

I know thy works: Behold I have set before thee an open door, and no man can shut it: for thou hast a little strength, and hast kept My Word, and hast not denied My Name. --Rev.3:7,8.

Blessed is she that believed; for there shall be a performance of those things which were told her from the Lord. --Luke 1:45.

I am the Lord, and I will bring you out from under the burdens of the Egyptians, and I will rid you out of their bondage, and I will redeem you with a stretched out arm, and with great judgments. --Ex.6:6.

Every man according as he purposeth in his heart, so let him give; not grudgingly, or of necessity: For God loveth a cheerful giver. --2Cor.9:7.

As sorrowful, yet always rejoicing; as poor, yet making many rich; as having nothing, and yet possessing all things. --2Cor.6:10.

Wherefore let them that suffer according to the will of God commit the keeping of their souls to Him in well doing, as unto a faithful Creator. --1Pe.4:19.

Cast not away therefore your confidence, which hath great recompense of reward. --Heb.10:35.

Thus saith the Lord, the Holy One of Israel, and His Maker, Ask Me of things to come concerning My sons, and concerning the work of My hands command ye Me. --Isa.45:11.

Notwithstanding the Lord stood with me, and strengthened me; that by me the preaching might be fully known, and that all the Gentiles might hear; and I was delivered out of the mouth of the lion. --2Ti.4:16,17.

Trust in the Lord with all thine heart; and lean not unto thine own understanding. In all thy ways acknowledge Him, and He shall direct thy paths. --Pro.3:5,6.

Therefore I take pleasure in infirmities, in reproaches, in necessities, in persecutions, in distresses, for Christ's sake: For when I am weak, then am I strong. --2Cor.12:10.

That ye may approve things that are excellent; that ye may be sincere and without offence till the day of Christ. --Phil.1:9,10.

And thine ears shall hear a word behind thee, saying, This is the way, walk ye in it, when ye turn to the right hand, and when ye turn to the left. --Isa.30:21.

As ye are partakers of the sufferings, so shall ye be also of the consolation. --2Cor.1:7.

Let the righteous smite me; it shall be a kindness: And let him reprove me: it shall be an excellent oil, which shall not break my head. --Ps.141:5.

Christ, in whom are hid all the treasures of wisdom and knowledge. --Col.2:3.

But now they desire a better country, that is, an Heavenly: wherefore God is not ashamed to be called their God: For He hath prepared for them a city. --Heb.11:16.

Freely ye have received, freely give. --Mt.10:8.

Childhood Diseases!

Compiled & Written by Thaddeus English

Summary & Introduction

1. Most childhood diseases are highly infectious—but only for a short time.
2. Early diagnosis can greatly reduce the effect & spread of the disease.
3. Isolation & sterilisation are important to prevent spreading.
4. Home & personal hygiene are especially important at this time.
5. Vitamin C in large dosages can help to cure any infection & fight infection.
6. The Open-Air Life is a great preventative of disease.
7. One infection usually confers total future immunity.

INTRODUCTION

MOST CHILDHOOD DISEASES ARE COMMUNICABLE FOR ONLY A SHORT PERIOD.

Therefore, it is important to establish when the child first showed the symptoms. Exposure to a disease does not necessarily mean a child will automatically catch it, & not catching it does not mean that he is immune. In general, immunity is gained only by having contracted the disease or by immunization—which, in some cases, actually causes the disease it was designed to prevent.

THESE DISEASES ARE ALL HIGHLY COMMUNICABLE AT ONE TIME OR ANOTHER, & as soon as the disease has been recognised the child should be isolated, & in most cases his eating utensils, clothing, bed linen & toys should either be sterilised or disinfected. Tissues should be wrapped in a plastic bag & either burnt or thrown in the dustbin.

HOME HYGIENE IS A VERY IMPORTANT FACTOR in controlling the spread of the disease

& extra care should be taken when a child is sick. The toilet should be disinfected after use. Most diseases spread rapidly amongst groups in enclosed conditions—e.g. schools, public transport or crowds. It is a case of, 'That which cometh out of a man defileth a man', as these diseases are spread by breath, saliva, spittle or mucous & articles soiled by them. Overcrowding, poor ventilation & low standards of personal, home & environmental hygiene aid in the spreading of disease.

IT IS NOT IMMEDIATELY APPARENT THAT A CHILD HAS CONTRACTED THE DISEASE

since the incubation period delays the appearance of the symptoms. Early diagnosis is very important to prevent the spread of the disease & requires vigilance of those who are supervising children & their being familiar with the symptoms. If only one child in a home has come down with a disease, this does not mean that the others will not catch it—or have not already caught it. It could just mean that the sick child was exposed earlier than the others & thus passed thru' the incubation period earlier. The others, who may not have been exposed at the same time, could have caught the disease from the infected child before the symptoms became apparent but not yet be showing symptoms as it is still in its incubation period. This does not apply to all of the diseases, however, as the chart will make clear, & the sick child should be isolated until he is no longer infectious.

