Take out a microscope and look into the mouth of a sickly kitchen cabinet right underneath the pinhole leak in the water supply line. Is there something growing in the water damaged area? You may see a slimy growth ofMENTS from the MOLD FRONTIER.

Mean Surviving Lyme?

Within? No, they aren’t. Don’t inflammatory stressors from helped people with chronic illnesses our buildings. You will see why construction in schools, homes and basements, crawlspaces with microbial growth like musty leaky pipe some other sources health hazards created by a percentage of the general population have become the enemy if levels of inflammatory response can invasion of these foreign anti-immune functions going nuts exceptibility, you will see innate pounds in the nose or lung of in tests of innate immunity. As it turns out, about 25% far as our immune response is fragments and beta glucans; toxins, inflammagens, cell wall metabolism. Call the products plenty of places to breed safely food, plenty of moisture and all day, every day, year round. fungi. Free food! This habitat extracellular feasting on the simple food and actinomycetes. They are something growing in the water supply line. Is there underneath the pinhole leak in the kitchen cabinet right underneath?

NOTES FROM THE MOLD FRONTIER.

Take out a microscope and look into the mouth of a sickly kitchen cabinet right underneath the pinhole leak in the water supply line. Is there something growing in the water damaged area? You may see a slimy growth of moulds (AKA molds), but look too at the bacteria and yeasts and molds. They are feasting on the simple food stuffs created by the extracellular digestive enzymes of the fungi. Free food! This habitat is a nice warm 65-72 degrees all year long and moldy. Microbe paradise! Plenty of food, plenty of moisture and plenty of places to breed safely means plenty of microbial growth and plenty of secondary products of microbial metabolism. Cell the products toxins, inflammagens, cell wall fragments and beta glucans; they are all foreign antigens as far as our immune response is concerned. And they all cause intense inflammatory responses that are well-documented in tests of innate immunity. If you put those compounds into the mouth of someone “with increased susceptibility,” you will see innate immune functions going nuts trying to defend against the invasion of these foreign anti-gens. An intense inflammatory response can become the enemy if levels of inflammatory stressors are at maximum levels. The acute inflammatory response can cause the enemy if levels of methane- producing anaerobic bacteria (MSH) are low or if there is a particular collection of immune responses under pressure. As it turns out, about 25% of the general population have these specific immune response genes (H LA DR).

Add to this example of health hazards created by a leaky pipe some other sources of water intrusion that begit microbial growth like musty basements, crawlspaces with sagging flexible duct work, leaky roof and sliding con- struction in schools, homes and workplaces. You will see why in 2011 NIOSH says that 50% of our buildings in the US are water-damaged.

Do you think that people with chronic illnesses are being subjected to so many inflammatory stressors from within? No, they aren’t. Don’t forget, those chronic illnesses are altered in presentation and therapy by such exposure to toxicigenic microbes.

This entire mold problem is gone unaddressed. There are numerous reports from US agencies (some are just straight deceptive, how- ever; don’t believe it when you hear that mold is a nice warm fuzzy place to call home). People make people sick unless they eat it! The Government Accountability Act has been a great success in the world of Mold. The World Health Organization all describe how moldy buildings sicken people. There are hun- dreds of academic papers pub- lished showing the diversity and intensity of the inflammato- ry responses found in people sickened by exposure to the interior environment of water damaged buildings (WDB) even without other illnesses. We have accurate diagnostic tests and our meticulous research has defined the abnormal physi-ology carefully. Such delin- eation led to published treat- ments that detail the step by step protocols used successfully by our group (and countless others) to treat these patients. We don’t done; these illnesses continually show us that there is still much to learn.

