

ARTICLES & NEWS: FEVER MANAGEMENT AND OUR HEALTH

IS FEAR OF FEVER HURTING OUR CHILDREN?

By Edda West - VRAN Newsletter January-March, 2003

As paradigms go in the world of disease management, there is none more deeply ingrained than the fear driven belief that without vaccinations we are doomed to attack from legions of killer diseases. It's shadow partner, "fear of fever" compels us to suppress fever whenever it arises and insures our captivity to monopoly, sickness oriented medicine. The medical/pharmaceutical empire flogs us with these tactics, imprinting fear in the collective psyche, the favourite tool with which they dominate the masses and usher us down the slippery slope of health breakdown and drug dependency.

Vaccinations and fever suppressants, along with the overuse of antibiotics and exposure to multiple chemical contaminants in the environment, are at the root of the decline in children's health and vitality, manifesting at large in the disablement of immune function, neurological function, and upsurge of chronic diseases in large segments of society today. Children in particular have been hit hard as they are the most vulnerable members of society. New evidence is now emerging that fever suppressant drugs may be another contributing factor to the explosive epidemic of neurodevelopmental disorders like autism.

As loving and caring parents, we naturally want to help our children feel better when the inevitable fevers, flus, colds and various illnesses arise in childhood. Many will reach for popular over-the-counter remedies to suppress fever and alleviate symptoms in the belief that these products are reliable, effective, and safe. But how safe are they really? And what are the risks when fever is suppressed and symptoms masked? Does fever have a critical function in fighting sickness that we have lost sight of?

There is plenty of scientific evidence validating the benefits of fever in fighting viral/bacterial inflammations and it's important role in the healing process. Fever increases survival rate during infectious diseases - basic information that has yet to reach the majority of people who remain misinformed and misled by pharmaceutical and medical propaganda which still shamelessly advocates the use of antipyretic drugs at the first sign of fever. The myth that untreated fevers will lead to seizures and brain damage is perpetuated ad nauseam. Fever is maligned, misunderstood and seen as an enemy to be feared rather than an ally that signals the immune system gearing up for action.

Aspirin was once commonly used to suppress fever until it was linked to Reye's syndrome when given to children with viral infections like influenza and chickenpox. Reye's syndrome is an often fatal disease affecting the brain and liver, a primary reason doctors switched to acetaminophen, which we now know to be **the** major cause of liver failure. One disaster after another!

Acetaminophen is such a common ingredient used in both over-the-counter and prescription medications, people may be unaware of its presence in the many popular brands of fever, pain, colds and flu medications. Health Canada recently issued an alert cautioning that the overuse of these over-the-counter remedies can lead to serious liver toxicity and death.

"Parents should be especially cautious when giving children any products containing acetaminophen. For example, the parent of a child with a flu-like illness may use one product to treat the child's fever and another to treat a runny nose, without realizing that both products contain the same ingredients. A recently published article identified acetaminophen overdose as **the number one cause of acute liver failure** in the US, and most of these overdoses were unintentional. Often, several preparations of the same brand (e.g. Tylenol Pain and Tylenol

Sinus) or several medications for the same symptoms (e.g. Tylenol Cold, Neo-Citran and Sinutab) are found in the same household and, when used together, can result in an overdose."⁽¹⁾

It is important to understand that fever is not a disease, but rather a symptom of an illness. Controversies surrounding the management of fever cause enormous anxiety in parents, often resulting in a knee-jerk, fear based reaction to kill the fever with drugs. As long as we remain captive to the medical myth that nature made a mistake in causing fever to arise during illness, our children will be put at risk. There is an urgency for us to re-examine our basic assumptions about the nature of fever and its evolutionary role in the survival of the species.

High fevers in some diseases like measles and roseola are needed in order to discharge the virus. In a clinical study of 56 children during a measles epidemic in Ghana, Africa in 1967, it was standard practice to treat every case of measles with sedatives, antipyretics like aspirin and tylenol, cough suppressants, and also as needed with antibiotics. In the first half of the epidemic, 35% of the children died. But the treating doctors also observed that the children who survived were usually the ones who had higher fevers and more severe rashes than the ones who died. Although the ones who died seemed less sick than the survivors at the beginning of the illness, they then later got pneumonia and died.

