



# Find the Cause Fix the Problem

Dont Just Cover Symptoms with Drugs

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*"What I Wish I Knew Before I Listened to Doctors"*



**MARY ANN BLOCK, DO, PA**

The Mother Who Went to Medical School  
to Save Her Daughter

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**Chapter One: I Just Wanted to Be a Mom** or *You Shouldn't Have to Go to Medical School to Get This Information*

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## Chapter One

### I Just Wanted to Be a Mom

*You Shouldn't Have to Go to Medical School to Get This Information*

#### **I Went to Medical School to Save My Family**

I went to medical school at the age of 39 to save my daughter after doctors made her very ill prescribing an antidepressant and Valium for her chronic bladder infections. She had no psychiatric problems, yet the doctor used the drugs for their side effects on the bladder. The problem with that was the side effects they had on her immune system. This attack on her immune system made her deathly ill for many years.

In my search to get her well I discovered Osteopathic Medicine. While all Osteopaths don't practice holistic medicine, my first interaction with a Doctor of Osteopathy (DO) was with one who did. His approach to medicine and health and my desire to help my daughter, inspired me to go to medical school myself. It was one of the hardest things I have ever done but every day I am thankful that I became a DO.

You see, every day in my medical practice I see someone who has had a similar experience with the medical community. They have seen doctors who have done nothing more than treat their symptoms with drugs when what they really needed was a doctor who would look for and find the underlying cause of the problem, not just cover symptoms with drugs.

#### **Doctors Don't Know Everything**

Through many personal and professional experiences, I have learned that doctors don't know

everything, far from it. Many limit what they do to simply giving a fast diagnosis and a quick prescription, neither of which address the underlying cause.

Going to medical school at age 39 gave me a different perspective of the process, I think, than those who were only 22 or 23 years old when starting medical school. They were young, most likely were healthy. Their parents were probably healthy too. If their grandparents weren't healthy or had passed away, they may have thought it was just from old age.

At age 39, married with children, I definitely had a different perspective. Though at this point, my parents were still healthy, I had seen medicine take away the health of my child. When I learned anatomy, physiology and biochemistry, I understood how it applied to real people.

### **Are Young Doctors Ready?**

I felt that the younger students were learning the information by rote. Whatever we were taught was how they would use it. I remember when one professor lectured us on Rocky Mountain Spotted Fever, telling us to treat with one drug if the patient was over eight years old, but another much more dangerous drug if the child was younger than eight. The drug for the older person causes the younger person's teeth to turn brown. The drug for the younger person could kill them. Brown teeth or death? Shouldn't the parent get to make that decision? When I questioned the doctor, I was told, "No, the safer drug would turn the teeth brown 100% of the time but the more dangerous drug would kill only rarely, therefore, the more dangerous drug should be used and the parent should not be given the choice."

Wow! So that was how medicine was taught. No wonder my child was given the drugs she was given that made her so sick.

I felt that something was missing in medical education. So much of the focus was on prescribing drugs, yet little seemed to be on the risks.

In the more than twenty years that I have been practicing medicine, that problem has not gotten better and if my patient's experiences are any indication, it has gotten a whole lot worse.

What I am going to share with you is information I wish I knew when I was a young mother. It is information I wish my patients had. It is information I wish doctors knew and it is information that I think will help you and your family, stay healthy. It is information from the medical literature and from over twenty years of clinical experience.

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## Chapter Two

### Starting Out Right

#### *Having a Healthy Baby*

#### **Regrets**

I try to live my life without regret but I do have two major regrets in my life. One is that I did not breastfeed my babies. In the 1970's, in Texas, or at least among the women I knew, breastfeeding was actually frowned upon. I remember only one woman who did it and everyone thought she was weird. The pediatrician didn't even suggest it and I certainly didn't know any better, so I opted to give my children commercial formula. This is a huge regret on my part.

I tell families, who are pregnant or considering pregnancy, to plan on nursing. Unless there is a medical reason not to nurse, I don't think there is any excuse not to do it. I think this is the most important gift you can give your child.

That being said, if you didn't breast feed, you shouldn't beat yourself up over it. We all do the best we can with the information we have at the time. Often, the doctors do not give enough encouragement to parents to get them and keep them nursing.

The father's position with nursing is important too. One study found that the father's support was the number one reason women were successful at nursing. It followed that if the father was not supportive, it was the number one reason women did not nurse.

I made a lot of mistakes when my children were young. I listened to their doctor and believed he knew what was right. I believe he had my children's best interest at heart. He was a very kind and special man. I think he listened to what he was taught and so much of that was just plain wrong. It still is!

The recommendations on this list are things I have learned through over 20 years of practicing medicine and from being a mother. I learned from my own mistakes and my own successes as well as the mistakes and successes of my patients.

The Healthy Baby Handout is something I give to all my patients who are planning or expecting a baby or those who have an infant in their lives. I have found this information to be so amazing that I can honestly say that those who have followed it, have babies and children that are rarely, if ever, sick. That means, they don't have ear infections, flu, pneumonia, asthma or eczema. They get a healthy start in life and this seems to give their immune system the start it needs to stay healthy.

### **The Healthy Baby Handout**

#### Principle I-Healthy Parents

1. Both parents should be on a regular exercise program
2. Both parents should eat foods in as natural a form as possible (organic)
3. Avoid ingestion of dyes, preservatives, alcohol, hormones, pesticides, artificial sweeteners
4. Avoid exposure to chemicals, paints, fumes, solvents, cigarette smoke
5. Avoid foods to which you are intolerant
6. Avoid unnecessary medications
7. Drink 8 glasses of water daily from a pure, uncontaminated source. Glass bottled spring water is best
8. Avoid eating seafood due to mercury content
9. Begin prenatal vitamins 6 months before conception

Principle II- Breastfeed with the mother eating safe foods rotated every 4 days.

Principle III- Attempt to breastfeed for at least 9 months before adding foods. Attempt to breastfeed for at least one full year.

Principle IV- When adding foods to baby's diet: Test with  $\frac{1}{4}$  teaspoon of the food. In 4 hours increase the quantity to  $\frac{1}{2}$  teaspoon, then to one teaspoon. Increase to a moderate amount given every 3 days. Allergic reactions to look for include sneezing, hiccups, runny nose, rash, colds, cough, rash around the rectum or urethra, vomiting, change in stool, mood changes, irritability. If no adverse symptoms occur, the food may be eaten on two days per week, i.e. Monday & Friday or Tuesday & Saturday. You may then proceed to test a new food.

Foods should be organic and never genetically modified (GMO). This starts around 9 months of age. Order for testing foods:

1. Yellow vegetables (squash, sweet potato, carrots)
2. Green vegetables (green beans, green peas, broccoli, spinach)
3. Other vegetables (beets, avocado, white potato)
4. Rice & millet
5. Bland fruits (apricot, apple, pear, peaches, plums)
6. Chicken, turkey
7. Beef, pork, lamb
8. Banana
9. Your child should be 12-15 months old now
10. Grains: oats, corn, barley
11. More grains: wheat, rye
12. Eggs at 18 months (should be free-range)
13. Foods to be avoided by those under 24 months old: Cow's milk & its derivatives; Wheat and wheat products; oranges and other citrus foods; commercial eggs (as apposed to free-range

eggs); Nuts; Tomatoes; Chocolate; Oxalic foods (chard, rhubarb, unshelled sesame seeds); Sweet foods (sugar, artificial sweeteners, berries, melons), honey, fruit juice, peanuts, popcorn, grapes, round slices of hot dogs, raw carrot, large pieces of apple, microwave cooking due to hot spots, commercial baby foods containing sugar, starchy fillers and modified food starch, or hydrolyzed vegetable protein.

Principle V-Four Day Rotation Diet means a given food is eaten only one day out of every four days

Principle VI- If breast feeding is not possible, then rotate goat's milk, soy formula, Carnation Good Start and a hypoallergenic formula. Before you consider not breastfeeding or consider stopping, read the ingredients on the baby formula first. After reading the ingredients, you may decide to keep nursing. Here are the first six ingredients of a popular infant formula: Corn syrup, Sugar, Milk Protein Isolate, High Oleic Safflower Oil, Soy Oil, Coconut Oil. This, in no way, is a substitute for breast milk.

