

Helping - Healing - Rectal Infusions

by **Victoria Bowmann, PhD.** © 2012

When struggling with a chronic illness, there are numerous factors that can be frustrating. First is finding an accurate diagnosis and effective treatment plan. One can go from doctor to doctor and on to a specialist and still not know what the underlying cause of an illness may be. Traditional medicine differs from the approach holistic, homeopathic, and integrative medicine looks into auto-immune diseases. The underlying cause may be unknown or difficult to isolate since research hasn't conclusively linked cause to disease. Next, one faces the choice between traditional medicine, which offers limited management of these conditions or an alternative treatment, which may not be covered by medical insurance. Additionally, the patient may be unable to work or work full time and has to pay out of pocket for treatment.

Lyme disease is showing up in many of these cases, certainly not all, but many. There are also underlying co-infections such as Epstein Barr Virus, Human papilloma virus, and perhaps Bartonella bacteria and Borrelia burgdorferi (tick borne), as well as other contributors such as heavy metal toxicity, chemical / mold / fungal exposure, sensitivities, intolerances and allergies. There is frequently endocrine impairment with exhausted adrenal and thyroid glands. These contribute to fatigue, depression, memory impairment, and anxiety, which also interferes with the patient's ability to comprehend the treatment plan, execute it, tolerate the side effects and die-off from either or both allopathic and holistic medications.

The liver detoxification pathways may have an inherent genetic weakness or there may be pathogens that are blocking the efficacy of this pathway. Gastrointestinal integrity is often compromised by "leaky gut syndrome", poor digestion, or poor assimilation of nutrients, so there is malnourishment. These compromises can lead to bowel disturbances such as irritable bowel syndrome, although typically these manifest as constipation. While the liver is the detoxification organ, the large intestine is one of the major avenues or channels for elimination of toxins.

There are two important factors to consider in the treatment of these types

of illnesses. One is the treatment for eradicating the offending organisms, such as the bacterium and co-infections listed above. Secondly is cleaning up the damage from the years of assault by these offending organisms as well as cleaning up the debris from the die-off during ongoing treatments. This can often take years and may require lifestyle changes to regain one's health. One might not want to dive into such treatment plans, for many it is the only way to successfully treat their situation.

The goal of this article is to provide knowledge of detoxification protocols that can be accomplished at home with a minimum of expense and expertise. One must consult their physician on each aspect of these protocols. To reduce or limit a Herxheimer (herx) reaction, use an "easy does it" attitude and a big dose of common sense. [Herxheimer reaction is the magnification of one's typical symptoms, which are more intense than usual.]

Gastrointestinal Tract:

The gastrointestinal tract is approximately 28 feet in length. The beginning of the GI tract is the mouth, where, when chewing thoroughly, mixes salivary amylase enzyme with food that begins the digestion of carbohydrates. The first foot encompasses the esophagus and stomach. The stomach is where protein and fat digestion are addressed. Moving through the pyloric sphincter into the 22 feet of small intestine, the completion of digestion continues with enzymes from the pancreas, liver and within the intestinal cells.

The small intestine is responsible for absorbing chyme (digested food) into the bloodstream, providing energy and nutrients to the cells. This absorption takes place through hair-like structures known as villi. (Damage to these villi is one aspect of leaky gut syndrome.) It is interesting to note that at least 60% of the immune system is in the intestines. (See illustration 1 below.)

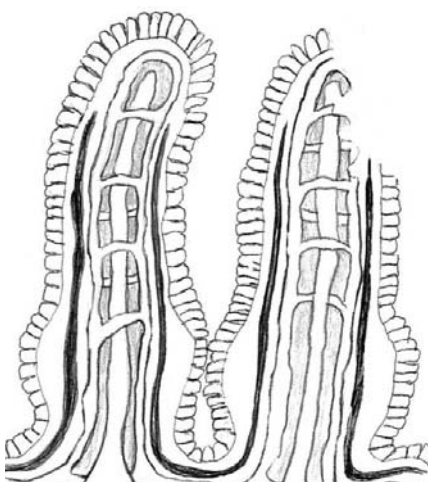


Illustration 1

Between the small intestine and the large intestine is the ileocecal valve. Near this junction are the appendix and the bowel of the cecum. Typically, the first half is involved with absorption and the second half is involved with storage. However, all portions of the large intestine efficiently absorb, with bile and water being two substances routinely recycled. The tissues between the chyme and walls of the large intestine are called colonic epithelial cells and must have "tight junctions" between the cells to prevent leaky gut of the large intestine. (See Illustration 2 below.)

The large intestine has a transport mechanism by which substances are absorbed by the intestinal lumen into the blood and lymph. Reasons for rectal application include poor assimilation due to leaky gut, decreased digestive function, inability to tolerate substances orally, increased effectiveness of substances, and products that are designed to be used rectally.

The portal veins saturate the entire large intestine. Therefore the contents of enemas and infusions are carried through the portal vein into the liver rapidly, starting within 8 seconds of application and continuing for as much as 20 minutes. Remember, all of the blood circulates through the liver every three minutes. One can use this absorption mechanism (via enemas or infusions) to effectively alter their state of health. In my practice, individuals are evaluated and appropriate modalities administered as needed.

Enema

An enema is "a fluid injected into the rectum for the purpose of clearing out the bowel, or of administering drugs or food." It is perhaps one of the oldest medical procedures still in use today. In 1500 B.C., it is mentioned by Egyptian Ebers Papyrus. The world over, people discovered and adapted the enema. Up to one quart of fluid may be administered in an enema with a suggested retention time up to 15 or 20 minutes.

It is the liver and small intestine that neutralize the most common tissue toxins: polyamines, ammonia, toxic-bound nitrogen, and electrophiles. Since an enema is generally held for 15-20 minutes, and all the blood in the body passes through the liver every 3 minutes, certain enemas represent a form of dialysis of



blood across the gut wall.

Retention Infusion

A retention infusion is "a fluid injected into the rectum for the purpose of administering a drug or food with the express purpose of complete absorption if possible." Anti-nausea suppositories are one example, homeopathic remedies, chelation products, and probiotic Reflorastation are other examples.

When living with chronic illness, many of the absorption pathways are damaged thus impeding optimal function. Using enemas and infusions to deliver nutrients, beneficial herbs, cleansing agents and probiotics can benefit the individual. It is important to discuss each of the following protocol and ingredients with your own doctor or health care professional. For those with environmental sensitivities, please test a very small dose, and increase the amounts slowly to divert any Herx reaction.

Let's look at the many preparations used historically and today:

Coffee

Max Gerson, MD

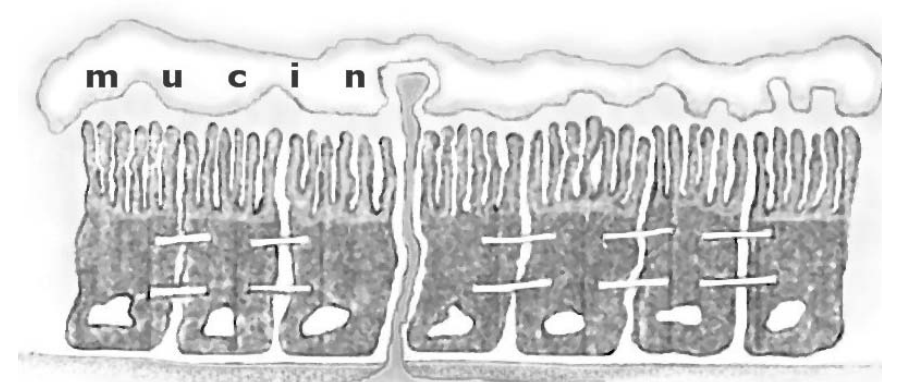


Illustration 2

(1881-1959) is credited with developing a migraine diet that cleared skin tuberculosis, heart disease, kidney failure and finally cancer. He also used a caffeine solution to open the bile ducts, stimulate the production of bile in the liver and was a general detoxification regimen, particularly carcinogenic toxins. He noted that patients could dispense with painkillers once on coffee enemas, had a calming effect and could relieve constipation.

Coffee enemas appeared as early as 1917 and were published in the Merck Manual until 1972. Independent scientific work gives credence to the benefits of coffee enemas. Kahweol and cafestol palmitate, substances found in coffee, promote the activity of a key enzyme system glutathione S-transferase. Dr. Lee Wattenberg and his colleagues in 1981 conducted this research. This enzyme group is responsible for neutralizing free radicals, harmful chemicals now commonly implicated in the initiation of cancer.

In mice, for example, these systems are enhanced 600 percent in the liver and 700 percent in the bowel
"Infusions"...cont'd pg 4

LETTER TO THE EDITOR

Dear Editor:

I have Chronic Fatigue Immune Dysfunction Syndrome (CFS/CFIDS/ME) and NON-HIV AIDS, idiopathic CD lymphocytopenia. With these two clinical diagnoses, I believe that makes me living proof that the AIDS-like CFS/ME is transmissible, something that the medical establishment seems unable to admit or to acknowledge. I also believe it makes me living proof that CFS and NON-HIV AIDS are the same mysterious immune disorder.

Three years ago, after a heterosexual sexual encounter, I became seriously ill with what looks like the natural disease progression of AIDS. After an "acute infection" and a "period of asymptomatic health," I have fallen extremely ill to an unrelenting, progressively-worsening AIDS-like demise. I can pinpoint exactly when I

was infected with my "chronic viral syndrome of unknown etiology" and because the "acute infection" stage was so distinguishable, I can also pinpoint exactly when my undiagnosed pathogen left my body and infected yet another host.

