

Natural Immunity - Food for Thought

So why are we racing to develop a vaccine against COVID-19, a common cold and flu virus when we can acquire immunity naturally?

There are several things that need to be considered in answering this question. First, what is natural immunity, how does it benefit the human organism and is it lasting? Secondly, what has the effectiveness been for any vaccine with regard to cold and flu viruses, and thirdly, what is now being proposed to “fast track” a COVID-19 vaccine; is it safe and can it be effective?

What is Natural Immunity?

Natural immunity in essence means that ones immune system, when exposed to a foreign invader, initiates a series of events that keeps the initial exposure from overwhelming the body (innate response) to allow formation of antibodies (adaptive response) to protect against subsequent exposures. This is the mechanism that we as humans have evolved over time to protect us from foreign invaders that share the planet with us such as viruses, bacteria, yeasts, fungi and parasites.

In order to acquire natural immunity several things must take place. Our body’s internal environment must be in good health, which we accomplish through good nutrition, exercise, adequate sleep, good hygiene, stress reduction and taking preventive measures such as using supplements and avoiding known exposures. As viruses, bacteria, yeasts, fungi and parasites are always around us in the environment, we are constantly exposed to them, so it makes little sense to remove ourselves through quarantine or isolation, as our immune systems need exposure to build up antibodies and lasting immunity. By trying to “flatten the curve” through quarantine with the current COVID-19 pandemic, we have only prolonged its presence making it harder for immunity to occur and allowing more and more people to become infected. [1] We also have lost sight of the fact that once immunity is achieved, we are most unlikely to have a problem with it again, [2] a fact that seemingly has been forgotten or ignored by the press, public health agencies and politicians. Therefore we, along with the Surgeon General, [3] do not recommend face masking or social distancing in healthy individuals, so that we may be better able to develop an immune response.

What is the effectiveness of cold and influenza vaccines?

As we have written previously, there is an increasing amount of evidence that getting a flu shot, or worse yet getting yearly flu shots, puts you at higher risk for getting the flu you were just vaccinated against. Additionally, your risk of getting the flu in subsequent years increases the more times you get the flu vaccine, but also remains high even if you do not get re-immunized. [4] According to a Canadian study, following the H1N1 flu epidemic in 2009 patients receiving flu shots in 2008 were 1.4 to 2.5 times more likely to contract the H1N1 flu compared to those who did not receive the vaccination. [5,6]

A study funded by the CDC and conducted by the National Academy of Sciences showed that people who received the influenza vaccine were more likely to shed the virus thus putting others at risk. [7] Additionally, in patients who receive the influenza vaccine, there is an increased risk of developing non-influenza respiratory illnesses, especially among children and the elderly. [8]

But of course because of the current pandemic, we are now looking at producing a vaccine for COVID-19. Vaccines for Coronaviruses in general have been difficult to develop due to the nature of the virus itself and its ability to change as it makes its way through the population. In a study conducted at Oxford University on animals to produce a COVID-19 vaccine, the vaccine, while producing adequate levels of neutralizing antibodies, did not stop viral shedding when compared to unvaccinated animals. All of the animals were infected and continued to spread the disease prompting the researchers to call for a reappraisal of trials on humans. [9] In another animal study, while the SARS-CoV vaccine induced antibody against infection, it also produced a Th2-type immunopathology suggesting hypersensitivity to the vaccine. Here too researchers urged caution in testing on humans. [10]

So why would we want to fast track a vaccine for COVID-19?

To listen to all of the “experts”, government agencies and news commentators, you would think that COVID-19 was poised to eliminate most of humanity. However, while the virus has demonstrated different effects upon different populations, and has resulted in a number of deaths, compared to the seasonal flu the number of cases pale by comparison. If the World Health Organization estimates of a 20% yearly influenza rate are correct, in Europe with a population of 741 million it means that there will be about 148 million cases every year. As of the end of March 2020, there were slightly over 170,000 cases of COVID-19, which if extrapolated over the entire year comes to a little over 1 million cases. [11] In the United States with a population of over 300 million, the flu affects about 60 million people per year and causes far more deaths than COVID-19. While the present COVID-19 cases was estimated to translate to roughly 150,000 200,000 deaths in the U.S. population, these numbers have been revised based upon reexamination of existing data. [12] These numbers certainly pale when compared to the annual influenza, yet little mention about a “pandemic” for the seasonal flu is made despite there being far more deaths associated with it.

