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Supplement to
The Art of Getting Well

**Environmental &
Psychiatric Pollution!**

Sources are given in references.

Authors of contributions/quotations are alphabetically arranged;
major author, if any, is underlined.

Dr. Jerry Avorn, Lewis Carroll, *Citizens Commission on Human Rights*, Luc De Schepper, M.D., Ph.D., C.A./Responsible editor/writer Anthony di Fabio.

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Pollution is everywhere: in the ground where our crops grow, in drinking water (even after the water is "treated") and in the air we breath. Pollution contaminates fresh fruits and vegetables and meat, even as they grow — pollution is anesthesia, medicines, pesticides, herbicides, fertilizers, aluminum pots and pans, plastic containers, in tooth paste and tooth fillings — pollution is pervasive!

Pollution is our daily lifestyle!

We can't escape it, as did our grandparents.

Only recently has it been discovered that at least half of the pollutants in Lake Michigan are blown in from the wind. According to "Toxic Winds Peril Great Lakes" (*Health Freedom News*)¹, it is rather silly to think that simply cleaning up industries surrounding the lake shore are going to clean up the lakes. Sure, it helps some, but while we are celebrating this great clean-up victory, the ever-prevailing winds are blowing in every kind of nasty toxin from industries nearby and also from around the world.

Regulating pollution within each state of the United States is a start, but nowhere near solving the problem which must be regulated world-wide.

*FASE Reports*² describes how the health is affected by styrene containers, those so common food containers of every size and description that otherwise appear so innocent. The newsletter also describes neural deficits in firefighters exposed to industrial hazards, problems in monitoring military waste sites and the constant need to support the cleaning up of our environment.

FASE says that "Between 1965 and 1978 over four million distinct chemical compounds were reported in the scientific literature — approximately 6,000 per week. Of these about 55,000 are now used in commercial production, although the toxicology of the vast majority of these substances is poorly understood. Many thousands of these compounds have been released in an uncontrolled fashion into the environment and several hundred have now been found in human adipose tissue, a principal storage site in the body for foreign chemicals."

In the article "Americans for Safe Food — Some Chemicals

"**Captan:** a fungicide that causes cancer in lab animals . . . used on various fruits, nuts, and vegetables including apples, peaches, almonds, strawberries, beans, peas, beets, carrots, corn, garlic, cabbage, lettuce, potatoes, kale, spinach, and broccoli . . . has been found in oils, fats, and shortenings . . . used in postharvest treatments for potatoes and fruit, sometimes in packing boxes . . . used as a seed treatment on corn and soybeans . . . toxic to fish, bees, earthworms, and birds.

"**Parathion** (ethyl parathion): an insecticide that causes birth defects in chicks and ducklings . . . evidence suggests it could be carcinogenic in laboratory animals . . . used on cotton, tobacco, and many fruit and vegetable crops . . . banned in 6 countries . . . direct exposure extremely hazardous . . . highly toxic to birds, bees, and other non-pest species.

"**Daminozide:** trade name Alar, manufactured by Uniroyal Company . . . applied as a plant-growth regulator to apple and other orchard crops (cherry, nectarine, peach, prune, pears, grapes) to increase the fruits' storage life, firmness, and coloring . . . also approved for use on peanut crops . . . systemic chemical penetrates the whole fruit and cannot be removed by washing or peeling . . . causes cancer in laboratory animals . . . a breakdown product (unsymmetrical dimethylhydrazine, UDMH) is an even more potent carcinogen.

"**Paraquat:** a potent herbicide used to prepare fields for planting or harvesting . . . used on soybean crops as a harvest aid . . . extremely poisonous on direct exposure . . . toxic to fish and other species.

"**Benomyl:** a postharvest fungicide used on apples, peaches, cherries, plums, apricots, nectarines, pears, pineapples, bananas, mangoes, etc . . . linked to malignant tumors and birth defects in laboratory animals . . . highly toxic to earthworms and some species of fish.

"**Methyl Bromide:** used as a pre-plant soil fumigant and as a post-harvest fumigant to control insects on stored nuts, grains, fruits, and vegetables . . . very toxic on direct exposure — 60 deaths since 1955 . . . Environmental Protection Agency (EPA), awaiting results of studies regarding cancer, birth defects and mutations, nevertheless recently allowed use of methyl bromide on macadamia nuts, fava beans, sweet potatoes, pistachio nuts, kiwi fruit, cereals, flour, spices, root crops, lentils, and leafy vegetables.

"**Trifluralin:** also known as Treflan . . . contains a suspected carcinogen, NDPA . . . commonly used on carrots, soybeans, cotton, wheat, and barley . . . EPA awaiting more data on health risks.

"**Chlorothalonil:** trade name Bravo . . . a fungicide found to cause tumors in rats and mice . . . used on various vegetables, fruits, and beans including tomatoes, onions, broccoli, cabbage, cantaloupe, carrots, cauliflower, celery, cucumber, lettuce, potatoes, and watermelon . . . highly toxic to aquatic invertebrates.

"**Linuron:** an herbicide used on crops including soybeans, carrots, celery, asparagus, corn, potatoes, and wheat . . . associated with tumors in rats and mice . . . contaminates ground and surface water supplies.

"**Aflatoxin:** a powerful carcinogen produced naturally by a mold that grows on crops including field corn and peanuts . . . human exposure primarily from peanuts and milk from dairy cows raised on contaminated feed . . . one experiment produced tumors in all rats eating food contaminated with 15 parts aflatoxin per billion.

"**Clorsulon:** used to treat livestock afflicted with a type of parasitic flatworm called a fluke . . . a suspected carcinogen (kidney tumors).