Increasingly, I have become concerned that my systemic diagnosis is caught up in the treacherous politics of CFS/ME and AIDS. Most people with CFS/ME do not like to talk about the many symptoms and immune abnormalities that they share with AIDS patients. I also suspect that most ailing patients would rather be told that they have the very mysterious CFS than to be told that they have AIDS.

I have a Master's degree. I am a director at my firm. I used to be a triathlete. I have never used IV drugs. I have never traveled abroad. I can count my sexual partners on two hands.

Statistically speaking, I know that my undiagnosed infectious and communicable disease is not rare...so, you tell me, if they are not in the miscellaneous CFS/ME category, where are all these other immunosuppressed people?

I hope that there will be a miraculous outbreak of bravery from coast-to-coast. I stopped fighting for myself a long, long time ago. I fight for humanity.

Anyone with CFIDS who does not consider the possibility that CFS/ME will eventually progress to a NON-HIV AIDS diagnosis is very well trumping their own ability to diagnosis the root

cause of their illness.

Why isn't CFS/ME a reportable disease overseen by our public health department? Why are CFS and ME (i.e., the same exact disorder) suspiciously categorized as two separate illnesses on a worldwide level (i.e., by ICD codes)? Doesn't anyone else but me very clearly see the catastrophic cover-up going on here?

Why are we not reading about NON-HIV AIDS cases (and/or the AIDS-like nature of CFIDS) on the front pages of every newspaper in the world? And if CFS/ME is NON-HIV AIDS, then, depending on who you believe, there are anywhere between 500,000 - 14,000,000 Americans out there with a transmissible illness. If that is what it truly is, our new form of AIDS dwarfs the 'original' AIDS epidemic ---> TENFOLD.

I am not afraid to say that I have AIDS without

HIV --> idiopathic CD lymphocytopenia. I am equally as unafraid of saying the most obvious thing about CFS/ME: IT SURE DOES LOOK LIKE AIDS TO ME.

If it takes courage to think and to say the things that I do, I hope that there will be a miraculous outbreak of bravery from coast-to-coast. I stopped fighting for myself a long, long time ago. I fight for humanity.

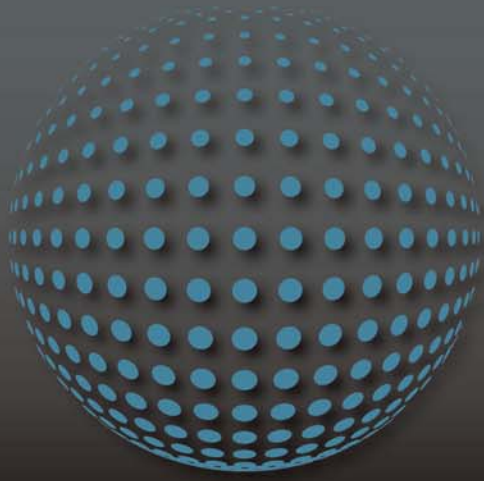
I demand a CFS/HIV revolution. Vive La Revolución?

To learn more about NON-HIV AIDS, and to see the *new* face of AIDS, please visit:

www.cfsstraighttalk.blogspot.com (or simply google "non hiv aids")

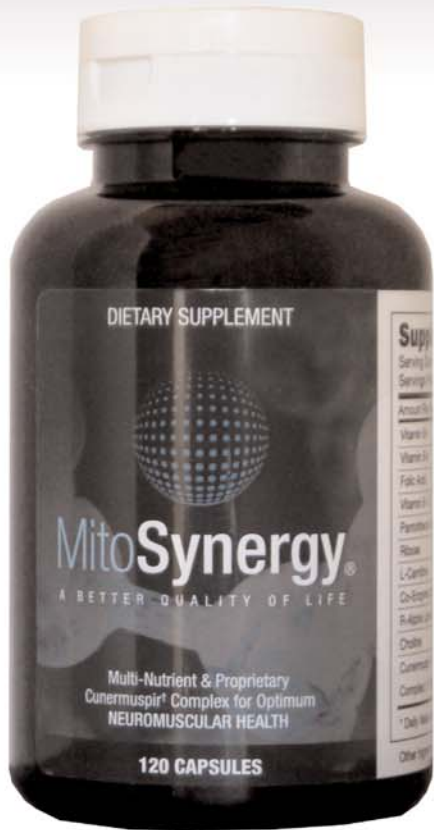
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Lyme Disease, Fibromyalgia, Chronic Fatigue, persisting infectious inflammation, hypercoagulation & its role in many diseases, biofilms, mitochondrial dysfunction, immune dysfunction, central nervous system inflammation, neurologic dysfunction and others.

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- Diagnose these tough to treat conditions
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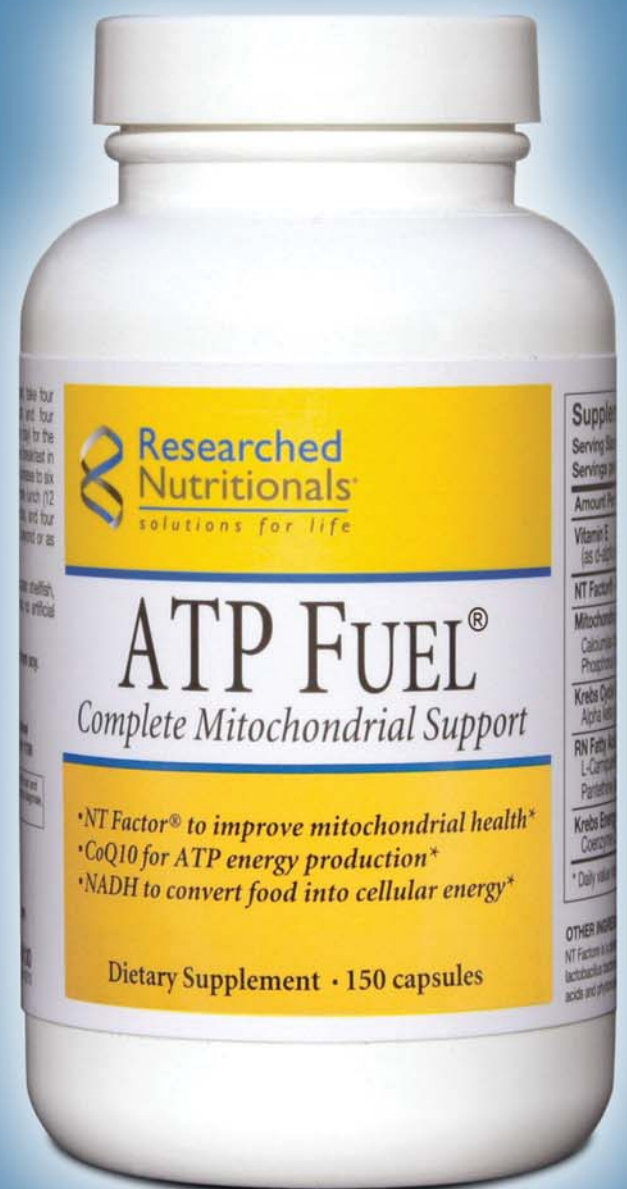
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“Infusions” ...cont'd from pg 1

when coffee beans are added to the mice's diet. Stimulation by coffee of glutathione S-transferase in humans is probable since the lab models are close, if not directly analogous to that of humans.

Theophylline and theobromine, two other chemicals in coffee, dilate blood vessels and counter inflammation of the gut; the palmitates enhance the enzyme system responsible for the removal of toxic free radicals, and the fluid of the enema stimulates the visceral nervous system to promote peristalsis and elimination of diluted toxic bile in a bowel movement.

Coffee enemas are safe when used with these dietary guidelines:

* Low sodium, high potassium: returns cell macromolecules to normal configuration and improves water structuring and water content.

* High micronutrient-dense fruits, vegetables, whole grains: supply all nutrients necessary for cell respiration and energy production.

* Potassium salts: frequently provided by apples to improve the Krebs cycle.

* Protein restriction: aids in reduction of cellular edema.

* Thyroid support, Lugol's solution: multiplication of mitochondria, enhance cell oxidation of sugars, ATP production.

Benefits of coffee enemas or infusions

- increase glutathione S-transferase,
- reduce serum toxins and eliminate chronic challenge to damaged normal cells,
- improve cell potassium ion content,
- reduce cell sodium content, thus reduce cell swelling through improved water structuring,
- increase cell mitochondria count and activity, and
- supply micronutrients necessary for cell energy production and repair.

Greens

There are numerous types of greens that can be incorporated into a cleansing program, with chlorophyll being of primary importance. Always test to determine allergy or intolerance to a product before use.

Chlorophyll cleanses the blood by improving the oxygen supply to the circulatory system. Chlorophyll a and chlorophyll b are natural, fat-soluble chlorophylls found in plants, whereas chlorophyllin (an over-the-counter drug) is a semi-synthetic mixture of water-soluble sodium copper salts, derived from chlorophyll, used as an internal deodorant, topically in the treatment of slow-healing wounds, and is being tested as a supplement that may decrease the risk of liver cancer in high risk populations with unavoidable dietary aflatoxin exposure. While no toxic effects have been contributed to either form of

chlorophyll, when taken orally it may cause green discoloration of urine or feces, or yellow or black discoloration of the tongue. Topically, it may cause mild burning or itching.

