

Opinions

Best medicine is to ask questions

Should you take a flu shot or skip it?

A number of people representing a host of interests have requested I write about the efficacy of vaccinations for the flu and/or H1N1 (swine flue) virus.

In answer to the stated question, it might be best to first consider that 70% of doctors and nurses, and 62% of other health care workers do not get the yearly flu shot, according to the Journal of General Internal Medicine, vol. 21, issue 2.

This evidence seems to conflict with Dr. Christine Hahn, M.D., State of Idaho Epidemiologist who says, "Vaccines are the best way to protect yourself and your children from the flu."

If Hahn is correct, why do so many health professionals choose to avoid inoculations?

Health care professionals who opted to skip vaccinations gave three reasons why: They didn't believe the vaccine would work; they believed their immune systems were strong enough to withstand exposure to the flu; and they were concerned about side effects.

According to 2004 data from the Cochrane Collaboration, universal immunization of healthy adults is not supported by the data.

Supporters of vaccinations often tout death statistics as a means of persuasion to take a vaccine. For example, the Centers for Disease Control says an average of 36,000 Americans die from the flu or related complications annually. However, some doctors such as Dr. Joseph Mercola question this statistic, saying the true number of flu deaths is closer to 1,100 as most people succumb to bacterial infections, like pneumonia, not the flu virus itself.

This October, state and federal officials are urging people to be vaccinated for both the seasonal flu and H1N1. Tremendous pressure has been brought

All I Have to Say

By Ben Jorgensen
Editor

to bear on the fast track production of the swine flu vaccine in an effort to prevent thousands of anticipated deaths.

Under such hurried efforts, one must ask how much safety testing has gone into the H1N1 vaccine.

Another question to pose to your health care provider is how much testing has been done on how taking multiple vaccines (either over time or in a short duration) interact with each other and effect human health? It is commonly known that pharmacists must avoid prescribing drugs that when combined could be lethal or produce severe side effects.

What about the same sort of consideration for vaccines?

How about ingredients? Just as you would not consume an unlabeled beverage sitting on a cafeteria counter, why take an injection without knowing what is in it?

According to the CDC, the majority of flu vaccines contain thimerosal, a derivate of mercury that is 49% mercury by weight.

Health and government officials claim numerous studies prove thimerosal to be safe. They are even relaxing current safety standards for mercury consumption for children and pregnant moms.

It should be noted that the government is directly contradicting itself by allowing the use of mercury in vaccines. Flu vaccines may contain as much as 25mcg of mercury, which is more than 250 times the safe limits for mercury as allowed by the EPA.

You may also be unaware that flu strains are often cultivated in chick embryos then inactivated by formaldehyde, which is a known cancer-causing agent.

In addition to mercury, flu vaccines may also contain aluminum -- a neurotoxin that has been linked to Alzheimer's disease; Triton X-100 -- a detergent; Phenol (carbolic acid); Ethylene glycol (antifreeze); Betapropiolactone - a disinfectant; Nonoxynol - used to kill or stop growth of STDs; Octoxinol 9 - a vaginal spermicide; and sodium phosphate.

The *British Medical Journal* published a study in 2006 that analyzed all pertinent vaccination studies and found that flu vaccines had little or no effect on influenza objectives such as hospital stay, time off work, or death from influenza and its complications.

A study published in the October 2008 issue of the *Archives of Pediatric & Adolescent Medicine* found that vaccinating young children against the flu had no impact on flu-related hospitalizations or doctor visits during two recent flu seasons.

Lancet published a study in 2008 that determined influenza vaccination was not associated with a reduced risk of pneumonia in older people. The findings are supported by an earlier study published in *The New England Journal of Medicine*, a publication no one can sneeze at.



Research published in the *American Journal of Respiratory and Critical Care Medicine* also confirms that there has been no decrease in deaths from influenza and pneumonia in the elderly, despite the fact that vaccination coverage among the elderly has increased from 15 percent in 1980 to 65 percent now.

In 2007, researchers with the National Institute of Allergy and Infectious Diseases, and the National Institutes of Health published this conclusion in the *Lancet*

Infectious Diseases: We conclude that frailty selection bias and use of non-specific endpoints such as all-cause mortality, have led cohort studies to greatly exaggerate vaccine benefits.

A large-scale, systematic review of 51 studies, published in the *Cochrane Database of Systematic Reviews* in 2006, found no evidence that the flu vaccine is any more effective than a placebo in children. The studies involved 260,000 children, age 6 to 23 months.