At a vaccine risk conference in 2000, Dr. Philip Incao cited this study as an example of the vital role of fever. "The doctors began to think that the higher fevers and rash helped clear the measles virus from the body and enhanced survival. And so half way through this measles epidemic, the doctors revised their treatment and gave no sedatives, no aspirin or tylenol, nor cough suppressants, but still gave antibiotics, antimalarials and blood transfusions if needed. In this group, also of 56 children, only 7% died compared to 35% in the first group. This is a dramatic demonstration, and there are many others, of the vitally important basic principle that it is dangerous to suppress an inflammatory discharge."

"Hippocrates recognized this over two thousand years ago. In any inflammatory infectious disease, what is discharged out of the body can be frightening to look at, but that's not what kills us. What can kill us comes from the toxic effects of what's left inside the body and what's not being discharged."

"What I read in this study twenty years ago confirmed what I experienced in my own practice, that the children who produced higher fevers and strong rashes, and good discharges of mucous and pus, were healthier and more robust and had stronger immune systems than the children who produced a low intensity of these symptoms. **These robust children in my practice, who vigorously externalized and healed their infections spontaneously, often without antibiotics, had had little or no antibiotics, or antipyretics, or vaccinations in their lives.** And the other children who had had all their vaccinations, and lots of antipyretics, and antibiotics - who had had a lot of suppressive, internalizing medical treatments, these children never got high fevers. And these children were the ones who were more likely to have allergies and autoimmune problems."⁽²⁾

The pervasive belief that fever is dangerous and must be suppressed disregards the scientific evidence demonstrating its beneficial role in inflammatory diseases. The immune system depends on the essential role of fever to accomplish myriad tasks when gearing up to fight infections. New Zealand researcher Hilary Butler has assembled an impressive list of citations from medical literature to prove this point. We are grateful for her work, and include these excerpts as an addendum to this article.

"Doctors do a great disservice to you and your child when they prescribe drugs to reduce fever" says Dr. Robert Mendelsohn, pediatrician and author of [How To Raise A Healthy Child in Spite of Your Doctor](#). "Fever phobia is a disease of pediatricians, not parents, and to

the extent that parents are victimized by it, doctors are at fault." Parents are left to fear that their child's temperature will keep rising unless measures are taken to control it. "They don't tell you that reducing his temperature will do nothing to make the patient well or that our bodies have a built-in mechanism, not fully explained, that will prevent an infection-induced temperature from reaching 106 degrees F (41 degrees C)"⁽³⁾

Mendelsohn emphasizes that, "**Only in the case of heatstroke, poisoning, or other externally caused fevers is this bodily mechanism overwhelmed and inoperative.**" This would also include drug reactions and overdose.

Fever: Your Body's Defense Against Disease is the title of chapter 7 in Dr. Mendelsohn's book, and undoubtedly one of the best guidelines ever written for parents seeking a balanced and accurate perspective of the beneficial and defensive role of fevers in childhood. He condemns the useless and dangerous practice of fever suppression through drugs. "If your child contracts an infection, the fever that accompanies it is a blessing, not a curse. The spontaneous release of pyrogens cause the body temperature to rise, a natural defense mechanism needed to fight disease. The presence of fever tells you that the repair mechanisms of the body have gone into high gear. It is something to rejoice over, not to fear."⁽³⁾

He counters the myth that high fever causes seizures. "Many parents are fearful of fevers because they have witnessed a convulsive seizure and believe that their child may experience one if his temperature is allowed to rise too high. **High fevers do not cause convulsions.** They result when the temperature rises at an extremely rapid rate and are relatively uncommon. It is estimated that only 4 percent of children with high fever experience fever related convulsions. There is no evidence that those who do have them suffer any serious aftereffects as a result."⁽³⁾

"Fever produced by viral or bacterial infections will not cause brain damage or permanent physical harm. Fevers are a common symptom in children and are not an indication of serious illness unless associated with major changes in appearance and behavior or other additional symptoms such as respiratory difficulty, extreme listlessness or loss of consciousness. The height of a fever is not a measure of the severity of an illness."⁽³⁾

