

## Medicines That Commonly Harm Children

According to a Canadian study reported at the annual meeting of the American Academy of Allergy Asthma and Immunology, antibiotics and vaccines are the medicines that most often cause adverse reactions in children. "There is relatively little pediatric data on adverse reactions, which can range from rashes to potentially fatal hypersensitivity". More than 1,500 Canadian cases were reviewed between 1985 and 1995 by Sandra R. Knowles and her colleagues at the Sunnybrook Health Sciences Center in Toronto. In all, 1,800 drugs were implicated in this study.

The leading problems were caused from: Amoxicillin/Ampicillin with a 24% reaction rate, vaccines in general with a 19% reaction rate, Trimethoprim came in with 8%, Sulfamethoxazole (sulfa drug) at 8%, Erythromycin - was at 3%, and Penicillin also at 3% reaction rate.

## Chiropractic and Bedwetting

Several recent studies have shown the benefits of chiropractic care for children suffering from "Nocturnal Enuresis" more commonly known as bedwetting. Several studies published in the Journal of Manipulative and Physiological Therapeutics showed marked improvement in children with this problem over children who did not receive chiropractic care.

In one study 171 children suffering with enuresis averaged 7 nights of bed wetting per week prior to the study. After the children were given some initial chiropractic care the average child reduced the number of "wet" nights to 4 nights per week. A full 25% of the children receiving chiropractic showed a 50% reduction in wet nights. In addition, only 1% of the children were considered "dry" prior to the study and prior to receiving chiropractic care. After the study 15% of the children were then considered "dry".

In another study, 46 primary enuretic children were studied. Of this group 31 were placed under chiropractic care while 15 were in the control group and did not receive any chiropractic care. The results of this study showed a 17.9% decrease in wet nights for the chiropractic group. Over the same period of time no change was noted for the control group who did not receive any chiropractic care.

## Amazingly, improvement in some of the studies was shown to be immediate after the first adjustment and remain stable thereafter

### Childhood Asthma and Chiropractic

It is estimated that up to 15 million people suffer from asthma. Of those, 14.8 million are children under the age of 18. In 1993 alone, there were 198,000 hospitalizations for asthma. In that same sample year, 342 people under the age of 25 died due to this problem. In money terms, the direct cost of managing a patient with severe asthma has been estimated at more than \$18,000 per year. The following statistics about asthma come from the Better Health & Medical Network.

- Asthma has increased 46% from 1982-1993 with an 80% growth in children under 18.
- In the 5-17 age group, asthma causes an annual loss of more than 10 million school days per year.
- Asthma accounts for more childhood hospitalizations than any other childhood disease.
- Children with asthma spend approximately 7.3 million days per year restricted to bed rest.

- In 1990, there were 7.1 million physician visits for asthma.
- Health care costs for asthma were estimated to be \$6.2 billion, which is almost 1% of the total US health care costs.
- More than 5,200 Americans died from asthma in 1991.

Recent articles in publications such as "The American Chiropractor", and "Today's Chiropractic" describe strong links between people who suffer from these conditions and nerve interference from subluxation. Subluxations are when bones in the spine pressure or irritate nerves causing abnormal nerve function. An article appearing in the Journal of Vertebral Subluxation Research Vol. 1 No. 4, also demonstrated the positive effects of chiropractic care on 81 children with asthma. According to Richard Pistolese, research assistant for the International Chiropractic Pediatric Association, *"Based upon information currently available, chiropractic care represents a safe non-pharmacological health care approach, that may be associated with a decrease in asthma-related impairment, reduced respiratory effort, and a decrease incidence of asthma attacks."* Pistolese goes further to say, *"The correction of vertebral subluxation is a non-invasive procedure, which could reduce or eliminate the need for medication, and potentially ease the severity of the asthmatic condition."*

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## **Chiropractic Helps in Prevention of Recurring Ear Infections.**

In the October 1998 issue of the Ladies Home Journal appeared an article entitled, *"Chiropractic Adjustments for Chronic Ear Infections."* This article reviewed several studies showing the effectiveness of chiropractic care for preventing re-occurring ear infections known as Otitis Media or OM.