Wheat Grass

Wheat grass (*Triticum aestivum*) juice is 70% chlorophyll and has almost the same chemical structure as hemoglobin. It contains all minerals known to man, vitamins A, B-complex, C, E, and K. Wheatgrass is extremely rich in protein, and contains 17 amino acids, the building blocks of protein.

This immune system builder has shown to build blood, restore balance and vitality in the body, remove toxic metals from cells, and nourish the liver and kidneys. For the treatment of various GI and other conditions, there was a significant reduction in overall ulcerative colitis (UC) disease activity and severity of rectal bleeding. No serious side effects were found. The extract corresponds to compounds that exhibit anti-oxidative properties. Ann Wigmore, holistic practitioner, learned at age 50 she had colon cancer, so she turned to raw greens, blended seeds, and grains. Within a year, she was cancer-free. While researching the healing properties of grasses, she selected wheatgrass as her main focus, considering it a nutritious elixir, particularly for colon cleansing.

Benefits:

- decrease oxidative damage induced by chemical carcinogens and radiation,
- inhibit cytochrome P450 enzymes to decrease the risk of some types of chemically-induced cancers,
- control fecal odor in colostomies and ileostomies, and urinary odor in incontinent patients,
- wound healing in slow-healing wounds, vascular ulcers and pressure ulcers,
- binds to potential carcinogens reducing the amount that reaches susceptible tissues.

Barley Grass

Barley grass (*Hordeum vulgare*) is usually consumed as a powder or liquid and is considered a superfood because of its incredibly dense nutritional profile. It contains an abundance of chlorophyll and is rich in Vitamins A, B, C, iron and calcium. It contains over 12 minerals and 13 different vitamins as well as plant enzymes and antioxidants. It also has every essential amino acid, with 23% digestible protein and 19 mg chlorophyll per serving. A beginning serving is 1 tsp increasing to 3 T as desired.

Clinical studies involving the ingestion of barley grass powder show that it improves the health of diabetic patients, reduces cholesterol and can be used as a weight loss supplement. In a 2010 medical study, the

experimental group of diabetics took 1.2 g of barley grass capsules every day for sixty days. The control group took no supplementation. There were no other alternative measures taken. The patients' fasting blood sugar and lipid profiles were taken at the beginning and end of the study. The findings included a significant fall in fasting blood sugar levels, a 5.1% reduction in overall cholesterol levels after two months, and it was also noted that the risk of coronary heart disease was significantly reduced in the diabetics who took barley grass supplements. There were no changes in the control group.

In a clinical study involving men with elevated LDL and total blood cholesterol levels, taking 15 grams of barley grass extract daily significantly lowered cholesterol levels. In addition, the good cholesterol, HDL, increased by taking barley grass extract. In-vitro studies show barley grass extract scavenges free radicals. This may be due to an exchange of hydrogen ions that makes the free radicals weaker. In laboratory studies of rheumatoid arthritis patients, using the blood and spinal fluid, it was noted that barley grass extract does exhibit antioxidant properties.

It alkalizes the body's pH providing significant improvements in Ulcerative Colitis (UC) cases, with pronounced reduction in symptoms, fewer episodes of diarrhea and reduced abdominal pain. This was compared to the group receiving standard anti-inflammatory medications, including steroids. Typically, UC presents with low levels of friendly gut bacteria and excessive toxins in the bowel. Barley grass stimulates the growth of friendly bacteria and reduces inflammation. There are preliminary studies on barley grass and its ability to inhibit certain cancer cell growths, primarily breast and prostate cancer. While further studies are needed, results are promising.

Benefits:

- reduces fasting blood sugar,
- reduces LDL cholesterol while improving HDL,
- scavenger of free radicals, antioxidant properties,
- stimulates the growth of friendly bacteria
- reduces inflammation
- inhibits certain cancer cell growth (preliminary studies)

There are certainly many "green foods" to consider, however Wheat grass extract and Barley grass extract are what have traditionally been used for rectal retention infusions.

Garlic

Garlic (*Allium sativa*) is a member of the onion family and its biological function is to repel herbivorous animals. The compound contributing to the odor is allicin and has numerous health benefits. But there are

other chemicals in garlic, including some sulfur-containing compounds that may help lower cholesterol, fight heart disease, and help prevent some cancers. It is an antioxidant, anti-bacterial and anti-fungal. It has 1% the potency of penicillin. It is important to note, that as an anti-coagulant, while it has heart benefits, those on certain medications need to be cautious. Those with a sensitive digestive system may notice that garlic will cause an irritation.

There have been initial studies of eating garlic and it's effect on the reduction of certain cancers, primarily colon, rectal and stomach. A large-scale study with 41,000 middle aged women looked at their diets: how much garlic, fruit and vegetables were consumed. Results showed those who regularly included these foods showed a 35% lower risk of developing colon cancer. Garlic improves immune system function during times such as the presence of cancers. In a study of 50 people with inoperable colorectal, liver or pancreatic cancer, their immune activity improved after taking aged garlic extract for 6 months. Researchers reviewed 7 studies and found a 30% reduction in colorectal cancer in those people who ate a lot of raw or cooked garlic.

There are numerous studies with garlic, however there are also mixed results. Unfortunately, the importance of study of natural remedies doesn't have the same importance as drug research.

According to the NIH, research shows that garlic can reduce blood pressure in people with high blood pressure by as much as 7% - 8%. A reduction of 5% can reduce the chance of a stroke by 30-40% and heart disease by 20-25%. Those with low blood pressure need to be aware that it seems to lower blood pressure in people with normal blood pressure. It is also possibly effective for atherosclerosis (hardening of the arteries).

Tick bites can be reduced by high doses of garlic. Scientists have compared the number of bites to those who do not take garlic. Over a five-month period of regular consumption of garlic, there was a reduction in the number of tick bites.

Certain skin infections respond to topical application of garlic gel. The following fungal infections (ringworm, jock itch and athlete's foot) have responded to a gel with .6% ajoene (chemical found in garlic), although athlete's foot needs a concentration of 1% ajoene. This is as effective as pharmaceutical medicine in treating athlete's foot.

As an antioxidant, the allicin in garlic naturally increases antioxidant enzymes atalase and glutathione peroxidase in your blood, decreasing the damage from nicotine. It also slows the aging process of

“Infusions” ...cont'd pg 6

Public Health Alert

The PHA is committed to researching and investigating Lyme Disease and other chronic illnesses in the United States. We have joined our forces with local and nationwide support group leaders. These groups include the chronic illnesses of Multiple Sclerosis, Lou Gehrig's Disease (ALS), Lupus, Chronic Fatigue, Fibromyalgia, Heart Disease, Cancer and various other illnesses of unknown origins.

PHA seeks to bring information and awareness about these illnesses to the public's attention. We seek to make sure that anyone struggling with these diseases has proper support emotionally, physically, spiritually and medically.

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5th Annual Morgellon's Disease Medical Conference

by **Harriet L. Bishop, President of Texas Lyme Disease Association**

It may be that Morgellon's patients are the jolliest of all who have chronic diseases! How could that be, considering the fact that most patients will tell you Morgellon's symptoms have caused them more misery than the often co-existing Lyme disease ever did? Perhaps the answer lies in the fact that their mysterious debilitating illness is at last being seriously investigated in the USA, Canada, Germany, Australia and Japan after years of derision among skeptics within the medical profession.

Characterized by tough fibrous abnormal skin tissue and production of filaments of unknown etiology beneath the surface of undisturbed skin as well as emanating from open skin lesions, the disease appears to be a systemic disorder not unlike Lyme disease, with which it often occurs.

In 2010 Raphael Stricker, MD and Virginia Savely, DNP, found in their study of 122 Morgellon's patients that 97% tested positive for Lyme disease. And in any Lyme disease population, approximately

15% may also have Morgellon's whether it is recognized or not. Because a causative agent and exact chemical composition of the fibers has remained elusive, treatment has focused on reducing the symptoms of Lyme disease, which often alleviates, but seldom cures, Morgellon's symptoms.

People came from 28 of the United States, as well as from Britain, Australia, Canada, Japan and Germany to attend the 5th Annual Morgellon's Medical Conference held March 24 and 25, 2012 in Austin, Texas, sponsored by the Charles E. Holman Foundation.

www.thecehf.org.
Marianne Middelveen, Canadian microbiologist and medical mycologist based in Calgary, Alberta, reported on her ground-breaking study proving that the keratinous fibers stem from the patient's own basal cell layer in the epithelial cells and hair follicles, debunking forever the erroneous theory that patients are somehow self-implanting these fibers or intentionally mutilating themselves.

Middelveen noted that quite often dermatologists who are unaware of the

seriousness of Morgellon's will diagnose a skin disease patient with a psychiatric illness called Delusions of Parasitosis, or DOP, a diagnosis which in reality most are not trained to be able to recognize. Actually DOP is considered rare, and when falsely applied to a skin disease patient, this diagnosis can seriously hamper a patient's social life and quite often, cut short career aspirations with severe financial repercussions...a double whammy for a person already suffering a medical disorder!

Middelveen suggests that future research focus on the possibility that Morgellon's is caused by a spirochete because a very similar filament disease occurs in cattle with a spirochete being the causative agent. Middelveen pointed out that when dairy farmers' monetary bottom line had been adversely affected by reduced milk production in cows with the systemic illness similar to Morgellon's, their disease had been subjected to intense scrutiny. Veterinary research has discovered the causative agent, a spirochete, and a cure was developed. Human beings suffering a similar illness have not been afforded that

much respect, but they have been subjected to the humiliation of psychiatric diagnoses. She notes that ketatinocytes found within Morgellon's lesions are the strongest biofiber known to exist.

