

References

1. Coulter HL. *Vaccination, Social Violence and Criminality: The Medical Assault on the American Brain*. Washington, DC: Center for Empirical Medicine. 1990.
2. Albonico HU, Braker HU, Husler J. Febrile infectious childhood diseases in the history of cancer patients and matched controls. *Medical Hypotheses*. 1998;51(4):315-320.
3. Abel U, Becker N, Angerer R et al. Common infections in the history of cancer patients and controls. *J Cancer Res Clin Oncol*. 1991;117(4):339-344.
4. Schlehoper B, Blettner M, Preston-Martin S et al. Role of medical history in brain tumor development results from the international adult brain tumor study. *International Journal of Cancer*. 1999;82:155-160.
5. Risnes KR, Belanger K, Murk W, Bracken MB. Antibiotic exposure by 6 months and asthma and allergy at 6 years: findings in a cohort of 1,401 US children. *American J of Epidemiology*. First published online: December 29, 2010.
6. Eneli I, Sadri K, Camargo C Jr, Barr RG. Acetaminophen and the risk of asthma: the epidemiologic and pathophysiologic evidence. *Chest*. 2005;127(2):604-612.
7. Farooqi IS, Hopkin JM. Early childhood infection and atopic disorder. *Thorax*. 1998;53:927-932.
8. Hedaya RJ. *The Antidepressant Survival Guide*. NY: Three Rivers Press. 2000.
9. Bernstein CN. Antibiotic use and the risk of Crohn's Disease. *Gastroenterol Hepatol*. 2013;9(6):393-395.
10. Pesonen E, Andsberg E, Ohlin H et al. Dual role of infections as risk factors for coronary heart disease. *Atherosclerosis*. 2007;192(2):370-375.
11. Graham MH, Burrell CJ, Douglas RM et al. Adverse effects of aspirin, acetaminophen, and ibuprofen on immune function, viral shedding, and clinical status in rhinovirus-infected volunteers. *J Infect Dis*. 1990;162:1277-1282.
12. Plaisance KI et al. Effect of antipyretic therapy on the duration of illness in experimental influenza A, Shigella connei, and Rickettsia rickettsii infections. *Pharmacotherapy*. 2000;20(12):1417-1433.
13. Incao P. Supporting children's health. *Alternative Medicine Digest*. 1997;19:54-59.

WHY do we get SICK?



The hygienic school of health

No one wants to get “sick.” Who needs a fever, vomiting, diarrhea, aches, pains and general malaise (overall yucky feeling)? The reality is that we all may need to experience those symptoms if we want to have a healthy, long life. Why?

For thousands of years mankind has survived in harmony with the cycles of sickness and health by understanding that acute (strong, dramatic and temporary) illness often serves a purpose.

The powerful symptoms of fever, vomiting, diarrhea, rashes, pus, mucus, sweating, coughing and others are how the body detoxifies and heals itself. Since symptoms serve a purpose, suppressing them with fever reducers (such as aspirin and other anti-pyretics) and other drugs and chemicals often interferes with healing.

The hygienic school of health, which is thousands of years old, has traditionally seen acute illness as part of a cleansing process. Hippocrates, the “Father of Medicine,” understood the importance of permitting the body to express symptoms:

Diseases are crises of purification, of toxic elimination. Symptoms are the natural defenses of the body. We call them diseases, but in fact they are the cure of diseases.

The famous medical historian Harris Coulter, Ph.D., after studying thousands of years of medical therapeutics, writes in *Vaccination, Social Violence and Criminality*:

Contracting and overcoming childhood diseases are part of a developmental process that actually helps develop a healthy, robust, adult immune system able to meet the challenges that inevitable encounters with viruses and bacteria will present later on.¹

Acute illness protects against cancer

The benefits of permitting the body to go through a healing crisis without interruption were dramatically revealed when it was found that children that were permitted to have acute febrile infectious childhood diseases (i.e. measles, mumps, chickenpox, pertussis) had less cancer as adults.

This study investigates the hypothesis that febrile infectious childhood diseases (FICDs) are associated with a lower cancer risk in adulthood. . . . The study consistently revealed a lower cancer risk for patients with a history of ICD.²

Colds and flu afford cancer protection

It's not only childhood diseases that improve overall health. Researchers have found that colds and even the flu have powerful healing potential.

A history of common colds or influenza prior to the interview was found to be associated with a decreased [breast, colon, rectum, stomach and ovarian] cancer risk.³

A study from the *International Journal of Cancer* showed that subjects who reported a history of infectious diseases (colds and flu) had 30% less chance of developing brain tumors.⁴



Other studies have linked suppression of symptoms (usually with antibiotics and fever reducers) to asthma, allergies, hay fever,⁵⁻⁶ eczema,⁷ depression⁸ and Crohn's disease.⁹

Heart health

Acute infectious disease is apparently good for the heart. Researchers led by Dr. Erkki Pesonen, from the University Hospital in Lund, Sweden, found that "the risk for acute coronary events decreased significantly with increasing number of childhood contagious diseases." Having two childhood viral infections reduced the coronary risk by 40%; four infections was associated with a 60% decreased risk; and six infections lowered the risk of heart disease by 90%!¹⁰

Immune system damage

Fever reduction (suppression) weakens the immune system.¹¹ It was found that taking aspirin or TylenolTM for the flu could prolong your illness by up to three-and-a-half days.¹²

Are we really doing our kids a favor?

Are we really doing our kids (and ourselves) a favor when we vaccinate against relatively benign childhood diseases and the flu or are we setting ourselves up for cancer?

When we are dealing with acute infectious illness the best policy is to let the body express illness.

As Philip Incao, M.D. writes:

One of the best ways to ensure your children's health is to allow them to get sick.

At first hearing, this concept may sound outrageous. Yet childhood illnesses, such as measles, mumps, and even whooping cough, may be of key benefit to a child's developing immune system.¹³



Sadly, most children and adults have been on suppressive therapy their entire lives: vaccines, fever suppressants, cough suppressants, diarrhea suppressants, antibiotics, steroids, antihistamines, painkillers, decongestants, etc. The result is sicker and sicker children and adults.

Real protection

Permitting natural healing and symptom expression does not mean ignoring an ill person. People must remain hydrated, nourished, comforted and properly managed. However, in our mad dash to protect people from expressing symptoms we should pause to consider that suppression of symptoms is not health.

Symptoms are the way the body heals. By suppressing acute disease symptoms we may be causing deeper, more serious illness later on. When symptoms are permitted to express and release naturally, the body heals faster and the "health crisis" leaves a healthier, cleaner, stronger person in its wake.

True health is when the wisdom of the body is able to express itself without influence so it may function as close to 100% as possible.

When symptoms are permitted to express and release naturally, the body heals faster and the "health crisis" leaves a healthier, cleaner, stronger person in its wake.

