# 50 Ode to De Commun Cole'

One afternoon, I was up in the History Room of the Auckland Public Library, where you can find the Appendices to Parliamentary Journals, which discuss laws and the thoughts of parliamentarians from the late 19th century onwards. I had just photocopied the very long list[1] of vaccines that were available in 1911, and was avidly looking for the lists for subsequent years, when I came across legislation which was called something like *"Law against snake-oil purveyors."* Like a dimwit I didn't take a copy of the particular page I was looking at, because my "hunt" was for vaccines.

I literally gagged. Here in my left hand was this list of "worthless vaccines", and yet the government of this country saw fit to decide who was, and who was not, a snake-oil purveyor, when their very own list was headed up "Acne Vaccine, Mixed"?

Here we are in 2008. We have a potentially dangerous drug like paracetamol, which has been sold unrestricted, for half a century, which is great at dealing with short-term pain, but has a very narrow range of toxicity, and some nasty kick-backs in the body. It "works" in bringing down fever, to the detriment of the patient's immune system.

No one can prove that, because no one's done the research to see what paracetamol actually does to the immune system. The number of times I read about someone getting seriously ill, and the article pronounces that they took paracetamol and got worse, is beyond a joke. Why is paracetamol mentioned? To prove the person did something? There is never any assumption made that the paracetamol had something to do with the problem.

On 16 July 2001, according the to *New Zealand Herald,* Stokes Valley parents, Giselle and Nathan, put their identical twins Ariana and Tiare to sleep, wrapped in their own blankets, two thin blankets on top, and laid them on their backs in

1 *Appendices to Parliamentary Journals.* 1912. See *Just a Little Prick,* Chapter 33, p. 225.

their shared cot. Giselle fed them *"and gave them a dose of Pamol[2] for a mild fever"*. Next morning, the babies were dead. Three years on, experts couldn't agree on the cause of death. At an inquest, a perinatal pathologist said, *"there was no evidence of infection."*

What was the fever then? If you don't ask the right questions, you won't find the right answers.

For example: Did the pathologist check the gut for *E. coli* curlin[3]? Maybe not, because we all have it in small amounts, as a commensal bacterium which is very useful in tiny quantities. Did she check the small intestine for large quantities of *E. coli* curlin? Perhaps not. This doesn't seem to be common practice. Did she check the *blood* for core antibody to curlin? Again, perhaps not. I suspect that had these checks been made the chances are that the pathologist would have found quantities in excess of that which is normal. Few pathologists know the relevance of core antibody to curlin. Australian researchers found it in large numbers in SIDS cases, but not in deaths from "other" causes. So little is taught about *E. coli,* that it is one bacteria which escapes the notice of those the court looks to, as being the "ultimate" experts. *E. coli* can overrun the body, and this can result in sudden death, and if you don't know what to look for, and where, you'll never know *E. coli* endotoxaemia might have been the cause.

Because paracetamol down-regulates exactly those immune-system pathways that are involved in fatal *E. coli* infections, the use of it could contribute to an *E. coli* endotoxaemia. But where you don't look for something, you won't find it, and so you can deny it.

Advice to give children with fevers acetaminophen isn't just a New Zealand problem. New Idea ran a story[4] about an Australian child who died from encephalitis without a cause being found. The mother, who had taken the child to the hospital, said, *"The nurse said, 'The temperature is not too high. Just keep up the Panadol and if she is not better at 10 am tomorrow, bring her back.' I still blame myself … I should have insisted on seeing the doctor."*

Why is this important? The mother was being fobbed off, and tricked into thinking she was doing something to help her child. Yet paracetamol products are potentially *dangerous*. Paracetamol can be very useful, under certain circumstances. But in infections, paracetamol, by down-regulating the immune system, can switch off enzyme pathways in the liver which are very important. It can switch off the fever which is the part of the immune system responsible for getting in there and dealing with *E. coli* endotoxin – or with any toxin, for that matter. That affects the body's garbage can collectors: the neutrophils, the macrophages. It not only

2 NZPA. 2004. "Three years on, experts divided on death of twins." *New Zealand Herald*, July 8, p. A3.
3 "Curlin" is the name for the particle of Escherichia coli (*E. coli*) bacterial envelope, the lipopolysaccharide, which becomes the endotoxin which has the potential to cause a lot of damage.
4 Hicks, R. 2000. "Mum's anguish: 'I still blame myself'. *New Idea,* January 21, pp. 10–11.

makes sense, but Pubmed is FULL of medical abstracts describing case histories where the use of paracetamol made infections worse.