Principle VII- Avoid introducing new, raw or lightly cooked foods during or after acute bacterial or viral infection.

Principle VIII- Avoid highly allergenic environments: no cats or caged rodents. If you already have these pets, do not allow them in the baby's room. Maintain bedroom as dust free, mold free and chemical free as possible.

Principle IX\_ Diet goals for pregnancy and nursing:

1. Eat 3 meals/day
2. Eat 3 small protein snacks/day
3. Meals and snacks should always include a protein food (meat, seeds, nuts)
4. Eat at least one raw fruit and one raw vegetable/day
5. Drink 12 ounces of liquid or more/day. Use only 100% real juice (no fruit drink), herbal tea or water.

6. Avoid coffee, black tea and decaffeinated coffee.
7. Eat all foods in as natural a form as possible, i.e. fresh and cooked, no processed.
8. Cook meats by wok, pan broil, broil or roast.
9. Use only organic oils (most non-organic oils are GMO now). No hydrogenated oils. Butter can be used.
10. If you crave sugar, eat fresh fruit and more protein.

Principle X- Educate yourself about vaccines, the ingredients, the side effects and the lies. See Chapter Three.

## Chapter Three

### Vaccines

#### *What You Should Know That Your Doctor Doesn't Know*

#### **Second Regret**

The second regret I have is that I ever vaccinated my children. If I knew then, what I know now, I never would have done it. Here is what I have learned:

#### **Vaccine Requirements**

The Texas Required schedule for daycare requires 7 vaccines by 3 months of age. These 7 are repeated for 3-4 doses over 18 months when the MMR and Varicella are added. The Hepatitis B vaccine is given in the hospital when the baby is barely one day old. Since Hepatitis B is contracted from exposure to fluids from people with hepatitis B, which includes, IV drug abusers and prostitutes, it is highly unlikely that a newborn baby needs this vaccine at all. The mother has already been tested so the doctor knows the mother does not have the disease.

What is the down side to postponing vaccines or even omitting some or all of them? An infant does not need any of the 7 except to attend daycare. Some pediatricians are ok with delaying when they know you have done your homework and have valid reasons for waiting. The idea that vaccines are safe for everyone does not make sense. Some people react to penicillin. We would not insist they take it anyway. Every medical treatment has the risk of side effects. These risks must always be weighted against the benefits. There is little risk of delaying these 7 vaccines. There could be

huge risks of getting them as recommended. Approximately 20 states recognize the parents' right to make this decision.

## **Toxic Ingredients**

Here is a list of the standard vaccine additive ingredients: including, but not limited to, sodium ethylmercurithiosalicylate (or thimerosal, a mercury derivative – still in many vaccines- tetanus, meningitis & flu)

propylene glycol (aka polyethylene glycol, one type of antifreeze -- yes, it's true!)

phenol (a disinfectant dye)

phenol red

formaldehyde (a preservative and disinfectant)

ammonium sulfate

aluminum hydroxide

aluminum phosphate

benzethonium chloride

polysorbate 20

polysorbate 80

sorbitol

polyribosylribitol

MRC5 proteins

Betapropiolactone

Neomycin

neomycin sulfate

streptomycin

polymyxin

polymyxin B

amphotericin B

gentamicin sulfate

tri(n)butylphosphate

freeze-dried polysaccharide antigens (from *Neisseria meningitidis*)

monosodium glutamate

potassium monophosphate

potassium diphosphate

human serum albumin

washed sheep red blood cells

porcine (pig) pancreatic hydrolysate of casein

embryonic fluid (chicken egg)

hydrolyzed gelatin (calf and cattle skins, cattle bones and pork skin)

calf serum

fetal bovine serum

fetal rhesus diploid cells (FRhL-2 cell line)

African green monkey kidney heteroploid cells

### **Adjuvants, Not Preservatives**

These adjuvants (heavy metals and other toxins) are added to vaccines, and are programmed to aggravate the injection site to cause the body to turn on the immune system and put it in high gear to cause T cells to come to the vaccine site. These aluminum salt adjuvants, which have replaced mercury in most vaccines, are now linked to demyelinating Central Nervous System disorders such as Multiple Sclerosis, ALA, myalgias (ie: Fibromyalgia), cognitive and behavioral disorders, blindness, bladder dysfunction, and can sometimes keep the immune system "turned on" for years, leading to allergies (including food sensitivities), Asthma, fevers, digestion problems (Autistic children have been known to produce up to 27 additional unknown products of digestion from

eating certain foods containing large protein molecules, such as Gluten. In Gluten sensitive kids, these 27 additional metabolites are broken down by the body into macronutrients that affect behavior, cognitive skills, speech, learning, and the symptoms called Autism.

## **Vaccines Facts to Know**

1. **Diphtheria:** Diphtheria is rare in the United States; the last case occurred in an elderly traveler returning from Haiti in 2003 (CDC)
2. **Pertussis:** Pertussis is no more than a bad cold after one year and as long as the mother nurses, the child has immunity. Most cases are in vaccinated children and it is treatable with antibiotics. 92% of the recent Pertussis outbreak was in kids who were vaccinated (CDC). Only 8% of cases of Pertussis were in kids not vaccinated.
3. **Tetanus:** In 2009, a total of 19 tetanus cases and 2 deaths were reported (CDC) Once the baby is running around outside, there might be a very slight risk. It would be very difficult if not impossible for a baby to contract Tetanus.
4. **Polio:** The last cases of naturally occurring paralytic polio in the United States were in 1979, when an outbreak occurred among the Amish in several Midwestern states. (CDC). The oral Polio vaccine can and did cause Polio in the US before it was banned.
5. **Hepatitis B:** Hepatitis B is a sexually transmitted, IV drug abuser disease. This vaccine is completely unnecessary unless the child goes into medicine, becomes a prostitute or IV drug abuser.

6. **Hib:** A study published in the Journal of Pediatrics found that DtaP, HiB, Polio, Hepatitis B and Prevnar were associated with an increase in C-reactive protein. This increase led to a greater chance of developing Type 1 Diabetes later in life. It also increased the risk of breathing problems and bleeding in the brain.

7. **Mumps:** The recent mumps outbreak found that mumps was much more likely to occur in children who had been vaccinated for mumps than in those who had not received the mumps vaccine.

8. **Pneumococcal:** The Argentinean province of Santiago del Estero, with a population of nearly a million, is one of the country's poorest. In 2008, 14 babies participating in drug testing in the province suffered what the U.S. clinical-trials community refers to as "an adverse event": they died. The deaths occurred as the children took part in a medical trial to test the safety of a new vaccine, Synflorix, to prevent pneumonia, ear infections, and other pneumococcal diseases." "Developed by GlaxoSmithKline, the world's fourth-largest pharmaceutical company in terms of global prescription-drug sales, the new vaccine was intended to compete against an existing vaccine. In all, at least 14 infants enrolled in clinical trials for the drug died during the testing. Their parents, some illiterate, had their children signed up without understanding that they were taking part in an experiment. Local doctors who persuaded parents to enroll their babies in the trial reportedly received \$350 per child.

Vaccines are being tested overseas where there is no oversight, illiterate parents are being tricked into putting their kids into drug trials and payment for participation is the incentive in impoverished countries.

Vaccines associated with causing Type 1 diabetes: Pertussis, MMR, DTaP, Hep B, HiB, Polio,

Pneumococcal

Based on the fact that the diseases vaccinated for are rare or non-existent, I cannot understand the push to vaccinate at all, much less so early.