Published November 14, 2011 in Dove Press, a peer-reviewed journal, this study by Middelveen and Raphael Stricker, MD, should have been considered as a reference in the Center for Disease Control's analysis of "unexplained dermatopathy," their investigation into Morgellon's which was conducted with the cooperation of Kaiser Permanente, a health insurance company in Northern California several years ago. Although the CDC's report was published two months later in January, 2012, the CDC ignored Middelveen and Stricker's meticulous scientific research. The final, long-delayed report from the CDC stated in effect that there was no underlying disease process, also failing to note the often co-existent Lyme disease reported by Stricker and Savely as early as 2010. Peter Mayne, MD, GP dermatologist with a large active practice in Laurieton, New South Wales, Australia who treats many Morgellon's

patients, addresses it as a multi-system illness, not just a skin issue. Mayne dubbed the CDC report "Hogwash!" to audience cheers. He backed up his conclusion with a detailed analysis of what he said were faulty scientific methods used, in part that of examining charts rather than patients. He stated that even though there are 3.2 million people in California, charts of 42 patients were examined to conclude that Morgellon's is nonexistent!

Mayne explained the term "cognitive dissonance" as being the discomfort one feels when one's beliefs are challenged by new information. To reduce the dissonance, one can ignore new data or be selective about what research one wishes to recognize.

Mayne discussed proper research methods, noting that pertinent applicable research published within the previous five years should be referenced. He charged that the CDC report "corrupted medical science" by ignoring both the Stricker/Savely research of 2010 and the Middelveen/ Stricker paper of 2011. Critiquing the authors of the CDC paper who were

"Morgellons" ...cont'd pg 9

Knee Injuries in Women Linked to Motion, Nervous System Differences

by **David Stauth**

Women are more prone to knee injuries than men, and the findings of a new study suggest this may involve more than just differences in muscular and skeletal structure – it shows that males and females also differ in the way they transmit the nerve impulses that control muscle force. Scientists at Oregon State University found that men control nerve impulses similar to individuals trained for explosive muscle usage – like those of a sprinter – while the nerve impulses of women are more similar to those of an endurance-trained athlete, like a distance runner.

In particular, the research may help to explain why women tend to suffer ruptures more often than men in the anterior cruciate ligament of their knees during non-contact activities. These ACL injuries are fairly common, can be debilitating, and even when repaired can lead to osteoarthritis later in life.

More study of these differences in nervous system processing may lead to improved types of training that individuals could use to help address this issue, scientists said.

"It's clear that women move differently than men, but it's not as obvious why that is," said Sam Johnson, a clinical assistant professor in the OSU School of Biological and Population Health Sciences.

"There are some mus-

cular and skeletal differences between men and women, but that doesn't explain differences in injury rates as much as you might think," Johnson said. "No one has really studied the role of the nervous system the way we have in explaining these differences, specifically the way sensory information is processed and integrated with motor function in the spinal cord."

In this study, just published in the European Journal of Applied Physiology, the scientists found that most aspects of spinal motor control and rapid activation of muscles were similar in 17 men and 17 women that were examined – with one exception. Men had a higher level of "recurrent inhibition," which is a process in the spinal cord that helps select the appropriate muscle response.

Even a process as simple as walking is surprisingly complicated, as people process large amounts of information and use varying forces to move around obstacles, change direction or simply climb up a step. And when you slip on an icy patch, the need for extremely rapid and accurate muscle response might be all that stands between you and a broken hip.

For some reason, women tend to have knee motions that make them more susceptible to injury. Among other things, when landing from a jump their knees tend to collapse inward more than that of

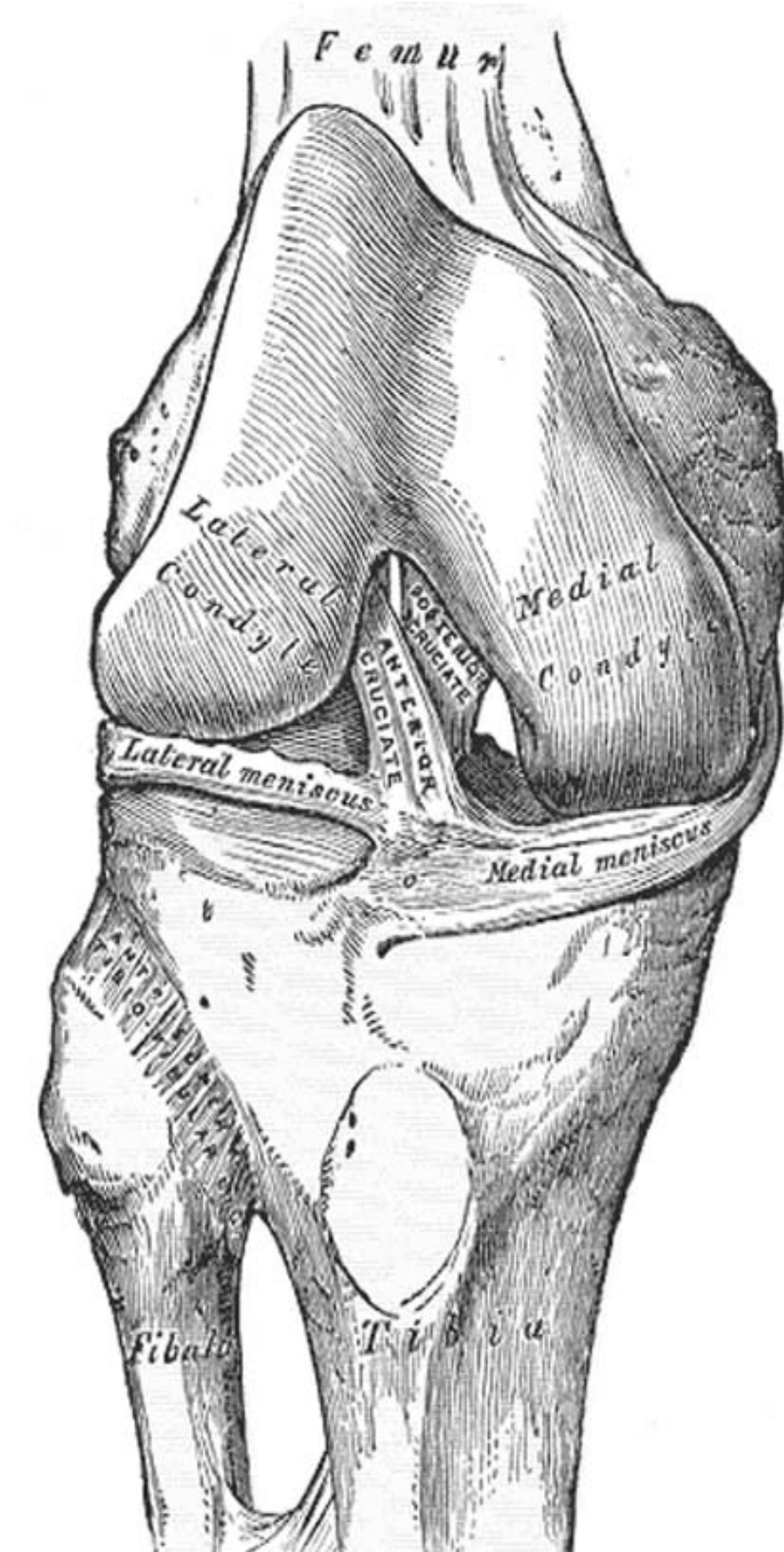
most men. They suffer significantly more ACL injuries during physical activity. "We're finding differences in nervous system processing that we believe are related to this," Johnson said. "The causes for those differences are unclear, but it may be due either to a biological difference, such as hormones, or a cultural difference such as different exercise and training patterns."

This research was supported by the National Athletic Trainers' Association Research and Education Foundation. Researchers at Marquette University collaborated on the work.

While researchers continue to study what might help address this, Johnson said it's already possible for women to be more aware of these common differences and do exercises that should reduce problems.

Many ACL injury prevention programs incorporate strength, balance, flexibility, and jump training. However, based on these and other findings, women – especially athletes – should consider training with motions more similar to those of their sport, such as squatting, lunging, jumping or cutting side-to-side. Use of heavy weights may not really be necessary, Johnson said, so much as mimicking the motions that often cause this injury.

pha



The knee in women is more susceptible to anterior cruciate ligament, or ACL injuries, than in men. (Image courtesy of Oregon State University)

About the OSU College of Public Health and Human Sciences: The College creates connections in teaching, research and community outreach while advancing knowledge, policies and practices that improve population health in communities across Oregon and beyond.

“Infusions” ...cont'd from pg 4

the liver by inhibiting lipid peroxidation. As an anti-bacterial it can ward off many bacteria, including Escherichia coli, Cryptococcal meningitis, Listeria, Salmonella, Candida albican and Staphylococcus. While bacterium develops resistance to antibiotics, it has not developed resistance to garlic.

A garlic enema is an effective treatment for diarrhea. At the July 1996 International Conference on AIDS, a study headed by G. Fareed presented treated 20 patients twice daily with a high-dose garlic concentrate mixed with distilled water used as an enema. They found a reduction in the number of bowel movements and the treatment was well-tolerated in all patients except one, who withdrew from the study. They concluded that high-dose garlic enemas are an effective treatment for diarrhea in HIV+ patients. However, garlic is contraindicated with certain prescription medication used to treat HIV.