Paracetamol isn't dangerous to everyone, for were that so, a lot of kids in this country would be dead, since many parents use it like lolly water.

Paracetamol has been used since 1949, and yet it was only on 28 February 2007, that New Zealanders were told[5] that people using paracetamol regularly (or aspirin, and other non-steroidal anti-inflammatory drugs like ibuprofen), have a 50% higher risk of high blood pressure than those who don't. How might that factor into the supposed increase of high blood pressure in older people in the last 50 years? Are they "sure" that cholesterol is any more important than use of non-steroidal anti-inflammatory drugs? It was only on 4 September 2007, that New Zealanders learned[6] that a study in Britain showed that 1% of the population suffered severe recurrent headaches caused by taking paracetamol, and that an American study found 20% of doctors' patients suffered rebound headaches.

In speaking to people who use paracetamol (or other analgesics) for what they think are chronic headaches, I find that most have no idea that paracetamol itself can cause rebound headaches and should not be used more than two days a week. It just might be that the 'next' headache is caused by the drug, but the person assumes it's just another headache. When they check it out on internet, they are dumbfounded. Many are annoyed that doctors don't tell them that, but did their doctor even know? Doctors are busy, and rely on the Health Department to spoon-feed them safety information, or perhaps they find out from the media just like you or I do.

Someone jokingly said to me, *"Oh well, probably next year another study will come out contradicting this one, and I'll be able to take them again!"* There's a certain irony in that statement! If studies are regularly demolished from year to year, and what we read in newspapers is not true, then, "Who is the snake-oil purveyor?"

Mothers are right about a lot of things. Like the old wives' tale, *"Feed a cold and starve a fever."* It's true, actually, but it took until 2002 for immunologists[7] to cotton on. They found that sick volunteers who didn't eat had far higher concentrations of interleukin 4, which helps in the production of antibodies, and is a front-line defence against acute infections. I know, and most thinking mothers know, that there is a purpose to fever, and if the body says, *"Don't eat"*, you shouldn't.

5 Fleming, N. 2007. "Headache pills raise risk of heart disease. Regular use of painkillers increases danger of strokes and heart attacks, study finds." *New Zealand Herald*, February 28, p. B1.

6 Johnson, M. 2007. "Stronger warnings urged on pain from painkillers" *New Zealand Herald*, September 4, p. A3.

7 Clarke, T. 2002. "Ring of truth to old wives' tale? 'Feed a cold, starve a fever' may make sense, say immunologists." *Nature*, January 11. http://www.nature.com/news/2002/020107/full/news020107-13.html. Accessed 14 March 2002 and checked 6 December 2007.

*"There appears to be a parallel between our data and this saying,"* comments Gijs van den Brink, a cell biologist in Netherlands who did the study.

Scientists now know that the act of not eating during an infection pulls glucose from the system, and glucose is the "food" many pathogens require to feed on and replicate. So, deprive pathogens of their food, and they can't infect as efficiently. Makes sense, doesn't it? So how about believing in yourself, and what you know?

For decades, doctors have scoffed at parents who said that you should wrap up warm to avoid catching a cold, yet it took until 2005 for scientists to get a handle[8] on the fact that, yet again, mothers do know something.

The bit that stuck in my craw was when I read Professor Ron Eccles giving permission to mothers to believe in themselves, when he said: *"Mothers can now be confident in their advice to children to wrap up well in winter."* Being confident in ourselves is okay, so long we have their permission, and we don't say that the "mummy-brain" doesn't want vaccines.

We can be, and are, front-line walking laboratories, and are quite capable of making accurate decisions. Take cold medicines for instance. Amongst the circle of thinkers I move in, most parents consider the cold medicines marketed in shops to be a waste of money. I discovered this for myself in 1992, while attending a conference that I had no choice ***but*** to attend. I had a cold, and was not at home to use my arsenal of "quackery" like vitamin C, echinacea, elderberry and a whole raft of other stuff the medical profession says is a load of rubbish.

