RAISING HEALTHY KIDS FROM CONCEPTION

THE HOLISTIC PARENTS GUIDE TO RAISING KIDS IN THE 21ST CENTURY
QUESTION EVERYTHING

- Question what you “know”
- Question “why” you know it
- Question “who” told (sold) you
- THINK and RESEARCH before you argue.
Everything else is considered “alternative” because medicine is “scientific”.

Yet only about 15% of medical interventions are supported by solid scientific evidence.
Questioning Medical Contribution is the modern equivalent of Heresy.
The most stunning statistic, however, is that the total number of deaths caused by conventional medicine is an astounding 783,936 per year. It is now evident that the American medical system is the leading cause of death and injury in the US. (By contrast, the number of deaths attributable to heart disease in 2001 was 699,697, while the number of deaths attributable to cancer was 553,251.5)

- Caution should at the least precede acting on suggestion by those at fault of so much death and destruction.
**FEVER**

- “Most authorities regard temperatures below 106 as harmless and those over 108 as potentially harmful.”
  - Journal of Clinical Therapeutics July 1980

- “increased temperatures may well be the body’s most potent means of thwarting disease”
  - Adre Lwoff, Nobel Scientist at Pasteur Laboratory in Paris

- Fever is the purposeful elevation of body temperature to slow germ reproduction AND release stored Ca++ from bone reserves which;
  1. is required for formation of new matrix of repaired/replaced cells
  2. is required for activation of phagocytosis by white blood cells

- Routine antibiotics interfere with normal healing and result in repeat or altogether new infections

- Routine fever reducing meds suppress antibody production by up to 50%, lengthening the period of illness

- Acetaminophen is the leading cause of Acute Liver Failure
Fever

- Progression of Symptoms:
  - Increased Temperature
  - Lethargy
  - Febrile Convulsions
    “febrile convulsions in childhood do not injure the CNS” - Journal of the American Academy of Pediatrics 66:1009-1012 12/81
  - Loss of Consciousness
  - Seizures
  - Brain Damage, Death, other Rare effects
Even Dr. Sears asserts the merits of Chiropractic Care, as there is more research on the resolution of ear infections than any other research topic in Chiropractic.

**EVIDENCE-BASED ANSWER**

Antibiotics provide little or no long-term benefit for children with otitis media with effusion (OME), defined as fluid in the middle ear without signs or symptoms of infection.

8. Chiropractic care - I firmly believe that chiropractic adjustments to the skull and neck can improve middle ear drainage and decrease ear infections.
CHIROPRACTIC CARE DURING PREGNANCY

- Encourages optimal host conditions for fetal development
- Encourages optimal mechanical advantage during delivery
- Safe during pregnancy given the following conditions
  - No vibration therapy
  - No “prone” or face down adjusting
  - Caution should be exercised when doing lumbar twist and drop adjustments
CHIROPRACTIC CARE FOR CHILDREN

- The brain to body connection and importance of spinal integrity is no new concept.

Significance is that Dr. Andry recognized that children whose spines remained normal did not develop disease of the internal organs as those whose spines were deformed. Dr. Andry was 81 when...
CHIROPRACTIC CARE FOR CHILDREN

• Not that we require “validation”, but the Medical model continues to advertently and inadvertently validate the Chiropractic paradigm.

• In this article from 2005 an MD lays out why children’s spines need to be addressed, where currently it is almost entirely ignored.
Safe, Sane Chiropractic. And Not.
CHIROPRACTIC CARE FOR CHILDREN

• “Who is your Pediatrician?”

• What does a Pediatrician do?