Numerous studies have shown that fever enhances the immune response by increasing mobility and activity of white cells called leucocytes which disable bacteria and viruses and remove damaged tissue from the body. A complex sequence of immune activities is activated by fever. Antiviral and antibacterial properties of interferon are also increased with fever. With a rise in temperature, iron is removed from the blood and stored in the liver, further disabling the rate at which bacteria can multiply. Studies of artificially induced fevers in laboratory animals infected with disease have shown that elevated temperatures **enhance survival**, while lowered temperatures **increase the death rate**.⁽⁴⁾

There is an exception however. When fever arises in a newborn baby in the first few weeks of life, there is a heightened level of caution. "Newborn babies may suffer from infections related to obstetrical interventions during delivery, prenatal or hereditary conditions, aspiration pneumonia from amniotic fluid forced into the lungs because of overmedication of the mother during delivery...and exposure to the legion of germs that abound in the hospital itself", writes Dr. Mendelsohn who advises parents to seek medical help if a baby runs a fever in the first two months of life. Breastfeeding plays a critical role in preventing infections in infants. Breastfed babies are superbly protected from a vast range of pathogens and have a lesser risk of developing fevers in the newborn phase of life.

It is known that the blood-brain barrier is not intact until at least 6 weeks of life. This is why fever in very young infants, raises a big caution flag because of the ease with which pathogens, viruses/bacteria can gain access to the baby's brain/nervous system creating a

higher risk for meningitis. When medical help is sought for a feverish infant under 6 weeks of age, it may lead to invasive procedures like spinal taps, antibiotics, steroids and fever suppressants, which are also not without risk. If a parent disagrees with the course of treatment, they are likely to encounter hostility from the medical staff, as recently happened to a Boise area mother who lost custody of her 5 week old baby when she took her to the local ER for a check up.

The baby had been fussy and feverish all day, and the mother wanted to make sure everything was alright. She consented to blood tests, urinalysis, x-ray and I.V., but declined the spinal tap and wanted to wait for what the test results might show. She calculated that there was about a 95% chance her baby did **not** have meningitis and likely had the same cold the family had just gotten over. Her decision to forgo the spinal tap and antibiotics prompted the hospital to call Child Protective Services and the baby was taken from her. The doctor felt the child's life was in danger because the mother refused "life-saving treatment", despite the fact that the baby had improved significantly after some hours on I.V..

It would seem prudent to protect newborn infants during this early, vulnerable time from exposure to **any** situation, or procedures that would put them at risk of developing fevers. Yet, the majority of newborns and young infants are vaccinated in the first 6-8 weeks of life. Doctors know full well that the injection of vaccine cocktails containing a brew of viral/bacterial particles, foreign proteins, adjuvants and chemical preservatives will likely precipitate a feverish reaction in a large number of babies. They even anticipate this, and often advise parents to dose the child with "baby tylenol" prior to going in for the shot(s). And in the aftermath of vaccination, the standard reassurance given to worried parents calling the doctor's office with a fussy, feverish newly vaccinated baby, is "It's perfectly normal - nothing to worry about. Just give the baby some tylenol."

In their determination to initiate vaccine agendas as soon as possible, there is a curious and willful blindness amongst doctors in the vaccine establishment. Why is there no concern about the impact of vaccine induced fevers in infants during this critical early period of life? Why is it that if a spontaneous fever arises in the newborn, it is viewed as a potential medical emergency, but if the fever is vaccine induced, it is brushed off as "normal" and parents are advised to suppress it with antipyretics?

The medical mindset that imposes vaccine schedules in early infancy violates a fundamental precautionary principle which disregards the fragility of the baby and the vulnerability of the immature brain/nervous system/immune system. Just look at the double standard operative here. On the one hand parents are cautioned to seek immediate medical help if fever develops in the newborn, yet are heavily pressured to submit their babies to multiple vaccines without regard for the fact that these injections are the primary cause of fever in young infants. Fever is knowingly induced during these early weeks of life, when all common sense and instinct should prevail to protect the infant from this outcome.

It is not only the vaccine induced fevers which raise a caution. While the fever signals the infant's immune response to the artificially implanted viral/bacterial and chemical agents he/she is forced to cope with, the bigger question is - what deeper affect do these toxic substances have, now that they have access to the blood stream, vital organs and the immature brain/nervous system? And what additional insult to injury occurs when the resulting fever is then manipulated with antipyretic drugs preventing the normal mobilization of the immune system?