### **Vaccinated Sicker Than Unvaccinated**

A German study released in September 2011 of about 8000 UNVACCINATED children, newborn to 19 years, show vaccinated children have at least 2 to 5 times more diseases and disorders than unvaccinated children

<b>Symptom</b>	<b>Vaccinated</b>	<b>Unvaccinated</b>
Allergies	22.9%	10.6%
Asthma	18%	2.4%
Otitis Media	11%	2.0%
Hyperactivity	8%	2.0%
Seizures	3.6%	0.3%

From an autism standpoint, the worst time to vaccinate an infant is while they are teething, because the Blood Brain Barrier that protects the brain and CNS is permeated (opened), due to the elevated histamine produced by teething. Histamine from mast cells in a child with allergies also opens the Blood Brain Barrier. Compared to a 140 pound woman in good health, with no allergies, and a properly functioning Blood Brain Barrier, levels of inflammation-producing vaccine adjuvants are 2,000% higher in a 7 pound infant. An infant girl receives greater neuroprotection because of estrogen, while mercury accumulates in a male child, due to testosterone binding ([PMID: 15780490](#)), as can be verified by the higher incidence of autism and related disorders in

vaccinated males. Families with a history of Epstein Barr, Mononucleosis, arthritis, asthma, allergies, or a Glutathione S-Transferase Deficiency are at greatest risk.

Risk Factors include, but are not limited to:

- Families with a history of autoimmune disease
- Families with a history of allergies or asthma
- Families living in areas with an abundant mosquito, flea, or tick population
- Families with a high arch on their foot, with or without a diagnosis of Charcot Marie Tooth Disease (CMT)
- Families with a history of Mononucleosis (Glandular Fever) among any of its members

### **Vaccines in Pregnancy**

A report from the National Coalition of Organized Women (NCOW) presented data from two different sources demonstrating that the 2009/10 H1N1 vaccines contributed to an estimated 1,588 miscarriages and stillbirths. A corrected estimate may be as high as 3,587 cases. NCOW also states that the CDC failed to inform vaccine providers of the data suspecting H1N1 vaccine was related to related fetal demise.

The influenza vaccine and the Pertussis vaccine have not been tested in pregnant women and there are no safety studies indicating that the vaccines are safe for the fetus. Yet, doctors are pushing both vaccines on pregnant women. This information is in the drug insert produced by the vaccine manufacturers.

For more information go to <http://blockcenter.com/programs/autism-spectrum-disorder/> and sign up for a free Vaccine Information Booklet.

## Chapter Four

### Ear and Respiratory Infections

*You Don't Have to Have Them*

#### **Did You Do What I Said?**

If you followed the recommendations in the previous two chapters, you probably won't have to deal with ear infections or respiratory infections. If you are dealing with them, reread the first two chapters and see what you need to change. If you had to fully vaccinate your child because of state laws, don't beat yourself up over it. Unless you homeschooled, you had no choice. You can, however, work within your state to change the laws and work toward a parent's right to choose to vaccinate or not.

If you are dealing with colds and ear infections, the first thing to do is get rid of all the dairy in your house. That's right, no milk, cheese or yogurt. Dairy is the number one food sensitivity and the number one cause of ear infections. Asthma is often improved with dairy removal as well. The more your child likes dairy foods, the more important it is to remove it because it is more likely the cause of the symptoms.

More than one child who either drank a lot of milk or “loved” cheese or yogurt, had a hard time giving up dairy. It can be like a drug to them and they can go through withdrawal when it is removed from the diet. For some the withdrawal is worse than others. If your child gets worse instead of better, especially with behaviors, there is a high chance that they are addicted to it and really need to stop eating it.

Don't panic, there are plenty of other ways to get enough calcium. A good multi-vitamin will take care of that.

You will be amazed at how much better the runny nose, the fluid in the ears and the breathing is going to be. Even behaviors could improve. There are some other tricks to clearing up ear and respiratory infections that I teach my patients how to do.

Xylitol has been shown to wash out bacteria and viruses. Using it can help prevent and stop ear and respiratory infections. The best thing I have found is a gentle massage that drains the fluid from the ears and sinuses and helps the immune system work better. This massage is available in a DVD through my office 817-280-9933, ext. 200 or through amazon.com. It's called, *Treating Ear and Respiratory Infections Without Antibiotics*.

### **New/Old Research**

As I was writing this, the television news shows released research about ear infections. Basically, the research said that antibiotics should not be prescribed for ear infections unless the child has a fever over 102.2 or has multiple ear infections.

This research is actually not new at all. When I wrote my book and video, *Treating Ear and Respiratory Infections Without Antibiotics*, I referred to research performed years ago, stating that “the sooner you give an antibiotic for an ear infection, the longer they will last and the more

recurrences there will be”.

The medical literature also stated that 90% of ear infections would heal completely on their own. From this, it certainly sounds like doing nothing is better than using antibiotics for ear infections. However, you don't have to do nothing. That's why I wrote the book and produced the video. The video shows you how to do a gentle massage that drains the fluids from the ears and sinuses and helps the immune system work better. It is easy to do and takes less than five minutes to perform on your child or on an adult.

### **Do It At Home**

Also available is a tympanogram for home use. This is a device your doctor probably uses to determine if fluid is present in your child's middle ear. The tympanogram for home use, can help you stay out of the doctor's office and avoid all those other sick kids as well as tell you if the massage is working to drain the fluid from the ear.

### **No Fluid-No Ear Infection**

The cause of ear infections is from having fluid in the middle ear. The fluid accumulates when the Eustachian tube, which drains the fluid naturally, becomes inflamed and swollen or when the fluid itself becomes too thick to drain easily. Bacteria and viruses can create the inflammation and allergies can do so as well.

### **Allergies Not Bacteria**

Many studies report an association between allergies and ear infections, yet I have seen reports from The Academy of Pediatrics, denying any association. From my own experience, allergies are the number one cause of ear infections. As mentioned earlier, dairy allergy is the number one food reaction associated with ear infections.

Fluid in the ear is the cause of the pain in the ear. The bacteria do not cause the pain. Killing the bacteria with antibiotics doesn't do the whole job. The bacteria are in the ear only because the fluid is in the ear. It is important to find the underlying cause of the infection and treat that. Draining the fluid with the massage and preventing the fluid's return will stop the ear problems completely.

### **No Fluid-No Ear infection-No Pain-No Antibiotics-No Tubes in the Ears**

Wouldn't you rather treat the real underlying cause and prevent ear infections in the future? I have seen children who have had six sets of ear tubes placed in their ears. If tubes work so well, why on earth would the doctor feel the need to place them six times?

Placing ear tubes in the ear is a surgery. It requires an anesthetic. It puts a hole in the ear. Does this sound natural to you? If the tubes are left in the ear too long or if multiple tubes are placed in multiple surgeries, they can leave a permanent hole in the ear that will have to be surgically closed. Tubes can also cause permanent scarring on the eardrum, which can cause permanent hearing loss.

### **Find the Cause-Fix the Problem**

As with everything I do in my medical practice, I think the best route is to find the real underlying cause of ear and respiratory infections and fix it, preventing their recurrence in the future. I have seen it work successfully thousands of times. For more information about ear and respiratory infections go to my website: <http://blockcenter.com/programs/ear-infection/> and sign up for a free chapter of *Treat Ear and Respiratory Infections Without Antibiotics*.

## Chapter Five

### Now Your Child Is in School

#### *Dealing with the School Vaccines and ADHD*

The vaccine issue comes up quickly when your child enters school. In some states you cannot attend school unless fully vaccinated. Every state offers a medical exemption and many offer a religious one. Approximately 20 states have a conscientious exemption, which means you can opt out of vaccines just because you do not want toxins injected into your child. Texas has a Conscientious Objection exemption.

You may not even know that your state has this exemption. Your pediatrician probably won't tell you and the school probably won't tell you. In fact, both the school staff and the doctor may tell you that you must vaccinate your child. In the states where this is just not true, they are either stupid or they are lying. So the school and the doctor either doesn't know the law in the state or they are telling you that you must vaccinate even when you don't, which is a lie.

Before you vaccinate, know your rights. Go online and look at your state's laws.

#### **Another Problem**

Once you have your child enrolled, another problem often pops up, especially with boys-ADHD!

ADHD is short for Attention Deficit Hyperactivity Disorder. This is a made up, subjective, psychiatric disorder and the diagnosis does nothing to help find the real cause of the symptoms. Teachers are quick to tell parents to take their child to the doctor because the child has trouble sitting still and focusing or behaving. With just a word from the teacher, the doctor is very likely to prescribe a Class II, controlled, addictive drug to your child. The doctor often does this without any medical tests performed, without so much as a physical exam or listening to the child's heart, even though the drugs prescribed for ADHD have a listed side effect of heart attack.

