

Research Proves that Getting Measles, mumps, and Chicken Pox in Childhood Significantly Reduces Mortality from Heart Attacks and Cancer

**By Rabbi William Handler
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The mortality rate for measles, and many other infectious diseases, have been dropping precipitously throughout the 20th Century—Why?

Well, according to medical historians, like Dr. Suzanne Humphries and Dr. Richard Moskowitz, who have studied the matter thoroughly, the mortality from ALL infectious diseases declined, because of major advances in public health—sanitation, sewage control, clean water, better nutrition and medical care.

Vaccines did not come into the picture until after World War Two, after mortality rates had declined way beyond 90 percent.

So, you see, the key to public health is hygiene, nutrition, and lifestyle.

And, as a matter of fact, in 1962, **Alexander Langmuir**, known as the “Father of infectious disease epidemiology,” described measles as follows:

“Measles is a self-limiting infection of short duration, moderate severity, and low fatality (American Journal of Public health, vol. 52, no. 2, 1962, pp.1-4).

Moreover, professional scientific studies in the medical literature have demonstrated that there are actually significant benefits that accrue to children who live through the standard repertoire of “Childhood diseases”—Measles, Mumps, Chicken Pox.

In 1977, British scientists studied the effects of Childhood Diseases in reducing Ovarian Cancer. They demonstrated that measles brought about a reduction of 53%, mumps 39%, and chicken pox 34%. (Newhouse, M., et al, “A case Control Study of Carcinoma of the Ovary,” British Journal of Preventive and Social Medicine 31:148, 1977)

An impressive array of studies document the same kind of inverse relationship between the incidence of leukemia and lymphoma and the number of febrile (feverish) infections acquired earlier in life.

The more Childhood infections the greater the lifetime protection from genital, prostate, GI, skin, lung, or ENT cancer: One infection—20% reduction; three infections—60% reduction; four infections—76% reduction. (Albonic, H., et al, “Febrile infectious Childhood Diseases in the History of Cancer Patients and matched Controls,” Medical Hypotheses 51:315, 1998).

Moreover, Childhood diseases have been demonstrated to reduce coronary artery disease later in life. (Kubota, Y., et al., “Association of Measles and Mumps with Cardiovascular Disease,” Atherosclerosis 241:682, August 2015).

A crucial difference between blood-injected vaccine-induced immunity and immunity derived from breathing-in the measles virus is that breathing-in the measles virus activates both the humoral and the cell-mediated legs of the immune system, while vaccines do not. As a result, vaccine-induced immunity gradually wanes and does not give lifetime protection from measles as natural measles does.

It should also be noted that children who are injected with the live-virus measles vaccine are perfectly capable of “shedding” the virus and infecting others. In the famous “Disneyland Outbreak” in California, about 40% percent of the measles cases were of the measles vaccine strain, indicating that the vaccine caused those measles cases.

Dr. Gregory Poland, editor of the medical journal *Vaccine*, has admitted that today’s measles vaccine is incapable of providing “Herd Immunity” to protect immunocompromised children, because there is a significant amount of vaccine failure, and there are constantly arriving measles cases from foreign countries, like the Phillipines and Central America. He is presently working in the Mayo Clinic to develop a new generation of better vaccines.

And the waning immunity of the measles vaccine has produced unintended negative consequences.

Unlike previous generations, who acquired lifetime immunity from getting measles, today’s generation is vulnerable to measles when they are old and weak. Moreover, today’s mothers cannot share their immune system with their nursing babies, as they used to do, because their immunity has expired. These babies, who have not yet developed an immune system of their own, are now seriously vulnerable. If they catch the measles, they will likely need an infusion of immunoglobulin.

Today’s measles victims need to rediscover the benefits of Vitamin A in getting through measles safely. Several studies show that severe cases of measles in children are associated with vitamin A deficiency. When patients are given high doses of vitamin A, their complications and chances of dying are greatly reduced.

The World Health Organization recommends the following high-dose injections of Vitamin A for measles patients:
For children one year and older: 200,000 iu on two consecutive days; for children 6-12 months old: 2 doses of 100,000 iu; for children under 6 months: 2 doses of 50,000 iu. (WHO/UNICEF/IVAGG Task Force, Vitamin A Supplements—A guide to their Use in the Treatment and Prevention of Vitamin a Deficiency and Xerophthalmia (Second edition. Geneva: WHO, 1997:8).

Looking at all this data, it is perfectly understandable that highly-intelligent and well-informed mothers would choose to allow their children to have the measles, rather than the deficient vaccine, whose package insert details that many autoimmune diseases that have been observed in children who were given the vaccine during the clinical trials.

And, there is certainly no justification to force these vaccines on families against their sincerely-held religious beliefs.