"**Fenbendazole:** used to treat cattle for parasites . . . a mutagen and a possible carcinogen.

"**Thibendazole (TBZ):** used to treat livestock for parasitic

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment. intestinal worms . . . a suspected carcinogen . . . also used for postharvest treatments of bananas, citrus, apples, pears, sugar beets, and potatoes to protect against mold during storage . . . appears to cause fetal abnormalities and fetal death in laboratory animals.

“Antibiotics: added to feed of beef cattle, dairy cows, swine and poultry to increase growth rates and prevent disease . . . use leads to drug-resistant ‘supergerms’ that are harder to kill when they cause infections in humans . . . cases of food poisoning caused by drug-resistant germs are on the rise . . . less crowding in feedlots would lessen the need for antibiotic use.

“Gentian Violet: a carcinogen . . . still used to treat chickens and turkeys for diseases caused by fungus . . . added to poultry feed to inhibit mold.

“Nitrofurans (Nitrofurazone and Furazolidone): carcinogens . . . used to treat livestock disease, but also added to feed in order to increase growth rates, particularly for swine and poultry.” [Furazolidone is one of the medicines recommended in “The Roger Wyburn-Mason, M.D., Ph.D. Treatment for Rheumatoid Disease,” for short-time use in halting the progress of Rheumatoid disease. Also see *Who is Looking After Our Kids?*, See <http://www.arthritis-trust.org>. Ed.]

“Aldicarb: trade name Temik, manufactured by Union carbide . . . a pesticide used on beans, cotton, citrus fruit, peanuts, pecans, potatoes, sorghum, soybeans, sugar beets, sugar cane, sweet potatoes, bananas, coffee, and others . . . a frequent contaminant of drinking water . . . disrupts nervous system at high doses . . . potatoes are a main source of exposure . . . summer of 1985: California officials ordered the destruction of millions of watermelons after the illnesses of 180 people were traced to aldicarb residues in melons, which appeared normal and had no unusual taste or smell . . . found to substantially weaken the immune systems of mice exposed to extremely low levels of aldicarb in their drinking water . . . altered the immune function of women who drank groundwater contaminated with minute amounts of aldicarb.”

For further information, the reader may write to Americans for Safe Food, Center for Science in the Public Interest, Washington, D.C. 20036.

While cancer or mutagenicity is mentioned most frequently in the preceding article, chemicals of this kind can also weaken the immunological system, thus leading to degenerative diseases among other kinds of diseases. Such poisons taken in unknowingly (or knowingly) will not only unduly stress the immunological system for the moment, but will often become stored in the lipids (fats) of the cells, there to act over a long period of time, producing “intractable” and “mysterious” diseases. (See “Allergies and Biodetoxification for the Arthritic,” <http://www.arthritis-trust.org>.)

Have you by any chance watched the recent — and usually local — political squabbles over what is to be done with your city’s garbage?

Short of complete recycling, and the placing of responsibility on every manufacturer, distributor and consumer, there is no long range and satisfactory solution to waste and pollution. Our health, our children’s health, and their children’s health will continue to falter, in part, because of what all of us do to our environment!

The FDA warns folks about commonly used non-steroidal anti-inflammatory drugs (NSAIDs), a new report showing that 4% of patients on continuous use of these “medicines” may have serious gastrointestinal reactions, the side effects sometimes occurring without warning symptoms. According to *American Medical News*⁴, “NSAIDs, considered to be safer than the steroid treatments they have largely replaced, are being prescribed for many conditions such as tendonitis, sprains and strains, and joint and muscle pain . . . Some also are approved for pain related to menstrual cramps.

“Studies indicate that one in 100 patients treated with NSAIDs

for three to six months suffers serious gastrointestinal reactions, which are more serious among elderly or debilitated patients. Many of the reported deaths associated with NSAID-induced gastrointestinal bleeding have occurred in older patients.”

This report must barely scratch the surface of over-use, improper-use, and unknown effects of the massive barrage of “medicines” and other pollutants within which the human animal must live. It certainly doesn’t touch on which chemicals become stored more or less permanently in the lipids (fats) of the cells, later to become exceedingly dangerous by way of (1) debilitating diseases for which no “cure” is known, (2) addictions, (3) allergies, (4) reduced metabolic functions, with all that implies to general health.

Luc De Schepper, M.D., Ph.D., C.A., in his book *Peak Immunity*⁵ says: “I am not too optimistic about the final outcome of the siege because too many elements — in our environment, in the way we live — have to change for us to win, and most of the time we are busy making things worse. It is frightening to see the victims of Candida and CEBV (Epstein Barr Virus) coming from younger and younger segments of the population. A girl was brought to my practice who was 18 months old. She was suffering from a vaginal yeast infection because she had already been on antibiotics for 14 months. This is simply criminal. The life of this child was crippled before it had started. This child will crave sugar, become hyperactive, be given Ritalin and then classified as a “hyperactive” child who exhibited impossible behavior from birth. And yet, it is we who are responsible.” (See “Candidiasis: Scourge of Arthritics,” <http://www.arthritis-trust.org>.)

According to a rather detailed article in *The Boston Globe*⁶ “Drug companies spend the bulk of their marketing dollars in appealing directly to doctors rather than to the public at large. To pitch Voltaren, Ciba-Geigy invited doctors to an all-expenses-paid ‘symposia’ on Tahiti in 1985 and on Marco Island, Fla., last November. . . . In return for an estimated \$100,000 it spent at Marco Island, Ciba-Geigy got a captive audience of 150 doctors one morning to listen to five of its hand-picked experts talk about Voltaren and related matters.”

