

DO WE NEED TO PROTECT AGAINST INFECTIOUS DISEASES, AND IF WE DO, HOW CAN WE MAXIMISE PROTECTION WITH MINIMUM LONG-TERM HEALTH RISKS?

The Health Department statistics reproduced in my book *Vaccination & Homoeoprophylaxis? A Review of Risks and Alternatives*, 6th ed, show that mass vaccination in developed countries such as USA, UK and Australia, have had much less impact on the deaths from most infectious diseases than have been claimed in governmental literature. However these programs have shown an ability to reduce the incidence of some infectious diseases, such as measles and Hib.

For potentially very serious infectious diseases, such as meningococcal and pneumococcal diseases, prevention makes a lot of sense. This can be assisted by providing children with excellent nutrition and a balanced loving home environment. Yet real-world experience shows that even generally healthy people do succumb to virulent infectious diseases. So in order to maximise levels of protection we must not only improve general health, but must also target the specific disease with disease-specific protection. To my knowledge, there are only two disease-specific methods of protection available – vaccination and homoeopathic immunisation (more correctly called *homoeoprophylaxis* (or HP)).

Without HP, we are faced with the following disease-prevention options; if we have 6 children, divided into vaccinated/unvaccinated and good/poor/malnourished nutritionally, then ranking their **level of protection against a specific infectious disease** would show

Protected	Category		Comment
	Imm. Status	Nutrition	
1 most	Vaccinated	good	
2	Vaccinated	poor	Poor = typical diet of US/UK/Aust children
3	Unvaccinated	good	But less chronic disease than vaccinated children
4	Vaccinated	malnourished	But high risk of dying from vaccine
5	Unvaccinated	poor	
6 least	Unvaccinated	malnourished	

Note that I have stated that poor nutrition is the equivalent of a typical diet of children in developed countries, which unfortunately includes many highly refined foods and bad fats. There is no excuse for this, except the profit motive of “food” manufacturers, and the tardiness of governments and health officials to address the matter. Only recently have orthodox medical associations picked up the call to improve diet. When I first started in practice, doctors laughed at natural therapists who claimed that bad diet was leading to an epidemic of chronic diseases. They said – “eat what you want, our drugs will fix any

problems”. Now, we have been proven correct, and orthodox authorities are playing catch-up.

The problem for parents who wish to maximise protection against dangerous infectious diseases, is that good nutrition alone will not do this, despite its many benefits in preventing chronic debilitating diseases. Vaccinated children will generally (but not always) have a higher level of protection. But vaccination has been demonstrated to increase the risks of most chronic diseases. So what to do???

If we introduce HP into the range of available options, then problem is solved as well as it can be (there is never 100% guarantees of anything with health). We now have 9 possible categories. Remember, this information is based on research demonstrating the safety and effectiveness of HP relative to vaccines. We now find that:

Protected	Category		Comment
	Imm. Status	Nutrition	
1 most	HP	good	No additional chronic disease from immunisation
2(a)	HP	poor	Uncertain ranking, because avoiding vaccine damage is offset by less effective nutrition
2(b)	Vaccinated	good	
4	Vaccinated	poor	But more chronic disease than unvaccinated children
5	Unvaccinated	good	But less chronic disease than vaccinated children
6	HP	malnourished	
7	Vaccinated	malnourished	But high risk of dying from vaccine
8	Unvaccinated	poor	
9 least	Unvaccinated	malnourished	

Available data shows that unvaccinated children with good nutrition are more likely to get a virulent infectious disease than vaccinated children (this is because of higher disease-specific efficacy of vaccine), but unvaccinated children will have less chronic disease. IF the disease is mild, then no vaccine makes clear sense. IF the disease is potentially serious, then vaccines become a definite option (with a clear downside), UNTIL you then introduce HP (with similar efficacy to vaccines), THEN vaccines are clearly not best option. The goal of providing maximum disease-specific prevention with good long-term health is possible, and this is the potential value of HP.

So without HP, there is a trade off between higher protection against serious disease, and worse long-term health (or alternatively, between better general health but less protection against serious infectious disease). With HP the trade off is not necessary.

Once again, this is why HP is so significant in the “vaccinate or not” debate.

The data on which the above rankings are made is contained in my books *Vaccination & Homoeoprophylaxis? A Review of Risks and Alternatives*, and *Homoeoprophylaxis, A Fifteen Year Clinical Study*

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