• Who is best equipped to keep my healthy child healthy?
CHIROPRACTIC CARE FOR CHILDREN

- Additional considerations for kids:
  - As toddlers grow out of crib, start bed on floor so they can’t fall far.
  - Do not have pillows on the bed.
  - SIDS implications in research
  - Watch how kids sleep in the car etc.
# Minimum Core Supplementation

<table>
<thead>
<tr>
<th></th>
<th>Pregnant</th>
<th>&lt;10Lbs</th>
<th>10-30Lbs</th>
<th>30-50Lbs</th>
<th>50-100Lbs</th>
<th>100-150Lbs</th>
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<td>Prenatal Vitamins</td>
<td>1X Day</td>
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<td>Prenatal Minerals</td>
<td>1X Day</td>
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<td>1 TBSP</td>
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<tr>
<td>Omegas</td>
<td>Prenatal DHA 2X Day</td>
<td>DHA Infant 1.0mL</td>
<td>DHA Infant 2.0mL</td>
<td>Children's EPA/ DHA 1X Day</td>
<td>Children's EPA/ DHA 1X Day</td>
<td>Complete Hi Potency Omega 1 X Day</td>
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<td>Omega Cofactors</td>
<td>1X Day</td>
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<tr>
<td>Vitamin D3</td>
<td>5K Synergy</td>
<td>2K D3</td>
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<td>Iodine Synergy</td>
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*Only after solid foods have been introduced*
HUMAN PLACENTOPHAGY

MYTH: We are the “only mammals who don’t eat our placenta”
FACT: Dolphins don’t either, and they’re one of the only other mammals that have sex for fun too!

MYTH: It helps prevent post partum depression
FACT: By placebo maybe, but there is not ONE study to prove this in the national Pubmed database. In fact there are NO studies.

MYTH: It comes out of your body just like milk so it’s safe
FACT: I can name other things out of the body you wouldn’t eat.

From a biblical perspective, the placenta can in NO way be considered as “food”.

Can-ni-bal-ism 1: the usually ritualistic eating of human flesh by a human being. Mirriam-Webster Dictionary
PLAN B
BREASTFEEDING

24oz Spring or well filtered water (do not use tap)
12oz Raw Goat’s Milk
1/2 teaspoon FloraBaby children’s probiotic
1/2 teaspoon NOW Foods Acerola Powder
2 teaspoons Designs for Health Whey Cool Unflavored
2 teaspoons KAL Nutritional Yeast
2 capsules Designs for Health Tegricel Colostrum
8 tablespoons Mt. Capra Mineral Whey Protein
1 teaspoon Nordic Naturals Arctic Cod Liver Oil
1 teaspoon Green Pastures X-Factor Gold Non Flavored Butter Oil
1 teaspoon Organic Sunflower Oil
1 teaspoon Organic Extra Virgin Olive Oil
2 teaspoons Wilderness Family Naturals Virgin Coconut Oil
TOXIC STRESS

- Follow the Core Diet Plan as standard compliance
- Minimize commercial dairy during pregnancy
- Minimize use of Ultrasound to legal necessity only
- NEVER have dental work on amalgam fillings during pregnancy
- Do not get Flu shots during pregnancy
- Have a birthplan which includes avoidance of labor inducing medications
- Always assume medications affect fetus regardless of what “known” information or labels suggest
VACCINATIONS
THE QUESTIONS MOST FAIL TO ASK
THE WRONG QUESTIONS

1. DOES MERCURY CAUSE AUTISM?
2. ARE VACCINES SAFE?
3. CAN WE MAKE CLEAN VACCINES?
FOR THE RECORD.

• If vaccines don’t cause Autism then why can we reproduce effects in monkeys?

In this pilot study, infant macaques receiving the recommended pediatric vaccine regimen from the 1990’s displayed a different pattern of maturational changes in amygdala volume and differences in amygdala-binding of \(^{11}C\)DPN following the MMR/DTaP/Hib vaccinations between T1 and T2 compared with non-exposed animals. There was also evidence of greater total brain volume in exposed animals compared with non-exposed controls. These findings suggest that the amygdala may be sensitive to the effects of early-life vaccines and provide important insights into the neurodevelopmental consequences of vaccination in infants.