The Boston Globe continues with: “Besides speakerships and free trips to island resorts, drug companies have dangled other temptations before doctors in recent years, including these:

“Searle Pharmaceuticals Co. of Skokie, Ill., paid all expenses for an excursion to Los Angeles, plus tickets to the Super Bowl, for a conference on its new blood pressure drug.

“Ayerst Laboratories of New York City gave free airline tickets for travel anywhere in the United States to doctors who prescribed a new drug to 50 patients and filled out a seven-question ‘marketing survey.’

“Smith, Kline & French Laboratories of Philadelphia offered \$500 cash payments for attending a two-hour lecture in San Francisco about the company’s new antibiotic.

“Studies by Dr. Jerry Avorn, a specialist in internal medicine and pharmacology at Harvard Medical School, indicate that many doctors have, in effect, been brainwashed by pharmaceutical advertising promotion.

“In surveys of doctors’ knowledge of drugs, Avorn has found that doctors often retain erroneous information coinciding with drug manufacturers’ advertising and promotional messages.”

In the Chapter “Biodetoxification” in *The Art of Getting Well* is described a technique that can very often eliminate the pollutants that we store in the adipose tissues (lipids in the cells) and that often affect our addictions (tobacco, alcohol, hard and soft drugs, medications, pesticides, herbicides et. al.) and that often affect our health, producing obscure diseases that no number of bright physicians can eliminate by adding more pollutants called “medicines.” (See “Allergies and Biodetoxification for the Arthritic.”)

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Where does it all start?

Well, of course, there is the environmental problem itself. But part of that environmental problem is what we put into our mouth, and sometimes, besides food, we also place there medicines that are supposed to heal us.

Saving Social Security⁸, in "To Your Health," quotes a *Journal of the American Medical Association (JAMA)* source, and states: "Nursing home residents continue to be unnecessarily tranquilized.

"Serious problems arise from the use of psychotropic drugs, including a 'high risk of Parkinson's syndrome, worsening confusion, constipation and urinary incontinence,'" according to the *JAMA* article.

"Nearly two-thirds of the study residents had prescriptions for one or more psychoactive medications, and almost half of these prescriptions were written by doctors to be used 'as needed' by licensed or registered nurses."

According to Narconon International⁹, an international network of drug rehabilitation and drug education, "Half a trillion dollars are spent annually on illicit street drugs. This is more than the entire dollar value spent on food to feed the population of earth.

"The average age that young people are being exposed to drugs is 8 years old.

"This year the Federal Budget for the handling of drug abuse is \$4.2 billion."

According to *Science News*¹⁰, in "Kids Talk About the 'Good Pill'," "Stimulant drugs such as Ritalin can have unintended psychological side effects on hyperactive children and their families. . . . youngsters often perceive themselves as 'bad' and suffer a loss of self-esteem. . . . parents tend to avoid dealing with family conflict and often ignore the emotions underlying a child's behavior. . . . Stimulant medication is seen as a 'magic bullet' by most parents. . . . If a youngster's behavior does not improve, parents assume the medication dose should be increased. . . . children. . . . disavowed any responsibility for their behavior and claimed they needed a 'good pill' to control themselves."

The terrible tragedies of pollution, over-extended drug usage, chemicalized foods, entry of herbicides, pesticides and various crop control products and hormones — all have a bearing on arthritis and other debilitating diseases.

"How do you expect to earn your living?" she asked with most innocent concern.

"That's easy," he said. "We'll first form a professional organization. Then we'll petition our state representatives to form a licensure system for the health, safety and welfare of all citizens.

"We'll see to it that only those in the new professional organization draft up the criteria by which all others must practice our profession, and we'll exclude everyone except us.

"State licensing, you know, has the power of all the forces of Federal and State Government behind it."

She reflected briefly, and being rather intelligent and well read, but also naive, she then posed a toughy, arguing, "That's quite irrational. Why not just educate people better? Besides, advances in science and the practice of medicine will surely bring about so many discoveries and cures that your job will be in jeopardy before retirement age. What then?"

He smiled, knowing full well that there were many secret and effective means by which advances could be hindered, for the good of his profession, of course; and what was good for his profession was surely good for the common people. "My Dear," he carefully explained, "It's the democratic way. Consider the practice of law. While each citizen has the right to practice it on their own behalf, lawyers make it so complex that it is impractical for a lay person to practice it, and if laymen attempt to exercise their right, they are

considered idiots by other lawyers who are also their judges.

"It's the only way to go, my dear."

He thought to ignore part of her comment, but she persisted. "But what happens if you're really effective in bringing about health?"

It was a sensitive point, and he had to laugh, hiding his embarrassment. For a moment he thought to evade, not wanting to admit that his chosen profession was not established to prevent and heal -- but then, partially confronting the issue, eyes not quite looking at the young lady's, his teeth slightly clenched as he spoke, he said, "We extend the definition of illness so that no matter who we approach, they will have some of the symptoms. It is simply a matter of definition, my dear. If we're the authorities as to what constitutes illness, if we have the only license permitting such an analysis, backed by pure force of law, then our population of ill people shall never cease. As fast as people are born -- Lo! -- they shall be sick, and we shall have our trade."

Never Quite Imagined by Lewis Carroll?

Dreaming?

Consider the following on-going tragedy which is so severe, that I felt it necessary to warn our donor/members. This "tragedy" is the mistake on how we treat some of our children in school, under the name of "mental health."

The information I am about to provide is taken with permission from materials published by the Citizens Commission on Human Rights (CCHR)¹¹.