Parallel the march of science into the "mold" communi- ty has been a similar call in the Lyme community: to (1) establish diagnostic tests, (2) identify accurate physiologic markers that define the disease, (3) define a clear case control data on proto- cols (not anecdotes) that characterize the disease, (4) define parameters in the mold world but they are not acknowledged by the current reference laboratories. Indeed, some practitioners who focus on Lyme still don’t acknowledge the devastating effect of exposure to the interior environment of WDB has on their patients. Lyme isn’t just a Lyme when a patient is moldy too. And to secure the diagno- sis of Lyme, the illness must pass intact and unchallenged through the sieve of all other illnesses, including mold.

Mold illness is essentially identical to Lyme in symp- toms and chronicity. This observation is critical to under- standing why some Lyme patients just don’t get better with antibiotics. There can be no "diagnostic confirmation" simply because on the set of time at onset of illness or symptoms until mold has been considered and ruled out by careful environmental evalua- tion and sampling that includes DNA sampling. Mold illness doesn’t get better with antibiotics.

Maybe some perspec- tive will help understand treat- ment to the many patients suffering needlessly who are using antibiotics for Lyme that haven’t worked. The starts with genetics, to the management of illnesses through the sieve of all other parameters aren’t improving with a given ther- apy, the therapy isn’t correct. Clearly, what many physicians who treat mold illness use for therapy has direct application to the management of illnesses collectively called Post-Lyme Syndrome. The reader may find complete discussions and up-to-date information on mold ill- ness at www.survivingmold.com and by reading Surviving Mold: Life in the Era of Dangerous Buildings, by Ritchie C. Shoemaker, MD, published 12/2010. Another useful resource, the peer-reviewed consensus statement, “The Expert Mold Testing and Remediation Report,” hosted by Policyholders of America (see www.survivingmold.com or www.policyholdersofamerica.com and published in 2010). This consensus statement has the most complete set of refer- ences of any of the current mold reports. Additional infor- mation is found at www.glob- alenvironmentalhealthnetwork.com.

What is “Mold Illness”?

Long answer: The acute and chronic health conditions caused by exposure to the inte- rior environment of a building with a history of, or ongoing, water intrusion in which there is ample growth of microbial metabolites, including but not limited to fungi, bacteria, mycotoxins and actino- mycetes, and presence of inflammatorms in air and dust, including but not limited to beta-glucans, endotoxins, mycotoxins, mannans, pro- teinases, hemolysins, microbial volatile organic compounds (mVOCs) and spirocyelic cli- manes. The illness is readily identified by a combination of health symptoms, visual con- trast sensitivity (VCS) deficits and abnormalities shown in blood tests performed by high complexity, CLIA-approved lab- oratories. These tests are eligi- ble for insurance coverage and are all available to practicing physicians (see www.surviv- ingmold.com at the laboratory sec- tion).

Short answer: this is an incredibly common Chronic Inflammatory Response Syndrome from Water Damaged Buildings (CIRS- WDB). The lesson for the Lyme community is that Post-Lyme is a CIRS too.

The US Government Accountability Office (GAO) conducted and published its own review of governmental agency efforts to look at CIRS- WDB. What they found wasn’t pretty: no rigorous science, no coordination of research efforts and no involvement sought by agencies of people who actual- ly treated the illness. At least the GAO provided an overview of the inflammatory basis of the illness and a case defini- tion. That definition superseded the one published by our group in 2003. The GAO looked for three elements: (1) similarity of symptoms of a given individual to those pub- lished (see roster of symptoms in Table 1) and (2) a similarity of lab abnormalities seen in published studies involving experimental animals and peo- ple (see roster of lab abnormal- ities in Table 2). Finally, the (3) GAO wanted to see improve- ment with treatments. The GAO reserved special criticism in 2009 for the American Academy of Allergy, Asthma and Immunology (AAAAI) that is routinely used by defense interests in mold litigation. In July 2009, the World Health Organization (WHQ) weighed in with a far more comprehensive overview of the diverse potential sources of inflammation found inside WDB.