Influence of pediatric vaccines on amygdala growth and opioid ligand binding in rhesus macaque infants: A pilot study

Laura Hewitt, Eben J. Lapreti, Carol Statt, N. Scott Mason, and Jaime Tenkova

Department of Obstetrics and Gynecology, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA; Department of Pediatrics, University of Washington, Seattle, WA, USA; Department of Radiology, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA; Independent Charitable Scientist, Cambridge, UK.

*Email: lh1@pitt.edu

This longitudinal, case-control pilot study examined amygdala growth in rhesus macaque infants receiving the complete US childhood vaccine schedule (1994-1998). Longitudinal structural and functional neuroimaging was undertaken to examine the effect of the vaccine regimen on the developing brain. Vaccino-exposed and saline-injected control infants underwent PET imaging at approximately 4 and 6 months of age, representing two specific timeframes within the vaccination. Volumetric analyses showed that exposed animals did not undergo the maturational changes over time in neonates as was observed in unexposed animals. After controlling for left amygdala volume, the binding of the opioid \(^{11}C\)-diprenorphine (DPN) in exposed animals remained relatively constant over time, compared with unexposed animals which showed a significant decrease in \(^{11}C\)-DPN binding. These results suggest that maturational changes in the amygdala and the binding capacity of \(^{11}C\)-DPN in the amygdala was significantly altered in infant macaques for vaccine schedules. The macaque infant is a relevant animal model in which to investigate specific environmental and structural-functional neuroimaging during neurodevelopment.

Introduction

Amygdala, a complexly interconnected limbic system located in the temporal lobe of the brain, is thought to play a central role in the expression of emotional responses (reviewed by Aggleton 1992). In rhesus macaques, the amygdala has been associated with the development of social and emotional behavior (reviewed by Brehm 1990). When neonatal macaques received lesions to the amygdala they showed increased sociability, decreased anxiety, and increased object discrimination. Amygdala lesions were still capable of interpreting and generating social behaviors (Prather et al. 2001) and failed to develop an appropriate fear response (Antonacci et al. 2009), implicating an important role for the amygdala in regulating such responses (reviewed by Amaral and Cornett 2003, Amaral et al. 2008, Machado et al. 2009, Kovacs et al. 2009). While the human amygdala has been well studied longitudinally in both normal and disease states, there is a paucity of information regarding amygdala growth during the neonatal period.
MIT study confirmed in 2012 that Aluminum and Tylenol mix is implicated

While the autism community has focused on the mercury in thimerosal as the main culprit in vaccines, our studies with the VAERS database have identified aluminum and acetaminophen as being likely even more damaging than mercury. Aluminum binds strongly to sulfur-containing molecules, and the body depends on sulfur for the proper elimination of both aluminum and acetaminophen, as well as mercury. Because of the sulfur deficiencies, aluminum, mercury and acetaminophen likely accumulate in the autistic brain, leading to further damage.
THE REAL QUESTIONS

1. WERE VACCINES THE PRIMARY CAUSE OF DECLINE IN DISEASES?
2. ARE THESE DISEASES DEADLY IN 21ST CENTURY DEVELOPED NATIONS?
3. CAN THESE DISEASES BE EASILY TREATED MEDICALLY OR NATURALLY?
4. ARE MASS VACCINATION PROGRAMS THEREFORE NECESSARY?
1. DID THEY CAUSE DECLINES?

“POLIO WAS ERADICATED BY VACCINATION”?
1. DID THEY CAUSE DECLINES?

WHEN WAS THE LAST TIME YOU SAW MEASLES?
1. DID THEY CAUSE DECLINES?

PERTUSSIS REMAINS ON HIGH ALERT STATUS WITH VACCINATION PROPAGANDA

Immunization Graphs: Raymond Obomsawin PhD 2009
1. DID THEY CAUSE DECLINES?
WHAT HAPPENED TO DISEASES WITH SIMILAR DECLINES AND NO VACCINATION?
## 2. Are They Deadly?