There are many real underlying causes of ADHD symptoms. Diet is an important one. Allergies, nutritional deficiencies, gut problems, thyroid problems and learning and processing problems are others. Each should be ruled out with appropriate testing. If any of these are present, the child does not have ADHD. The psychiatrist manual describing each psychiatric disorder says that all medical problems must be ruled out before a psychiatric diagnosis made. I find this is just not happening most of the time. To see the affect of allergies on focus and behavior check out my website: <http://blockcenter.com/programs/adhd-non-drug-program/> and watch the video of the boy going through allergy testing. You can also sign up for a free chapter of my book, *No More ADHD, Ten Steps to Help Improve Your Child's Attention and Behavior Problems Without Drugs*.

Some times parents are so glad to hear that the problem has a name they are ready to just accept whatever the doctor says. I disagree with this approach. Your child deserves a full medical and educational evaluation, not just a psych label and a psych drug.

### **ADHD Diagnosis Increased Dramatically in Nine Years**

The number of children diagnosed with ADHD (Attention Deficient Hyperactivity Disorder) increased dramatically from the years 2001-2009 according to the medical journal, *JAMA Pediatrics*. Boys were three times more likely to be given the ADHD diagnosis than girls. This is

nothing new. Boys have always been labeled ADHD more often than girls. Non-Hispanic white children with higher family incomes were also associated with a greater increase in the label.

The ADHD diagnosis is made from a checklist usually completed by the child's parents and teachers. ADHD is an entirely subjective, psychiatric disorder. Only in psychiatry are diagnoses made from checklists. In real medicine, lab tests or other medical evaluations are performed. For example, Diabetes is diagnosed from a blood test. Hypertension is diagnosed by taking someone's blood pressure. These are objective methods for making a real medical diagnosis.

### **American Academy of Pediatrics (AAP) Recommending Cocaine for Four year Olds**

The AAP released new guidelines for diagnosing and treating ADHD. The new recommendations expand the targeted age group down to age 4, which includes preschoolers. The new AAP guidelines say methylphenidates like Ritalin and Concerta can be prescribed to four year olds.

What are the pediatricians thinking?

- Ritalin, Concerta and other methylphenidates go to the same receptor site in the brain as cocaine and are so similar they are used interchangeably with cocaine in medical research.
- The Food and Drug Administration has not approved methylphenidates for patients under age 6.
- Methylphenidates are Class II controlled substances with a black box warning for drug dependency risk and they are often abused as street drugs.
- Using drugs to cover ADHD symptoms ignores the real cause and increases the risk of cardiovascular and neurological side effects as well as drug dependency.

## **Don't Let Your Child Be Diagnosed with ADHD**

According to a report in The Journal of Family Practice (June, 2011), children and adolescents with ADHD complete fewer years of school, graduate from high school at a lower rate and are less likely to go to graduate school. They underperform in both educational and occupational settings.

If ADHD treatment actually worked well, why are these kids doing so poorly in school? Generally, I find that children who are diagnosed ADHD are very smart. They often have learning or processing problems but they are very bright.

The ADHD diagnosis is subjective. It is based on a checklist, not a medical or educational evaluation. If these kids are just being diagnosed with ADHD and not being evaluated for their learning and processing problems and they are not being evaluated for any medical underlying cause of their symptoms, then I can understand why they continue to do poorly in school and work.

ADHD drugs will not fix a learning problem. ADHD drugs will not fix a diet problem. ADHD drugs will not fix a thyroid problem or an allergy problem. Any of these medical or educational problems can cause the ADHD symptoms. Covering the symptoms with an ADHD drug fixes nothing.

To give children the best opportunity for success, and not the poor results that are seen currently with children diagnosed with ADHD, let's not use the ADHD diagnosis and instead do the thorough medical and educational evaluation and diagnose and treat the underlying cause of the problem.

Every child deserves that much.

**IF YOU OR YOUR CHILD IS ALREADY TAKING A PSYCHIATRIC DRUG, DO NOT STOP IT ABRUPTLY. ALWAYS DISCONTINUE IT SLOWLY AND UNDER A DOCTOR'S SUPERVISION!**

## Chapter Six

### Just Because You're Depressed, Doesn't Mean You Have Depression

*You're Not Crazy. You're Doctor's Just Lazy*

The most commonly prescribed drugs are psychiatric drugs, especially those used to treat depression and anxiety. Writing a prescription for those drugs is easy, quick and cheap (for the doctor). All the doctor has to do is listen to your symptoms, prescribe a psych drug and say, "Good-bye". That is not the way medicine should be practiced.

Every doctor should do a full medical evaluation, including taking a history, performing a physical exam, lab tests and any other testing the symptoms suggest would be helpful to determine what is wrong. Diagnosing a psychiatric problem, takes none of those things.

#### **A Chemical Imbalance Is Not a Psychiatric Disorder**

Psychiatry refers to many disorders as a "chemical imbalance." Both they and the pharmaceutical companies seem to imply that chemical imbalances validate the existence of psychiatric disorders. The chemicals to which they are referring, neurotransmitters, function in the body to communicate information nerve to nerve. Their levels normally fluctuate. We change the balance of our neurotransmitters every time we smile or frown. They are different when we are angry, frustrated, sad or happy.

If we do have too much of one neurotransmitter or too little of another, it does not mean we have a psychiatric disorder. These chemicals can become imbalanced as a result of thyroid or adrenal problems, nutritional deficiencies, allergies, low blood sugar, pain or any other medical problem or from a medicine side effect.

### **Psychiatry Is Subjective**

Psychiatry has no objective basis to evaluate mental “disorders.” If a physical cause can be found for a psychiatric disorder, the psychiatric disorder ceases to exist. Since the American Psychiatric Association (APA) states the symptoms cannot be due to other physical conditions or illness, shouldn't that imply that the diagnosing doctor actually evaluated the patient for these other physical conditions or illness? I find this rarely occurs. I don't think psychiatric labels should be used at all. At best they can only be employed as a diagnosis of exclusion, when every other possible medical condition has been evaluated and ruled out. That rarely occurs. More often than not when the tests are performed a physical cause can be detected.

### **A Differential Diagnosis**

The basic and fundamental way my professors taught me to practice medicine involved specific steps: thorough history, complete physical exam, differential diagnosis, and informed consent. A differential diagnosis refers to all the possible problems that might cause a set of symptoms. Informed consent means that the doctor must tell the patient of all possible causes and treatments for the symptoms and of any possible side effects of the recommended treatments. If a doctor does not have the time or does not know how to rule out various conditions the patient should be referred to someone who can do those things. Above all, however, the temptation to rely on a simple psychiatric diagnosis must be rejected.

An acquaintance of mine who was initially diagnosed with a psychiatric disorder and medicated accordingly became steadily worse during his “treatment.” Finally he received the work-up that should have been done initially. An MRI showed the presence of a brain tumor. It was removed and his symptoms resolved. Had his doctor provided a differential diagnosis, a brain tumor, among other possibilities, would have been explored. The tumor would have been found earlier and the prognosis would have been better.

### **Underlying Medical Causes of Depression and Anxiety**

1. **Hypothyroidism**-Often under diagnosed by doctors who don't understand the physiology of the thyroid gland and only test for TSH. When the TSH test comes back normal, the doctor says you're thyroid is fine and prescribes a psych drug. I have seen this happen even when the patient has 30 symptoms of Hypothyroidism. I was taught to treat the person, not a lab value. If you have many of these symptoms, you probably have hypothyroidism:
  - a. Depression
  - b. Fatigue
  - c. Weakness
  - d. Cold intolerance
  - e. Constipation
  - f. Weight gain (unintentional)
  - g. Joint or muscle pain
  - h. Thin and brittle fingernails
  - i. Dry, thin and brittle hair
  - j. Pale color
  - k. Dry and flaky skin
  - l. Puffy hands and feet

- m. Decreased taste and smell
- n. Abnormal menstrual periods

2. **Allergies**-It might surprise you that allergies can make you feel anxious and depressed.