The mold world is domi- nated by litigation, with out- comes of personal injury cases resting on decisions made by judges across the country that have a marked diversity of interests in the science involved in mold illness. The defense in these cases can only cite one or two papers that purport to show that mold ill- ness can’t possibly exist, espe- cially the 2002 and (now 2011) consensus statement from the American College of Occupational and Environmental Medicine... “Mold... cont’d pg 3
Life after Lyme is possible! Dawn Irons and her Aunt Dr. Conner have both turned a horrific illness around through the power of prayer and persistence. The two have developed a condition that has been identified as multiple sclerosis, but Dawn has been able to turn her life around through the power of prayer and the support of her family and friends. Dawn has been given a tentative diagnosis of Lyme disease, but she is determined to fight back and is already seeing improvements.

The two have been working with doctors and researchers to develop new treatment options for Lyme disease. They have also been working with other Lyme disease patients to share their stories and raise awareness about the importance of early diagnosis and treatment. Dawn and her Aunt Dr. Conner have both been able to turn their lives around through the power of prayer and persistence. They are an inspiration to others who are struggling with Lyme disease and other chronic illnesses.

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same docs who so often opine never hurt a fly. In fact, the opinions of those who pay physicians who would tightly coordinated use of well-designed studies (available at UCSF) involved a Tobacco Legacy Library documentary for years (see the same website). Not surprisingly, the same community for fomenting tick-borne disease like Lyme are in construction defect mold cases. It goes on, though I haven't heard of $22 million judgments against the deer and mouse community for fomenting tick-borne disease like Lyme. Unfortunately for some, the same website). Physicians affiliated with our group, for example, use the same template to collate and share data in an organized fashion. Until the Lyme community can attain the same research collaboration from treating physicians, with many clinicians involved in publishing peer-reviewed papers based on hard data and solid statistics, the argument against Post Lyme Syndrome will continue to be a one-sided battle of university physicians with academicians and laymen (and an agenda) versus anecdote (but also with their own agenda). Organized data collection would end the arguments but even though I hear of attempts to bring such organization to the variety of long-term studies on Lyme disorders out there, there is no position paper with authoritative references in favor of long-term antibiotics in Lyme patients not healed by three weeks of antibiotics. Even the studies of long-term antibiotics in Lyme don’t sort the benefit of antibiotics alone by HLA haplotype (see below for why this lack of recognition is a major oversight). I recently looked over some of the opinions I wrote in 1999 and 2000 for the Dr. Brandeis’s LISTSERV and noted that mental illness (mmi) calling for organized data collection; nothing has changed. No organized data collection is ongoing that has led to publication of multiple data-driven papers. What is a CIRS-WOB7? (And what implications does this entity hold for Post-Lyme patients?)

The innate immune system directly influences responses seen in both mold illness and Lyme disease. The host defenses are constantly prepared for battle with foreign antigens. Antigen detection is performed by specialized cell membrane-based receptors (Toll, c-linked lectin, dectin, etc). When activated set off inflammatory responses characterized by release of pro-inflammatory cytokines and complement. Such inflammatory responses have critical role in innate immune activation and suppression such that the exact time course of acute exposure/disease acquisition can be identified as a sequence of activation of innate immune response.

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**Public Health Alert**

**Mold**... cont’d from pg 1

(ACOEM). This trivial con-trivance has no data, no science and nothing even close to facts in it, and the newer version added no new information and no new references despite the passage of nine years (see ACOEM: Plays and Lies at www.survivingmold.com) yet there it is at every mold case, portrayed as the best science in the world. Unfortunately for the defense, however, the collusion and bastardization of science that underlies ACOEM was exposed by Dr. James Craner in 2008 (see link on www.survivingmold.com) and the Wall Street Journal in 1/2007 in an expose’ written by David Armstrong (see link on the same website).