According to the article, reoccurring ear infections account for over 35% of all pediatrician visits in the United States. Sometimes these infections are due to bacteria and sometimes these are due to a virus. The most common medical care for this situation has been antibiotics, even though antibiotics have no effect on viruses. While the article mentions that the antibiotic may be effective in an acute bacterial infection, they do nothing to stop repeat infections. Research and statistics is now showing that repeated use of antibiotics is contributing to future infections by creating drug-resistant infections. The surgical approach has met with little long term results as the "tubes" placed in children's ears often come out and usually require a child to be put under general anesthesia to do the surgery.

The article in the Ladies Home Journal states, *"Chiropractic care is thought to prevent recurrent infections by correcting misalignments (called subluxations) and allowing normal fluid drainage from the middle ear."* What the article took special note of was that 6 months after the chiropractic care was given to the children in the study, 80 percent had not suffered a recurrence of ear infections.

In closing the article did make a profound statement. They made a recommendation to parents on this subject. *"If your child is between ear infections and his doctor suggests ear-tube surgery, ask if you can try chiropractic treatment first."* While we agree with that sentiment, we suggest you not wait for a period between episodes, and you don't have to "ask" permission from any other doctor to seek chiropractic care. As the sneaker company said, "just do it!"

## "Chiropractic Care of 401 Children with Otitis Media: A Pilot Study"

Found in the March 1998 edition of *Alternative Therapies* and authored by Fallon and Edelman. (Conclusion) "There is a strong correlation between chiropractic adjustment and the resolution of otitis media for the children in this study, which can serve as a starting point from which those in the chiropractic profession can examine their role."

## Scientific Medical Journal Reports on Nerve Pressure

Spine magazine, a well-respected medical journal, published a study from Texas Woman's University in their January 15, 1999, issue. The report appears to verify what chiropractors have been saying for over 100 years. Although the study was complex, researchers tested something known as the "H-Reflex" to measure the effect of pressure on spinal nerves. What they found was that pressure on spinal nerves, (chiropractors have referred to this as **subluxation**), causes measurable changes in the H-reflex. This shows a change in nerve function due to pressure on nerves.

Although this study is good, it only serves to verify prior chiropractic research on **subluxation**. In two separate studies, it was shown that as little as 10 to 45 millimeters of mercury pressure, (the weight of a coin on your hand), placed on the nerve root was enough to change the nerve impulses by 40 to 60 percent in minutes. This kind of research is good, but it only serves to verify what chiropractic patients have known for over 100 years. Chiropractic Works!

## GPs Give Children Unproven Doses

A research report published in the journal *Archives of Disease in Childhood* says GPs are prescribing a significant number of drugs to children in doses that have not been officially approved for use, according to research.

Researchers found that the practice of prescribing drugs to children that are outside the terms of the product license or not specified on the label (off-label) is widespread among GPs.

There is evidence to suggest that adverse drug reactions among children in hospital are higher for off label and unlicensed drugs.

The research team examined the prescribing records for 1997 for one suburban general practice. Children up to the age of 12 represented one-fifth of this practice's list. Around two-thirds of them were given at least one prescription during the year.

The practice records showed there were almost 3,500 prescriptions for almost 1,200 children involving 160 different drugs.

Some 84% of the drugs had been prescribed for licensed medicines within the terms of the product license. Less than half of one per cent were for unlicensed medicines, but one in 10 were for off label licensed medicines. Almost all of these involved using dosages that were not recommended on the label.

By far the most frequently prescribed off label drugs were antibiotics. Other off-label drugs included anti-asthmatic medications, creams, and antihistamines.

The authors stress that GPs are not to blame for the current situation. Instead, say the authors, they are victims of inadequate product license information which recommends, for example, that the same dose of a commonly prescribed antibiotic should be given to a new-born and a 10-year-old.

Licensing, say the authors, is unable to keep abreast of current practice and there is no system to monitor and co-ordinate the information.

There is also little incentive for the pharmaceutical industry to carry out research on drugs that are already licensed, and funding for research into the way medicines are used in children is not considered a high priority.

However, they go on to say: "It is essential that the regulatory framework ensures medicines in children are safe, effective, and of high quality."

Lead researcher Dr John McIntyre, from the University of Nottingham, said research had found that adverse reactions to drugs among children occurred in 6% of unlicensed or off-label medicines, compared with 3.9% of licensed prescriptions.