The allergic reaction causes the release of histamine. Histamine is a neurotransmitter, just like serotonin and norepinephrine. As a neurotransmitter, it can affect the way we feel. Go to <http://blockcenter.com/programs/anxiety-depression/> to see the effects of allergies on how you feel and act. Actually, the first antidepressants were actually formulated from antihistamines. These are the tricyclic antidepressants.

In one study of 275 patients, their emotional symptoms, depression and anxiety, improved when bread, sugar, caffeine and chocolate were eliminated. More than 70% of patients diagnosed with depression had a history of allergy. A high number of positive allergy antibody tests were found in depressed patients. In another study, children with allergies were more likely to be depressed than those without allergies. Also, those with depression have higher rates of allergies than those who are not depressed.

In another study, 33% of depressed patients had allergies but only 2% of controls had allergies.

3. **Hormones**-Female hormone imbalances can definitely cause depression and anxiety. Post-partum depression is a hormone imbalance. No woman should be prescribed antidepressants for post-partum depression. They should have their hormones evaluated and balanced instead. I think of the women who killed their children while on psych meds for post-partum depression. If someone had just tested and treated their hormones, their lives and the lives of their children might be very different today.

The most common behavioral symptoms of hormone imbalance are mood swings (including anxiety and depression), fatigue, and nervousness. Through such symptoms the body signals malfunctions and gives both the patient and the doctors an opportunity to fix the problem. However, if the doctor prescribes a psychiatric drug to cover the symptoms rather than treating the hormonal imbalance, the woman remains at risk for a variety of health problems.

### **Bio-Identical Hormones**

Bio-identical hormones are well named, as they are bio-chemically identical to those naturally occurring in the human body. Like natural thyroid, bio-identical hormones cannot be patented and so do not represent profit potential to the drug companies. Women should know that these alternative hormones are available and that when they are prescribed properly they can relieve menopausal symptoms. Bio-identical hormones are available through compounding pharmacists who make them to look identical to our own natural hormones. If they look the same, they should act the same and they should go to the same receptor sites. Premarin and Provera have no bio-chemical similarity to our own hormones. Even with bio-identical hormones, it is important to have the proper balance.

### **The Importance of Progesterone**

Progesterone, in balance, can have numerous benefits to the body. It affects every tissue in the body including the reproductive system, immune system and even the brain. It is known to fight depression, to increase sexual libido, to reduce hot flashes, to improve mental focus, to enhance

weight loss, and more. Long-term imbalances of the hormone can result in breast, uterine and ovarian cancer, ovarian cysts and uterine fibroids as well as fibrocystic breast disease.

The symptoms I often see in my office from women low in progesterone are migraine and other headaches (especially before menstruation and during the PMS period), moodiness, depression, excessive bleeding and painful breasts. Women taking natural, bio-identical progesterone report a new feeling of wellbeing.

I take a long and thorough history on my patients – a fifteen- page form for adults. If I am going to help the patient I need to know when their symptoms started and what was going on in their lives at that time. My goal is to try to find the underlying cause of the symptoms so that the problem can be fixed, not just covered up with drugs. When I ask these women, “When did your depressed symptoms start?” followed by “When did you start having periods?” the dates coincide time and time again. From there I evaluate the woman’s hormone levels and with appropriate treatment, can often fix or improve the symptoms.

In my opinion, prescribing an antidepressant to these women without a thorough history and a physical exam with appropriate lab work should be considered malpractice. Instead, it’s considered “Standard of Care.” Listening to a person’s symptoms and prescribing an antidepressant is not practicing good medicine. To me it’s just lazy medicine.

Andrea Yates, a Houston woman convicted of drowning her five children, received repeated diagnoses of post-partum depression. She saw several psychiatrists, was hospitalized, and took many psychiatric drugs – often in combination – including antidepressants and anti-psychotic medications.

At the time of the drownings, Yates had been prescribed Effexor, Remeron, Haldol and Wellbutrin, all psychiatric drugs. (Lauren Fecher, R. Ph., Medical Director of Citizens Commission on Human Rights. "Review of Medical Records, Andrea Yates" 4 Mar. 2002) If four such drugs were required, one cannot help but wonder how effective they are and the side effects of the medications to the nervous system – as reported by the manufacturers – are staggering:

Remeron: May impair judgment, abnormal thinking, confusion, apathy, anxiety, agitation, delirium, delusions, depersonalization, hallucinations, manic reaction, hostility, emotional lability, paranoid reaction, psychotic depression.

Effexor: Abnormal thinking, agitation, confusion, depersonalization, depression, and anxiety.

Wellbutrin: Impaired sleep, hostility, delusions, agitation, anxiety, confusion, euphoria, and sensory disturbance.

Haldol: Agitation, anemia, anxiety, blurred vision, confusion, epileptic seizures, exaggerated feeling of well-being, hallucinations, headache, involuntary movements, stupor, sleeplessness, sluggishness, vertigo, visual problems.

Each of these drugs can cause severe neurological symptoms. If each, in isolation, could cause symptoms that could have put Yates in a condition to murder her children (hallucinations, abnormal thinking, delusions, etc.), what would the four in combination do? The medications have never been tested together. What were the prescribing doctors thinking?

A hormone imbalance isn't the makings of a psychiatric disorder. Had the correct hormone been given in the first place, perhaps bio-identical progesterone, the women most likely would not have reported depressed feelings at all. The problem is not depression, but the hormones.

#### 4. **Nutritional Deficiencies**

Magnesium-This is my favorite mineral. It is so important and most Americans are deficient in magnesium. Magnesium can be used to treat depression and anxiety as well as headaches, menstrual cramps, high blood pressure, cardiac arrhythmias, muscle aches and pains, reflux and constipation. If oral magnesium doesn't work, I give magnesium injections. The injections work very well.

#### **Magnesium, the Magnificent Mineral**

More than 350 biochemical processes require the nutrient magnesium. Referred to as the body's natural tranquilizer, magnesium helps to relax the nerves, muscles, bronchial tubes, and blood vessels. Deficiencies can cause depression, asthma, cramps, calcification of small arteries, EKG changes, migraines and other headaches, kidney stones, muscles weakness, muscle tremors, muscle tics, heart attacks, neuromuscular problems, PMS and vertigo. Additional deficiency symptoms may include agitation and anxiety, twitching and other muscle spasm and weakness, insomnia, irritability, nausea and vomiting, abnormal heart rhythms, confusion, hyperventilation and even seizures. (Brown, et al, 1999).

Studies done with depressed patients discovered low plasma magnesium levels that began to normalize during recovery. In some individuals, treatment with intravenous magnesium led to faster improvement of their condition. (Frizel D, et al. "Plasma magnesium and calcium in depression." Br J Psychiatry 1969; 115:1375-7; Brown, D. Feb. 1999) In a trial with 32 women suffering from PMS symptoms a 360mg a day dose of magnesium on day fifteen of their cycle to

the onset of menstruation was more effective than a placebo in relieving mood changes. Since dietary surveys show that Americans do not get the recommended daily allowance for magnesium, a nutritional supplement of 200-400mg a day may help many people with their feelings of depression. (Facchinetti, et al. "Oral magnesium successfully relieves premenstrual mood changes." Obstet Gynecol 1991;78:177-81; Morgan KJ, et al. "Magnesium and calcium dietary intakes of the U.S. population." J Am Coll Nutr 1985;4:195-206; Singh A, et al. "Magnesium, zinc, and copper status of US Navy SEAL trainees." Am J Clin Nutr 1989;49:695-700.)

### **Magnesium Depletion**

The causes of magnesium depletion are many: pregnancy, lactation, calcium ingestion, alcohol, estrogen, kidney dysfunction, stress, chronic disease, pain, diabetes, gastrointestinal problems, hyperthyroidism, diuretics, and as a side effect of a number of medications.

Just eating a balanced diet is not likely to keep enough magnesium in the body, much less all the other nutrients we need for good health. I have heard many doctors say, "If you eat a balanced diet, you don't need to take nutritional supplements." I am not convinced that anyone really knows what a balanced diet consists of and even if we did know, I doubt many individuals would eat accordingly.