These battles sound eerily similar to what goes on in the Lyme world: the basic battle of patients and their physicians versus entrenched university types with their numerous conflicts of interest goes on, though I haven’t heard of $22 million judgments against the deer and mouse community for fomenting tick-borne disease like I see in construction defect mold cases. Not surprisingly the same strategies manipulated by Big Tobacco for years (see the Tobacco Legacy Library document at UCSF) involved a tightly coordinated use of well-paid physicians who would opine that cigarette smoking never hurt a fly. In fact, the same docs who so often opine that mold won’t hurt a fly either are the same ones whose opinions were used by Big Tobacco to hide the truth about health risks associated with using tobacco.

Actually, few of the physicians involved with mold cases are “insurance company worrywarts.” The research interests in the mold community are broadly based with good science being published constantly. International meetings help researchers share peer-reviewed papers on a regular basis. Physicians affiliated with our group, for example, use the same template to collate and share data in an organized fashion.

Until the Lyme community can attain the same research collaboration from treating physicians, with many clinicians involved in publishing peer-reviewed papers based on hard data and solid statistics, the argument against Post Lyme Syndrome will continue to be a one-sided battle of university physicians with academicians and laymen (and an agenda) versus anecdote (but also with their own agenda). Organized data collection would end the arguments but even though I hear of attempts to bring such organization to the variety of long-term studies on Lyme disorders out there, there is no position paper with authoritative references in favor of long-term antibiotics in Lyme patients not healed by three weeks of antibiotics. Even the studies of long-term antibiotics in Lyme don’t sort the benefit of antibiotics alone by HLA haplotype (see below for why this lack of recognition is a major oversight). I recently looked over some of the opinions I wrote in 1999 and 2000 for the Dr. Brandeis’s LISTSERV and noted that mental illness (mmi) calling for organized data collection; nothing has changed. No organized data collection is ongoing that has led to publication of multiple data-driven papers.

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**Primary Testing Panel:**
- *Borrelia burgdorferi*
- *Borrelia afzelii*
- *Borrelia garinii*
- *Borrelia hermsii*
- *Borrelia parkeri*
- *Borrelia valaisiana*
- *B. burgdorferi alobargi*
- *Baxryania hyodysenteriae*
- *Enrichia ewingii*
- *Francifella tularaenensis*
- *Anaplasma phagocytophila*
- *Rickettsia spp (9 species)*
- *Treponema pertenue*
- *Treponema pallidum*
- *Treponema denticola*
- *Treponema carateum*
- *Treponema pedis*
- *Rickettsia spp (9 species)*
- *Borrelia burgdorferi ssp (9 species)*
- *Treponema pertenue*
- *Treponema pallidum*
- *Treponema denticola*

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**Public Health Alert**

**www.publichealthalert.org**

Page 3
Imagine the feeling of achievement for finally getting that cut healed.
Imagine the feeling of having to constantly take handfuls of medicine when you’d rather have sleep.
Imagine the feeling of someone saying, “I’m with you and I’ll stay with you as long as this takes.”
Imagine a day when you’re finally well.
Imagine the hope that some day you’ll be “normal” again, and the fear of “what if you’re not”
Imagine not being able to behave and lashing out.
Imagine wondering what’s wrong with you and thinking you must just be stupid.
Imagine being truly happy to be alive.
Imagine the feeling of someone saying, “I’m with you and I’ll stay with you as long as this takes.”
Imagine a day when you’re finally well.
Imagine a sadness that seems to take over your whole being.
Imagine being scared and confused because you don’t know why.
Imagine the torture of a good day... imagine the day you were well.
Imagine the hope that some day you’ll be “normal” again, and the fear of “what if you’re not”
Imagine having to go to the doctor again...and again.
Imagine the feeling of someone saying, “I’m with you and I’ll stay with you as long as this takes.”
Imagine being with your friends and having a tantrum and not knowing why.
Imagine being stuck on the couch on ball day in gym class.
Imagine being with your friends and having a tantrum and not knowing why.
Imagine the feeling of a flu from your buddy.
Imagine falling off your bike, brushing off your scraped knee and going back for more.
Imagine the energy and joy of that child at play.
Imagine missing out on your field trip with your buddies anymore.
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In September, 2004, I became disabled by chronic illness involving Lyme disease. I quickly learned that conventional medicine offered little to help me out of the mess and multiple dysfunctions that this disease and all of its co-morbid conditions caused. This began my unfruitful as a medical researcher, which later became official with the release of my two Lyme disease books, the second of which is entitled, Insights into Lyme Disease Treatment: Thirteen Lyme-Literate Health Care Practitioners Share Their Healing Strategies (www.lymeneights.com). This book has been a bestseller within the Lyme disease community since its release in September 2009.

