Rhogam

Rhogam and Pregnancy Stealth Mercury Assault
By Stephen C. Marini, D.C., PhC

There have been far too many moms at my seminars the last 3 months reacting with alarm, surprise and anger to my cautioning them regarding giving Rhogam during pregnancy. As you can guess, these moms received the rhogam injections during their pregnancy and are now caring for neurologically injured children. They were never aware that these shots could be harmful to their fetus. It is frightening to contemplate how many mothers are getting these shots while pregnant without realizing the potential for fetal neurological damage. What's the deal?

Rhogam is a human gamma globulin (antibodies) directed against the Rh positive factor of blood. It is given to Rh negative mothers who give birth to Rh positive babies. The shot is designed to prevent these moms from becoming sensitized to the baby, rh+ blood. Once the mom becomes sensitized to this rh factor, there is the possibility of mom's immune system destroying the red blood cells of her next child. Historically, babies born after mom's immune system destroyed their blood cells acquire hemolytic disease of the newborn (HDN). 1 These babies require exchange transfusions after they are born. Such transfusions can now be done in utero.

To prevent rh- moms from becoming sensitized to baby rh+ blood. Rhogam is usually given within 72 hours after the birth of the rh+ baby. 2 There is a likelihood of baby blood, only 15 ml is needed, mixing with mom's blood during the birth process when the placental membrane breakdown. During pregnancy there is no mixing of mother's blood with baby blood. Giving mom rhogam after the baby's birth is sufficient to reduce the risk of HDN in her next child to about 1-2%. Rhogam is also indicated if the mom has an abortion, either natural or induced, or has abdominal trauma or an amniocentesis. Giving rhogam during pregnancy can reduce the risk of HDN by less than 1%. 2 It is doubtful that the slight benefit acquired by giving rhogam during pregnancy outweighs the risks to the fetus from the injection.

So what is the problem with giving the rhogam during pregnancy? The standard rhogam preparations contain the mercury compound, thimerosal. We commonly link this preservative with vaccines. Rhogam is a type of vaccine but not a vaccine directed against an infectious disease. The PDR cautions that the use of rhogam during pregnancy can have adverse effects on the fetus, 2. The high mercury content of the rhogam preparation can have serious neurological consequences on the developing fetus. Hair analysis of unvaccinated children born from mom's injected with rhogam demonstrate the presence of mercury. It is essential that these babies seek appropriate medical care to chelate and remove this mercury as soon as possible. How many babies have suffered permanent damage due to mercury toxicity from this desire to reduce the

risk of HDN by less than 1% by injecting pregnant mothers?

How do we avoid damaging these children? First, mom's should question the rationale for injecting them while pregnant. Second, if rhogam administration during pregnancy is absolutely necessary then mom's should demand mercury free rhogam. Many moms report to me that their physicians blow them off when confronted with the request for mercury free rhogam or say that such a product is not yet available. The reality is that mercury-free rhogam is available in this country from Bayer Pharmaceuticals under their product name of BayRoh-D. This mercury free product has been available sine 1996. Their number is 800-468-0894.
References available at:
www.icpa4kids.com/chiropractic_newsletter_references.htm

http://www.icpa4kids.org/research/articles/pregnancy/rhogam_newsletter.htm the ICPA.

I don't have compiled information on Rhogam.....I do know that they started using Rhogam during pregnancy in the late 1980s. Before that, it was give IMMEDIATELY after birth. Many women get multiple Rhogam shots now DURING pregnancy, without a second thought from their OB. Until about 2001, each Rhogam shot had 25mgm of mercury in it.....horrid for the rapidly growing nervous system of the fetus!! Stephanie Cave, MD told me that she did a survey of patients in her office....62% of autistic kids had Rh- moms....only 3% had Rh+ moms.....and she said that those kids were more difficult to treat (probably more true neurological damage that occurred during embryological development--that would be my "guess")

Dr Sherri

RhoGAM [licensed 1968]

On April 16, 2001, Ortho Diagnostics was approved by FDA to produce RhoGAM without thimerosal, and at that time, Ortho agreed to distribute only thimerosal-free product to the US market. The product has a 2-year dating period, so that material released before April 16, 2001 may still be on the market. The package insert for RhoGAM containing thimerosal (i.e., for those lots manufactured prior to April 2001) does state that this product contains thimerosal. However, there is no warning in the package insert related to thimerosal or mercury content.

Regarding the total thimerosal content of the previously released RhoGAM, the product was manufactured in two doses only: the standard dose of "300 micrograms" of anti-D, and the micro-dose of "50 micrograms" of anti-D. The fill volume for both the standard dose and micro-dose products is typically between 0.6 and 0.8 mL. Preservative-containing RhoGAM contains thimerosal at 0.003%, or 30 micrograms per milliliter.

Thimerosal is about 50% ethyl mercury by weight. Hence, a patient receiving a dose of RhoGAM (0.7 ml on average) will have received 10.5 microgram of ethyl mercury.