### What the Actual Disease and Death Rates Today in Developed Nations?

**Reported Cases According to World Health Organization**

<table>
<thead>
<tr>
<th>Disease</th>
<th>United States</th>
<th>United Kingdom</th>
<th>Canada</th>
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<tbody>
<tr>
<td>Measles</td>
<td>55</td>
<td>2092</td>
<td>10</td>
</tr>
<tr>
<td>Mumps</td>
<td>229</td>
<td>3178</td>
<td>54</td>
</tr>
<tr>
<td>Rubella</td>
<td>9</td>
<td>70</td>
<td>2</td>
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<tr>
<td>Pertussis</td>
<td>47693</td>
<td>11980</td>
<td>4845</td>
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<tr>
<td>Polio</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Tetanus</td>
<td>37</td>
<td>6</td>
<td>4</td>
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<tr>
<td>Hib Meningitis (2011)</td>
<td>2</td>
<td>2</td>
<td>38</td>
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What the actual disease and death rates today in developed nations? Reported cases according to World Health Organization

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<td>0</td>
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</tbody>
</table>
2. ARE THEY DEADLY?
WHAT THE ACTUAL DISEASE AND DEATH RATES TODAY IN DEVELOPED NATIONS?
REPORTED CASES ACCORDING TO WORLD HEALTH ORGANIZATION

* Of worst disease above Pertussis, collectively risk of infection is currently .00016%, death IF infected .00056%, for total risk to healthy child of .000000088%. (of course they would say that's all because of vaccination, but review image a few slides back)

* According to CDC's VAERS Database there were 25,894 adverse reactions to vaccination reported in 2012

* Of the reported incidence, there are many unanswered questions such as what were the conditions in which the patient was immune compromised, infected, medically TREATED, etc.

* Considering what this data suggests, does the risk of vaccination both known and unknown justify the perceived or factual reduction of risk of said disease?

* Does that risk/benefit justify the current level of government and special interest involvement and even mandate of vaccination policy?

* We are sold that “herd immunity” (which has never been proven in humans) is justification to forgive your rights, however it is no more your right to worry about what choice others ultimately make as it is for them to make the decision for YOUR child.
### 3. CAN THEY BE TREATED?

**IF IN FACT YOUR CHILD WAS INFECTED, WHAT TREATMENTS MEDICALLY AND NATURALLY ARE AVAILABLE?**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Medical</th>
<th>Natural</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measles</strong></td>
<td>HOME CARE ALONE</td>
<td>VITAMIN A PRODUCTS SUCH AS COD LIVER OIL, AND ANY ANTIVIRALS OR IMMUNE BUILDERS</td>
</tr>
<tr>
<td><strong>Mumps</strong></td>
<td>REST AND HOME CARE ALONE</td>
<td>ANY ANTIVIRALS, SILVER SOLUTION, AND IMMUNE BUILDERS LIKE VITAMINS D AND C</td>
</tr>
<tr>
<td><strong>Rubella</strong></td>
<td>REST AND HOME CARE ALONE</td>
<td>ANY ANTIVIRALS, SILVER SOLUTION, AND IMMUNE BUILDERS LIKE VITAMINS D AND C</td>
</tr>
<tr>
<td><strong>Pertussis</strong></td>
<td>AZITHROMYCIN, CLARITHROMYCIN, ERYTHROMYCIN (EACH HAS POTENTIALLY FATAL SIDE EFFECTS)</td>
<td>SILVER SOLUTION ORALLY AND BY NEBULIZER</td>
</tr>
<tr>
<td><strong>Polio</strong></td>
<td>BED REST, PAIN RELIEVERS, PORTABLE VENTILATORS, MODERATE EXERCISE, AND NUTRITION DIET</td>
<td>ANY ANTIVIRALS, SILVER SOLUTION, AND POST INFECTIVE REHAB HAS SHOWN EFFECTIVE</td>
</tr>
<tr>
<td><strong>Tetanus</strong></td>
<td>TETANUS IMMUNE GLOBULIN OR EQUINE ANTITOXIN INJECTION</td>
<td>ABOVE, PLUS SILVER SOLUTION ORALLY AND TOPICALLY</td>
</tr>
<tr>
<td><strong>Hib Meningitis</strong></td>
<td>INTRAVENOUS THIRD GENERATION CEPHALOSPORIN</td>
<td>SILVER SOLUTION ORALLY AND BY NEBULIZER, AND IMMUNE BUILDERS LIKE VITAMINS D AND C</td>
</tr>
</tbody>
</table>
4. ARE THEY NECESSARY?