A new theory regarding a potential cause of autism is currently being explored by Dr. Anthony R. Torres, M.D., Senior Scientist and Director of the BioMedical Lab at Utah State University. His hypothesis questions whether fever suppression is involved in the etiology of autism and neurodevelopmental disorders.

Dr. Torres is investigating evidence suggesting that the etiology of autism involves infections of the pregnant mother or of a young child. "Most infections result in fever that is routinely controlled with antipyretics such as acetaminophen. **The blocking of fever inhibits processes that evolved over millions of years to protect against microbial attack. Immune mechanisms in the central nervous system are part of this protective process.**" ⁽⁴⁾

"Pathological infections, including vaccinations, commonly result in fever. For example, 50-60% of young children develop fever after receiving MMR vaccine", and are routinely treated with fever suppressants. Many parents report their children slipped into autism following MMR shots. Dr. Torres has also found that "43% of mothers with an autistic child experienced upper respiratory tract, influenza-like, urinary or vaginal infections during pregnancy compared to only 26% of control mothers", suggesting that in some cases autism may be linked to the "sequella of pathogenic infections, especially those of viral origin." ⁽⁴⁾

Suppressing fever during pregnancy and labour may effect the fetus as research has shown that acetaminophen "significantly decreased maternal and fetal serum IL-6", an immune factor the infant is incapable of producing at birth and depends on from the mother. ⁽⁴⁾ A press release (Oct./02) from the British Thoracic Society cautions that a recent study links paracetamol, an acetaminophen based drug similar to tylenol to childhood asthma when used by the mother in late pregnancy. ⁽⁵⁾

The central nervous system and scores of factors in the immune system work synergistically to achieve optimum immune function. What affects one affects the other. Dr. Torres points to evidence that acetaminophen is an immunosuppressive agent. In highly technical language, he describes the complex activities launched by the immune system and the many signals relayed to control centres in the brain when the body is fighting pathogenic organisms. The activation of pyrogens stimulates the rise of fever and "production of various cytokines (immune cells) from organs in the viscera (gut)" - the gut being the primary and largest immune organ of the body. Key signals carried along the vagus nerve which connects the gut/brain immune pathways, and which are normally mediated by prostaglandins, can be blocked by antipyretics like acetaminophen, thereby derailing the complex sequences of immune signals that flow between the gut and the brain. ⁽⁴⁾

Dr. Torres postulates that the blockage of fever with antipyretics, whether induced by infections or vaccinations, interferes with normal immunological development in the brain, leading to neurodevelopmental disorders in certain genetically and immunologically disposed individuals. The effects may occur in utero or at a very young age when the immune system is rapidly developing. ⁽⁴⁾

Kathy Blanco, President of CHILDSCREEN www.childscreen.org herself a mother of autistic children, predicts that these findings will not be popular with mainstream medicine and are "potentially a public relations time bomb". Searching for advice on fevers and vaccine reactions on the internet, Blanco found that the majority advise, **'If your child has a fever during a reaction to a vaccine, give them acetaminophen'**.

"This all too common advice may actually cause autism. However, if Dr. Torres' groundbreaking theory proves true, it could be the means of saving thousands of children from becoming autistic. Currently, a tremendous amount of fear is being whipped up over the outbreak of SARS (severe acute respiratory syndrome) in this country. Health officials are in an uproar, even hinting that this may be the "Big One" - the pandemic they've been anticipating for years, even though it's not influenza. Draconian quarantine measures are being implemented, and some sources are speculating whether this is a training exercise to test the population's willingness to submit to quarantine in preparation for biowarfare attack. To date there has been no definitive identification of the pathogen, although there is speculation that it is a form of corona virus, the family of viruses found in the common cold. At one point it was thought it might be related to the paramyxovirus which is related to

measles and canine distemper -there's even speculation that chlamydia could be involved. The measles virus has been mutating and its footprint identified in some nasty cases of encephalitis and respiratory infections in Asia in recent years. Already plans are rolling to start vaccine development which is surprising since the virus or viral combination is yet to be identified.