There are several different methods for evaluating magnesium deficiency. The "gold standard" method involves the patient collecting urine for 24 hours, receiving one or two injections of magnesium depending on body weight, and collecting urine for another 24 hours. The goal is to see how much magnesium the body keeps which in turns indicates how much it needs. Analyzing the levels of magnesium excreted before and after the injections allows for the mathematical computation of the amount of injected magnesium retained. Retention of more than 20% is

considered magnesium depletion. Blood tests are not an accurate picture of the levels of useful magnesium in the body.

### **Magnesium Supplements**

In my experience taking oral magnesium will help keep the levels from falling further but I am not convinced that supplements will bring a low level back to normal. When one of my patients is particularly deficient, I recommend intravenous treatment or injections for a few weeks. Many of my patients feel so good while taking the shots they ask if they can continue. I have found that the patient is the best judge of when to stop the shots or when to return for more

### **Other Nutrients Associated with Depression**

Depression has also been linked to folic acid deficiency. Researchers from Tufts University studied 3,000 ethnically diverse subjects ranging in age from fifteen to 39 with no depression to chronic symptoms. Blood tests showed that the depressed individuals had folate serum concentrations lower than those with no depression. The lead researcher, Martha Morris, Ph.D. concluded, "Folate supplementation may be indicated during the year following a depressive episode." (Morris, 2003).

In similar studies depressed patients were found to have inadequate levels of pyridoxine or Vitamin B6, which is necessary for the conversion of tryptophan into serotonin, a neurotransmitter that, when deficient, is believed to cause depression. (Nutritional Influences on Mental Illness, Melvyn Werbach, MD, Third Line Press, p.128) Neurotransmitters are those elements in the body that conduct chemical messages. Many antidepressants currently on the market affect serotonin in the body by keeping it active and preventing it from going back into the nerve to be used again and again. However, if an individual does not have the vitamin B6 needed to make serotonin, the antidepressant may make the person feel even worse by disrupting the natural production process. Both estrogen and oral contraceptives can deplete the body's supply of B6.

Vitamin C deficiency has always been associated with scurvy, which first manifests itself as depression. Studies have shown that 32% of patients in psychiatric hospitals registered low levels of Vitamin C and that such individuals may be in a “sub-scurvy” state calling for ascorbic acid (Vitamin C) supplementation. (Am J Clin Nutrition, 24:432-43, 1971)

Other research has linked depression to Vitamin B12 deficiency (BMC Psychiatry 2003; 3:17), to severe obesity, (Archives of Internal Medicine 2003; 163:2058-65). Other nutrient deficiencies that have been shown to affect depression are iron, omega-6 fatty acids, biotin, copper and potassium. Also found to be associated with depression are 5-HTP, the immediate precursor to serotonin, hypericin (the active ingredient in St. John’s Wort), SAMe and L-tryptophan (another precursor to serotonin). (Nutritional Influences on Mental Illness, pp123-151)

## **Serotonin**

The most commonly used serotonin precursor is 5-HTP. As early as 1957, references show that scientists had determined that 5-HTP could be used to increase serotonin levels. Increase in tissue serotonin following administration of its precursor 5-hydroxytryptophan. J Biol Chem. 1957 Feb;224(2):803-10. Studies with the serotonin precursor, 5-hydroxytryptophan, in experimental animals and man. J Clin Invest. 1957 Nov;36(11):1594-9.

Many studies have examined the ability of 5-HTP to increase serotonin levels and reduce the symptoms associated with low serotonin. The general finding is that 5-HTP will increase serotonin levels, that it is more effective than placebo, and can be as effective as prescription medication in some patients. Serotonin precursors in the treatment of depression. van Praag HM. Adv Biochem Psychopharmacol. 1982;34:259-86.

What emerges here is a portrait of depression too complex to simply receive a psychiatric label. With multiple potential factors underlying such symptoms, many nutritional in nature, it seems to me that a far safer approach to treating depression would be to supplement the nutrients and other chemicals the body needs to make its neurotransmitters function effectively rather than further upsetting the balance with inappropriate psychiatric drugs like antidepressants.

These are just a few of the underlying causes of depression and anxiety.

### **Side Effects**

People need to understand what the side effects of these drugs can do also. No psych drug should be stopped abruptly. They should always be removed slowly and under a doctor's supervision. I like to wait until I can determine what some of the underlying causes are and treat those before starting to remove the antidepressants. My patients are usually feeling better and have an easier time at stopping the drug. Antidepressants can be very addictive and I have seen patients who had to shave a small piece of the drug off because cutting it in half was too fast for a safe withdrawal from the drug.

Suicide and aggression are two serious consequences of taking antidepressants. There has been a huge increase in school shootings, mass murders and suicide since the introduction of the SSRI antidepressants. There is a "Black Box Warning" on these drugs pointing out the concern with the increased risk of suicide.

In a study of adolescents and suicide, it was reported that suicide was much more prevalent AFTER they received mental health services than before. This would make sense as the drugs prescribed for depression and anxiety can increase the suicide risk. Why isn't this common knowledge?

Here is a list of a few of the shootings and the drugs each person was taking at the time:

- Pittsburgh, Pennsylvania – March 8, 2012: 30-year-old John Shick, shot and killed one and injured six. Nine antidepressants were identified among the drugs police found in Shick's apartment.
- Seal Beach, California – October 12, 2011: Scott DeKraai, went to the hair salon where his ex-wife worked, killing her and seven others and injuring one. His attorney indicated to the judge that DeKraai was prescribed the antidepressant Trazodone and the "mood stabilizer" Topamax.
- DeKalb, Illinois – February 14, 2008: 27-year-old Steven Kazmierczak shot and killed five people and wounded 16 others before killing himself. According to his girlfriend, he had recently been taking Prozac, Xanax and Ambien.
- Omaha, Nebraska – December 5, 2007: 19-year-old Robert Hawkins killed eight people and wounded five before committing suicide. Hawkins' friend told CNN that he was on antidepressants, and autopsy results confirmed he was taking Valium.
- Jokela, Finland – November 7, 2007: 18-year-old Pekka-Eric Auvinen had been taking antidepressants before he killed eight people and wounded a dozen more at Jokela High School in southern Finland, then committed suicide.
- Cleveland, Ohio – October 10, 2007: 14-year-old Asa Coon shot and wounded four before taking his own life. Court records show Coon had been placed on the antidepressant Trazadone.
- Blacksburg, Virginia – April 16, 2007: The psychiatric drug history of Seung-Hui Cho in the Virginia Tech Massacre was never made public. Initial reports stated that "depression medication" was found among Cho's belongings but 33 were killed and 29 were injured.
- Red Lake Indian Reservation, Minnesota – March 21, 2005: 16-year-old Jeff Weise, killed nine people and wounded five before committing suicide. He was reportedly taking the antidepressant Prozac.

- Greenbush, New York – February 2004: 16-year-old Jon Romano shot teacher, Michael Bennett. His girlfriend was quoted as saying that he statement “he was diagnosed with depression and he was taking medication for it.”
- El Cajon, California – March 22, 2001: 18-year-old Jason Hoffman was on two antidepressants, Effexor and Celexa, when he shot and wounded five at his high school.
- Williamsport, Pennsylvania – March 7, 2000: 14-year-old Elizabeth Bush was on the antidepressant Prozac when she shot at fellow students in Williamsport, Pennsylvania, wounding one.
- Conyers, Georgia – May 20, 1999: 15-year-old T.J. Solomon was being treated with a mix of antidepressants when he shot and wounded 6 of his classmates.
- Columbine, Colorado – April 20, 1999: 18-year-old Eric Harris was on the antidepressant Luvox when he and Dylan Klebold killed 12 classmates and a teacher and wounded 23 others before taking their own lives. The coroner confirmed that the antidepressant was in his system through toxicology reports while Dylan Klebold’s autopsy was never made public.
- April 16, 1999: 15-year-old Shawn Cooper of Notus, Idaho, fired two shotgun rounds in his school narrowly missing students; he was taking antidepressants per national TV show transcripts.
- Springfield, Oregon – May 21, 1998: 15-year-old Kip Kinkel murdered his own parents and then went to his school where he killed two and wounded 22. Kinkel had been on Prozac.