### **Medication errors frequent in schools**

Nearly half of U.S. school nurses surveyed for a recent University of Iowa (UI) study reported medication errors in their schools in the past year. In addition, three quarters of the nurses reported that unlicensed personnel such as school secretaries, health aides and teachers dispense medications to students in their school systems.

The findings are contained in a study led by Ann Marie McCarthy, Ph.D., associate professor of nursing at the UI, and published in the November issue of the *Journal of School Health*. The survey, which was completed by 649 school nurses throughout the United States, looked at medication administration in schools, including policies and guidelines governing the dispensing of drugs to students, the types of medication commonly administered, and which school personnel were authorized to dispense medications.

According to the study, school nurses estimated an average of 5.6% of students in grades kindergarten through 12 receive medications on a typical school day, with the majority -- 3.3% -- receiving medication for attention deficit hyperactivity disorder (ADHD). Other common medications include over-the-counter medications, analgesics, asthma and anti-seizure medications.

Errors included giving an overdose or double dose (22.9%), giving medicines without authorization (20.6%), giving the wrong medicine (20%) or unspecified mistakes (29.8%).

"When you put it all together -- more children, more health problems and more medications -- there are more opportunities for errors to occur," McCarthy said.

**SOURCE:** *Journal of School Health*, November 2000

## *Vaccinating Our Children: A Shot in the Dark Dr. Witticar*

In the May issue of *Health & Healing*, I told you about the two most common sources of toxic mercury: seafood and dental amalgams. But there's a third source of mercury that you should know about, particularly if you are the parent or grandparent of a young child or are expecting to have a child: vaccines.

Until recently, a form of mercury called thimerosal was used as a preservative in many of the vaccines given to infants and young children, including vaccines for hepatitis B, influenza, diphtheria, tetanus, pertussis, and *Haemophilus influenzae* type b (Hib). Congressman Dan Burton (R-Indiana), who spoke before the House Committee on Government Reform's hearing on mercury and medicine last year, knows just what this poison can do to the delicate brain and nervous system of a young child: his once-healthy grandson, who was given vaccines for nine different diseases in one day, now suffers from autism.

In Burton's estimation, his grandson may have received, in the space of a few hours, 41 times the amount of mercury at which harm can be caused. Unfortunately, his grandson's experience is not unique.

<b>Mercury</b>	<b>Destroys</b>	<b>Brain</b>	<b>Cells</b>
As I mentioned in the newsletter, mercury is a neurotoxin that is especially damaging to the developing brain and nervous system. A growing number of researchers believe that the soaring rates of neurological and developmental disorders in our children can be linked to a corresponding increase in the number of government-mandated vaccines.			

The number of compulsory vaccines has increased from 10 to 36 in the past quarter-century, and over that time period, there has been a simultaneous increase in the number of children suffering from disabilities that prevent them from reaching their full potential. The incidence of learning disabilities and attention deficit disorder has doubled in the past 25 years, while autism has increased by an incredible 200 to 500 percent in every state in the U.S. in just the last decade.

Thanks to pressure from concerned physicians, scientists, and involved citizens, the U.S. Public Health Service in 1999 requested that vaccine manufacturers make efforts to reduce or eliminate mercury from their vaccines. At this time, mercury-free versions of most vaccines given to infants and small children have become available. However, in some cases these represent additions to the vaccine market — not replacements for mercury-containing vaccines, which are still being marketed and sold.

### **Avoid "Triple-Threat" Vaccines**

Insisting on mercury-free vaccines for your child will eliminate some but not all of the risk associated with vaccinations. Another problem has to do with "trivalent" vaccines (those containing three different diseases in one shot, such as the measles-mumps-rubella, or MMR, vaccine). Some researchers have linked trivalent vaccines with a dramatically increased risk of autoimmune diseases, including insulin-dependent diabetes, asthma, multiple sclerosis, lupus, Crohn's disease, chronic fatigue syndrome, and rheumatoid arthritis — not to mention autism and attention deficit disorder.

As with mercury in vaccines, there is a way to avoid this problem: insist upon monovalent (single-disease) vaccinations. Most physicians' offices do not keep these on hand, so you'll need to request them in advance.

### **Make an Informed Decision**

Keep in mind that having your child vaccinated is a choice, not a requirement. All states allow for medical exemptions, and all but two (Mississippi and West Virginia) allow for religious exemptions. Some enlightened states even allow for philosophical exemptions.