I wrote Insights into Lyme Disease Treatment because I realized that people with Lyme disease often knew more information about how to treat Lyme diseases than doctors (which were not those in conventional medicine). Indeed, this self-empowerment turned out to be a valuable resource for many people, who, like me, spent years searching for accurate, valid information on how to treat and cure themselves from Lyme infections. Because of its success, I decided to apply a similar strategy to a doctor interview book to cancer and interview cancer doctors. As with Lyme disease, cancer is controversial, and its treatment complicated. Furthermore, political and pharmaceutical interests have heavily influenced the availability of accurate information, as well as effective treatments. There are many doctors out to find better treatments, which I was sure were out there.

The Cancer Treatment books provide excellent information on alternative cancer treatments, perhaps the most comprehensive comparative overview of different cancer treatments approach the topics and outcomes information on those approaches. Suzanne Somers’ book, Knockout, is one doctor interview book that has done this and which contains very useful information. However, it is written in an interview format, and I wanted to provide people with a book that read like a text book written in conventional language and which incorporated a broader range of treatment approaches and outcomes into its chapters. When people can compare and contrast different doctors’ treatments and get a feel for how those doctors approach cancer and their patients, it can help them to make better treatment decisions.

As I set out to interview cancer doctors, I was determined to find those who were having good success at treating cancer (success being defined as being able to remission or turn their patients’ cancer into a condition that is successfully managed like a chronic illness. Indeed, it is possible to live a long, productive, symptom-free life with or without a tumor in the body. The Problem with Conventional Cancer Treatment

Medical politics and pharmaceutical interests have heavily influenced the kinds of medicines used to treat people with cancer. Conventional treatments, such as chemotherapy, immunotherapy, and surgery, are usually the only options initially offered to cancer patients, but they aren’t always effective.

While these treatments have been shown to be effective at handling a handful of cancer, for most types of cancer, their track record has been dismal. In Defeat Cancer, Robert Eslinger, DO, states that: “From 1998-2003, 222,000 people with all types of cancer were studied, and it was found that only 21.7 percent of them were still alive after five years. All had done full dose chemotherapy.” (Journal of Oral Oncology, 2004). Estiller adds that more than 250 billion dollars have been spent on cancer research over the past 60 years, and yet the cure rate for cancer hasn’t improved much since 1950. Conventional treatments for cancer have their morbidities and may offer no better for certain types of cancer, are often inappropriately prescribed, and are in the absence of a holistic approach that includes botanical, as well as pharmaceutical, and other therapies which augment the effects of anti-neoplastic (anti-cancer) therapies.

The Importance of Integrative and Alternative Cancer Treatments

Integrative, nutraceutical, and other types of “alternative” approaches otherwise may offer more effective solutions which have been proven in clinical oncology studies, and doctors’ experiences with their patients. (I put the word alter- native in quotes since I believe that labeling non-conventional treatments as such is a result of an unhealthy status.) In Defeat Cancer, the fif- th chapter (“Cancer...” cont’d pg 8)

Table 1. Mean, standard error (SE), and sample size of controls and cases by parameter: p-value from testing hypothesis of no difference between controls and cases.

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“Mold”...cont’d from pg 10

If you have a few acute Lyme patients who waited three days to start antibiotics specifically so that they could participate in this testing our research models. Their lab parameters demonstrate that this phenomenon as seen in those our mold patients, understanding that I have seen the disease of patients recorded in acute exposure data.