It has been known for some time that developing a vaccine to combat Coronaviruses in general is challenging because the antigenic variability of this class of viruses and their ability to mutate thus makes it difficult to produce a vaccine that would address the large variation in viruses that makes its way through the population year after year. [13] What we know to date is that the COVID-19 virus is an RNA virus that is more prone to mutations and antigen variability than a DNA virus and that currently it has mutated into 30 new strains. [14] This would explain why there has been such a variation of clinical presentations that have largely confounded physicians.

As conventional vaccines are generally delivered through the skin (other forms such as oral or mucosal have been developed but are rarely used), they are therefore in need of

preservatives such as mercury to prevent contamination, aluminum to boost the body's immune response, sugars and gelatin to stabilize the vaccine, egg protein that was used as growth medium for the virus and formaldehyde to preserve it all. It is this mixture of adjuvants that is responsible for the side effects encountered when conventional vaccines are administered, especially in infants and small children who receive a proportionately higher dose of them due to a smaller body mass.

Because COVID-19 is an RNA virus and has already mutated a number of times, researchers developing vaccines have begun to utilize techniques that synthesizes messenger RNA (mRNA) to in essence program living cells to produce its own resistance/medicine to combat the virus. This in theory allows the cell to recognize the virus and produce its own defense. This technique utilizes recombinant DNA technology otherwise known as genetic engineering, which allows the manufacturers to produce "subunit vaccines" at a faster rate using "expression systems" that utilize other microorganisms such as bacteria or yeast to produce the vaccine. [15, 16]

Utilizing DNA and mRNA vaccines to produce immunity is a significant departure from the way vaccines have worked. Whereas the "conventional vaccine" causes the immune system to recognize the foreign agent and produce immunity through the innate and acquired immune systems, the new technology reprograms both DNA and mRNA to in essence get them to produce the antigen themselves so it can be recognized by our own immune system. In other words, our own DNA and mRNA are being programmed to produce segments of the viral antigen that is then subject to an immune response.

The problem to date with this technology is that they must have "immunopotentiating" adjuvants in order for the process to work, but that tends to produce an imbalanced and unpredictable immune response by the host. This is one of the reasons that none of these vaccines has been licensed to date as clinical trials have been inconsistent and have resulted in adverse events.

DNA vaccines need to penetrate all the way in to the cell nucleus in order to be effective. This has proven to be a difficult task as we have evolved mechanisms to keep foreign proteins out of our DNA and clinical trials showed them to have "suboptimal potency". Scientists, of course being scientists came up with ways to make the membranes more permeable, techniques still in use today. But what has become of greater concern is that with the introduction of foreign material into a cells nucleus comes the potential to alter the host genome. What this means is that the persons DNA may cause mutations that could result in new diseases and/or produce a genetically modified individual with unknown effects.

The mRNA vaccines do not have the problems associated with them that the DNA vaccines do and because of this are considered the optimal method to develop a COVID-19 vaccine due to the speed of production. The problems with mRNA vaccines are that they are inherently unstable and unpredictable, prone to degradation and have demonstrated that they will over activate the immune response resulting in prolonged and

severe reactions. This is one of the reasons that this class of vaccine has also not been licensed to date. [15, 16, 17]

So why are we racing to develop a vaccine against COVID-19, a common cold and flu virus when we can acquire immunity naturally? In order to answer this question I believe that we really only need to follow the money. Vaccines as we have written about previously generate a lot of revenue for the pharmaceutical companies that produce them. Not only does it produce a lot of revenue (think \$7 billion for the HPV vaccine by 2025) but the manufacturers are not held liable for vaccine injuries thanks to legislation passed by congress. Vaccine injured patients awarded payouts by the vaccine court are funded by the U.S. taxpayer.

What also needs to be considered here is; do medical consumers want to be recipients of an as yet to be licensed COVID-19 vaccine that is being “fast tracked” and will probably not be adequately tested prior to release? (Remember the Swine Flu fiasco?) In essence those who opt to receive the vaccine will be the test population, and considering the many problems and inconsistencies encountered to date, is this something that you would really want to do?

In reviewing the literature for this Food for Thought, I was struck by how similar the techniques and science for development of the DNA and mRNA vaccines were when compared to the action of the [homeopathic nosodes](#) in developing immunity. The pharmaceutical companies are attempting to utilize nano-particles to jump-start the cell process to make its own antigens while the homeopathic nosodes do the same thing in an entirely different way. While the vaccines induce the cell to react utilizing adjuvants and other crude materials, homeopathic nosodes utilize the energy/signature of the virus that allows the cell to produce an innate immune response to defend against the virus. This allows the cells own self-regulating mechanisms to modulate the immune response as we have evolved to do. In my opinion, homeopathic immunizations are far safer and more effective.

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