Early reports described SARS as beginning with a dry cough that keeps getting worse, and that some people get headache, body ache, a "skyrocketing fever or blotchy rash on their bodies", and as illnesses go, this one seems fairly "vicious". Treatment? People are given a "battery of drugs - cocktails of antibiotics and antiviral medications".⁽⁶⁾ They're probably getting strong doses of fever suppressants as well.....which has left me wondering whether antipyretics diminished the immune capabilities of those who have died from SARS. Is this one of those diseases that needs a high fever to rally the immune system to optimal output? Are the aggressive medical treatments actually creating a higher risk of death?

Homeopathic and Naturopathic healing modalities have a long and trusted history in the prevention and treatment of epidemic diseases. One of the greatest antivirals known is vitamin C, which has been used with stupendous success in both the prevention and treatment of infectious diseases. Highly effective treatment protocols have been developed by administering ascorbates of vitamin C intravenously in critical situations and are documented in medical literature and accessible through Dr. Robert Cathcart's website with links to Dr. Klenner, and Linus Pauling.⁽⁷⁾ Intravenous vitamin C should be available for every patient facing acute and critical illnesses, but the current medical monopoly blocks access to this simple and highly effective treatment.

Writes health activist Croft Woodruff, "In the spring of 2000 I referred a young relative, who was suffering from an acute case of mononucleosis, to a medical doctor who administered four separate intravenous injections of vitamin C as sodium ascorbate over as many days. The results were quite dramatic. The patient recovered completely, albeit with a newly acquired respect for the power of vitamin C as a healing agent."

Our mistrust of natural processes, and reliance on drug oriented medicine has obscured our understanding of the importance of childhood illnesses and the necessity of fever as a vital aspect of the maturation of the immune system enabling a strong & resilient foundation of health to evolve. When we discard the old fears and lift the veil of ignorance, we are then empowered to see with our innate intelligence, the real picture unfolding in front of us - and recognize that the artificial manipulation of children's immune systems, via mass vaccination programs, indiscriminate use of antipyretics and antibiotics, rather than protecting, is threatening their health - their future.

The encouraging and wise words of Dr. Incao may help us shed old fears and embrace a new relationship to Nature - "Every childhood inflammation, every cold, sore throat, earache, fever and rash is a healing crisis and a cleansing process, a strong effort by the human spirit to remodel the body, to make it a more suitable dwelling. Anthroposophic and homeopathic remedies aid and promote this cleansing process and help the illness to work its way out of the body so that healing can occur."⁽⁸⁾ In a personal conversation recently, Dr. Incao reminded me that - " It takes a while to free our mind from the imprisonment, and our need to adhere to political correctness for fear of being judged radical. Illness is part of life. It is not alien or abnormal and has to be accepted as a part of life. Every breakdown is a spiritual growth opportunity. We need to learn how to deal with and work through it - this is part of the new paradigm."

References

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3. Robert Mendelsohn, M.D. How To Raise a Healthy Child in Spite of Your Docotor.
4. Anthony R. Torres, M.D.-Is Fever Suppression Involved In The Etiology Of Autism And Neurodevelopmental Disorders?" <http://autism.rollingdigital.com>
5. 5. Press Release, British Thoracic Society (BTS), 28/10/2002 http://www.brit-thoracic.org.uk/admin/action.lasso?-database=btsnews&-layout=cgi&-response=news_detail.html&-op=eq&id=209&-search
6. The Globe & Mail, Mar.17/03 -Cause of Deadly Pneumonia Still Eludes Scientists
7. 7 Dr. Robert Cathcart MD: at: <http://www.orthomed.com/>
8. 8 Philip Incao, M.D. Chapter on How To Treat Childhood Illnesses, pge. 61; The Vaccination Dilemma, and personal communication, April, 2003

Sources of Complimentary and Alternative Healing Modalities:

1. -Fever in children: A Blessing in Disguise, by Linda B White, M.D. and Sunny Mavor, Mothering Magazine, Issue 95, July/August, 1999, available on line at:www.mothering.com
2. -Sheri Nakken website - great links to homeopathic sources of information <http://www.nccn.net/~wwithin/vaccine.htm>.
3. -Alternatives & Antidotes to Infectious Diseases - Year end VRAN Newsletter, 2001, lists many alternative healing modalities - available electronically at: info@vran.org

EXTRACTS FROM MEDICAL LITERATURE: TYLENOL, PARACETAMOL, IBUPROFEN etc.