Unfortunately, there are many more examples. To me, taking these drugs is like playing Russian Roulette. We never know who is going to have this type of serious side effect. At best the drugs cover symptoms. At worst they kill. Everyone should have a doctor who will take the time to find the cause and fix the problem, not just cover symptoms with drugs.

IF YOU OR YOUR CHILD IS ALREADY TAKING A PSYCHIATRIC DRUG, DO NOT STOP IT ABRUPTLY. ALWAYS DISCONTINUE IT SLOWLY AND UNDER A DOCTOR'S SUPERVISION!

## Chapter Seven

### Diabetes and High Cholesterol

#### *Is Your Doctor Stupid or Lying?*

Diabetes and high cholesterol are two of the most common health issues diagnosed as we age. But should they really be issues? Let's start with Diabetes.

#### **Diabetes**

There are two types of Diabetes, Type I and Type II. Type I Diabetes is usually diagnosed in childhood or young adulthood and is the result of the pancreas no longer producing insulin. Type II Diabetes is often diagnosed in adulthood but lately is being diagnosed in obese children. Type II Diabetes is the more common of the two and will be discussed here.

Type II Diabetes is also referred to as "Insulin Resistance". This means that you don't metabolize sugar properly. Either you don't produce adequate amounts of insulin or your cells have become resistant to the effects of insulin. While there are medications to treat Type II Diabetes, in my opinion, no one should even be diagnosed with it. Type II can be completely prevented and controlled with diet and exercise. No expensive drugs are needed. It is not necessary to take insulin through shots. Type II Diabetes is completely, 100% preventable with diet and exercise.

It has been my experience and that of many of my patients who have seen other doctors, that the other doctors do not take the time to tell them about the diet and exercise part. If they do tell them, they don't help them follow the diet or they don't tell them the correct diet to follow. Why would this be? It is a lot easier, quicker and cheaper for the doctor to just draw your blood, see that your blood glucose is too high and give you a prescription for a drug that will lower your blood sugar.

There are many people who want to just take a pill and not worry about the diet and exercise but they will not be healthy even if their blood sugar is in the normal range. Eventually, a pill won't work and they will have to take insulin.

The eating plan I recommend is not really a "diet". It is a lifestyle change in the types of foods that are consumed. It takes a little more work and it isn't always fun to deny ourselves of the foods we want. I think a longer, healthier life is worth it though.

## **Exercise**

You don't have to run marathons and lift hundred pound weights to be healthy and keep your blood sugar under control. I recommend walking briskly for 30 minutes per day. That's all. You can even divide up the time spent walking. If you can't find 30 minutes at once, walk for 3, ten-minute periods. Anyone can do that, don't you think?

## **The Eating Plan**

This eating plan is to be followed exactly until you have reached your correct weight. You can "cheat" a little after that, but cheating doesn't mean eating the way you used to eat. Here's the way to keep the weight off once you have lost it. Never let yourself gain more than 5 pounds over your correct weight. If you cheat and start gaining again, you know how to lose it. Just put the eating plan back into place until you lose those five pounds again.

## **The Eating Plan**

*If You Can't Hunt It, Fish it or Pick It, Don't Eat It*

Breakfast: Protein, water or black coffee or tea only. No carbohydrates at breakfast. Protein can be eggs, bacon, sausage, chicken, turkey, beef or fish.

Mid-morning Snack: Small amount of protein. Can do nut butter or cheese on crackers or whole grain bread or a handful of nuts. Water to drink.

Lunch: Protein, vegetables and one piece of fruit. Water to drink.

Mid-afternoon Snack: Same as mid-morning

Dinner: Same as lunch

Evening Snack: Same as mid-morning

Water is all we need to drink and we should drink eight, 8 ounce glasses per day.

No sweets or artificial sweeteners.

Potatoes and corn are allowed no more than once per week.

Small amounts of protein must be eaten with each meal and snack.

Protein amounts are 1-2 eggs, 2 pieces of bacon, fist-size meat, handful of nuts, one slice of cheese.

Use organic foods whenever possible.

Do not use meats or dairy grown with antibiotics or hormones.

Do not eat foods that you know you are allergic to or cause any adverse reaction.

Most "protein bars" contain sugar or artificial sweeteners and cannot be used unless they do not contain those.

Do not eat foods you to which you have had an allergic reaction.

### **Your Doctor Says You Have High Cholesterol**

#### **50/50 Chance**

If you take 100 people off the street, 50 of them will have high cholesterol and 50 won't. Of the 50 who have high cholesterol, half of them will have heart disease and half won't. Of the 50 who don't have high cholesterol, half will have heart disease and half will not.

As you can see from that, cholesterol is not really the culprit or as bad as we've been led to believe. High cholesterol sells drugs. But do you need to take those drugs?

If your doctor told you that your cholesterol is too high, STOP! Don't just fill the prescription you were given to lower your cholesterol. Answer some questions first:

1. Were you fasting for the blood test?
2. What is your HDL number?
3. Did your doctor test for "Particle Size"?
4. Did your doctor discuss natural methods to lower your cholesterol such as diet, exercise and nutritional supplementation?
5. Did your doctor discuss the effect of depleted hormones on your cholesterol?
6. Did your doctor inform you of the potential side effects of cholesterol lowering drugs?

1. Your cholesterol blood test must be performed fasting. Fasting won't affect the LDL or total cholesterol numbers much but fasting has a big effect on Triglycerides. Sugar and other "white" carbohydrates, like white bread and pasta, also affect Triglyceride numbers. If your triglyceride numbers are high, try discontinuing those carbohydrates for a couple of weeks and get some exercise and within a short time, the Triglyceride number will fall. Always fast for 10 hours prior to a cholesterol blood test.
2. HDL is often referred to as the "Good Cholesterol". HDL is more beneficial than LDL. If you have a good, high number for your HDL, it can make your total cholesterol high, but that is not a bad thing. There are certain supplements that have been shown to help raise the HDL and lower LDL. A good HDL number can be protective for heart disease.

3. Chances are, your doctor did not test for your cholesterol particle size. This is imperative today. We now have the ability to determine if that high LDL is really a problem or if it is high because of your diet or for some other reason. Be sure to tell your doctor that you want particle size measured.
4. Just as with Type II Diabetes, too often doctors do not give their patients the option of treating cholesterol naturally. Changing your diet and exercising can be very helpful in helping cholesterol numbers. The dietary changes should not be eating “low fat” foods, unless the low fat foods are fruits and vegetables. Processed foods that are marked “Low Fat” usually have sugar in them to replace the fat. Guess what sugar turns into in the body if you don’t exercise it off...FAT! I recommend the same eating plan as above to lower cholesterol. Don’t think the cholesterol is going to come down immediately. It can take 6 months to have an affect. Nutrients such as fish oil and niacin can have a very positive effect on your cholesterol levels. Drug companies have even created prescription fish oil and niacin to address this benefit. These nutrients can be found over-the-counter as well. Always purchase nutrients from a quality supplier such as a health food store or physician.
5. Many people, including doctors, do not realize that cholesterol is a precursor to all of our hormones. Without cholesterol we would not have testosterone, estrogen, progesterone, cortisol or thyroid hormones. It just makes sense that, as we age, and our hormones become depleted, that our cholesterol would increase. It is a “feed-back” loop. When our other hormones go down, cholesterol goes up to make more of them. From this perspective, high cholesterol is a symptom, not a disease. If your doctor did not test for deficiencies in these hormones, you should have that done. Treating the low hormone levels could bring the cholesterol numbers to normal.
6. Cholesterol lowering medications can have life-threatening side effects. Liver function tests are required routinely, yet I have seen many patients that have not had a single liver

function test, before or after they were prescribed the drugs. Muscle pain after starting a cholesterol-lowering drug can be a sign of a very serious and life threatening side effect. If this symptom occurs, the drug must be stopped immediately, yet I have seen people who have extreme muscle pain and were never told to stop the drug, even by a cardiologist.