Always consult your doctor before any herbal therapy. Garlic enemas are generally a safe way to treat intestinal worms and other parasites, according to the University of Maryland Medical Center. Intestinal parasites cause diarrhea, abdominal pain, gas, bloating, weight loss and other symptoms.

Additional uses for garlic enemas are as a fever reducer and with yeast infections found in the mouth, vagina or rectum. Fresh garlic cloves are crushed and the juice extracted. It is then mixed with distilled water and used twice daily to help reduce fevers. High-quality garlic extracts diluted in water can also be used.

Benefits:

- a) prevent heart disease including atherosclerosis,
- b) reduce high cholesterol and high blood pressure,
- c) destroy free radicals that damage cell membranes and DNA,
- d) blood thinner to prevent heart attacks and strokes,
- e) prevents colds,
- f) strengthens the immune system, helping the body fight cancer,
- g) reduces parasitic infections in the colon,
- h) topical gel treats fungal infections

Cayenne

Drinking cayenne pepper will stop hemorrhaging in seconds. If there is bleeding in the lower GI tract, a cayenne enema is a more direct application than drinking. Other health benefits include a reduction in parasites (black walnut, wormwood and garlic are better) and chronic constipation. Cayenne pepper is

rated in heat units. Stay below 50K for enemas as it could be "hot" coming out and cause some discomfort. Slow is best when working with cayenne, whether ingesting it orally or taking an enema.

Benefits:

- a) stop hemorrhaging,
- b) reduction in parasites,
- c) increases circulation.

Ayurvedic Medicine

An Ayurvedic practice has different recipes, however sesame oil is frequently used in enemas. While it is not meant to heal or cure any specific illness, it is used with nutritional imbalances. Care should be given with old or frail individuals, using 2 ounces to relieve constipation. When possible it should be retained for 30 minutes or longer.

It is useful in other disorders such as distention of the colon, heart pain, vomiting, fever, and hyperacidity. It is said to rejuvenate the body, bringing strength and longevity, as well as improving the complexion. These enemas should be avoided for persons suffering with chronic abdominal pain and rectal bleeding, shortness of breath, diarrhea or severe anemia. It is often combined with equal parts organic raw honey and purified water.

To use as a nutritive enema, combine with vitamin E, probiotics and glutamine powder. When there is inflammation such as colitis, a retention enema of warm ghee (clarified butter) provides a source of butyrate to the tissues. Other ingredients for inflammation in the colon: add 10 drops of any of the following non-alcoholic herbal tincture: marshmallow root, Echinacea, geranium, goldenseal, comfrey or slippery elm.

Castor Oil

The value of castor oil is perhaps most known as the castor oil pack, which is applied with a piece of wool flannel placed on the skin. However, it can be used orally in very small doses, 1/4 teaspoon to soothe rawness, canker sores, or ulcers in the GI tract, or as a retention infusion. Two small studies have shown that castor oil increases the immune response, increases the detoxification channels, and decreases pain.

Quinton Marine Plasma

This product developed by Rene Quinton in the late 1890's has a full spectrum of minerals, trace elements and micronutrients. It is harvested from a plankton vortex in unpolluted waters. It is very similar in content and concentration as plas-

ma. It revitalizes body cells, re-establishes biological equilibrium and restores electrolyte balance.

Vials of are 10 ml are available in Hypertonic and Isotonic. The hypertonic form is used in oral ingestion as well as rectal application. While these are too expensive to use in colon hydrotherapy in the US, it is available in Europe. The Isotonic form is by injection and must be given by a qualified licensed practitioner. The hypertonic vial may be added to other products.

Ozone

Ozone was first used to treat open wounds, particularly those that were difficult to heal due to decreased circulation, including large intestine conditions. Ulcerative colitis and Crohn's Disease have been treated by a procedure called rectal insufflation, whereby the ozone gas is absorbed by the large blood vessels lining the mucous membranes.

There are many methods for ozone administration and each one will effectively address an aspect of the body. By utilizing rectal insufflation, the detoxification of this primary elimination channel will increase the total overall level of tissue purification.

In a twenty-minute session per day, ozone "Infusions" ...cont'd pg 7

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“Infusions” ...cont'd from pg 6

breaks down into various oxygen subspecies that oxidizes anaerobic viruses, microbes, and diseased cells, while leaving the normal healthy cells alone. There are various concentrations of ozone and a concern of rectal sclerosis or damage. Twenty five gamma concentration and 250 cc done once or twice per week is a common concentration. There are many considerations with this modality, and consultation with a trained practitioner is advised.

Wobe-Mugos

This therapy is actively used in Europe, however rarely in the US. One clyster tablet is composed of 100 mg Papain, 40 mg Trypsin and 40 mg Hydrolysate of calf thymus. The predominate uses are the long term treatment of malignant tumors (both pre- and post-operative), adjunctive treatment during radiation therapy, prophylaxis against metastases, inflammation and viral infections including herpes zoster.

The important properties are to promote the dissolution of dead tissue or uncontrolled tissue growth, to break down the fibrin coat of cancer cells, to dissolve immune complexes that may play a pathogenic role in the formation of metastases, enhances the tolerance of anti-neoplastic treatment and radio-therapy, and modulates the immune system. Viral diseases such as herpes zoster, varicella, mumps, measles, or viral pneumonia can be successfully treated.

It should not be used in cases of hemophilia, severe liver damage, dialysis, severe allergic reactions (test first), and pregnancy. The typical side effect is anal irritation with high dosages. There are no known drug incompatibilities with Wobe-Mugos therapy.

MSM Methylsulfonylmethane

As a natural form of organic sulfur found in all living organisms, it is present in low concentrations in our body fluids and tissues. Predominate uses are gastrointestinal dysbiosis, parasitic infections, inflammation disorders, and allergic responses.

The important properties are that at low levels of ingestion, it functions as a normal dietary ingredient and easy source of essential dietary sulfur to assimilate. At higher levels it functions as a pharmaceutically active agent that can be used safely and effectively for a variety of purposes. It is also useful in the normalization of body functions in patients displaying physiological symptoms of stress, particularly gastrointestinal upset, inflammation of mucous membranes and allergic reactions. It ameliorates these symptoms permitting more rapid recovery.

For gastrointestinal distress, there can be dra-

matic relief from diarrhea, chronic constipation, nausea, hyperacidity and/or epigastric pain, as well as inflammation of mucous membranes.

Parasitic, microbial and fungal problems of the intestinal and uro-genital tracts are reduced with MSM as it seems to affect such infections by competing for binding or receptor sites at the mucous membrane surface. It also appears to augment immunological competence that explains its effectiveness in parasitic infections. The greater the mucous membrane exposure to MSM during a colon irrigation, the greater the efficacy, followed with a rectal probiotic infusion (Reflorastation) including a therapeutic dose of MSM. Clinical testing suggests its activity against a variety of parasites--giardia, trichomonads, candida albicans and roundworms.

Inflammatory disorders respond well to MSM, including musculoskeletal disorders, leg and back cramps, muscle spasms, general soreness, particularly in geriatric patients with night cramps and periods of long inactivity. Additionally, athletes who experience severe cramps during sports activity may be aided with MSM, orally for convenience. Arthritic patients report relief from pain, suffering, reduced swelling and inflammation.

MSM has shown broad and profound beneficial effects in ameliorating diverse allergic responses including inhalant, ingestant, contact and infectant allergens. Symptoms ranged from respiratory congestion to inflammation, itching mucoid discharges, and general discomfort. Although alone it may not totally eliminate allergic responses, there is a significant reduction in concurrent anti-allergy medications required, with MSM also used as nose drops. Allergic asthma or hay fever patients report 1/4 or less the prior required level of medications.

There are no known contraindications; MSM is nonallergenic, nonpyretic and has no interfering or undesirable pharmacological effects.

Probiotics

There are hundreds, perhaps thousands, of intestinal bacteria strains (probiotics). Many have been isolated, many are produced in labs to maintain viability to be used as a supplement, and some are being researched as to their efficacy in treating various conditions and diseases. The difficulty in research is the need to test only one bacterium at a time, while the body is a host to hundreds that perhaps work synergistically. When taken orally, the acids in the stomach destroy most probiotics, even many that are enteric coated.

In my clinical experience from 1991 to the pres-

ent, I have developed a proprietary blend of 20 varieties of lactobacillus and bifida. Some have compelling research that is being furthered at this time in the medical arena. Since the milieu (environment) of the large intestine is multifaceted, the retention infusion is an effective and efficient rapid delivery system for these probiotic strains. After all, a balanced intestinal micro-ecology can preserve gastrointestinal integrity.

Research testing is generally one strain of bacterium against a probiotic medical food: VSL#3. While the microbiota of the large intestine has hundreds of strains of bacteria, to know the efficacy of any strain, it must be tested alone and takes much time to come to solid conclusions. Often, combinations of bacteria work well in certain cases.

The following information hasn't passed all the testing necessary and generally states: "these organisms show promise."

In the article Probiotics in man and animals in Journal of Applied Bacteriology, 1989, it stated there was good evidence that the complex microbial flora in the gastrointestinal tract of all warm-blooded animals is effective in providing resistance to disease. This protective flora can be altered by dietary and environmental factors.

In the Journal of Clinical Gastroenterology (2008), a Canadian research center found a two-strain combination effective at maintaining a normal vaginal microbiota: L rhamnosus GR-1 and L. reuteri RC-14. Clinical Microbiology Review (2003) stated that selected probiotic strains have shown benefits by reducing the recurrence of urogenital infections in women.

