



The Body ReNEWS

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Sandy will be out of the office on Wed, April 17th through Fri, April 19th. The office will be open for a few hours each day for refills.

Prolamine Iodine and Liquid Iodine Forte

Iodine is a trace element and an essential body nutrient. Almost 80% of the body's iodine resides in the thyroid gland. In the thyroid, the iodine is used to form two important thyroid hormones, one of which is thyroxine (T4). These hormones determine the rate of metabolism and are necessary for growth and development. Our bodies do not require very much iodine, but since iodine cannot be stored by the body, it must be consumed regularly. This can be achieved by eating a normal, well-balanced diet or by supplementing with prolamine iodine or the liquid iodine. Iodine is found in iodized salt, water, oysters, fish, beef, pork, eggs, bread, dairy products, apples, cranberries, and many vegetables. However, many Americans do not have a well-balanced diet and are usually deficient in the amount of io-

dine that their bodies requires.

Although 80% of the iodine is used by the thyroid gland, other tissues concentrate iodine as well, including salivary glands, gastric mucosa, ovaries and lactating mammary glands. Decreased iodine availability negatively impacts thyroid function and studies have also connected iodine deficiency to cognitive and neurological development and function of developing unborn babies.

Liquid Iodine Forte has a multitude of uses. It can be used for fibrocystic breast disease, lowering cholesterol, stiff neck, tonsillitis, viral infections, sinusitis, acne, manic depression, mosquito bites/poison ivy, exposure to radiation, and much more. If you are interested in knowing more about the benefits of liquid iodine, ask for a copy of the uses of Liquid Iodine Forte.*

If you have not had the skin patch test done to determine if you are deficient in iodine, come in and have Sandy test you and you will know in 24 hours if you are iodine deficient.

During the month of April, Prolamine Iodine and Liquid Iodine Forte will be 10% off the regular price. Prolamine Iodine comes in a bottle of 90 tablets for \$12.00 and Liquid Iodine Forte comes in a 2 oz bottle for \$14.00.



Mosquitoes

Instead of using harmful products containing DEET to keep mosquitoes off of you and your children, try this meth-



od. Put Listerine (the original, medicinal type) in a spray bottle and spray on skin and/or clothes. It is also effective spraying it on the lawn, patio, deck, etc.

Vaccines and Peanut Allergy Epidemic by Tim O'Shea

Have you ever wondered why so many kids these days are allergic to peanuts? Where did this allergy come from all of a sudden?

Before 1900, reactions to peanuts were unheard of. Today almost a **1.5 million children** in this country are allergic to peanuts.

What happened? Why is everybody buying EpiPens now?

Peanut allergy has suddenly emerged as the **#1 cause of death from food reactions**, being in a category of allergens able to cause **anaphylaxis**. This

condition brings the risk of asthma attack, shock, respiratory failure, and even death - primarily among children.

Sources cited in Heather Fraser's 2011 book *The Peanut Allergy Epidemic* suggest a vaccine connection much more specifically. We learn that a class of vaccine adjuvants - **excipients** - is a likely suspect in what may accurately be termed an epidemic.

But let's back up a little. We have to look at both vaccines and antibiotics in recent history, and the physical changes the ingredients in these brand new medi-

cines introduced into the blood of children.

Before 1900, anaphylactic shock was virtually unknown. The syndrome of sudden fainting, respiratory distress, convulsions, and sometimes death did not exist until vaccinators switched from the lancet to the hypodermic needle. That transformation was essentially complete by the turn of the century in the western world.

Right at that time, a new disease called **Serum Sickness** began to afflict thousands of children. A variety of symptoms, including shock, fainting, and

sometimes death, could suddenly result following an injection.

Instead of covering it up, the connection was well recognized and documented in the medical literature of the day. **Dr Clemens Von Pirquet**, who actually coined the word "allergy," was a leading researcher in characterizing the new disease. Serum Sickness was the first mass allergenic phenomenon in history. What had been required for its onset, apparently, was the advent of the hypodermic needle.

When the needle replaced the lancet in the late 1800s, Serum (continued on page 2)

*These statements have not been evaluated by the Food & Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.

Vaccines and Peanut Allergy Epidemic (continued from page 1)

Sickness soon became a frequent visitor to the child's bed. It was a known consequence of vaccinations. Indeed, the entire field of modern allergy has evolved from the early study of Serum Sickness coming from vaccines.

Another landmark researcher of the early 1900s was Dr Charles Richet, the one who coined the term **anaphylaxis**. He found that with food allergies, the reaction came on as the result of **intact proteins** in the food having bypassed the digestive system and making their way intact into the blood, via leaky gut.

Foreign protein in the blood, of course, is a universal trigger for allergic reaction, not just in man but in all animals. Richet noted that in the severe cases, food anaphylaxis did not happen just by eating a food. That would simply be food poisoning.

Food anaphylaxis is altogether different. This sudden, violent reaction requires an initial **sensitization** involving injection of some sort, followed by a later ingestion of the sensitized food. Get the shot, then later eat the food.

The initial exposure creates the hypersensitivity. The second exposure would be the violent, perhaps fatal, physical event.

Next up was penicillin, which became popular in the 1940s. It was soon found that additives called **excipients** were necessary to prolong the effect of the antibiotic injected into the body. The excipients would act as **carrier molecules**. Without excipients, the penicillin would only last about 2 hours. Refined oils worked best, acting as time-release capsules for the antibiotic. Peanut oil became the favorite, because it worked well, and was available and inexpensive.