MOST ORTHODOX MEDICAL BOOKS RECOMMEND

THAT CHILDREN CATCH CERTAIN DISEASES BEFORE PUB-

ERTY, as their consequences could be more serious in adulthood. They suggest that girls be exposed to German Measles (Rubella) & boys to Mumps. Chicken Pox is more serious in adults of both sexes. (I don't think I'd ever expose my child deliberately to any childhood disease! I'd leave it up to the Lord what he catches! Some of those diseases are serious enough that if a child is not well or strong enough to resist the disease, it can permanently harm in some way, affect his brain, damage his eyes, or have other serious consequences, except for the Lord. And we can't very well expect the Lord's protection if we ourselves deliberately place our child in such danger. If even the hairs of your head are numbered, can you not believe that even your children's sicknesses concern Him, & everything that happens to you or them happens in His time & His plan? If you could see the end from the beginning as the Lord does, you might see that they will never have some sicknesses at all. Wouldn't you feel terrible if you had intentionally put them thru' much misery needlessly?—M&M.)

MASSIVE DOSES OF VITAMIN C ARE VERY EFFECTIVE

in the treatment of any infection. It is a natural antibiotic with no dangerous side-effect. Recommended doses are 1,000 mg. every hour taken with a calcium tablet to eliminate the nervous reaction some doses can cause. This should be continued even for a period after the symptoms have subsided. This treatment has proven effective even in cases such as asthma, chicken pox, diphtheria, hay fever, hepatitis, mumps, measles, pneumonia, polio, prickly heat rash, tetanus, TB, whooping cough & helpful in cases of heart disease & strokes.

VITAMIN C, AS AN EFFECTIVE, NATURAL ALTERNATIVE TO IMMUNIZATION

would seem to be of great value to the Family. The latter is universally recommended by all the medical books & all doctors I have ever met. Whereas injections contain a significant element of risk, Vitamin C (or ascorbic acid) does not. The notes on the effectiveness of Vitamin C came from "Know Your Nutrition" by Linda Clark, of the Health Food School. She gives testimonies from qualified doctors to substantiate her claims. The evidence suggests that an infected child treated by the Vitamin C method would become naturally immune, altho' I have no conclusive proof to back this up.

MAIN SOURCES OF INFORMATION

- a) Control of Communicable Diseases in Man: Abram S. Benenson (ed.), 12th ed. 1975; The American Public Health Assoc., 1015 18th St., N.W., Washington, D.C., U.S.A.
- b) A Dictionary of Symptoms by Dr. Joan Gomez; 1977; Paladin, Frogmore, St. Albans, Herts. AL2 2NF, England.
- c) Essentials of Communicable Diseases by Mary E. McInnes, 2nd ed. 1975; The E.V. Mosby Co., St. Louis, Mo., U.S.A.
- d) Know Your Nutrition by Linda Clark; 1973; Keats Pub. Co., 212 Elm St., New Canaan, Conn. 06840, U.S.A.
- e) Paterson's Sick Children: Lightwood, Brimblecombe & Bartrop; 1971; Balliere, Tindall & Cassell, 7-8 Henrietta St., London WC2, England.
- f) Preventative Medicine in Medical Care by Kurt Schwarz; 1970; H.K. Lewis & Co. Ltd.; London, England.

ADDITIONAL SOURCES

- g) Medicine Essentials for Practitioners & Students by G.E. Beaumont; 1962; J.A. Churchill

Ltd., 104 Cloucesster Place, London W1, England.

h) Medicine For Nurses; Toohey, Arnold Bloom (ed.); 1969; E. & S. Livingstone Ltd. Edinburgh, Scotland & London, Eng.

i) A Short Textbook of Medicine by Houston, Joiner & Trounce; 1975; The English Universities Press Ltd., St. Paul's House, Warwick Lane, London.

j) Textbook of Medicine for Nurses by Hector & Fairley; 1973; W. Heinemann Medical Books Ltd., 23 Bedford Square, London WC1B 3HT, England.

INTERVIEWS

(Because I could not find in any of the books any reference to the spread of the diseases by 3rd or 4th parties, as outlined in the following sheet of questions, I had 2 interviews with top people in their fields:

k) Mr. A. Baldwin, Head of the Pathology Lab & expert in Micro-Biology at the N. Middlesex Hospital, London.

l) Dr. Gordon of the Center of Communicable Diseases, Medical Dept., London.

QUESTIONS & ANSWERS

Q: RE: WHOOPING COUGH. If my children have it & I go alone & visit other children, can I give it to them?

A: IT IS VERY UNLIKELY, particularly if you have been careful in your personal hygiene, have not allowed your clothing to become laden with the disease carrying spittle from your child coughing or sneezing. By not hugging other children, you cut down the already slight chance of passing it on to almost zero.