School children are being forced to take a dangerous medicine, Ritalin, under the guise of "mental health" either against the informed consent of parents, or even against their parent's wishes. This drug often ruins a child for life in numerous ways, over and above the burdens placed on [them] by other environmental hazards that all of us are forced to encounter.

You judge for yourself from what follows!

"HOW PSYCHIATRY IS MAKING DRUG ADDICTS OUT OF AMERICAN'S SCHOOL CHILDREN

"Introduction

"This information has something to do with you.

"There are countless children in this country on very dangerous psychiatric drugs. They are the unwitting guinea pigs of an experiment which is turning into a nightmare of monstrous proportions. In the past five years alone, the number of children committing suicide is up over 600%. Evidence is mounting, on a daily basis, that this tragedy is directly related to psychiatric treatment of children at an early age. Even if you have no children, children are the future of this nation. You doubtlessly have been and will be affected by what is going on.

"Over the past ten years, psychiatry has shifted its income base from primarily treating adults to primarily treating children. This has been made possible by group medical plans which have recently [over the past 12 to 15 years (1989)] included coverage for psychiatric 'treatments'.

"As a result there are over 400% more children in psychiatric hospitals today than in 1980. It is estimated that the number of school children carrying psychiatric 'diagnoses' of 'mental illness' is up over 1,000% in the same time period. **In today's society, hanging a label of 'mental illness' on a child is like hanging a sign around the child's neck saying, 'GARBAGE: TAKE IT AWAY!'**

"HOW CHILDREN BECOME 'MENTALLY ILL'

"Under psychiatry's invented criteria, there isn't a single normal childhood behavior which doesn't fall within the broad 'symptoms' which comprise so-called 'mental illness.' Some of the commonly seen psychiatric labels for children are: Attention Deficit Disorder

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(ADD), [more recently called Attention-deficit Hyperactivity Disorder (ADHD)], Minimal Brain Dysfunction (MBD), Learning Disability (LD), or Impulse Disorder (ID).

"If for any reason a teacher decides there is a problem with a particular child, there is no way the child can escape 'diagnosis.' It also appears as though the less skilled the teacher, the higher the likelihood that there will be a problem with a child. Of course, labeling the child insane is a way of blaming the child for the difficulties encountered by the teacher.

"Psychiatry has implanted into our schools **their solution** to the age-old problems of life, as well as **their solution** to the problems encountered in the education of children. **Psychiatry's solution is to medicalize, label and then to cash in on the most common problems of life, including those experienced daily by people who educate and live with children.**

"For example, if a child doesn't understand something he is being taught and the teacher fails to notice this, and carries on past this misunderstanding without clearing it up, the child can begin to fidget or worse. At this point, if the child is forced to go on without understanding the subject point, the behavior of the child will probably deteriorate further. The teacher, following the instructions of the psychiatrist, is encouraged in today's school systems, to label the child as having any one of a large catalogue of 'mental illnesses.'

"If you feel this cannot be true or that this is not a serious problem, you probably haven't seen the 'criteria' under which a child can be 'diagnosed' and labeled. Likewise, you may also not be familiar with what is done to a child who is so labeled.

"In some school districts today, over 20% of the children carry such 'diagnoses' of mental illness and many have been put on a very dangerous and addictive amphetamine-like drug called Ritalin, or the dangerous central nervous stimulant, Cylert (Pemoline). Once a child is diagnosed, the destiny of that child is no longer in the hands of his or her parents. The child is now a ward of the psychiatrist and subject to psychiatry's vested interest (money interest) in the child's 'insanity.'

"What is Attention Deficit Disorder (ADD)? Who 'diagnoses' it? How is it treated? What are the results of that treatment and who pays the bills? How is it that a disease no one even heard of a few years ago has swept through the children in our schools? Is this a more serious epidemic than AIDS? Is it contagious and can you catch it from your children? The following will introduce the answers to the questions.

"HOW THE CHILD IS LABELED

"The American Psychiatric Association publishes a text called the '*Diagnostic and Statistical Manual of Mental Disorders.*' It is now in its third edition, (1989). In the psychiatric industry it is known as '*DSM-III.*' This book is the 'bible' of psychiatry. It is so highly regarded because if a 'mental illness' is not in '*DSM-III,*' insurance companies will not pay the bill.

"The following is taken verbatim from the American Psychiatric Association's *DSM-III* regarding the 'mental illness' so many children in America's schools are being labeled as having:

"Diagnostic criteria for Attention Deficit Disorder with Hyperactivity. The child displays for his or her mental and chronological age, signs of developmentally inappropriate inattention, impulsivity, and hyperactivity. The signs must be reported by adults in the child's environment, such as parents and teachers. Because the symptoms are typically variable, they may not be observed directly by the clinician. When the reports of teachers and parents conflict, primary consideration should be given to the teacher reports because of greater familiarity with age-appropriate norms. Symptoms typically worsen in situations that require self-application, as in the classroom. Signs of the disorder may be absent when the child is in a new or a one-to-one situation."

"What is being said here? Is it that some children don't act appropriately to their chronological age? What a revelation!

"Presumably, there is a 'disease,' and teachers practicing without a medical license, and not the parents of the children are the final and proper judges of which children have it.

"It is the teacher's consideration of who is a 'normal' child which sets the standard for all other children. The psychiatrists (clinicians) don't have to see 'ADD' but can '**treat**' (cash in on) it, based on the **teacher's 'diagnoses.'** We're not to believe anyone who doesn't see the 'symptoms' of this mental disease because it's apparently invisible or at least disappears when the child is being seen by a new or perhaps impartial person in a 'one-to-one situation,' including the parents when they disagree with the teacher.