Only you can make this difficult decision. Before your child's next vaccination, I urge you to take some time to educate yourself about the relative benefits and risks of vaccines. One good site to visit on the Internet is the National Vaccine Information Center, [www.909shot.com](http://www.909shot.com). The NVIC was founded in 1982 by parents of vaccine-injured children to create a centralized reporting system for vaccine injuries so that more children would not be harmed. Since then, it has become a valuable resource for accurate information about vaccine safety and informed consent.

### **A 1986 Law To Eliminate Liability**

After national publicity in 1982 with the broadcast of the NBC-TV documentary *DPT: Vaccine Roulette* informing the public about DPT vaccine risks, the vaccine manufacturers and physician organizations lobbied Congress for legislation to protect them from vaccine injury lawsuits. Parents of vaccine injured children, who co-founded the National Vaccine Information Center, fought to protect the rights of families and to insert vaccine safety provisions in the law such as mandatory reporting and recording of vaccine reactions by physicians. Federal health officials opposed the legislation to the very end, maintaining that vaccines have no substantial risks and that those children who are injured or die following vaccination are, in effect, genetically defective and would have died or been disabled even if no vaccinations had been given.

### **The Clinton Administration, The National ID and Electronic Tracking Systems**

Bill Clinton's election in November 1992 brought Donna Shalala, close friend of Hillary Clinton, to Washington, D.C., as the nation's new Secretary of Health and Human Services. (Founded in 1973, the Children's Defense Fund (CDF) was formerly chaired by Hillary Clinton and then by Donna Shalala and is now headed by Marian Wright Edelman. One of CDF's main goals is to register and monitor all children in a national computerized vaccination tracking system.) Within weeks of taking office in January 1993, Shalala announced "President Clinton's Immunization Initiative."

Although public opposition to the Unique Health Care Identifier Number, National ID "smartcard" and a medical records tracking system eventually scuttled Hillary's Health Care Plan, on April 1, 1993, Senators Ted Kennedy (D-MA) and Don Riegle (D-MI) and Congressman Henry Waxman (D-CA) introduced "The Comprehensive Child Immunization Act." A key provision in this bill directed Secretary Shalala to "establish a national system to track the immunization status of children." Information obtained on citizens could be used by government health officials and disclosed to other third parties without the consent of the individual or parent or guardian. The price tag to set up the electronic surveillance database, which would track citizen's movements from state to state, was \$1.1 billion.

**Conclusion** The government push for a national ID and national electronic medical records database originated with the desire by government and industry to find an institutional mechanism to enforce mandatory vaccination. The linking of state vaccine tracking registries to a national medical records database operated by government can be used not just to enforce vaccination but also to limit health care choices and impose economic and other sanctions on those who do not conform to any government health policy.

Children are already being denied an education and being turned down for health insurance by HMOs for failing to be vaccinated with all government recommended vaccines. Vaccination status is being linked to government entitlement programs, and there have been suggestions by legislators at both the state and federal levels to make the obtaining of a child tax deduction dependent upon compliance with vaccination laws.

Being tagged and tracked in a government-operated electronic surveillance database could lead to severe economic and other government-sanctioned punishments at the hands of health officials assigned police powers to "protect the public health." Citizens who do not, for example, comply with government mandates to use an AIDS vaccine when it is brought to market in the future could effectively be prevented from functioning in society by being denied an education, health insurance, a driver's license, employment or even admission to a hospital, hotel or airplane.

The erosion of medical freedom, privacy and the right to self determination under the guise of protecting the public health is a threat to individual liberty and the very foundation of freedom as we have known it since the Constitution was ratified in 1787 and amended by the Bill of Rights in 1791. A de facto medical dictatorship, which has been set up by government health officials using police powers assigned by state legislatures, affirmed by the Supreme Court in Jacobsen v Massachusetts, fueled by federal funds, and aided by politicians eager to control the people "for the greater good," is destroying the most sacred of all individual freedoms: the human right to choose what one is willing to die for or, in the case of a parent, what one is willing to risk a child's life for.

If the state can tag, track down and force citizens against their will to be injected with biologicals of unknown toxicity today, then there will be no limit on what individual freedoms the state can take away in the name of the greater good tomorrow. It is time for Americans to call a halt to the immoral use of utilitarianism by government officials to justify and enforce public policy and to reclaim our right to freely and privately choose the kind of health care we want for ourselves and our families.