A Finnish study in 2001 studied the number of days children were absent from daycare because of respiratory infections and gastrointestinal symptoms. L. GG was used as a probiotic milk. Children given the L. GG had reduced respiratory infections and these were less severe.

The Dept of Medicine in Manchester, UK (2006) ran a four week study of the efficacy of B. infantis 35624 in women with irritable bowel syndrome that showed a significant improvement over placebo for abdominal pain, bloating, bowel dysfunction, incomplete evacuation, straining and passage of gas.

Thirteen clinical trials have been published on the role of probiotics in the treatment and prevention of Helicobacter Pylori infection. There were different perimeters in these trials. However, trials with fermented milk products or whole cultures of lactobacilli showed better results than the probiotic alone. There were encouraging results as some were cleared of infection; there were also significantly reduced breath test

readings. Combined with antibiotics increased the cure rate in two studies and reduced side effects in four. The results suggest that probiotics may have a place as adjunctive treatment in H. Pylori infections.

Probiotics in prevention of antibiotic-associated diarrhea has been studied and published in numerous medical journals, and these studies have been compared. The meta-analysis suggests that probiotics can be used to prevent antibiotic-associated diarrhea (children, adults, elderly). S. boulardii and Lactobacilli have the potential, although the efficacy remains to be proven. Another meta-analysis of antibiotic-associated diarrhea dealt with the treatment of Clostridium difficile disease. The conclusion drawn was "a variety of different types of probiotics show promise as effective therapies for these two diseases." S. boulardii, L. rhamnosus GG and probiotic mixtures significantly reduced antibiotic associated diarrhea. S. boulardii was effective for C. difficile.

Protective role of probiotics and prebiotics in colon cancer (2001) published in the American Journal of Clinical Nutrition regarding a study at the Institute for Nutritional Physiology in Karlsruhe, Germany, stated as association with anticarcinogenic effects, as one method was the detoxification of genotoxins in the gut with an increased production of agents that deactivate toxic compounds. Another study at the University of Minnesota published in the Journal of Nutrition (2000) stated that the risk factors for colon cancer include both hereditary and environmental factors. One controllable risk factor is the dietary consumption of fiber and recently, this has included the consumption of prebiotics and probiotics. Studies have explored the cause and effect relationship using animal models. The consensus: it appears that probiotics with or without prebiotics have an inhibitory effect on precancerous lesions and tumors, although the effect is not completely consistent.

A most recent study at the Ohio State University College of Dentistry discussed the effect of stress and the microbiota of the intestines. These 500 different species of bacteria, fungi and parasites reside within the intestines and interact very closely with the entire body. The researches measured the amount of inflammatory cytokines (molecules the body uses to activate the immune system) in the blood of mice. These cytokines produce inflammation. When the mice were exposed to stress, the inflammatory cytokines increased by a factor of 100 times. Inflammation is a primary factor in many diseases, including cardiovascular disease, cancer, and autoimmune disease.

Stress also affected the balance of bacteria in the intestines, with one class of bacteria, clostridium, increasing by 28% and another class, bacteroides, decreasing almost 50%. Through antibiotic use, the inflammatory cytokines decreased, showing the source of the inflammation was the disruption of the microbiota.

While oral ingestion of probiotics is the preferred method of administration by patients, the efficacy is between 3 - 5%, due to the destruction by hydrochloric acid in the stomach. Rectal infusions bypass these digestive aids and deliver 100% of the probiotics into the dark, warm, and moist environment of the large intestine. This will colonize in one hour and stabilize in three days.

Benefits:

- a) enhances the body's immune defense,
- b) improves digestive function,
- c) protects against pathogenic bacteria,
- d) increases longevity
- e) relieves gastrointestinal distress such as bloat, gas, diarrhea, colitis
- f) assists in the production of nutrients, producing B vitamins and corrects vitamin K deficiency,
- g) prevents the growth of uro-pathogens, such as candida albicans, Escherichia coli, non-specific vaginitis,
- h) decreases ammonia production in the gut, and facilitates ammonia excretion from the blood into the gut,
- i) decreases serum lip levels by the deconjugation of bile salts and degradation of free cholesterol by the bacterial enzymes.

The rectal retention of probiotics is called Reflorastation.

Application of Enemas and Infusions:

Check with your doctor. Slow is best, easy-does-it and use common sense.

Anyone with an organ transplant should avoid these treatments unless directed by their physician. Rejection medications suppress the immune system, whereas these treatments stimulate and support the immune system. They are contraindicated for organ transplant recipients.

The suggested quantity may be too much when the patient is extremely compromised, so use 25 percent of the substance as a starting point. If there are any concerns such as intolerance or allergy, try only 10 percent to assess the compatibility of the treatment to the patient. Over time, one can increase the application. Certainly, a little done frequently is preferred to a "whole" dose that causes a herx. If this occurs, then take a water enema (4 ounces or more) to dilute and remove the offending substance.

“Infusions”...cont'd pg 8

“Infusions” ...cont'd from pg 7

One can purchase disposable enema bottles (with saline solution) at a local drug store or super market. Look in the aisle labeled: constipation. Empty out the contents and rinse well. Use a funnel to fill the bottle and set in a cup of warm/hot water to warm the contents before application. (Note: cold contents will cause the rectum to cramp, hot contents could burn the rectal tissues - think of drinking too hot of a cup of coffee or tea - same principle. Test it on your wrist if needed.) The safest temperature is between 96 and 103 degrees. (see illustration 3).

The modified Sims position is a comfortable one when taking an enema or retention infusion. Place two pillows on the bed or floor, one for your head and one for your buttocks. Cover the lower pillow with a disposable underpad (or a plastic covering with a towel). Lie with your hips on the pillow, both legs bent; however the right knee should be higher than the left allowing the hips to roll slightly forward. This helps the infusion flow into the sigmoid region of the colon instead of staying in the rectum. (See illustration 4.)

After administration of the infusion, turn onto your back with the pillow under the buttocks for five minutes. Then turn to your right side for 5 to 25 minutes, depending on contents. While one might not be able to retain the contents as long as suggested, anything is so much better than nothing. Also, with repeated applications, one becomes much more successful.

Water-based lubricant is suggested, and please test for any sensitivities. One can also use glycerin, or any oil such as olive oil. Avoid mineral oil. If there is hard stool in the rectum, using a glycerin suppository can make the rectum "slippery" and allow for easier evacuation. It is always suggested to do

these treatments after a good bowel movement, which provides sufficient space for application and utilization of the contents.

Coffee: Typically, one quart of coffee is used, however the recipe is complicated to follow especially when one is ill. An easy method to deliver a coffee enema is to use organic instant coffee in a 4-ounce disposable enema bottle. Add 2 or 3 tablespoons freeze-dried coffee crystals to the bottle. Fill with water, warm, and apply. Turn onto your back for 5 minutes, then to the right side for 15 more minutes. Ideal retention time is 20 minutes. Periodically repeat with Reflorastation (once weekly when doing daily coffee enemas, once monthly when doing 2-3 times weekly coffee enemas.)

Greens: Freshly extracted juice is best, with one ounce diluted with one ounce water. Retain until next bowel movement when possible. Void if needed.

Garlic: Blended garlic can be used or aged garlic extract. When blending garlic, place one rounded tablespoon of garlic buds with 3 ounces water in blender and pulverize. When using aged garlic extract, use one ounce garlic to 3 ounces water. Warm, apply and retain for 5 - 15 minutes.

Cayenne: Check the heat units of the cayenne and stay below 50K. 1/10th teaspoon to 4 ounces of water, less on the first application. Warm, apply and retain for 5 - 15 minutes.

Ayurvedic Medicine: Sesame Oil enemas use 2 ounces oil. Warm, apply and retain for 30 minutes. One can also use equal parts oil, honey and water. Shake well just before application. Non-alcoholic tinctures combine 10 drops of the chosen herb with 2 ounces of water. Warm, apply and retain until next bowel movement if possible.

Castor oil: One to two ounces of warm castor oil

can soothe the tissues of the rectum and sigmoid colon. Do not dilute with water. Warm, apply and retain as long as possible.

Quinton Marine Plasma: The vials are 10 ml, use up to 5 vials per application. These may be added to the Reflorastation, in which case use 2 vials. Do not warm them above 102 degrees. Retain as long as possible.

Ozone: Consult a health practitioner when



Illustration 3

using ozone.

Wobe-mugos: Dosage varies due to acute or chronic conditions. The guidelines are 1 per day for seven days up to 4 tablets five times per day. Tumor patients are recommended 3x4 daily and increased to 4x5 daily. As a prophylaxis against metastases, it is given over a prolonged period. This consists of 1 tablet daily for seven days, monthly following treatment of the primary tumor the first year, then every other month in the second year and last, every third month in the third year. In viral diseases, it is most successful if treatment is initiated as soon as possible using 2x3 daily until several days after symptoms have subsided.

MSM (Methylsulfonylmethane): When administered rectally, there is a complete uptake of MSM that rapidly saturates the system and reduces symp-

toms. This process is delayed by oral administration. When administered rectally in a therapeutic dose (5000 to 10,000 mg) oral ingestion is recommended at 500 mg to 1500 mg per day per fifty pounds body weight and 5000 per day in inflammatory conditions. Dissolve in 2 ounces water. This may be combined with the Reflorastation and Quinton Marine Plasma.