The inflammatory response following antigen detection also activates immuno- cells (professional antigen-presenting cells) to then engulf (phagocytose) the antigen and present it as a “bubble” inside the cell called an endosome. This endosome, if activated, will move to a lysosome where a specific molecular compound (ADH) will fuse with a protective antibody. Fusioning of the antigen/HLA complex occurs when antigen complex is processed in the endo- plasmic reticulum, finally lead- ing to presentation of the fin- ished antigen/HLA complex at the cell surface to a naïve T lymphocyte. If no blocking antibodies, activation of the T cell leads to presentation of the desired disease to the cell. From an antibody production. (See Figure 1), the Prognosis...
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Dr. Burrascano’s

2008

Lyme & Associated

Tick Borne Disease

Treatment Guidelines

“Please count me in as one of your readers who finds your publication valuable, well done, and offers information not readily available anywhere else. I too have learned from your articles, and have referred many to PHA. Bravo, and keep up the good work!” ~Dr. Joseph J. Burrascano

The Poison Plum is a gripping, chilling novel exposing the rampaging epidemic of Lyme disease now sweeping across America and the disease’s connection, if any, to the government’s top-secret biological research laboratory at Plum Island, New York.

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Public Health Alert www.publichealthalert.org Page 7
teen doctors that I interviewed describe their treatment protocols which have effectively helped many patients with can-

cer to live long, productive lives. Integrative medicine takes the best of conventional, natur-

opal, and other medical dis-
ciplies such as Traditional Chinese Medicine, to formulate pro-
tocols that treat the underlying cause of their illness rather than just its symptoms. These doc-
tors share the goal of treating their patients with whatever works, regardless of medical politics or other non-beneﬁcial inﬂuences.

Examples of Effective Alternative Cancer Treatments

All of the doctors in Defeat Cancer, their body has a way of treating their patients; but all utilize therapies that have been proven in clinical outcomes, and in their experiences with patients. Among the treatments described are:

1) Insulin Potentiation Therapy (IPT), which utilizes the hormone insulin to make chemotherapy and natural anti-
cancer substances more effective. By lowering the body’s blood sugar levels, insulin caus-
es cancer cells to starve and open up their cellular receptors so the body has a bet-
ter chance of getting its nutrition via blood sugar. Doctors can then administer chemotherapy, along with insulin, at one-
tenth of the normal full dose, and the chemotherapy will be more effective because the insulin has made the cancer cells more receptive to it. It also doesn’t destroy the immune system in the same way that full-dose chemotherapy does, so the body has a better chance of fighting the can-
cer. Many good doctors of inte-
grative medicine use IPT as part of a comprehensive, holis-
tic approach to healing.

2) Metronomic low dose cyclophosphamide, which is a novel immunotherapy agent that functions to destroy tumor blood vessels and stop angio-
genesis, or new tumor blood vessel growth. This can be very helpful to cancer patients because tumor blood vessels are essential for the growth of the cancer cells. Metronomic low dose cyclophosphamide has been shown to be effective in many types of cancer, including breast, lung, and prostate cancer.

3) Antineoplastons, which are naturally-occurring peptides and amino acids that the body makes to control can-
cer growth, but which can also be biochemically synthesized and used to aid the body in its fight against cancer. Antineoplastons turn off the activity of the genes in the body that cause cancer and turn on the genes that sup-
press it. Stanislav Burzynski, MD, one of the physicians in Defeat Cancer, writes about this worldwide for his work with antineoplastons. With these, he has been able to successfully treat severe leukemia cases; that is, he has a high percentage of his patients who have failed both chemotherapy and radiation and have been left with no hope. These people who were told that nothing else could help have been given a new lease on life.

4) Pancreatic enzymes. The early 1900s English scientist John Beard discovered that cancer cells look and behave like much placental cells, and he developed a theory that cancer cells and cancer cell growth. Nicholas Gonzalez, MD, in New York, has performed extensive use of pancreatic enzymes and has had tremen-
dous success in putting many patients into remission with this treatment.