Sure, there was plenty of raw garlic on offer at the corner store, but turning up to a conference having downed five cloves of garlic, and tossing down another five with morning tea, isn't acceptable conference etiquette!

I decided to be civilized for the first (and last) time in my life, and take over-the-counter cold medicines. It suppressed the symptoms quite well. I wasn't sneezing over everyone. But it also made me feel brain fogged and light headed to the point where I was so zonked, I wasn't much use in my own eyes. In the eyes of other people I did okay, which probably wasn't too difficult since I was talking about something the participants knew little about, so anything I said was probably better than nothing. The problem was that this simple little cold lasted twice as long as it normally would when I used the old tried and true remedies.

When I got home I did some research on cold medicines, and could find … nothing. In those days, my research was done by going to the medical library, which was basically a recipe for finding half a needle in ten haystacks.

One day, while doing the usual newspaper trawl, a headline[9] made my day:

8 BBC. 2005. "Mothers 'were right' over colds" *BBC News*, November 14. http://news.bbc.co.uk/2/hi/uk_news/wales/4433496.stm. Accessed 7 December 2007.

9 Associated Press, staff writer. 2001. "Cold medicines 'useless' for kids." *New Zealand Herald*, October 22, p. A3.

*"Cold medicines 'useless' for kids"*. Here's the joke though. *"Paediatricians say the pharmaceuticals should not be used for children under 6"* because they are *"the most vulnerable to potential ill-effects"*. Are they saying that side effects are okay if something works in their opinion, but not okay if something doesn't? What might those side effects be? Why do we only get told this information when patents have run out?

What if your child has just had his or her seventh birthday? Does that mean that the child crosses some magical time threshold, which means that decongestants, antihistamines and anti-tussives will suddenly work and are 'safe'?

Exactly *what* do cold medicines *do* in your immune system? Well, 'beats me', you say. Beats me too. If immunologists don't know what paracetamol does to the immune system, except that it increases your risk of serious complications to infectious disease; increases your risk of dying; and if used in babies, can skew the immune system so that they are at greater risk of getting asthma, what's the bet that cold medicines also work *against* the best interests of the immune system as well? After all, many of them contain paracetamol. Who knows what the total combinations do? No one, as it turns out!

The article ends with this paragraph: *"Some of the drugs – which include Wyeth's Dimetapp and Robitussin, Johnson & Johnson's Pediacare and Novartis AG's Triaminic products have never been tested in children."* Have they been tested in adults?

The article tells us that most paediatricians don't prescribe cold medicines, because they don't work particularly well. Why have they been on the shelves for decades, netting pharmaceutical companies billions of dollars? Where are all the New Zealand paediatricians who should have been advocating the removal of these things? Nowhere. And they are still nowhere. They are not pushing for a ban, because some parents say that drugs like cough medicines "give relief", therefore Dr Nick Baker says, *"If that's the case, they should have the right to use them."*

The "recommendation" to not use cold medicines, is of course *"non-binding"*.

Yet, ironically, legislators all over the world are removing homeopathics, herbs and supplements from shelves because they don't conform to Codex/FDA/TGA[10] standards; yet these same regulating authorities can be so arrogantly hypocritical about useless products which advertisements in medical journals have zealously promoted for decades?

Having had any factual illusion of the usefulness of cold medicines ripped out

10 TGA = Australia's Therapeutic Goods Administration, an organization to which, given half the chance, the New Zealand government will abdicate its decision making regarding supplements and herbs. Already, in Australia, the TGA has done a good sweep of quite a few previously well-loved and used herbals.

from under them, doctors have been forced to look elsewhere, and guess what? They've discovered honey. *New Zealand Herald* readers woke up to be told[11] that:

> *"The folk remedy did better than cough medicine, or no treatment, in a three-way comparison. Honey may work by coating and soothing an irritated throat, the study authors say.*
>
> *"Many families are going to relate to these findings and say that grandma was right," said lead author Dr Ian Paul of Pennsylvania State University's College of Medicine.*

Part of the medical article abstract[12] reads:

> *"Caregivers frequently administer over-the-counter (OTC) medications to their children in an attempt to treat coughs. Apart from the costs associated with such medications, some OTC medications have unwelcome and potentially dangerous adverse effects. Dextromethorphan, an opiate-derived antitussive commonly found in OTC cough and cold preparations, is generally safe but on rare occasions can be associated with adverse effects such as dystonia, ataxia, lethargy, and even death. Furthermore, several studies have shown that dextromethorphan is not more effective than a placebo at reducing cough symptoms."*

Right then. So now that the pharmaceutical companies' secret that cold medicines may well be less effective than traditional remedies is out in the open, we are given permission to trust our grandparents again.