Probiotics: Reflorastation is the rectal retention infusion of probiotics. The proprietary formula developed over the twenty years of my research in probiotic infusions contains 50 billion CFU (colony forming units) of 20 varieties of probiotics. A healthy person can derive value with a twice-yearly application. MSM and/or Quinton Marine Plasma may be combined with the Reflorastation.

In cases of diarrhea, use daily until there is relief, then once weekly for 3 weeks. When diagnosed with clostridium difficile, ulcerative colitis or Crohn's, five weekly applications are suggested. Use as needed when there is a flare-up of symptoms.

In chronic health cases, once per week or once per month is suggested. Each time the probiotics are administered, it boosts the immune system, as well as giving support to the liver, kidneys and upper GI tract. When using other retention infusion (such as coffee or garlic), wait one day after the refluorastation to begin these. When using greens, apply separately, waiting at least one hour between infusions.

Do not underestimate the value of rectal infusions of probiotics. Healthy microbiota is essential for vitality. Reflorastation brings the environment back to healthy. This should be the foundation for colon health, with the other modalities selected on an as-needed basis. Periodically reinforce the colon with Reflorastation when using any of the other treatments. Health begins in the colon and a rich supply of carefully selected bacterial strains can be life saving.

Conclusion:

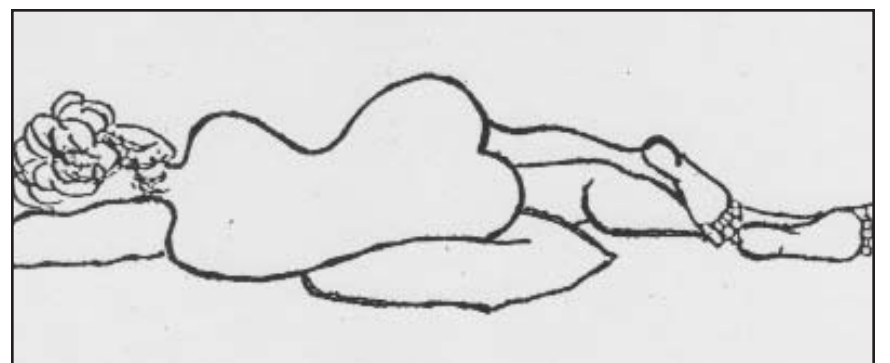
As holistic practitioners, it is important to remember the benefits derived through utilization of the large intestine's ability to assimilate. When one is chronically ill they often become their own practitioner for treatments and procedures. Once one comprehends the value of this organ, it becomes a pathway for regaining health.

About the Author

Victoria Bowmann, PhD is a health professional in private practice in Phoenix AZ. She earned her Ph.D. in homeopathy and natural medicine in 1999 from Westbrook University in Weirton WV and a doctorate in homeopathic medicine in 1995 from the British Institute of Homeopathy in London. She is the author of *You Gotta Have GUTS: The Natural Way to Enhance GI Health*. Please visit: www.MyRealHealth.com.

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Illustration 4



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“Morgellons” ...cont’d from pg 5

employees of CDC, Mayne noted that among the authors there should have been dermatologists, microbiologists, neurologists and psychiatrists, but he said there were not. "Persons with degrees of BA and BS examined the slides." He also noted that unlike DOP, Morgellon's is progressive and involves multiple organs. Fibers can be readily viewed using a Dermatoscope at 60x power. Dark specks which are often readily seen in the skin of a Morgellon's patient are revealed to be twisted matted fibers when viewed with a microscope at 500x power. The authors, he said, also ignored Lyme neuroborrelio-

sis, citing that 60% of patients had cognitive impairment. The cost was \$600,000 of taxpayer money to examine the final number of 42 patient charts. Tongue in cheek, Mayne proposed a new diagnosis he terms "DOD" or Delusions of Doctors! The chuckle throughout the audience attested to their appreciation of his humor!

Mayne outlined differential diagnoses he considers in his Australian clinic and pointed out some dire consequences of failure to diagnose correctly. Itchy skin must not be taken lightly, as sometimes it is an early sign of Hodgkin's lymphoma, and failure to recog-

nize it could lead to a worsening condition. He showed very clear slides of fibers seen in his practice, noting that some originate in the hair bulb. In this case laser hair removal may help by stunning the hair bulb into telogen, the resting phase. He sometimes prescribes combinations of Biltricide, Albendazole and Ivermectin for 3 to 4 days, as well as traditional antibiotic treatment for Lyme disease. For the tough keratinous tissue he offers salicylic acid or benzoic acid.

Randy Wymore, Ph.D., Associate Professor of Pharmacology & Physiology, Oklahoma State University Center for Health Sciences,

Tulsa, OK and Director of the OSU-CHS Center for the Investigation of Morgellon's disease, reported on his ongoing research involving analysis of the fibers by technical means such as DNA extraction, PCR and gene sequencing performed on numerous samples. He reviewed the history of the CDC's noninvolvement with Morgellon's disease, and similarly evaluated the "unexplained dermatopathy" project in Northern California saying that the study had examined no Morgellon's patients! He had been involved in examining the raw data in Atlanta in September 2009 in the company of six "experts". He

had not seen the report until it was finally released to the public in January 2012, concluding that Morgellon's does not exist. Wymore noted that the neurological symptoms are more serious and less obvious than the skin symptoms. He believes the fibers are made of chitin and beta glucans. Very tough, they are unaffected by hydrochloric acid, undiluted bleach, nitric acid, or ammonia. He suggested that future focus on molecular composition may yield clues.

“Morgellons” ...cont’d pg 10

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“Morgellons” ...cont’d from pg 9

Cindy Casey-Holman, Executive Director of the Charles E. Holman Foundation, presented a paper by Elizabeth Rasmussen, PhD in Clinical Psychology with post-graduate education in microbiology and immunology from University of Wyoming. Dr. Rasmussen's paper cited the CDC's refusal to deal with this serious emerging disease, noting that CDC "has continued to psychopathologize patients suffering from a progressive and very painful physical illness."

Greg Smith, MD, FAAP, Gainesville, Georgia, practiced General Pediatrics for 28 years before becoming disabled by the systemic and neurological symptoms of Morgellon's disease. He cautioned the audience not to become impatient because careful research takes a long time. The manifestations of Morgellon's disease can cause neurological and psychological changes. Research is proving the illness is an infectious disease and not merely a "mental" issue. He encouraged patients and their families to be patient and supportive while the wheels of research turn however slowly. Chronic fatigue syndrome and fibromyalgia are no longer considered as simply psychological problems, and Morgellon's disease will get its turn as the peer-reviewed research reports are published.

Amelia Withington, MD in Psychiatry and Neurology at Crozer-Chester Medical Center, Upland, PA, is both a clinician and a Morgellon's patient. Surely if the psychiatrist has the disease, it must be "real!" Affectionately called "Amy", she gave an inspiring talk about one case study in her practice, noting that doxepin cream can help the scalp itching as it has some antihistamine effect. For tinnitus she often prescribes ciprofloxacin and magnesium, she says, to prevent calcification. For arthritic symptoms she sometimes prescribes hydroxychloroquine or Plaquenil. Joyful and delightful, Amy brightens up any room with her laughter.

Attendees relaxed before the lunch break to the skillful guitar playing and vocals by Austin Gould, presenting a Morgellon's Musical Interlude, a Tribute to Charles "Chas" Holman who was his uncle. Austin had us all laughing as he performed the humorous ditty, "Doctor, doctor, won't you tell me what's the matter with me?"

Carsten Nicolaus, MD, PhD is Chief Medical Director of the BCA Clinic, a treatment center for tick-borne diseases in Augsburg, Germany. His wide background in Emergency Medicine, Family Practice, Geriatric & Preventive Health Medicine, Vascular Medicine and P.A.I.N. Therapy complemented by Acupuncture and Neural Therapy has contributed to the development of his comprehensive treatment plans

for all tick-borne disease patients including Morgellon's patients. In his Augsburg Clinic he provides holistic care, involving treatment for body, mind and spirit with additional therapies to complement antibiotic medications and supplements. He reports great success with this approach called Integrative Medicine.

Traditional diagnostic tools are utilized, beginning with a complete history, lab tests, ultrasound of abdominal organs, SPECT scans, and sometimes MRI to provide organ system information. A 15-item questionnaire is completed by the patient, and a checklist is filled out to address possible co-infections. A complete physical examination is performed along with a dermatological exam with a Dermaskop, and EKG to check for cardiac function. With chronic pain, the differential diagnosis involves exclusion of rheumatic and/or autoimmune diseases. All patients are tested for Lyme disease, with 70% to 80% positive laboratory results. Although he acknowledges that the ELISA test is only 50% accurate, by law he must use it, but he also uses the more reliable CD 57 test and Western blot.

Co-infections can result from a single bite, or be induced later after chronic Lyme has developed. Bacterial co-infections are found in 85% of his patients, to include Ehrlichiosis, bartonella, babesia, rickettsia, Chlamydia pneumonia, mycoplasma and Yersinia. Viral co-infections are present in 70%, to include EBV, CMV, HSV Coxsackie, Toxoplasmosis, Parvo B 19 and XMRV.

He likened the development of treatment plans to the building of a house, with the history, physical and lab findings being the foundation. Pillars of support are antibiotics, diet change, dietary supplements, pain management, exercise and physical therapy, stress identity, stress reduction, and counseling. The roof is recovery with success of the therapies applied.

The goals of alternative naturopathic treatments are to eliminate the unknown Morgellon's organism and Lyme borrelia, to change the diet in chronic infectious disease to restore homeostasis in the body, to provide supplements to address dietary insufficiencies, to increase tolerance to pain while lowering pain level, to enhance the immune system by balancing Th1 and Th2, to improve mood, and to address polyneuropathy and neuralgia.