"DSM-III continues:

"The number of symptoms specified is for children between the ages of eight and ten, the peak age range for referral. In younger children, more severe forms of the symptoms and a greater number of symptoms are usually present. The opposite is true of older children."

"DSM-III then lists the 'symptoms' which follow and all we have to do is count them to find which are the insane children. But most importantly, we must keep in mind that in younger children there are 'more' symptoms and 'more severe' symptoms. In older children the symptoms apparently go away. Therefore we must assume it is important to 'diagnose' early or before the child unscientifically grows up and his major money-making 'disease' disappears on its own.

"THE 'SYMPTOMS':

"A. Inattention. At least three of the following:

- (1) often fails to finish things he or she starts
- (2) often doesn't seem to listen
- (3) easily distracted
- (4) has difficulty concentrating on schoolwork or other tasks requiring sustained attention
- (5) has difficulty sticking to play activity

"B. Impulsivity. At least three of the following:

- (1) often acts before thinking
- (2) shifts excessively from one activity to another
- (3) has difficulty organizing work (this not being due to cognitive impairment)
- (4) needs a lot of supervision
- (5) frequently calls out in class
- (6) has difficulty awaiting turn in games or group activities

"C. Hyperactivity. At least two of the following:

- (1) runs about or climbs on things excessively
- (2) has difficulty staying still or fidgets excessively
- (3) has difficulty staying seated
- (4) moves about excessively during sleep
- (5) is always 'on the go' or acts as if 'driven by a motor'

"D. Onset before the age of seven.

"E. Duration of at least six months.

"F. Not due to Schizophrenia, Affective Disorder, or Severe or Profound Mental Retardation."

(By these standards, I've been mentally unsound since birth up through the age of seventy-eight (2003)! Ed.)

"Depending on one's opinion of the meanings of 'excessively,' or 'often,' 'easily,' 'frequently,' and the word 'difficulty,' you may find that any normal child you have ever been, seen or known has, or has had 'ADD With Hyperactivity.'

"If any children were left out of the above 'diagnosis,' simply drop 'Category C, Hyperactivity' and the rest of the normal children on the planet will be found to have '*DSM-III*' disease number 314.00 'Attention Deficit Disorder Without Hyperactivity.'

"In 1987, The American Psychiatric Association published a

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment. revised edition of the *Diagnostic and Statistical Manual III*, called the *DSM-III-R*. In this updated version of their insurance 'bible,' attention-deficit disorder is renamed to '**Attention-deficit Hyperactivity Disorder**' and is now (1989) listed under '**DISRUPTIVE BEHAVIOR DISORDERS**.'

"In DSM-III-R, the real intentions of what some parents are now calling, 'daddy dearest the psychiatrist' are more clearly in focus. By comparing both sets of 'Diagnostic Criteria,' one can see that the problem with the original 'criteria' is that some children may not have qualified as certifiably 'nuts.' See for yourself in the following description of childhood 'mental illness' from the American Psychiatric Association's new 'DSM-III-R.'

"314.01 Attention-deficit Hyperactivity Disorder

"Note: Consider the criterion met only if the behavior is considerably more frequent than that of most people of the same mental age.

"A. A disturbance of at least six months during which at least eight of the following are present.

- (1) Often fidgets with hands or feet or squirms in seat (in adolescents, may be limited to subjective feelings of restlessness)**
- (2) has difficulty remaining seated when required to do so**
- (3) is easily distracted by extraneous stimuli**
- (4) has difficulty awaiting turn in games or group activities**
- (5) often blurts out answers to questions before they have been completed**
- (6) has difficulty following through on instructions from others (not due to oppositional behavior or failure of comprehension), e.g., fails to finish chores**
- (7) has difficulty sustaining attention in task or play activities**
- (8) often shifts from one uncompleted activity to another**
- (9) has difficulty playing quietly**
- (10) often talks excessively**
- (11) often interrupts or intrudes on others, e.g., butts into other children's games**
- (12) often does not seem to listen to what is being said to him or her**
- (13) often loses things necessary for task or activities at school or at home (e.g., toys, pencils, books, assignments)**
- (14) often engages in physically dangerous activities without considering possible consequences (not for the purpose of thrill seeking), e.g., runs into street without looking**
- (15) Onset before the age of seven.'**

"WHOSE OPINION COUNTS?"

"Whether any of the above '**criteria**' fit any particular child, depends **only on the subjective opinion of the 'adult' making the 'diagnosis.'** As anyone can observe, some adults are better able to tolerate activity in children than others. This tolerance or intolerance for that matter can even vary, in the same adult, over a period of time.

"It is also true that the action level of children can vary greatly, even within the same family. A child's activity level can also change over time and will commonly change in the presence of different adults, including teachers." (See "Thyroid Hormone Therapy: Cutting the Gordian Knot" <http://www.arthritis-trust.org>)

"The truth is that some healthy children are more active than other healthy children at various ages. The same holds true for the personal variations in the ability of children to pay 'attention' at different ages and also the 'impulsiveness' of various children as they mature.

"The danger occurs when the active child is colliding with a teacher, and sometimes a parent, with a low tolerance of motion. This can even be as simple as a low tolerance of that child alone. Observably, some teachers find as many as 15% to 20% of the children in their classes 'mentally ill' while others find none at all. As is seen in the 'Note' at the beginning of the 'new' criteria from *DSM III-R*, teachers

are encouraged to only label the most active. However, there is also a new method of labeling wherein teachers label the '**ADHD**' as '**Severe, Moderate, or Mild.**'

"A question that should be answered is whether or not there are any normal children who do not have eight of the above criteria or whether such children, like unicorns, are simply mythical beings.