Pity they didn't crush some garlic with the honey, but perhaps we should at least be grateful for small mercies. This article doesn't answer the obvious question: Does the *type* of honey matter? Perhaps New Zealand scientists might be busily running around to see if Manuka honey works better than Viper's Bugloss, Clover, or Rewarewa? After all, Manuka honey is the one that works best on burns and skin abscesses, so you'd think there might be a worthwhile research project there to keep someone busy for at least ten years. The possibilities abound! And watch the price of the most effective one double overnight, once the "secret" is out. Or maybe go off the shelves if drug companies patent a cough medicine from it?

But wait. There's more to come. Have you noticed newspaper items, or articles

11 Associated Press. 2007. "Listen to your grandmother: honey soothes coughs says research." *New Zealand Herald*, December 5. http://www.nzherald.co.nz/section/story.cfm?c_id=204&objectid=10480285

12 Paul, I.M. et al. 2007. "Effect of honey, dextromethorphan, and no treatment on nocturnal cough and sleep quality for coughing children and their parents." *Arch Pediatr Adolesc Med*, 161(12): 1140–6. PMID: 18056558. http://archpedi.ama-assn.org/cgi/content/short/161/12/1149

on the internet saying that the common cold is becoming more dangerous in the USA?

An article[13] tells us:

> *"Whether you're a healthy young adult, an infant or an elderly person, this virus can cause severe respiratory disease at any age," said John Su, who investigates infectious diseases for the CDC and contributed to the report.*
>
> *"Two of the 10 people who have died from the new strain were infants," Su said. The CDC report said about 140 people have been sickened by the virus and more than 50 hospitalized, including 24 admitted to intensive care units.*
>
> *"Adenoviruses frequently cause acute upper respiratory tract infections like the common cold, but also can cause other illnesses including inflammation of the stomach and intestines, pink eye, bladder infection and rashes."*

Do you think yet another cold vaccine is about to be marketed to the unsuspecting public? If that is so, I'd be very wary. In America, the military has used cold vaccines for quite some time, but an interesting medical article[14] in the Centers for Disease Control's medical journal shows that *"the observed dominance of co-infections in vaccinated persons may have contributed to the emergence of the new variant."*

Isn't that just wonderful? Having allowed cold medicines which don't work, and which possibly suppress the immune system, to remain on the shelves, we now find out that one of the previous vaccines used since the 1960's may have *"contributed to the emergence of the new variant"?*

What happened to that wonder-spray that Proctor and Gamble were crowing about in 2005? It is called *Vicks First Defence,* and is supposed to stop colds[15] in their tracks. That would be just the ticket for USA right now, because Professor Ron Eccles from the Common Cold Centre, Cardiff University called it *"one of the most exciting advancements in the cough and cold industry."* Vicks First Defence, along with a probiotic multivitamin[16] and Envirocol, could be just what the "doctor" ordered? So why are these not promoted?

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13 Dunham, W. 2007. "Virulent form of cold virus spreads in U.S." *Reuters,* November 15. http://www.reuters.com/article/healthNews/idUSN1530262620071115?feedType=RSS&feedName=healthNews&sp=true. Accessed 16 November 2007.

14 Vora, G.J. et al. 2006. "Co-infections of Adenovirus Species in Previously Vaccinated patients." *Emerg Infect Dis,* 12(6): 921–30, June. PMID: 16707047. http://www.cdc.gov/ncidod/EID/vol12no06/05-0245.htm

15 Telegraph Group. 2005. "Nasal spray stops colds developing." *New Zealand Herald,* September 23, p. A5.

16 *Daily Mail.* 2005. "Is modern medicine just what the doctor ordered?" November 15. http://www.dailymail.co.uk/pages/live/articles/health/healthmain.html?in_article_id=368697&in_page_id=1774