(CAREFUL—IT MAY BE UNLIKELY, BUT IT DOES HAPPEN!—& your child may be the one it happens to! When Techy was 6 months old, adult Family members who had just been exposed to a little girl sick with a feverish cold, which was later diagnosed as measles, visited our

Home & held & played with Techy only briefly, but 1 week later she became ill with what the doctor said was measles! So take care!—& much prayer!—& during illnesses try to stay away from close contact with others unless absolutely necessary. Our Family policy is: If your children are ill, no visiting at other Homes or visitors from other Homes. If their children are ill, try to stay away from their Homes. Since as a rule we do not accept the dangerous inoculations for these diseases, we may as a Family have some incidences of these diseases that those inoculated do not. Therefore it is our responsibility to try to keep these to a minimum by having close contact with as few people as possible during any sickness of your family or friends. Avoid kissing others on the mouth, & follow other advice herein.—Maria.)

Q: If I visit another adult, can that adult then pass it on to a child?

A: Only one chance in a million. It is as close to absolutely not as can be.

Q: How long after the children come down with it can they infect other people?

A: They can infect others from just before the catarrhal stage to up to 3 weeks later. From a week after the coughing starts, the possibility becomes very small tho'.

Q: How long after the kids come down with it could I infect another person?

A: A lot depends upon your personal hygiene & the degree of close contact—hugging your child whilst he is coughing or letting him wipe his face on your clothes. The only way the disease can be spread by you normally is by direct contact on the same spot by both children within a relatively short space of time—definitely with-

in the same day. Hugging a healthy child just a few minutes after hugging a sick child is really asking for trouble but even so, after the end of the 1st week of coughing, the possibility is regarded as remote.

Q: WITH MEASLES or any other childhood diseases, if 1 of my children has it & none of the other children get it & I have not been around my children as I am in another place, & then I am exposed to it & I return to see my children, can I re-infect my children, or are they now immune since they did not get it when they were exposed to it the 1st time?

A: The mind boggles! This question is dealing with 2 issues: transmission & immunity.

Transmission: This depends upon a lot of factors, as indicated above—length & degree of exposure, the degree of the child's infectivity (the stage of his illness), the time between exposure & seeing your children, whether you are still wearing the same clothes, have washed etc. However, the chance is slight to start with & all these factors make it less likely. Whilst not impossible, it is so unlikely that no one has any evidence of it actually happening.

Immunity: A child does not become immune just from being around a sick child & not catching the disease. On the contrary, apart from having been inoculated, a risk in itself, the only way he would become immune is by catching the disease himself.

The only exception to this rule is where someone has been continuously exposed to very small doses of the disease over a period of time & has built up a resistance in degrees similar to the person who has had the disease & has built up a resistance in one ill. as with it.

Q: If I have been exposed to measles & I visit with another

couple, can they then go home & give it to their baby?

A: No. The chance is so remote that it becomes purely academic.

Q: If I am exposed to someone with measles & I am exposed to them while they have their fever, is it alright for me 7 days later or as long as they are infectious, if none of the other children in the Home have come down with it yet, to go visit someone or will it still be possible for me to expose them?

A: The state of the other children is immaterial. From the onset of the fever to 4 days after the rash appears it is the most infectious time, but having washed & put on clean clothes, it is almost impossible to infect others—even if you hug them, which of course you should not, to be perfectly safe. It is direct contact to direct contact which can spread disease, & you have to be pretty well loaded with the virus even then by him having coughed, sneezed or wiped his mouth or nose on you.

Q: If I have already had measles, can I be the carrier of the germ to some other child?

A: Within the constraints outlined above, yes. Apart from that, there are no known carriers of measles; the virus is washed off the outside & killed on the inside.

DISEASE-BY-DISEASE BREAKDOWN

CHICKEN POX

1. One of the most readily spread diseases. 1st week one of the most highly infectious. Mild in children, more serious in adults.
2. Groups at risk: children under 10 usually & adults who have not had it. Also P.G.s.
3. Isolation until all the scabs have fallen off, if necessary.
4. Sterilisation of linen & articles soiled by nose, mouth or

spots.

5. Occurs at all seasons. Rare & climate immaterial.

6. Caused by virus infection.

7. Spread by droplet—coughing or sneezing, by discharges from spots, possibly by toys, pens & other articles handled by sick child.

8. Incubation period: 2-3 weeks, usually 14 days.

9. Early recognition: May start with feeling unwell, headache, fever. Usually a rash is the 1st sign of the disease. Spots appear in the mouth & throat which leave ulcers when they rupture. Then spots appear, esp. on the trunk.

10. Calamine Lotion good for soothing irritation. Cool sponge baths good. Keep in bed for period of the fever. Keep fingernails short to prevent scratching which causes scarring & secondary infection. Wearing loose, soft, smooth clothing & keep child cool.

DIPHTHERIA

1. One of the most serious potential causes of mortality in childhood.

2. Groups at risk: children under 15 years.

3. Full isolation important.

4. Quarantine of all intimate contacts until lab tests are clear.

5. Sterilisation of all articles in contact or soiled by the sick child.

6. Occurs chiefly during Autumn & Winter in the temperate zone.

7. Caused by diphtheria bacillus.

8. Spread by droplet or by anything which has been put into the mouth. Carriers & milk can also spread it.

9. Incubation period: 2-5 days usually.

10. Early recognition: Child feels ill, may vomit, has patches of grey/yellow with a dull red inflamed zone. It affects the tonsils, pharynx, larynx or nose.