Compiled by Hilary Butler

Could the increase in all forms of meningitis and other infectious disease complications and deaths be because for the last 40+ years, the first thing parents do at the slightest sign of temperature is push paracetamol? I believe so, because what you weren't told was this:

"Not all fevers need to be treated but many physicians do so to relieve parental concern." (Eur J Ped 1994 Jun; 153 ⁽⁶⁾: 394-402)

"An elevation in temperature following bacterial infection results in a significant increase in host survival" (Science 1975 Apr 11; 188 (4184): 166-8)

"Many components of the nonspecific host defence response to infection such as leukocyte mobility, lymphocyte transformation, and the effects of interferon, appear to be enhanced by elevations in temperature that simulate moderate fevers. In addition, some evidence indicates that a fever in conjunction with the changes in plasma iron levels known to occur during infections is a synergistic host defence response." (Pediatrics 1980, No: 66 ⁽⁵⁾ : 720 - 723)

"Parental fever phobia and its correlates...surprising, higher socioeconomic status was not associated with a lesser degree of fever phobia...undue fear and overly aggressive treatment of fever are epidemic among parents of infants and young children, even among the highly educated and well-to-do. considerable effort will be required on the part of pediatricians and other child health workers to reeducate parents about the definition, consequences and appropriate treatment of fever." (Pediatrics 1985 June;75 ⁽⁶⁾ 1110-1113)

"There is no convincing evidence that naturally occurring fevers are harmful. In contrast, animal studies have shown that fever helps animals to survive and infection whereas antipyretic increases mortality. Moreover there is considerable in vitro evidence that a variety

of human immunological defences function better at febrile temperatures than at normal one." (The Lancet, Volume 337, March 9, 1991)

"Many cytokines are endogenous mediators of fever including interleukin (IL) -, 1 beta, IL-6 and others. Tumor necrosis factor-alpha may be both an endogenous pyrogen and an endogenous antipyretic or cryogen." (Neuroimmunomodulation 1995 Jul-Aug; 2 ⁽⁴⁾:216-223)

"There is overwhelming evidence in favor of fever being an adaptive host response to infection... as such, it is probable that the use of antipyretic/anti-inflammatory/analgesic drugs, when they lead to suppression of the fever, result in increased morbidity and mortality during most infections; this morbidity and mortality may not be apparent to most health care workers..." Infect Dis Clin North Am 1996 Mar;10 ⁽¹⁾ : 1-20.)

Acetaminophen can induce pneumonia...'These finding suggest that allergic mechanism was involved in the pathogenesis of the pneumonitis. Underlying immunological disorders may have enhanced the occurrence." Nihon Kyobu Shikkan Gakkai Sasshi 1997 Sep; 35 ⁽⁹⁾ 974-9) There are other reports of this as well...

"the results suggest that lung disease (rheumatoid lung) associated with collagen vascular diseases may be exacerbated by drug-induced (acetaminophen) pneumonitis." Nihon Kyobu Shikkan Gakkai Sasshi 1997 Oct; 35 ⁽¹⁰⁾ 1113-1118)

"Despite our lack of knowledge about its therapeutic mechanism, it has been claimed to be a safe drug, especially for children... paracetamol syrup (presumably for children) is extensively prescribed in large volumes...There is mounting evidence that paracetamol is not the benign drug that it was formally thought to be... We would question the whole rationale of prescribing the drug in near epidemic proportions. If it is to be used as a placebo, then it is a very dangerous placebo... The whole place of paracetamol prescribing for children has been questioned. While there is little concern about its use in the short term as an analgesic, there is considerable controversy over its use as an antipyretic....there is little evidence to support the use of paracetamol to treat fever in patients without heart or lung disease. Paracetamol may decrease antibody response to infection and increase morbidity and mortality in severe infections...too many parents and health workers think that fever is bad and needs to be suppressed by paracetamol when, indeed, moderate fever may improve the immune response...the use of paracetamol in children with acute infection did not result in an improvement in mood, comfort, appetite or fluid intake." (Family Practice, Volume 13, No 2, 1996 pgs 179 - 181)

"Fever is rarely harmful. Only extremely high fevers of 42.2C or 108 F or higher have been known to cause brain damage. Only fevers of 40.5C or 105F and higher need immediate attention, mainly because they are a clue that a serious infection could be present "(such as meningitis) (Sunday Star Times, May 3, 1998, C3) doctor's column.

