

Infection resistance equals immune efficiency

With the successes of our antibiotic therapies and our public health improvements we (the American medical community) mistakenly believed that we were about to win the war against disease.

BY STEVEN BAILEY, N.D.

The immune system is truly remarkable. It possesses an innate intelligence that allows us to defend ourselves against a wide variety of organisms, toxic chemicals and other stressors which could easily defeat the immune suppressed individual. While history reveals a long-standing reverence for the immune system, the American medical community has, until recently, downplayed the importance of the natural immune processes. We have predominantly worked on immune replacement products such as antibiotics and vaccination programs as well as public health programs designed toward eliminating the spread of disease and improving sanitation.

With the onset of AIDS, our medical community is renewing their interest in understanding immune competency and developing immune support programs. Prevention is certainly one of the hallmarks of good health, and with AIDS, it is emerging as an essential component of sane sexual practices. This article will discuss some basic components of immune support and good health practices.

The human immune system includes a variety of components including the white blood cells (WBC's), immune chemicals (i.e. immuno-globulines, interferon, etc.), tissue defense as well as the classic inflammatory processes of tumor (swelling), calor (heat), rubor (redness) and dolor (pain). In the healthy individual all of these components are working together to prevent infection and hasten recovery from illness. What we eat, how we respond to stress and our basic lifestyle can all influence how strong or weak our immune system is.

One of the basic elements of immunology is called the disease theory. This theory states that disease comes from the growth or incubation of "infective organisms" which are spread through a "route of contact" to a "susceptible host." This leaves us with three areas of prevention:

- 1) Depression of the "infective organism." This can be accomplished by good sanitation, vaccinations and in late stages, by the use of antibiotics.
- 2) Limiting the "route of spread." In AIDS this relatively easy as we have to share body fluids with an infected person to spread the virus. Other prevention of spread includes hygiene and sane life habits.
- 3) The "susceptible host" part of the disease theory is where we can do the most preventive work. We all know how important this is by our own life experiences. Most of us have avoided getting certain illnesses that others around us have contacted. We are certainly around the cold or flu organisms yet we don't become infected. Most likely we also



Illustration by: E. Ann Hinds

have had the experience of contacting one of these colds or flu when we are stressed or otherwise more strained. This is the area that I will concentrate on in next month's continuation of this article.

With the successes of our antibiotic therapies and our public health improvements we (the American medical community) mistakenly believed that we were about to win the war against disease. With the development of super bacterium (resistance to antibiotics), the failures in finding drugs to treat viral infections and the emergence of AIDS we have once again begun to look into how to enhance our resistance to infection.

Next month I will write about foods and herbs that are known to support immune function. I will also discuss how stress weakens our immune processes, what we can do about it, and programs to optimize our immune strength such as juice fasting and allergy elimination diets.



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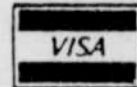


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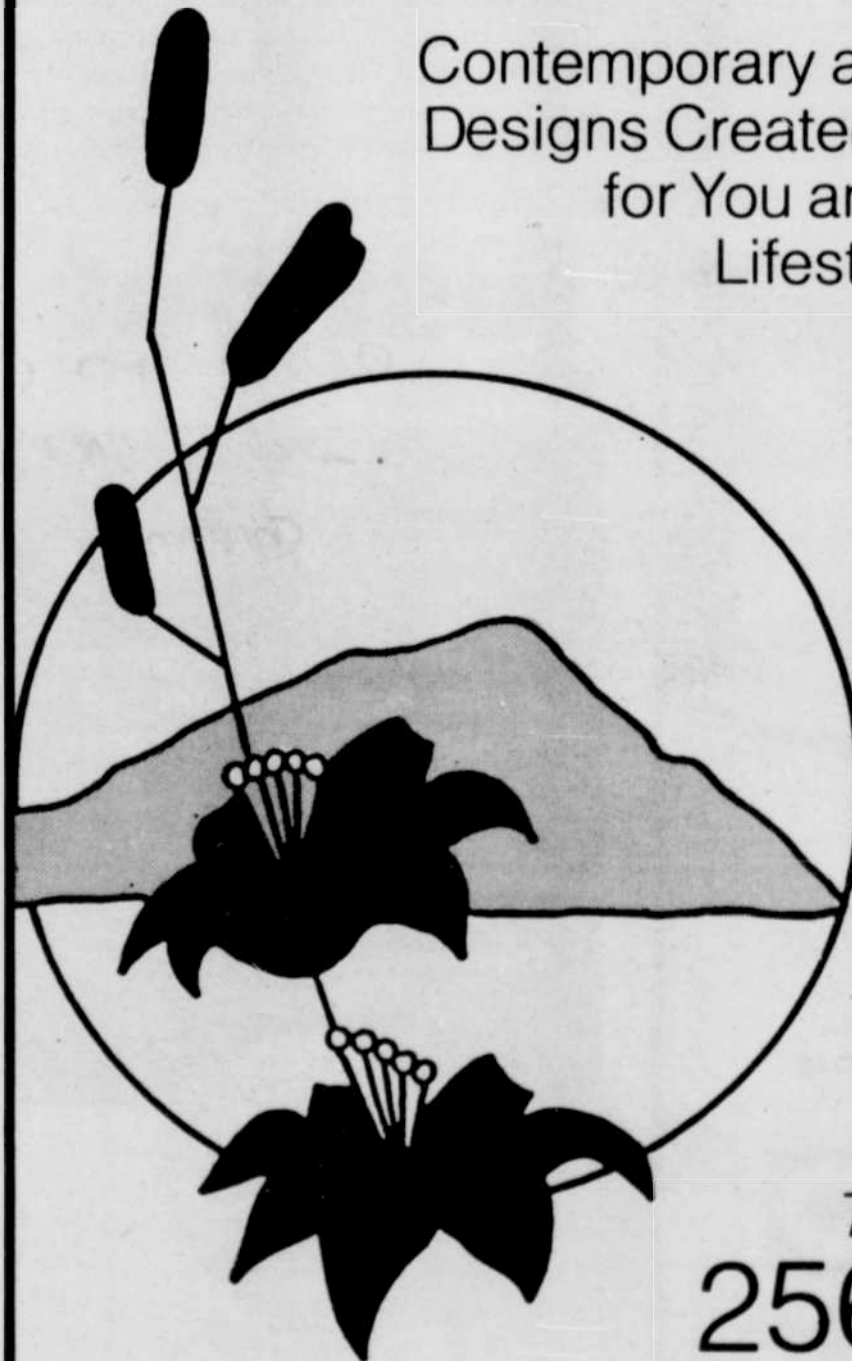


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