There are three indications for which an Rh-negative pregnant woman would receive a significantly larger dose of RhoGAM: a fetal-maternal hemorrhage early in the pregnancy, a fetal-maternal hemorrhage greater than 15 ml of Rh+ red cells, and an Rh+ transfusion. In the first case, a single 300 microgram dose of RhoGAM, is recommended at 12-week intervals. For the second two indications, a procedure exists by which to determine the dose of RhoGAM required, based on the amount of Rho+ red cells in the maternal circulation: the Kleihauer-Betke elution test (see the AABB Technical Manual, 13th ed., pp. 507-8.) The total dose of mercury received can be calculated by multiplying the number of RhoGAM syringes administered by 10.5 micrograms.

BayRho [licensed 1971]

The Bayer Corporation makes a Rho (D) Immune Globulin product (BayRho) which in the past contained thimerosal; this product has been manufactured without preservative since 1996, so that no in-date BayRho contains thimerosal. Regarding the previously distributed product, the volume of a single dose of the Bayer product was approximately 0.7 ml. The thimerosal concentration was 0.01%, so the total mercury in a single dose would have been approximately 35 micrograms of ethyl mercury.

WinRho SD [licensed 1996]

The Cangene Corporation makes a freeze-dried Rho (D) Immune Globulin (WinRho SD); this product has never contained a preservative.

In addition, five other plasma-derived products remain on the market that contain or contained ethyl mercury preservatives. They are as follows:

Antivenin (Crotalidae) Polyvalent (Equine); Pit viper snake antivenom, Wyeth Antivenin (Micrurus fulvius); Coral snake antivenom (Equine), Wyeth Crotalidae Polyvalent Immune Fab (Ovine); Pit viper snake antivenom, Protherics Antivenin (Lacrodectus mactans); Black Widow spider antivenom Equine), Merck Lymphocyte Immune Globulin: Anti-thymocyte Globulin (Equine), Pharmacia and Upjohn

Pit Viper [Antivenin (Crotalidae) Polyvalent, licensed 1954] and Coral Snake [Antivenin (Micrurus fulvius), licensed 1967] antivenoms by Wyeth

These products are equine antisera. They are in lyophilized form and when reconstituted contain 0.005% thimerosal (50 micrograms per milliliter). The diluent, WFI, contains the preservative phenylmercuric nitrate at 0.001% concentration (10 micrograms per milliliter). A patient bitten by a snake may receive 15 or more vials (doses of 50 vials have been reported) if the envenomization is severe. A 15 vial dose of this antivenom would contain 4.7 milligrams of mercury.

Wyeth plans to discontinue these products; however, the current supply will last 1-2 years. Rattlesnake bites are dangerous and can cause serious morbidity or mortality. In the interest of the public health these products need to be available until sufficient Ethyl mercury-free product can be provided to the public.

Pit Viper antivenom [Crotalidae Polyvalent Immune Fab (Ovine) licensed October 2000, Protherics]

Mercury is not added to the final product in the form of a preservative, but thimerosal is used to assure that the affinity columns used in the manufacturing of this product do not become bacterially contaminated with repeated use. The product was approved but the Ethyl mercury content was limited to not more than 104.5 micrograms Ethyl mercury per vial, with a recommended maximum dose of 18 vials. A patient receiving this product would receive about 1.88 milligrams of mercury.

Black Widow Spider antivenom [Antivenin (Lactrodectus mactans), licensed 1936, Merck]

This product is an equine antiserum. The reconstituted product contains 0.1 milligrams of mercury per milliliter, so that the maximum 2-vial dose would contain 0.25 milligrams of mercury. Black Widow Spider bites can be lethal, and the dose is limited to not more than two vials. It has been determined that removal of the product from the market by the FDA would not be in the best interests of public health. Anti-thymocyte Globulin [Lymphocute Immune Globulin, licensed 1981, Pharmacia & Upjohn]

This product is an equine immune globulin. In 1995 a thimerosal-free formulation was approved and in 1998 thimerosal was removed from manufacturing.

More on Rhogam:

Most physicians will tell you that you can never change your Rh- status. But there are some women who have done it by changing their diets and taking certain herbs. The women in question were known to be Rh- and when they went to the doctor for a routine test, it was found that they were suddenly Rh+. The doctor is the one that discovered this. It is not known how long it took for this change to occur, but the women were following blood cleansing procedures such as:

1. Changing their diet and eliminating all sugar, white flour, caffeine, sodas, processed foods, and alcohol.
2. Using a lower bowel tonic and occasional colonics to keep the bowel clear.
3. Use of herbs to cleanse the blood such as:

A. Periwinkle
B. Red Raspberry Leaf Tea
C. A tea made from red clover blossoms, chaparral, licorice root,poke root, peach bark, Oregon grape root, stillingia, cascara sagrada,sarsparilla, prickly ash bark, burdock root, and buckthorn bark.
D. A few capsules of: goldenseal root, blessed thistle, cayenne, cramp bark, false unicorn root, ginger, red raspberry leaves, squaw vine and uva ursi.
And a few capsules of: black cohosh, sarsparilla, ginseng, licorice, false unicorn, holy thistle and squaw vine.