"Note: We, like most parents, do not consider children on amphetamines or other drugs, normal.

"GETTING PARENTS TO BUY THE DIAGNOSIS

"The real trick is to get the parents to buy the 'diagnosis' of 'mental illness.'

"Parents are often told or led to believe that 'there is a real **scientific** basis for the **disease.**' **This is an utter falsehood. The only 'criteria' are those listed above and the obvious financial benefits to the psychiatrist and other so-called 'mental health professionals.'**

"While psychologists and sometimes social workers claim there are other '**criteria**', no other or different standards exist in fact. Mumbo jumbo and psycho-babble from the '**experts**' aside, children should not be put into chemical straight jackets based on these flimsy, unscientific and self-serving psychiatric and psychological '**criteria.**'

"We do not want parents to be caught without knowing some of the '**reasons**' commonly given for the '**disease.**' Parents are often given these '**reasons**' by someone working with a psychiatrist on a referral basis such as a counselor, psychologist, social worker, or a teacher.

"A social worker might tell the parent, 'There seems to be a chemical imbalance in the brain which needs to be corrected with medications.' 'Oh?' the parent should innocently ask, 'Have you done a chemical test or a biopsy (a procedure wherein a piece of body tissue is taken and analyzed) and found a chemical imbalance?'

"'No,' the answer will be.

'Will one be done?' the parent should ask.

The answer should be 'No.' The reason is, no such test exists, just as no such chemical imbalance exists. if any other answer is given, please let [The Citizens Commission on Human Rights International Office, 6616 Sunset Blvd., Los Angeles, CA 90028; (800) 869-2247; <http://www.humanrights.org>.] know and [they] will help you find a good attorney.

"Another example of a technique used to convince parents to drug their children is to say, 'It will be a tragedy to have the child go through school with the bad grades which are sure to result if the **disease** is not reversed with drugs.' You need not stand for this blackmail and allow the school to make a zombie of your child. You have a right to have all of your questions answered factually. Perhaps a new teacher or even a new school will see the child differently and help you to arrive at the truth.

"Lastly, parents are sometimes told, 'There seems to be some **minimal brain dysfunction** which may have been caused by a difficult birth or trauma while still in the womb.' While this sounds possible, its main use is to put parents in a position to feel guilty about any '**damage**' they may have done to the child while still in the womb. Addicting a child to a dangerous amphetamine-like (**speed**) drug such as Ritalin will not solve this invented problem. Remember, you are listening to someone's **theory**, not a '**scientific**' fact, and the drug '**treats**' nothing but the child's ability to act at all.

"The truth is, psychiatrists say they '**don't** know what causes children to act as they do.' The **main criteria** for having the '**disease**' seems to be the parents' willingness and ability to pay for a '**treatment**' and often whether the parents have psychiatric coverage on their medical insurance.

"Another '**criteria**' is whether parents can be covertly convinced

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment.

“SUICIDE RISK

and everything of the so-called ‘mental illness’ and the drug. The real work is to convince the parent that: 1) all unwanted actions of the child are the result of ‘mental illness,’ 2) all good actions are the result of the ‘treatment and the drug.’ ***In other words, can parents be convinced that the child no longer counts?***

“The usual treatment for the so-called ‘mental illnesses’ in children today is to put the child on one or more drugs. One of the favored drugs is an addictive, amphetamine-like (‘speed’) drug called Ritalin. Those effects will be explained.

“Other drugs such as Cylert and Dexedrine are also used as well as some extremely dangerous drugs like Thorazine, Haldol, and Mellaril.

“In the past 10 years, psychiatry has shifted its income base from primarily treating adults to primarily treating children. If you have children, your medical insurance may be a target of the psychiatric industry. In the past five years, the number of children in psychiatric hospitals has gone up nearly 40% and child suicide, almost unheard of only a decade ago, has increased by almost 600%.

“Over the same period of time, the number of children being diagnosed with ‘mental illness’ is up over 1000%. Many of these children have been said to have ‘Attention Deficit Disorder’ and have been given very dangerous and addictive drugs like Ritalin, an amphetamine-like drug (the type known on the streets as ‘speed’), or the central nervous system stimulant Cylert.

“We believe this trend is damaging the children of America. There is not a single normal childhood activity which the psychiatrists have not labeled as ‘mental illness’ . . . As Ritalin is so often used on children, we feel it is vital that you have the following information on Ritalin. . . .

“WITHDRAWAL DANGERS OF RITALIN

“**WARNING: RITALIN** (Methylphenidate), like other amphetamine-like drugs (some-times called ‘speed’), is a very dangerous drug to be ‘on.’ However, withdrawal from or reduction of the use of such drugs can cause life-threatening situations as well. For this reason, before going into the dangers of using the drug, we want to cover some of the dangers of withdrawal from Ritalin and reduction of its dosage, and pass on some suggestions made by competent non-psychiatric physicians.

“One of the major dangers of Ritalin use is that the psychiatrist will blame the child for adverse reactions and side effects which are actually caused by the drug. Psychiatrists often say, imply, or just let parents believe, that the symptoms of being on such psychiatric drugs as well as the withdrawal symptoms are ‘symptoms of underlying mental illness coming to the surface.’ Parents need to know the facts.

