



Three Fever Myths Every Parent Must Know

When your child is sick and uncomfortable with a fever, your natural instinct is to make him or her feel better. But, did you know that some of the most common therapeutics for fever can actually sideline recovery?

First, let's understand what goes on in fever. Fever is the body's normal response to invasion by bacteria or viruses. Animals will sit in the sun when sick, and fish will swim in warmer water. The ability to mount a strong fever is a good sign. It's actually the person who hasn't been sick for the past ten years that we worry about; he or she may not be healthy enough to mount a strong fever. The common cold virus (*rhinovirus*) can live only at the temperature of the nose. That's why it can't invade further into the body--it's too hot. The simple process of heating the body kills germs. Fevers also cause the body to be achy (so you'll stay put and rest) and have a diminished appetite.

MYTH #1: When sick with fever, it's important to keep your strength by eating, even if you're not hungry. TRUTH: Animals don't eat when they're sick. Why? If the body has to send blood to the stomach, there is less focus on attacking the virus or bacteria. Also, bacteria need iron to replicate, so eating may feed them as well. If you see that your child is feeling somewhat better, but perhaps still slightly feverish, and you feed him or her, you may see the fever and illness return that night. Once you feed an almost better family member, only to see the infection return, you will not make that mistake again! Restricting food for one more

night gives the body a chance to finish the job. If you want to shorten the duration of illness, never feed someone until the fever is below 99.6F AND the person is hungry.

MYTH #2: High fevers may cause seizures or brain damage, and these can be devastating. TRUTH: Hyperthermia from sunstroke *can* cause coma or delirium. This is very different from a fever, which is a normal response to infection. There have been *no* studies linking high fevers with any permanent damage. While it is true that 2-4% of children may develop simple febrile seizures, these seizures, though scary, have no long-term effects and do not increase the likelihood of seizure disorders (epilepsy). In fact, even temperatures of 107.6F do not cause any brain injury. If the sick person is not made to eat, the fever shouldn't need to go that high anyway. Yet, parents of children who have had febrile seizures are often told to strictly control their child's fevers in the future. However, we have no studies showing that this actually reduces seizures from fevers, which, as mentioned, don't have long-term effects anyway. By reducing the fever, though, the child will have decreased ability to fight the infection and an altered immune system (See below). Not surprisingly, it's been shown that giving the fever reducer ibuprofen to a child with an ear infection doubles the duration of the illness.

MYTH #3: Acetaminophen (commonly sold as Tylenol®) is safe during fevers or when used to prevent fevers commonly associated with vaccinations. TRUTH: Acetaminophen

lowers fever by stopping some of the normal pathways associated with feverish diseases, and it also stops some of the normal immune functioning. Recent research published in the British journal *Lancet* revealed that children who received this drug with vaccinations had their immune system so affected by the drug that they had lower levels of immunity to the vaccinated diseases than children who didn't receive the drug. When your child is sick with a bacteria or virus, or is getting vaccinated, the last thing you want to do is lower his immunity. Additionally, the risk for side effects increases when a child is sick due to dehydration and undernutrition. Acetaminophen toxicity is the leading cause of liver failure in the US, and it likely causes this by decreasing essential antioxidants needed by the liver (and the brain).

To put things in perspective, acetaminophen replaced aspirin in the 1980s in the US as the drug of choice for febrile children. There were two scares of contaminated acetaminophen during that decade, which decreased its consumption. In the 1980s, significant increases in the rates of asthma, ADD, and autism occurred. However, during the drug scares just mentioned, decreases in rates of these conditions were noted, while increases paralleled its use during the other years.

To more adequately observe the risks of acetaminophen, let's compare our US practices to a country where this drug is rarely used. Although economically challenged, universal healthcare is readily available in Cuba, and vaccination rates are extremely high. Yet, the incidence of autism is a fraction of ours (300 times less). In Cuba, drugs are not given to prevent fevers that occur with vaccinations. In Cuba,

acetaminophen is a prescription drug.

Babies (and unborn babies) have a decreased ability to process drugs. Moms who took this drug in pregnancy also had higher rates of asthma in their children. Currently 35% of pregnant women take acetaminophen.

What's a parent to do? If you want to help your child recover quickly from illness, supporting rather than suppressing the fever is the answer. Keep your child comfortable with cool compresses to the forehead and plenty of clear, no-sugar beverages and fresh soup broths. Sugar decreases the function of the immune system by half for 5-7 hours, so never give soda to a sick child. Be sure to keep him warm if he's chilly. The correct homeopathic remedy can support the immune system and optimize the fever, helping the fever be stronger or more effective for a shorter period of time. Let his body do the tough work of destroying the bacteria quickly, so he can be back to feeling like himself sooner.

For references and links, please visit www.drlachman.com.

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