So why is the flu prevalent in fall and winter but not summer? Could the flu actually be a vitamin D deficiency?

Vitamin D, the sunshine vitamin, may very well be one of the most beneficial vitamins there is for disease prevention.

Dr. John Cannell and colleagues published a 2006 paper called *Epidemic Influenza and Vitamin D* in the journal *Epidemiology and Infection* that raises the possibility that influenza is a symptom of vitamin D deficiency.

The vitamin D formed when your skin is exposed to sunlight regulates the expression of more than 2,000 genes throughout your body, including ones that influence your immune system to attack and destroy bacteria and viruses. Hence, contracting the flu bug could be a sign that your vitamin D levels are too low, allowing a virus to overtake your immune system.

At least five studies show the higher your vitamin D level, the lower your risk of contracting colds, flu, and other respiratory tract infections, including a 2007 study suggesting higher vitamin D status enhances your immunity to microbial infections. (www.pubmed.gov).

Another 2009 report in the journal *Pediatric Research* stated that infants and children appear more susceptible to viral rather than bacterial infections when deficient in vitamin D.

According to *Mercola.com* there are 58 million American children who are vitamin D deficient and 7.6 million are severely deficient.

Some of the best measures you can take to boost your immune system and health in general is to get plenty of sunshine or supplemental vitamin D3, eat right for your nutritional type, avoid sugar as much as possible, exercise regularly, get enough sleep, and wash your hands often.

The best choice to make as to whether or not to take a flu shot is to be informed.

Guest Editorial OTC, prescription drug use on the rise

By Sharlene Johnson
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The reports are in: Although the national percentage of teens using illegal drugs is down, the number of teens abusing prescription medication and over-the-counter drugs has reached record highs. I have been receiving a lot of emails and letters from various resources regarding the rise in youth abuse of over-the-counter medications and prescription drug use. I thought I would take a look at our local stats and see how we compared.

In the 2008 Substance Use and School Climate Survey administered to 6th, 8th, 10th, and 12th graders at Kamiah schools, up to 7% reported using over-the-counter (OTC) or prescription drugs for non-medical purposes. That is alarming to me and I feel the need to educate parents and grandparents of the dangers of leaving their medicines and medicine cabinets unattended.

Drugs such as OxyContin, Ritalin, and Vicodin have become so common among today's youth that more than 15 percent of high school seniors nationally say they've taken at least one prescription or OTC pill for non-medical purposes within the past 12 months. And in 2005, the National Survey on Drug Use and Health revealed that more than two million teens had abused prescription drugs that year alone.

The adolescents and teenagers who use prescription or OTC medication for other than approved purposes do so for a wide range of reasons - some take the drugs recreationally to get high, while others cite sleep problems, concentration lapses, and pain as precursors to their illicit use of these substances. Regardless of what initially motivated them to take the drugs, though, youth who use prescription and OTC medications without a doctor's supervision expose themselves to considerable risks - not the least of which are arrest, addiction, and death.

Over-the-counter drugs are medications that can be purchased at a pharmacy, grocery, or convenience store without a prescription to treat the symptoms of common colds or pains, such as a headache. The Food and Drug Administration (FDA) has determined that these medications have medical benefits for common ailments and are safe for general consumption if taken exactly as prescribed by the packaging.

However, *all* drugs, including OTC medications, change the body's function or chemistry from its natural state and can be harmful if they are not taken as directed. For example, the common painkiller Ibuprofen (more commonly known as Advil®) can cause kidney damage if taken for prolonged periods or in excessive dosages.

As is the case with any drug, overdoses from OTC medications, can occur. One type of OTC medication that is especially dangerous when abused is Dextromethorphan (DXM), which is found in many types of cough syrup. From 1999 to 2004, there was a seven-fold increase in cases of poisoning and overdoses related to the abuse of DXM reported to poison control centers nationwide. Most of these were among 15- and 16-year-olds. An overdose on over-the-counter drugs can vary greatly depending on what other drugs they are mixed with, the amount of drugs taken, how quickly they are taken, and the individual's body chemistry. Some over-the-counter drugs can even cause death if used incorrectly.

Parenting a teenager has never been an easy proposition, and the rising popularity of prescription and OTC drug abuse makes this difficult endeavor all the more challenging. But constant vigilance and continued education remain the primary tools for raising a healthy child. Learning all you can about the emerging threat of prescription and OTC drug abuse will put you in the best position to stop your children from making the wrong choice, or get them the help they need if they have already taken their first steps down this dangerous path.



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