4. Also, included in the diet blood builders, such as grape juice, molasses, beets, and others.

I am simply sharing all this with you because I believe it is dangerous to take the Rhogam shot. If you are tested and are told you need the shot, please do not rush into this decision. I believe that you have other options besides permanently damaging your immune system. They used to administer the shot within 72 hours after birth. Now, they want to administer it to all pregnant women who are Rh- without even testing them to see if they need it. I would not accept the shot without testing to see if I needed it. And if they said I did need it, I would do everything in my power to avoid it. Of course, if you refuse the shot, your doctor may refuse to attend your birth. But there are other options for birth besides physician attended birth. Also, the hospital emergency room and the doctor on call on the labor and delivery floor are required to give you care if you show up.

What is the bottom line in all this? As we take a step further in technological advancement, we are getting farther and farther away from trust in our bodies, farther from the knowledge of how to have safe and healthy birth, and closer to permanently endangering our health and the health of our children. We do not know the effect these substances will have on the reproductive health of the children we carry while taking these drugs. But we do know that it is possible to have a health pregnancy and birth without taking the Rhogam shot. I am personally acquainted with women who have not taken the shot, and have suffered no ill effects.

Exercise your right of informed choice. Do your own research, and don't be pushed one way or the other. Consult your inner wisdom and only do what feels right to you.

Read more at: http://www.whale.to/a/rhogam.html

When you do your own study on your own product and come to the conclusion its safe is that ethical?

Lack of association between Rh status, Rh immune globulin in pregnancy and autism

http://www3.interscience.wiley.com/cgi-bin/abstract/114264055/

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Abstract
Though causes of autism are considered largely genetic, considerable concern remains that exposure to Rh immune globulin (RhIg), which until 2001 in the United States contained the preservative thimerosal, can cause autism. To determine whether mothers of children with autism are more likely to be Rh negative (Rh-) or to have received RhIg preserved with thimerosal, which is 49.6% ethyl mercury, we surveyed families of children with an autism spectrum disorder (ASD) ascertained through a University-based autism clinic considered free of ascertainment biases related to type of autism or severity. Between
2004 and 2006, 305 mothers of 321 children with an ASD agreed to participate in a telephone interview. Analysis of complete records including the blood group status and RhIg exposure of 214 families showed that Rh- status is no higher in mothers of children with autism than in the general population, exposure to antepartum RhIg, preserved with thimerosal is no higher for children with autism and pregnancies are no more likely to be Rh incompatible. This was also true for autism subgroups defined by behavioral phenotype, gender, IQ, regressive onset, head circumference, dysmorphology, birth status, essential, or complex phenotype. These findings support the consensus that exposure to ethylmercury in thimerosal is not the cause of the increased prevalence of autism. These data are important not only for parents in this country but also for the international health community where thimerosal continues to be used to preserve multi-dose vials which in turn makes vaccines affordable.

From SafeMinds, thanks to Elizabeth Kilpatrick.
http://www.safeminds.org

University of Missouri Study on Link Between Autism and Mercury a Discredit to Sound Science Undisclosed industry funding, unsubstantiated conclusions on vaccines, and study sample alteration undermine credibility on controversial topic.

A recent press release from the University of Missouri announced the results of a study on autism and Rh immune globulin (RhIg) injections, some of which contained a mercury preservative called thimerosal. SafeMinds reviewed information about this study and found several troublesome aspects, including undisclosed industry funding, unsubstantiated conclusions on vaccines and mercury, and deviation from acceptable scientific practice.

The study was funded by Johnson & Johnson, the largest manufacturer of RhIg products and the defendant in several lawsuits alleging a link between autism and mercury in RhIg. In an earlier 2005 poster presentation, the study authors acknowledged that the research was "supported by Johnson & Johnson Pharmaceutical Research," but the University of Missouri press release omits mention of this conflict of interest.

The press release headline falsely claims that the "Study Finds No Link Between Autism and Thimerosal in Vaccines." The study is about Rh immune globulin, and immune globulins are not vaccines. "The headline deceives the public," noted Mark Blaxill, director of SafeMinds. "It says an autism-mercury in vaccines link has been disproved when the research did not do so." In fact, the study failed to differentiate between mothers who received RhIg brands with mercury and those receiving the brand without mercury, rendering assessment of mercury's role in autism from RhIg indeterminate.

Changes to the research sample were made in the middle of the study. The 2005 sample contained 47 mothers with more than one child with autism, while the final 2007 study only had 16 mothers with more than one child with autism. The elimination of 31 'multiplex' families means that the original sample was altered, and not just added to, after initial results were obtained in contradiction of standard research practice meant to prevent manipulation of findings.

"An earlier analysis by SafeMinds of the poster presentation revealed numerous flaws in methods, analysis and interpretation," stated Mr. Blaxill. "We are concerned many of these flaws have not been corrected and quite possibly have been amplified in the published paper. While the poster results demonstrated an increased risk of autism in thimerosal-exposed children, the written interpretation of the data claimed the opposite."

Once SafeMinds has the opportunity to review the full paper, a full assessment will be completed. SafeMinds calls for unbiased studies on the potential link between autism

and mercury exposures. More information on this study is available at www.safeminds.org.