Other common side effects according to the drug inserts are: Indigestion, abdominal pain, atrial fibrillation, blurred vision, dizziness, headache, depression, impotence, blood problems, arthritis symptoms and peripheral neuritis.

### **What Is Normal?**

What really is the correct number for “High Cholesterol”? The lab I use in my office gives different numbers for normal values. In the past we were told that normal Total Cholesterol was 250. That number has continued to be lowered until it reached the point it is at now, which is 170. As I mentioned earlier, cholesterol is the precursor for all of our hormones. If cholesterol numbers rise because other hormones are low, treating the other hormones will stop this feedback loop. If you lower the cholesterol numbers, the other hormones will remain low too.

Studies have found that people with higher cholesterol numbers live longer lives. Dr. Harlan Krumholz of the Department of Cardiovascular Medicine at Yale University reported in 1994 that older people with low cholesterol died twice as often from a heart attack as did older people with a high cholesterol. This is especially true as we age. This makes sense to me because cholesterol is a precursor to all the other hormones. If the cholesterol numbers are lowered and the other hormones are lower as a result, this could lead to an earlier death. If the adrenals and thyroid are not working properly because there is not enough cholesterol in the body to make them work, it could definitely cut life short.

## **Find the Cause-Fix the Problem**

As with everything I do in my medical practice, finding the underlying cause of Diabetes and high cholesterol and fixing it, rather than just prescribing drugs, is the key to good health.

## Chapter Eight

### Living a Long Life

#### *Age Is Just a Number*

##### **Genes or Environment**

I guess I could say, "I have good genes." My dad died at the age of 98 and my mom lived to the age of 92. Genetics can be important but not as important as what you do with your body throughout your life.

My dad was born in 1907. There were no vaccines given to him the first day of his life. In fact, there were no vaccines for the first 40 years of his life. The first vaccine he received was the vaccine for smallpox. He didn't receive any more vaccines until he tried the flu vaccine. This was probably in the 1960's. His immune system had all those years to establish itself and get strong. In the early part of the last century childbirth was the greatest risk to life. If you made it through childbirth, you had a pretty good chance to live a long life. My dad did not continue to receive flu vaccines.

##### **Cancer, Cancer, Everywhere**

Many of my family have had cancer and most who had it died from it. My Dad's father died from leukemia, my Mom's mother died from lung cancer and my dad's brother died from lung cancer.

When my mother was diagnosed with metastatic, terminal lung cancer at the age of 75, I was devastated. She was given 2 months to live by MD Anderson Cancer Institute. Everything I read in the medical literature indicated this was true. It looked like my mother would be leaving us shortly.

I had just graduated from medical school a few months before my Mom's diagnosis. I had gone to medical school to protect my family. I knew then, that medicine doesn't always have all the

answers. If medicine didn't have a real treatment for my mother, I knew I would have to find one myself.

That's exactly what I did. Combining the chemotherapy and radiation recommended by her oncologists with every "alternative" or natural treatment I could find, my mother and I began the hard work of helping her live. Actually, she did the hard work. I simply supplied her with the possible solutions. She embraced those solutions and found more on her own. She took supplements through every orifice and even through IV means. She did hypnosis and visualization. She got sicker and weaker as the chemo and radiation attacked her body. Many times, I was sure she was not going to make it. I never let her know that I was thinking that way.

### **The Power of Positive Thinking**

When I was a child, I wet the bed way past the time expected to stop. Mother introduced me to Norman Vincent Peale and *The Power of Positive Thinking*. His methods worked well for me and I stopped the bedwetting. Mother incorporated this positive thinking to curing the cancer. She would not let herself see the worst. There were times when she felt defeated and depressed, but these were normal feeling for what she was going through. No antidepressants for my Mom! I wanted no interference with her ability to fight this cancer with all she had.

### **Silence!**

I had been told this cancer would kill my mother within 2 months. I did not tell Mother what the doctors had said. I wouldn't let the doctors tell her the time limit either. As far as Mother knew, this cancer was curable. She had to believe this if it were going to be.

### **Alive in 2 Months**

The 2 months had passed and mother was still alive. She was not in very good shape but she was alive. The chemo and radiation had lowered her immune system and the chemo had caused

terrible nausea, vomiting and weight loss. She was very weak and at times, I thought she was surely dying.

Two new drugs were introduced during this time. One was a drug that increased her white blood cells and immune system and the other helped to stop the nausea and vomiting. I'm not sure she could have kept going if those two drugs had not been released to the public during this time.

At four months out, I took her to her oncology appointment. The doctor told us he was going to stop her treatment. We didn't understand why he would do this. She had made it this far, why stop now when the treatment was almost completed?

The doctor took an X-ray from his desk and threw up on the light box. "It's gone!" he said. "The cancer is gone!" "You don't need any more treatment."

Imagine our shock to hear those words. The cancer that was supposed to kill my mother in 2 months was completely gone!

Mother was cured! She lived 18 more years, dying at the age of 92 after breaking her hip and not having the will to continue. She never had cancer again.

Doctors don't ever use the word, "cure", in cancer. They might say, "remission", but I never hear them say "cure". Some doctors told me my Mother never even had cancer. If she lived, it was proof she didn't have it because no one survives that stage of lung cancer.

I thought that was an interesting attitude. She couldn't have had cancer because she survived it. Why weren't they asking me what we did to save her life? Wouldn't you think every oncologist in the world would want to know what we did so they could try it on their own patients?

They could say whatever they wanted. My mother was cured and I had her with me for 18 more years. I wrote the book, *Today I Will Not Die*, to share the protocol she used to cure herself from the cancer.

### **Daddy's Turn**

When my Dad was 93, he developed chest pain. His cardiologist found fluid around his heart and his lungs. The cardiologist told my dad there was nothing that could be done. He sent Daddy home to die in pain.

Once again, I knew to look further and get more opinions. I explained the situation to another cardiologist and he suggested a plan to remove the fluid from around Daddy's heart and lungs. There were risks to a surgery like this and at age 93, the risks were greater. Daddy could die during the surgery. We talked about it and Daddy decided to do the surgery. If he didn't do the surgery he was going to die anyway and it would be a painful death. He didn't think there was much to lose by doing the surgery.

We said "good-bye and I love you" and Daddy went under the knife. Daddy was actually very healthy. He ate right, took nutrients, exercised and had a positive attitude. Daddy had a biological age of 93 but physiologically he was much younger. I think the first cardiologist saw Daddy as an old 93 year, old man. The second cardiologist saw him as a man who wanted to live.

And live, he did! Daddy survived the operation, went into cardiac rehab and lived 5 more wonderful

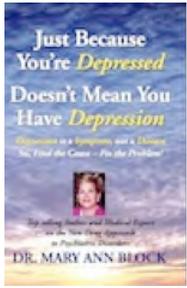
years, feeling good until the last few weeks of his life. He had 5 wonderful, healthy years before dying at the age of 98 with a perfect mind and a healthy heart.

### **Dr. Korr**

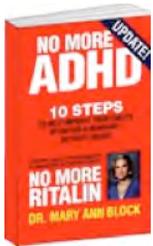
One of my medical school professors, Dr. Kim Korr, PhD, was a role model to me. His grandfather died of a heart attack at age 42 and his dad also died from a heart attack at age 42. When he turned 40 years-old Dr. Korr thought he probably had a couple of years left in his life. Dr. Korr was a professor of physiology. He understood the human body. He understood what it needed to be healthy. Dr. Korr changed his diet and began to exercise. He didn't die at age 42. He didn't even die at age 92. Dr. Korr lived more than 100 years. He remained healthy for all of them. He continued to eat right and exercise. Dr. Kim Korr changed his fate. Just like my parents, he discovered that age is just a number!

For more information about my programs and several free offers go to [www.blockcenter.com](http://www.blockcenter.com)

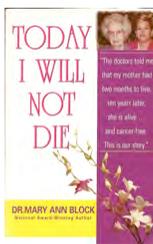
The following books and DVD's by Dr. Block are available at Amazon.com



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