“Parents should also know that as harmful as Ritalin can be to the person on it, and as much as a parent may want to take the child off the drug, there are precautions to be observed during withdrawal. This withdrawal from ‘speed-like’ substances, according to the psychiatrists, ‘always involves depressed mood, plus fatigue, disturbed sleep, or increased dreaming.’ Also, you should know that psychotic episodes, severe prolonged depression, paranoia and bed-wetting are usual. The psychiatrist often says these ‘symptoms’ are ‘a result of underlying mental illness coming to the surface.’ In this way the child is often re-diagnosed as being ‘depressed’ or even ‘suicidal’ and then ‘treated’ for this ‘new disease.’ The new ‘diagnosis’ often stays with the child into adult life.

“It is well-known that withdrawal from ‘speed-like’ drugs can create severe disturbances. Sometimes these also appear when the dosage is reduced. The parents should be aware of and watch for signs of severe drug-induced depression, fatigue, severe sleep disturbances, bed wetting, and increased dreaming with nightmares.

“WARNING: RITALIN withdrawal or reduction of dosage can cause children to become severely depressed and suicidal. Prolonged depression resulting in suicide is a very real risk during withdrawal or reduction of dosage. This is particularly the case if the child and parents don’t understand what the child is going through and don’t realize the child is suffering from the effects of drug withdrawal.

“Parents may think the child is simply being ‘crazy’ or even going insane rather than seeing the effects of the drug for what they are. Symptoms of withdrawal last for months and sleep disturbances last for a minimum of several weeks. [Note: When Ritalin use is started, the drug often takes at least a month before its complete effect is seen on the child. It is little wonder that withdrawal takes so long.]

“Ritalin’s withdrawal symptoms usually appear within three days of stopping its use or reducing the dosage. The immediate reactions to withdrawal usually peak within the first week, but severe depression and irritability can last for months. For these reasons, it is best to have the child’s withdrawal supervised by a competent medical doctor of non-psychiatric specialty.

“The doctor chosen should be one who understands the symptoms and risks to health that this type of drug, and withdrawal from it, pose to the child. It is recommended that this doctor not be a psychiatrist due to the obvious vested interest (money interest) such a person will have in labeling the child ‘mentally ill.’ Ritalin may also create nutritional deficiencies, thus a nutritionist [or doctor versed in nutrition] may also be helpful.

“WARNING: RITALIN*

“The following are some of the dangers of using Ritalin:

“**1. WARNING: RITALIN must not be used on children under six years old.** This is a manufacturer’s warning. How Ritalin works in the body is not understood and the overall long-term effects have not been completely established. For this reason parents should consider its use as experimental. One of the known, long-term effects of Ritalin use on children is stunting of growth (both height and weight). It is also known that Ritalin must never be used on those with glaucoma (eye disease) or if there is an ‘allergic’ reaction to the drug.

“**2. WARNING: RITALIN** can cause anxiety, tension and agitation. These can be markedly intensified in children who already have these difficulties, thus giving the appearance of psychosis in the child.

“**3. WARNING: RITALIN** should not be used on children who are depressed. Such depression will likely intensify. Any use may induce depression. Mood swings are common as are nervousness, insomnia, dizziness, headache and appetite loss. Some of the other adverse reactions or effects, which may require medical attention and discontinuance of use are: unexplained fever, blurred vision, joint pain, uncontrolled movements, rash or hives, sore throat, nausea, abdominal pain, chest pain, fast and/or irregular heart beat, unusual bruising and unusual tiredness.

“**4. WARNING: RITALIN** can confuse the child and cause behavior problems. This reaction is often quite intense in children who already have such problems.

“**5. WARNING: RITALIN** can cause Tourette’s syndrome. This is a condition characterized by the child developing body ticks or spasms, making barking sounds and then going into a screaming babble. In over 60% of these cases the child will scream obscenities in the babble phase. The condition is permanent and irreversible.

“**6. WARNING: RITALIN** apparently lowers the ‘convulsive threshold.’ This means children with no previous history of seizures may become epileptic with seizures, convulsions or fits. All such seizures can cause permanent brain damage.

“**7. WARNING: RITALIN** use may bring on either grand mal

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment. or petit mal epileptic seizures, convulsions or fits. [Note: Petit mal seizures are very short, apparent lapses of attention with occasional body twitches often lasting only a few seconds; grand mal seizures are more intense periods of violent muscular spasms or fits with unconsciousness. Grand mal seizures last for several minutes.]

“8. WARNING: RITALIN can intensify the disease of epilepsy in children with a history of the disease and probably will do so. All epileptic seizures carry the potential to cause irreversible brain damage. Such children with epilepsy should never be put on Ritalin.

“9. WARNING: RITALIN should not be used with drugs which prevent or lessen epileptic seizures, convulsions or fits. Such use has never been shown to be safe and may cause other severe medical problems.

“10. WARNING: RITALIN use should be stopped at the first sign of seizures, convulsions or fits. All of the above precautions regarding withdrawal should be observed and the immediate assistance of a competent neurologist is highly recommended. Children on Ritalin should be very closely watched for signs of convulsions, including the momentary lapses described above.

“11. WARNING: RITALIN can cause high blood pressure or worsen the problem of those with the condition. Foods containing Tyramine may interact with Ritalin. Tyramine is a normal component of the body that helps sustain blood pressure. It can raise to fatal levels in combinations with some drugs. Tyramine is found in many foods including: breads, alcoholic beverages, fats like sour cream, fruits like bananas, figs, red plums, avocados and raisins, certain meats and meat substitutes including liver, canned meats, salami, sausage, cheese, salted dried fish, pickled herring, vegetables including Italian broad beans, green bean pods, and eggplant, as well as yeast concentrates or extracts, soup cubes, soy sauce, and any protein food that has been stored improperly or is spoiled.