- Should infectious disease still be a high priority agenda for public health in 21st century economically developed nations?
4. ARE THEY NECESSARY?

- Flu vaccines used to be contraindicated in pregnancy, then they changed their minds.
4. ARE THEY NECESSARY?

- BIG assertions should be fully investigated don’t you think?
IT IS YOUR RIGHT TO RELIGIOUS EXEMPTION IN ALABAMA. BRING THIS LETTER TO YOUR LOCAL HEALTH DEPARTMENT.
CIRCUMCISION

GLOBAL MAP OF MALE CIRCUMCISION PREVALENCE AT COUNTRY LEVEL:

- No data
- 0–20%
- 20–80%
- 80–100%

According to WHO:
who.int/hiv/pub/malecircumcision

GRAPHIC IMAGES
REASONS TO CIRCUMCISE

1. DISEASE REDUCTION
2. RELIGIOUS
3. CULTURAL
FEMALE CIRCUMCISION

TYPE 1: REMOVAL OF PREPUCE AND PART OR ALL OF THE CLITORIS.

TYPE 2: REMOVAL OF CLITORIS AND PART OR ALL OF THE LABIA MINORA.

TYPE 3: REMOVAL OF PART OR ALL OF THE LABIA MINORA, WITH THE LABIA MAJORA SEWN TOGETHER COVERING THE URETHRA AND VAGINA LEAVING ONLY A SMALL HOLE FOR PASSAGE OF URINE AND MENSTRUAL FLUIDS.

NO MEDICAL BENEFITS.
NO ETHICAL JUSTIFICATION.
ONLY RELIGIOUS CHOICE CAN JUSTIFY.
- OLDEST EVIDENCE COMES FROM ANCIENT EGYPT 2400 BC. THE BOOK OF THE DEAD REFERENCES THE SUN GOD RA CUTTING HIMSELF, THE BLOOD CREATING TWO MINOR DEITIES.

- IN GENESIS, GOD TOLD ABRAHAM TO CIRCUMCISE FOR COVENANT. GENESIS 17:10-14

- MALES IN AFRICA WERE CIRCUMCISED AS A RIGHT OF PASSAGE AND TO BECOME MEMBERS OF THE WARRIOR CLASS.
HISTORY OF MALE CIRCUMCISION

- In the Greco-Roman world, predominantly only Jews were circumcised.

- Jews would go to measures to lengthen their foreskin to compete in athletic events etc.

- As a result, Jewish leaders added a more radical procedure around 140AD called peri’ah in which the entire foreskin was pulled back and removed.

- Some took it even further to suck the blood from the cut spreading venereal disease. This practice has been mostly stopped.
HISTORY OF MALE CIRCUMCISION

- ENCYCLOPEDIA BRITANNICA 1876 DISCUSSES CIRCUMCISION AS MERELY A RELIGIOUS RITE AMONG JEWS, MUSLIMS, THE ANCIENT EGYPTIANS, AND OTHER TRIBAL PEOPLES.

