older than 65, the vaccine was essentially zero.

People who got it versus people who didn't, exactly the same. There was zero benefit. So, I'm a surgeon. I'm a spine surgeon. Are you going to let me do a surgery on your back for back pain that you might someday have?

In other words, whenever we—the Hippocratic oath says "First, do no harm." So, if I'm going to give you a treatment that has potential detriment, there ought to be a benefit from that treatment that makes it worthwhile.

And so, in certain populations, in certain strains, you're going to have a very, very low probability of a vaccine actually protecting you from getting flu. Yet, you're always going to

have the downside of getting a toxic dose of mercury, say Thimerosal.

Again, like you said, I think glyphosate is not a problem with the flu vaccine, but any of these preservatives and having something foreign injected in your body isn't natural. It isn't good. And if it isn't going to provide a benefit, what's the point of doing it?

I would argue that by injecting mercury, and I believe it's—so there's a certain amount of mercury that's considered toxic. And the typical dose of Thimerosal, which is in the multi-dose flu vaccine, is enough mercury to be toxic.

You've had all the mercury you should have for the next 250 days. So, you get that vaccine, you better not get any more mercury exposure. You better not go eat any tuna. You better not have it get into your system any other way for 250 days. The toxic dose for 250 days.

That's a lot. To me, that's a pretty big dose of mercury. And mercury clearly is not good for your immune system. And so, why would I want to be injected with a vaccine that is not effective, yet will trash my immune system, so now I can't fight off other infections or other problems?

Maybe cause cancer. Who knows? So, I believe that if you eat well, if you take care of yourself, if you have good nutrition and your body's healthy, that you don't need to be injected with the flu vaccine, and that's been the case for me.

So, the argument being, to be fair, that I could be a silent carrier, I could carry the flu and give it to someone else. And so, in theory, if you don't get the flu vaccine, you're supposed to wear a mask. In 10 years, I've never given the flu to anybody that I'm aware of. But I think that the flu vaccine is, in my opinion, not worth it. It's not worth the danger to your body.

Ty: The risk benefit's not there.

Dr. Sahni: The risk benefit's not there. It's not there. It's not shown to be that effective. Maybe in their luckiest year, they get 66 percent, or 60 percent. But in their worst year, they get well below 50 percent. And so, I'm not going to get injected with mercury with those odds.

And there's also some further information that shows that especially in children, even I believe is also in adults, that people who are given the vaccine, then when there's a flu pandemic, can't mount an immune response as well as those who are not given the vaccine.

In other words, being exposed to it actually strengthens your immune system. And by getting a flu vaccine, they showed—they divided out the patients and actually were able to show that people who got it naturally, who weren't immunized, just basically their body dealt with it, built a more quality immune response.

So, then when they were hit with a more severe type of flu in the future, they actually did better. There were fewer people hospitalized. Whereas the people who got the vaccine were more likely to be hospitalized.

There's a lot of information. It's very confusing. It's on both sides of the fence. Obviously, there's people generating information who are pro-vaccine, because they're, in my opinion, interested in selling lots of vaccines. But there's a lot of quality literature that's considered mainstream, the Cochrane study and stuff you'll find on PubMed, that shoots holes in the whole idea of taking vaccines. And a lot of stuff has come out that's certainly not supportive of having a vaccination in just the last few years.

Even the British medical literature, some stuff came out in 2015. You can look all this stuff up, just Google vaccine, the flu vaccine, and there's lots of information out there. But what I think people are starting to—the whole thesis is starting to fall apart; the narrative is starting to fall apart.

Ty: So, at birth nowadays in the United States, most babies are given a vitamin K shot. What's the purpose, and is it necessary?

Dr. Sahni: So, in rare instances, kids can be born with a bleeding pathology called VKDB, which basically means that they don't have enough vitamin K. Vitamin K is extremely important in the ability to clot, to basically clot and stop bleeding, internal bleeding or external bleeding if you have a cut on your skin.

And so, they're given a synthetic drug, the generic name is phytonadione. And this drug contains preservatives, kind of like a vaccine, including benzyl alcohol, antifreeze, ethylene glycol, these sorts of harmful substances which are not natural.

And so, another alternative is that the mother eats green, leafy vegetables containing adequate amounts of vitamin K1 and K2, a month before, or during the pregnancy, a month before the birth, some period of time before the baby's born.

And that gets transferred through the placenta. So, why inject a child with a liquid substance, with a vaccine-like substance that contains aluminum, benzyl alcohol and propylene glycol, which is antifreeze, when you can get the same, honestly better, source of vitamin K through diet?

The mother can eat green, leafy vegetables for a period of weeks before the child is born. The vitamin K from that would be transferred through the placenta. You could give an oral form of vitamin K as opposed to an injection.

And although that's not going to be absorbed probably in the gut as well as transferred from the placenta, another completely reasonable way to get vitamin K into the child to have normal clotting for a problem that doesn't occur that often to begin with. I don't think that VKDB, vitamin K deficient bleeding, is that common. It's another opportunity to inject a child with pharmaceuticals, in my opinion.

Ty: While we're on the topic of children, of infants, we talked about the vitamin K, what about vaccines and SIDS? Is there any kind of a connection between the two?

Dr. Sahni: So, there is a study, and I'm actually going to quote from that study, but it was in the *Journal of Medicine and Chemistry*, and it was this year. It was in 2017, actually. And a 2017 study, published in current *Medicine and Chemistry* concluded that there exists a "need that deaths occurring in a short space of time," in other words, shortly after "a hexavalent vaccination are appropriately investigated and submitted to a postmortem," which basically is an autopsy "examination, particularly of the autonomic nervous system," a specific part of your nervous system, "by an expert pathologist."

So, we're talking about taking tissue and looking at it under a microscope "to objectively evaluate the possible causative role of a vaccine in SIDS." So, I don't know that it's definitive. It certainly doesn't sound like it's definitive. But this study concluded that in other words, if I hit you in the toe with a hammer and you have pain one second later, I wonder what caused your toe pain? Probably the hammer.

So, if I give you an injection and shortly after that you become extremely ill and die, I think there probably needs to be an investigation as to why that child died. I mean SIDS is an enigma. There's probably lots of causes of it.

But there obviously have been cases where a child has received a hexavalent vaccination and died in a very short period of time from the time that the vaccination was given. And that's what that study concluded. So, do vaccines cause SIDS?

I don't know. But it looks to be possible. If it walks like a duck, it talks like a duck, if I hit you in the toe with a hammer and it hurts right after the second I hit you, it probably wasn't something you did yesterday, it's probably the hammer that I just hit you with. You get hit with a vaccine, you die, it probably needs to be looked at.

Ty: Well, Irv, thank you so much for spending the time today. Your answers were really concise and very understandable, and I think it's going to be—some of that information's going to help some people that are watching this video. So, I really appreciate you spending the time and going out there on a limb for us, buddy.

Dr. Sahni: Well, I'm always honored to participate in your projects. So, the truth resonates with people.

Ty: Yeah, the truth does. Thanks, brother. Appreciate it.

[End of transcript]