"Paracetamol has no antipyretic benefits over mechanical antipyreses alone in ..malaria. Moreover, paracetamol prolongs parasite clearance time, possible by decreased production of TNF and oxygen radicals. " (Lancet 1997;350:704-709)

"The data suggest that frequent administration of antipyretics to children with infectious disease may lead to a worsening of their illness." (Acta Paed. Jpn 1994 Aug;36 ⁽⁴⁾ 375-378)

"Fever is an important indicator of disease and should not be routinely suppressed by antipyretics...fever may actually benefit the host defense mechanism...fever is short-lived and causes only minor discomfort...routine antipyretic therapy should be avoided byt may be necessary in individual patients with cardiovascular or neurologic disorders."(Infect Dis Clin North Am 1996 Mar;10 ⁽¹⁾ 211-216)

"Studies of bacterial and viral-infected animals have shown that moderate fevers decrease morbidity and increase survival rate" (Yale J Biol Med 1986 Mar-April; 59⁽²⁾ : 89-95)

"Antipyretic drugs are effective in diminishing fever, but have significant side effects and may suppress signs of ongoing infections" (Arch Intern Med 1990, Aug; 150⁽⁸⁾: 1589-1597)

Meningococcal Disease: "use of analgesics were associated with disease...analgesic use was defined as analgesics taken in the past 2 weeks, excluding, for cases, those taken for identified early symptoms of meningococcal disease. These analgesics were predominantly acetaminophen products.....because analgesics showed a stronger relationship with meningococcal disease, the use of analgesics may be a better measure of more severe illness than reported individual symptoms....we cannot exclude the possibility that acetaminophen use itself is a risk factor for meningococcal disease" (Ped Infec Dis, Oct 2000, Vol 19, No 10, 983-990)

"Antipyretics prolong illness in patients with Influenza A.... The duration of illness was significantly prolonged from 5 days(without) to 8 1/2 days (with). Pharmacotherapy 2000, 20: 417-422) Take two aspirin, prolong the flu - 2 January 2001 Anne Burke, HealthScout Reporter (also reported by Reuters medical news...) "Taking aspirin or Tylenol for the flu actually prolongs the illness by up to 3 1/2 days, say researchers at the University of Maryland. That is because fever may be the body's natural way of fighting an infection and taking aspirin or acetaminophen - the generic name for products such as Tylenol - may interfere with the process. "You are messing with Mother Nature," Says Dr Leland Rickman, an associate clinical professor of medicine at the University of California San Diego. "An elevated temperature may actually help the body fight the infection quicker or better than if you don't have a fever." "Whatever you do, don't give aspirin or Tylenol to children who have the flu or any other viral illness", Rickman said:

"These results suggest that the systematic suppression of fever may not be useful in patients without severe cranial trauma or significant hypoxemia. Letting fever take its natural course does not seem to harm patients with systemic inflammatory response syndrome, or influence the discomfort level AND MAY SAVE COSTS." (wow!!!) (Arch Intern Med 2001, Jan 8; 161⁽¹⁾ 121-123)

Chickenpox treated with Tylenol/Ibuprofen provokes bacterial skin infections into fulminant necrotising fasciitis (Pediatr I(Pediatrics Vol 103, No 4, April 1999, 783-784 and 785-790) (Infect Med 1999 16⁽⁵⁾:307) Just two of many references for antipyretic induced complications of chickenpox. (In MMWR - May 15, 1998, Vol 47 No 18. All cases of Varicella related deaths were treated with antipyretics. No causal association was investigated or ascribed. The "solution" to the problem was considered to be mandatory vaccination.)

Hilary Butler - "What you do as a parent, is your choice. Make sure that it is an "informed" choice. Get the articles referenced, do a med-line search - retrieve any others. READ the whole articles. Give them to your doctor to read, and discuss them with him/her. Most importantly, if you feel your child has an immunodeficiency, get your child tested so that you know what you are dealing with. How a child handles any infectious disease is dependant upon the immune system inherited, nutritional status, life-style, environment and resultant stresses and how the child reacts to them. The choice is yours."

With appreciation to Hilary Butler and The Immunization Awareness Society, New Zealand for their permission to reprint this review, published in WAVES - Vol. 14, No. 4, 2002