- IN THE 1890S CIRCUMCISION BECAME POPULAR BY ALLOPATHS TO PREVENT MASTURBATION AS WELL AS MANY OTHER RIDICULOUS DEVICES AND MEASURES. ONE MAJOR ADVOCATE WAS DR. JOHN HARVEY KELLOGG WHO ADVOCATED THE CONSUMPTION OF CORN FLAKES AND CIRCUMCISION TO PREVENT.

- BY 1929 MEDICAL INSTITUTION HAD CHANGED THE DEFINITION AFTER WIDESPREAD ADOPTION FROM ABOVE TO PRIMARILY MEDICAL REASONS OF “CLEANLINESS” AND “PREVENTATIVE”. 
DISEASE REDUCTION

• Royal Australian College of Physicians: “After reviewing the currently available evidence, the RACP believes that the frequency of diseases modifiable by circumcision, the level of protection offered by circumcision and the complication rates of circumcision do not warrant routine infant circumcision in Australia and New Zealand.” 2010

• Canadian Pediatric Society: “Circumcision of newborns should not be routinely (i.e., in the absence of medical indication) performed”. Current policy

• British Association of Paediatric Surgeons, Royal College of Nursing, Royal College of Paediatrics and Child Health, Royal College of Surgeons of England, and Royal College of Anaesthetists: Joint statement deeming routine circumcision without precise medical warrant the equivalent of malpractice.

• American Academy of Pediatrics: “The AAP does not recommend routine (performed in the absence of medical indication) circumcision of the newborn. The statement emphasizes the need for well-informed consent of the parents (plural).” Then in 2012 against the recommendation of almost every other developed nation’s standard, they protected doctors in an updated statement guarding it as “elective”.
THE CIRCUMCISION WE PERFORM TODAY IS NOT A BIBLICAL CIRCUMCISION.

ACCORDING TO BOTH BIBLICAL ACCOUNT AND THE VAST MAJORITY OF BIBLICAL AUTHORITIES, GENTILE BELIEVERS HAVE NO REQUIREMENT TO CIRCUMCISE, ESPECIALLY INFANTS.

EVEN IF YOU HAVE ACCESS TO TRADITIONAL HEBREW RITUAL CIRCUMCISION, IT IS THEREFORE PURELY AN ELECTIVE PROCEDURE UNLESS YOU ARE A BORN JEW.
THE CROWD:
1999: NEONATAL CIRCUMCISION RATES IN THE US HAVE REMAINED AROUND 65% SINCE 1979. WHILE ONLY 37% ARE IN THE WEST, STILL 80% ARE IN THE SOUTH.

- THE CIRCUMCISION MARKET IS A MULTI-BILLION DOLLAR INDUSTRY, BEING THE MOST COMMON SURGICAL PROCEDURE TODAY. THE RESALE VALUE OF EACH BABY’S FORESKIN MAY BE AS MUCH AS $100,000. - EXAMINER MARCH 19, 2011

- WHO DO YOU EXPECT IS CONTINUING THE PUSH FOR ROUTINE CUTTING?
JUST LIKE DADDY?

THE ONLY JUSTIFICATION REMAINING IF NOT RELIGIOUS, MEDICAL, OR CULTURAL, IS A PARENTS CHOICE TO SUBJECT THEIR BABY TO IT. TO BE CLEAR, AS OF TODAY YOU DO HAVE THE LEGAL RIGHT.

TWO QUESTIONS:

1. IF YOU WERE NOT CIRCUMCISED, WOULD YOU ELECT TO CIRCUMCISE WITH YOUR CHILD SO YOU LOOK ALIKE?

2. IF YOU WERE MISSING A FINGER OR FOOT, WOULD YOU FIND IT REASONABLE TO CUT YOUR CHILD’S OFF TO LOOK LIKE YOU? SHOULD THAT ALSO BE LEGAL?
RAISING HEALTHY KIDS FROM CONCEPTION

THE HOLISTIC PARENTS GUIDE TO RAISING KIDS IN THE 21ST CENTURY