Allergy to penicillin became common, and was immediately recognized as a sensitivity to the excipient oils. To the present day, that's why they always ask if you're allergic to penicillin. The allergy is a sensitivity to the excipients.

By 1953 as many as 12% of the population was allergic to penicillin. But considering the upside with life-threatening bacterial infections, it was still a good deal – a worth-

while risk.

By 1950 antibiotics were being given out like M&Ms. Soldiers, children, anybody with any illness, not just bacterial. Despite Alexander Fleming's severe warnings against prophylactic antibiotics, antibiotics were given indiscriminately as the new wonder drug. Just in case anything. Only then, in the 1950s, did peanut allergy begin to occur, even though Americans had been eating peanuts for well over a century.

Remember – just eating peanuts cannot cause peanut allergy. Except if they are allowed to become moldy of course, in which case aflatoxins are released. But that's really not a peanut allergy.

When peanut allergy did appear, the numbers of cases were fairly small and initially it wasn't even considered worthy of study.

The big change came with **vaccines**. Peanut oils were introduced as vaccine excipients in the mid 1960s. An article appeared in the NY Times on 18 Sept, 1964 that would never be printed today. The author described how a newly patented ingredient containing peanut oil was added as an adjuvant to a new flu vaccine, in order to prolong the "immunity." The oil was reported to act as a time-release capsule, and theoretically enhanced the vaccine's strength. Same mechanism as with penicillin.

By 1980 peanut oil had become the preferred excipient in vaccines, even though the dangers were well documented. It was considered an **adjuvant** – a substance able to increase reactivity to the vaccine. This reinforced the **Adjuvant Myth**: the illusion that immune response is the same as immunity.

The pretense here is that the stronger the allergic response to the vaccine, the greater will be the immunity that is conferred. This fundamental error is consistent throughout vaccine literature of the past century.

The first study of peanut allergies was not undertaken until 1973. It was a study of peanut excipients in vaccines. Soon afterwards, and as a result of the attention from that study, manufacturers were no longer required to disclose all the ingredients in vaccines.

What is listed in the *Physicians Desk Reference* in each vaccine section is not the full formula. Same with the inserts. Suddenly after 1973, that detailed information was proprietary: the manufacturers knew it must be protected. Intellectual property. So now they only were required to describe the formula in general.

Why was peanut allergy so violent? Adjuvant pioneer Maurice Hilleman claimed peanut oil adjuvants had all protein removed by refining. The FDA disagreed. They said some peanut protein traces would always persist - that even the most refined peanut oils still contained some traces of intact peanut proteins. This was the reason doctors were directed to inject vaccines intramuscular rather than intravenous – a greater chance of absorption of intact proteins, less chance of reaction.

Although peanut allergies became fairly common during the 1980s, it wasn't until the early 1990s when there was a sudden surge of children reacting to peanuts – the true epidemic appeared. What changed? The Mandated Schedule of vaccines for children doubled from the 80s to the 90s: **1980 – 20 vaccines, 1995 – 40 vaccines, 2011 – 68 vaccines.**

It would be imprudent enough to feed peanuts to a newborn, since the digestive system is largely unformed. But this is much worse – injecting intact proteins directly into the infant's body. In 36 vaccines before the age of 18 months.

As vaccines doubled between the 1980s and the 1990s, hundreds of thousands of kids were now exhibiting peanut sensitivities, with frequent cases of anaphylaxis reactions, sometimes fatal. But nobody talked about it.

Following the next enormous increase in vaccines on the Mandated Schedule after 9/11, whereby the total shot up to 68 recommended vaccines, the peanut allergy soon reached epidemic proportions: **a million children: 1.5% of them.** These numbers fit the true definition of epidemic even though that word has never been used in mainstream literature with respect to peanut allergy.

But with the newfound research, the medical profession will do what they always must do – bury it. Protect the companies. So no money will be ever allocated from NIH to study the obvious connection between vaccine excipients and peanut allergy. That cannot happen, primarily because it would require a control group – an **unvaccinated population**. And that is the Unspoken Forbidden. Instead let's spend the next 20 years looking for the Genetic Link to the childhood peanut allergy epidemic...

So in addition to all the other problems with vaccines delineated in this text, now we have a new one – peanut oil excipients. Which all by themselves can cause severe, even fatal, episodes of shock, as well as chronic allergy – irrespective of the mercury, aluminum, formaldehyde, ethylene glycol, and the attenuated pathogens which the manufacturers do admit to.

Quite a toxic burden to saddle the unprotected newborn with. No wonder the US Supreme Court refers to vaccines as "unavoidably unsafe."

Childhood allergies doubled between 1980 and 2000, and have doubled again since that time. Theories abound. Childhood vaccines doubled at the same time. Why is there a virtual blackout of viable discussion about this glaring fact?

The epidemic of peanut allergy is just one facet of this much broader social phenomenon. We have the sickest, most allergic kids of any country, industrialized or not, on Earth. A study of the standard literature of vaccines is identical to a study of the history of adjuvants – an exercise in cover-up and dissimulation. Unvaccinated children don't become autistic. And they don't go into shock from eating peanuts.

But there can never be a formal clinical study where the control group is unvaccinated. NIH would never do that. They cannot. They know the outcome.