5) Mistletoe, which is an anti-
cancer herb that has been used extensively in Europe to treat cancer. The extract of the mistletoe acts upon cancer in various ways: by preventing angiogenesis; directly killing cancer cells, and stimulating the immune system. It also reduces the side effects of conven-
tional treatments. The bio-

logical constituents of mistletoe which make it useful in cancer treatment include visco-
sides, alkaloids, and lectins.

6) Puerarin. According to Dr. John Beard, one of the interviewees in Defeat Cancer and a former physician at the Mayo Clinic, insulin and puerar-
in is an estrogen-blocking herb that is an excellent alter-

tive to Tamoxifen, a drug commonly prescribed to women with breast cancer.

7) Local and whole body hyperthermia, which is also a treatment that utilizes enzymes and has had tremen-
dous results in putting many patients into remission. It works by heating cancer cells, and stimulating the immune system.

8) Some and photodynamic therapy involves giving patients light-
sensitive substances (usually organic compounds called porphyrins, which are break-
down products of food and natural hormones that accumulate preferentially in cancer cells. Patients then lie on a light bed, which activates the light-sensi-
tive agents via light diodes and creates a chemical reaction that destroys tumor cells. Photodynamic therapy follows a similar principle, except ultra-

9) Low dose naltrexone, which has very powerful anti-
cancer effects. It stimulates apoptosis, lowers inﬂama-
mation, and improves immune function. Incidentally, this medica-
tion is frequently given to people who suffer from a vari-
ad of other morbid conditions and infec-
tions such as Lyme disease, a poor, emotional state, and unhealthy lifestyle habits.

The doctors then describe strategies for fighting the body of these toxins and other infec-
tions; healing trauma and rela-
tionships; balancing organs and systems that are out of alignment in the body.

10) Intravenous Vitamin C. In Europe, this vitamin is widely used in Europe. This vitamin C has a pro-oxy-

erant, rather than anti-oxidant, effect against cancer cells. One of the byproducts of Vitamin C

when it is broken down is hydrogen peroxide, which tumor cells don’t tolerate well. Fortunately, Vitamin C doesn’t break down until it reaches the fluid that surrounds cancer cells. Here, it kills cancer cells while leaving healthy tissue unharmed. Many studies have been published which prove the anti-cancer benefits of intra-

veinous Vitamin C.  

11) Immune-boosting sub-
stances, such as 1,3, 1, 6 beta glucans and thymus peptide extracts. Beta glucans derived from baker's yeast are known to be immune stimulants. These substances are used for stimulating the immune system and are very effective in treating immunologically-influenced cancers.

12) Other effective treat-
ments for cancer include:

- Melatonin, homeopathy, Poly-

myxin, fever and oxygen thera-
pies, as well as a variety of intravenous and oral nutritional and botanical substances.

- It’s Not Just About Killing Cancer Cells

In addition to the abovementioned therapies, all of the doctors in Defeat Cancer address other factors that cause or enable cancer to flour-

ish in their patients’ bodies. These factors include heavy metals, other toxins, conditioned environ-

ments, and other morbid conditions and infec-
tions such as Lyme disease; a poor, emotional state, and unhealthy lifestyle habits.

The doctors then describe strategies for fighting the body of these toxins and other infec-
tions; healing trauma and rela-
tionships; balancing organs and systems that are out of alignment in the body.

- Nutrition and herbal medicine.

Finally, people with can-
cer should know that there is no such thing as a "one-size-
fits-all" protocol for anyone who wants to conduct cancer in any other type of medicine. "Cookie cutter" protocols don’t work for most people. Everyone is unique and requires an individualized, cus-
tomized treatment approach by physicians experienced in inte-
grative cancer treatment.