“12. WARNING: RITALIN should be considered addictive. People on it sometimes increase the dosage on their own initiative. Long-term use leads to marked tolerance and dependency and the possibility that the drug will be used intravenously as addiction sets in.

“13. WARNING: RITALIN can make children extremely agitated. If this occurs Ritalin use should be discontinued immediately under competent non-psychiatric medical supervision with the above precautions on withdrawal in mind.

“14. WARNING: RITALIN overdose causes overstimulation of the central nervous system and can cause death. Signs and symptoms of overdose include: vomiting, agitation, tremors, exaggeration of reflexes, muscle twitching, convulsions which may be followed by coma, euphoria, confusion, hallucinations, delirium, sweating, flushing, headache, high fever, abnormally rapid heart rate, irregular heart beat, pounding heart, high arterial blood pressure, pupil dilation and dryness of mucous membranes. **“NOTE: If Ritalin overdose occurs, intensive and immediate medical care must be provided to maintain adequate blood circulation and breathing. External cooling may be required to prevent brain damage due to extremely high body temperature. Seek immediate medical attention. Dial 911 or O for help.**

“15. WARNING: RITALIN is also used on adults, particularly the elderly. Adverse reactions and side effects may be more frequent and severe in older patients.

“While this [article] is specifically on Ritalin, we would like you to have some basic information on one of [the] other drugs, namely, Thorazine.

“When Thorazine came into use in the early 1950s it was known as the ‘chemical lobotomy.’ The reason for this name is that psychiatrists in the institutions of the day, which were full of people who had been lobotomized, could not tell the difference between the person with

the lobotomy and a person on Thorazine. [Note: A lobotomy is an operation wherein an icepick-like instrument is inserted behind the eyeball, through the socket, forced through the thin bone behind the eye and swiped back and forth tearing up the frontal lobe of the brain.]

“All over the world ‘patients’ on Thorazine characteristically display a set of mannerisms known as ‘the Thorazine shuffle.’ These luckless souls develop a shuffled gait or short foot-dragging steps while they stare into a void in the direction of the ground about ten feet in front of them. They are typically slack-jawed and often drool. Their palms turn back and out and their arms hang slack at their sides.

“Children have been known to develop something called Tardive Dyskinesia after being on Thorazine for less than six months. Tardive Dyskinesia is a grotesque permanent condition brought about by brain damage from the drug wherein the face, neck and mouth muscles spasm uncontrollably while the tongue, rolled under, protrudes from the open mouth. Limbs which spasm and shake, as though with Parkinson’s disease, are another tragic and irreversible effect of Thorazine and other drugs such as Haldol which are called ‘major tranquilizers.’ Over 50% of adults on these drugs for over two years develop Tardive Dyskinesia. Children are more sensitive to the devastating results of psychiatric drugs and are at severe risk of developing these irreversible conditions.

“YOUR RIGHT TO KNOW

“We believe this information should be very widely known. Any parent has a right to know this data. The information above is not all that is known about these. However, this is the data parents have been found to need the most. It is often omitted by those prescribing the drug or presented in a form which is not easily understood.

“HOW TO PROTECT YOUR CHILD

“If a teacher, psychologist, psychiatrist or a school employee is trying to force your child or a child of a friend or relative into ‘therapy,’ the Citizens Commission on Human Rights (CCHR) may be able to help. Please don’t hesitate to call [them] at 1-800-869-2247.

“We also want any parent who still believes a child is too active, to know there are alternatives to drugging the child. In fact, there is extensive information available on handling active children without drugs and CCHR will happily refer you to these. However, the first alternative to drugging a child, which the parent must recognize and choose, is to **‘not drug the child.’**

“CCHR recommends that anyone who feels they or their children suffer from any of the symptoms described . . . , seek a medical examination by a competent, non-psychiatric medical specialist. CCHR does not itself provide medical advice. (See “Allergies and Biodetoxification for the Arthritic,” and “Candidiasis: Scourge of Arthritics,” <http://www.arthritistrust.org>.)

References

“*The Citizens Commission on Human Rights (CCHR) offers the above information as a public service. Data related to specific drug effects in this publication are taken from parents, recognized medical authorities and authoritative medical and pharmaceutical references. . . . (<http://www.humanrights.org>.)

“For those who wish to do their own study of the harmful effects of these drugs, we recommend the following references:

Dr. Caligari’s Psychiatric Drugs, \$4.50 (postpaid) from: Network Against Psychiatric Assault (NAPA), 2054 University Ave., Berkeley, CA 94704.

Drugs, by H. Winter Griffith, M.D., HP Books.

Physicians Desk Reference, Medical Economics Company [Oradell, N.J. 07649] Also helpful are the package inserts which are included with the drugs and available through pharmacists and physicians.

For non-medical persons, a large medical dictionary as well as a large standard dictionary should be used, as the information can be

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment. quite technical and is sometimes in medical terminology. There are other references that CCHR will provide on request.”

(For more information or additional copies of brochures, contact: The Citizens Commission on Human Rights International Office, 6616 Sunset Blvd., Los Angeles, CA 90028; (800) 869-2247; <http://www.humanrights.org>.)

Additional information on related issues can be obtained through A.B.L.E. International Association for Better Living and Education, 6331 Hollywood Blvd, Suite 700, Los Angeles, CA 90028-6313.

Also see *Solving the Puzzle of Your Hard to Raise Child* by William G. Crook, M.D. and Laura Stevens, Future Health, Inc., P.O. Box 846, Jackson, TN 38302-0846. Dr. Crook is author of the well known *The Yeast Connection*.

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