His treatment protocols are similar to those used in the USA, including antibiotics, antihelmintics and antimycotics. Among the wide variety of appropriate medications he prescribes are Zithromax, doxycycline, and the antimalarial Artemisia annua. For a dewormer he often pre-

scribes Vermox, and for arthritic involvement Minocycline. He stresses that these are only a few among the many medications available to him for consideration.

The aim of his herbal treatment is to eliminate parasites, minimize side effects of the antibiotics with homeopathic remedies and vitamin supplementation, build up the immune system, restore homeostasis, reduce therapy duration, and optimize successful treatment to complete recovery.

He has developed specific protocols for the use of herbal remedies which he reports are very successful. His "BCA Teasel Plus" includes teasel root, Eastern black walnut, yellow sage, nasturtium, Artemisia, Jiaogulan and others.

His "BCA Detox Core" involves milk thistle, ground elder, nettle, coriander, calendula and others. He is consulting with Professor Meickert of the Technical University of Munich, Head of the Department of Naturopathic Medicine, to review and hopefully approve his protocols within the near future. He states that Morgellon's is not yet accepted in Europe as an infectious disease, but he is hopeful that research over time will alter this situation.

Cindy Casey-Holman, RN, Executive Director of the Charles E. Holman Foundation, led the Question and Answer session following Saturday's last presentation. Answers were provided by the entire panel of speakers as well as Cindy herself. Her husband Charles was her staunch supporter until his untimely death in 2007. Cindy has nearly 20 years of experience in critical care and specialty training in open heart surgery and organ transplants. She held a position as staff nurse and relief charge nurse in the Medical Specialty Intensive Care Unit at California Pacific Medical Center in San Francisco for 16 years prior to becoming disabled with Morgellon's disease in late 2005.

Questions from the audience covered a wide range of topics from degree of contagion to effectiveness of various treatment methods. It was stated that the disease can be transmitted from mother to child, and is believed to be transmitted also via male semen. It was noted that the family usually shares a similar environment, hence environmental factors may be involved. It is believed not to be highly contagious, with an example given of a nursed infant who did not get Morgellon's from its infected mother.

The answer to the question "Are fibers found inside the body?" was "Maybe in heart, lung, liver and kidney, and yes, certain-



ly in the gut."

A concern about mercury amalgams prompted the response that mercury is definitely not the "cause" of Morgellon's, but that removal of amalgams is advised to ensure a patient makes progress in his treatment plan.

A question about the feasibility of hyperbaric chamber treatment revealed a difference of opinion among the panel members, with one wanting to try it, and another saying it had been found to be not of significant help, with only 30% improving. Infrared dry sauna was advised for 30 minutes at 85 degrees F. to enhance detox to improve joint and musculoskeletal symptoms.

One panel member mentioned that persons with the fibers may experience difficulties working with electrical equipment, presumably due to the electrical charge of the fibers affecting electrical conductivity.

Another panel member mentioned that Loma Linda Veterans' Hospital treats Morgellon's disease. Saturday's presentations at the Westoak Woods Baptist Church were followed by a delightful dinner at the Tres Amigos Restaurant where patients, researchers and clinicians all mingled to sing a bit, tell a few jokes, take photographs on their ever-present cell phones, and again laugh a lot!

The presentation Sunday afternoon, March 25 from 1 p.m to 4 p.m. at the Wyndham Garden Hotel Conference Center featured Keynote Speaker Ginger Savely, Doctor of Nursing Practice, TBD Medical Associates, Washington Center for Complementary Medicine in Washington, D.C. Patients come to her from all over the world citing her vast experience in treating thousands of Lyme disease patients and over 500 Morgellon's disease patients. Just as no two people are exactly alike, no two cases of Morgellon's are exactly alike.

Some people never notice the sometimes nearly invisible fibers, but report extreme discomfort from gravel-like particles within the lesions. Some people are more bothered by the thickened tough skin that has lost its flexibility and sense of touch due to a wart-like growth that spreads widely. Neurological manifestations can also be a part of the dis-

ease with headaches, cognitive dysfunction, tremors and/or muscle spasms. Dr. Savely notes that she uses a wide variety of treatments drawing from her years of treating Lyme disease. Because patients are desperate for a "cure" they often try just about anything...if it can't hurt, if it might help, and if it's not too expensive for one's pocket-book, Dr. Savely usually says, "Go ahead and try it." For two weeks, almost any new topical or oral medication tends to improve the condition, but only temporarily. After a time, the Morgellon's comes back with a vengeance. The search is on for a treatment combination that will actually reverse the condition. As a Certified Applied Clinical Nutritionist Dr. Savely prescribes a broad range of supplements to enhance the "terrain" and be certain optimal nutritional needs are met. She discourages refined sugars in the diet, along with white flour and "junk" foods, noting that our bodies need fresh fruits and vegetables, high quality protein, and healthy oils found in avocados, olive oil and nuts such as walnuts.

A practical "hands-on" interactive session followed her presentation, with opportunities for the audience to visualize skin manifestations using hand-held 60x lighted mini-scopes. Door prizes raised the excitement level as many of the mini-scopes were presented to the audience. The highlight of Sunday afternoon was the viewing of the Japanese Morgellon's disease documentary film which aired in Japan on January 28, 2012 on Fuji Television Network's prime time program entitled "Science Mystery." An English translation was narrated by Amelia Withington.

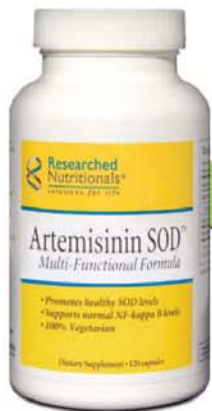
Cindy Casey-Holman was an integral part of the development of this documentary, having worked closely with the Japanese producer, who was present to take a bow.

The fun continued into the cocktail hour and extended over to a delicious dinner and stimulating conversation across the large round table as no one seemed anxious to conclude the social opportunities afforded by the very successful 5th Annual Morgellon's Medical Conference. *pha*



Due to the efficacy and the science behind the products, these are my favorites
- Joseph J. Burrascano Jr. M.D.

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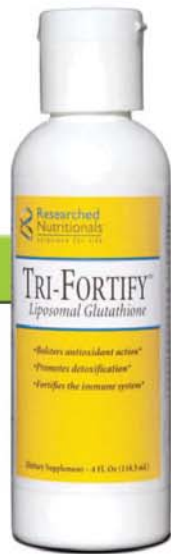
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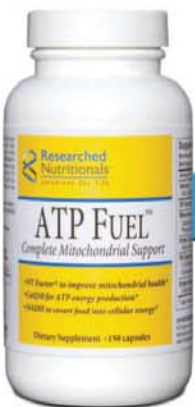


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**Research Available Online

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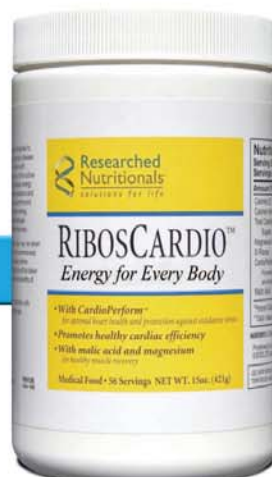
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Product	Features/Benefits*	Who Benefits?*
ATP Fuel™	Optimized energy for serious mitochondrial needs Focuses on repairing mitochondrial membranes and increasing Krebs Cycle energy output Offers the top three energy nutrients and cofactors (NT Factor Energy™ phospholipid delivery system, CoQ10, and NADH) synergistically combined for maximum mitochondrial performance and energy production	Those with compromised mitochondrial function Patients with suboptimal energy levels Athletes undergoing significant physical stress
CoQ10 Power™ 400mg	Recharges the energy system in the heart and the mitochondria Potent antioxidant which promotes healthy cardiovascular and dental health Highest grade and strength in one absorbable softgel	Those with low CoQ10 levels Patients on statins (cholesterol lowering medications), because statins deplete the body's supply of CoQ10, leading to a reduction in energy levels
Energy Multi-Plex™	Non-glandular adrenal support formula, developed to support (but not to over stimulate) adrenals 14 researched nutrients synergistically combined into one formulation	Those needing to nutritionally support adrenals, a condition common among patients facing long-term health challenges
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**Research Available Online



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NutraMedix was founded in 1993 and currently has facilities in Jupiter, Florida, USA and in Shannon, Ireland supplying highly bio-active nutritional supplements to health care professionals and consumers.

From the beginning, NutraMedix has operated with a unique business model. First, the owners and management work diligently to operate a company according to Biblical principles— with honesty, integrity, value and respect for all people. Its corporate environment is one that works to serve both its customers and its employees, producing one of the best customer service teams in the industry. Second, NutraMedix was founded with the goal of using a significant amount of its proceeds to support orphans, widows, Christian pastors and missionaries in economically distressed parts of the world. So as a customer, you are not just purchasing high quality nutritional supplements, you are helping us give back to people in need all around the globe.



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The owners of NutraMedix have been involved in international Christian ministry since the 1980s. Prior to starting the company in 1993, our Founder and President was a missionary pilot serving tribal groups in Peru. The Kairos Foundation was created in 1995 to fund projects that address both the physical and spiritual needs of people in some of the most disadvantaged areas of the world. The foundation provides ongoing financial support for organizations operating in Africa, Asia, Eastern Europe, North America and South America.



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