Never Lose Hope

As I interviewed the ﬁf-
ten doctors represented in Defeat Cancer, I was inspired to learn how to heal chronic illnesses of any type.
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- IL-1, TNF-alpha, IL-6
- Cytokine stabilizes TGF-β receptor
- TGF-β upregulates HLA, lairs damage
- Production of IL-4 from mast cells

**Upregulated Cytokine**

- IL-6 from mast cells
- IL-12 from innate immune cells
- IL-18 from innate immune cells

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### Public Health Alert

**Immune & Detox SOLUTIONS**

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<th>Product</th>
<th>Features/Benefits</th>
<th>Who Benefits</th>
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<tr>
<td>Artemisinin SOD™</td>
<td>Pure Artemisinin with SOD Support</td>
<td>Patients needing to promote healthy SOD levels</td>
</tr>
<tr>
<td>Artemisinin SOD™</td>
<td>Features pure artemisinin for optimal immune support plus sucrose, quercetin, green tea, black walnut hull Promotes healthy SOD (opposite dismutase) levels</td>
<td>Patients seeking the purest, highest strength artemisinin available.</td>
</tr>
<tr>
<td>Prescript-Assist Pro™</td>
<td>Clinically researched probiotic, providing beneficial flora - the way nature intended - not from milk Contains no antibiotic or hormone residues No potential for lactose intolerance side effects Does not need to be refrigerated 100% vegetarian</td>
<td>Individuals searching for a clinically proven probiotic Anyone concerned with milk allergies or hormone-fed cows as the source of dairy sourced probiotics Patients on antibiotic treatment, which destroys both beneficial and harmful gut flora Travelers who want to maintain health while traveling</td>
</tr>
<tr>
<td>Transfer Factor Multi-immune™</td>
<td>Formulated with pure transfer factor and the most researched immune nutrients to promote healthy natural killer cell levels, fortify macrophage activity and healthy cell replication Clinically researched</td>
<td>Those looking for the doctor's favorite immune support formulation Promotes healthy immune system for those dealing with ongoing health challenges, as well as individuals striving to maintain overall good health Travelers who want to maintain health while traveling</td>
</tr>
<tr>
<td>Tri-Fortify™</td>
<td>Preferred reduced L-glutathione, the major intracellular antioxidant essential for detoxification Offered in an absorbable liposomal delivery system (liquid) Bliciters antioxidant action Promotes detoxification Fortifies immune system</td>
<td>Doctors often prescribe to promote healthy detoxification among those with impacted detoxification systems Any individual seeking to supplement the body's detoxification process</td>
</tr>
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### Energy SOLUTIONS

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<tr>
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<tbody>
<tr>
<td>ATP Fuel™</td>
<td>Optimized energy for serious mitochondrial needs Focuses on repairing mitochondrial membranes and increasing NADH energy output Offer the top three energy nutrients and cofactors (NADH Energy™ phospholipid delivery system, CoQ10, and NADH) synergistically combined for maximum mitochondrial performance and energy production</td>
<td>Those with compromised mitochondrial function Patients with suboptimal energy levels Athletes underpinning significant physical stress</td>
</tr>
<tr>
<td>CoQ10 Power™ 400mg</td>
<td>Recharges the energy system in the heart and the mitochondria Patent antioxidant which promotes healthy cardiovascular and dental health Highest grade and strength in one absorbable softgel</td>
<td>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</td>
</tr>
<tr>
<td>Energy Multi-Plex™</td>
<td>Non-iodineurals adrenal support formula, developed to support (but not to over stimulate) adrenal 14 researched nutrients synergistically combined into one formulation</td>
<td>Those needing to nutritionally support adrenals, a condition common among patients facing long term health challenges</td>
</tr>
<tr>
<td>RibosCardio™</td>
<td>Opens ATP pathways to speed up energy production</td>
<td>Favorite of athletes who add it to their water bottles before and during exercise Patients seeking healthy energy levels and who prefer a powder to capsules</td>
</tr>
</tbody>
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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.