Finally an Answer to the Most Common Medical Complaint - Fatigue

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*The author has no financial interest and no benefit to be gained from this contribution.

Abstract

The most common complaint of patients seeking medical care is fatigue. Fatigue occurs naturally during aging and in most degenerative diseases, as well as in infections and cancer. It is characteristic of the cellular damage by diminished mitochondrial function through loss of efficiency in the electron transport chain. Lipid Replacement Therapy administered using all-natural ingredients maintains membrane glycoporphospholipids and antioxidants can replace or prevent fatty acids and membrane oxidative damage and restore mitochondrial function when using patients with chronic fatigue have shown the benefit of Lipid Replacement Therapy in restoring mitochondrial electron transport function and reducing oxidative stress.

Introduction

Chronic or intractable fatigue sleep is the most common complaint of patients seeking medical care. Fatigue is an important secondary condition in many degenerative diseases and is a natural part of aging. The phenomenon of fatigue has been defined as a consequence of disease and clinical studies have determined the extent of fatigue in various medical conditions and its possible causes. Many diseases are associated with fatigue, including neurological, respiratory, coronary, musculoskeletal, metabolic and gastrointestinal diseases as well as infections and cancer. Most patients understand fatigue as a loss of overall energy and inability to perform even simple tasks without exertion. All cellular level fatigue is related to cellular energy systems found primarily in the mitochondria.

Damage to mitochondrial components, especially mitochondrial membranes, occurs mainly by oxidation, and this can result in a net loss of membrane storage across mitochondrial mem- branes and impair the ability of mitochondria to produce high energy molecules needed for survival and growth. During aging and chronic disease the production of oxidative molecules, such as Reactive Oxygen and Nitrogen species (ROS/RNS), can cause oxidative stress and cellular damage, resulting in oxidation of lipids, proteins and DNA. When circulatory, cellular, and molecular changes are structurally and functionally important to ROS/RNS damage is mitochondrial, mainly their phos- pholipid-containing membranes, as well as cellular and mitochondrial DNA.

One of the most important changes in tissues and cells during aging and in chronic diseases is the accumulation of oxidative damage due to ROS/RNS. ROS/RNS are oxidizing and reactive free radicals in oxygen and nitrogen-containing molecules, such as nitric oxide, oxygen and hydrogen peroxide, and other molecules. Critical targets of these cellular oxidants are the general cellular and cellular membranes, and in the case of cellular membranes oxidative damage affects lipid fluidi- ty, permeability and membrane function. Similar damage occurs in mitochondrial membranes due non-specific and diffusion mechanisms. Within mitochondrial lipids are transported from gut to endothermal cells, then excreted and transported in the blood circulation bound to lipoproteins and blood cells where they are generally protected from oxidation. Once in the circulation, specific lipoprotein carriers and red blood cells protect lipids throughout their transport via eventual pos- ition onto specific cell membrane receptors where they are internalized into cell endosomes and by diffusion.

After binding to specific cell surface receptors that bring the lipids into cells, lipid transporters in the cytoplasm deliver specific lipids to cells or to organelles where they are taken in by specific transport, reverse process that may be driven by lipid transfer proteins and by enzymes that recognize and degrade damaged lipids.

Oxidative Damage to Mitochondria and Chronic Fatigue

Excess ROS/RNS production can result in lifetime accumulation of mitochondrial and nuclear oxidative damage. On the other hand, cellular free radical-scavenging enzymes are important in preventing oxidative enzymes and enzyme repair mechanisms including antioxidant and free-radical scavenging systems. In addition to zinc and vitamins, there are at least 40 micronutrients that are essential to human life, and aging increases their need to prevent age-associated dam- age to mitochondria and other cellular components. Antioxidant use alone, however, may not be sufficient to maintain cellul- lar components free of ROS/RNS damage, and it can- not reverse the damage once it occurs. Thus, LRT is necessary to replace oxidative-damaged membrane lipids.

Dietary antioxidant sup- plementation has partially reversed the age-related declines in cellular antioxidants and mitochondrial enzyme activities and prevented mitochondrial damage from most age-associated functional decline. For example, in rodents fed diets supplemented with antioxidant the antioxidants were found to resist the progression of certain age-associated changes in cerebral mitochondrial electron transport chain and animals supplemented with lipids partially reversed the age-related decline in mitochondrial enzyme activities. These animal studies have shown that antioxidants can partially prevent age-associated changes. However, antioxidants alone cannot completely eliminate oxidative damage to mitochondria, and this is why LRT is an important addition to antioxidant supplemen- talization. Dietary antioxidants can also modify the pathogenesis of certain diseases. For exam- ple, antioxidant administration has been shown to have certain neuroprotective effects. The dietary use of antioxidants has been shown to prevent age-associated mitochondrial dysfunction and to reduce the age-associated decline in immune and other functions and prolong the lifespan of lab animals. 

References

Oxidative Damage...cont’d pg 5
Immune Health and the GI Tract Part One

The immune system of each individual must ultimately assume the management of infections like Lyme disease. In my experience, antibodies level the playing field by reducing the risk of the leaving the work of sustained recovery to our own immune system. Without the application of immune health there is a slow progression to health. Our understanding of the immune system is ever evolving and the recent 2010 research casts the spotlight on the impact of gastro-intestinal diseases and disorders can occur. This next level of chronic inflammation can completely remove, resulting in continued inflammatory response. If this continued inflammatory response is not switched off, then there is a move to the next level of chronic inflammation.

This next level of chronic inflammation has many facets. It includes leaky gut syndrome and dysregulation of the gut microbiome. This is the gut microbiome profile. One can also develop an autoimmune response where there is a decrease in self recognition; a classic example of this is the Th1/Th2/Th17 lymphocytes; and depletion of the natural killer cells, which could lead to an increase in chronic disease and cancer.

The most chronic diseases have been linked to excessive or persistent inflammation. This is a classic example of the autoimmune phenomena with local manifestations. Chronic inflammatory disease, which occurs when an injury is ongoing or a predisposed immune system fails at counterattack, can result in chronic inflammatory disease. It can completely obstruct the path to recovery and contribute to malignancy of a given disease. In order to properly manage Lyme disease the immune response must be optimized. The first area of optimization is the gut tract. www.publichealthalert.org

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By Peter J Muran, MD, ABIHM

The immune system of the body is an intricate system designed to be the innate and adaptive response. The body is full of natural killed cells and dendritic cells. To activate these natural killed cells, basophils and eosinophils. The more predominant diseases seen with Th2 are allergic diseases, asthma, contact dermatitis, scleroderma, ulcerative colitis and systemic lupus erythematosus.

Th1 cells mediate mucosal immunity to GI and pulmonary pathogens (especially Candida and gram-negative). This is a primary driver of chronic inflammation. It is the innate immune response to infection of tissues like the GI tract. By modulating or balancing the pathways, an excessive response to this assault is more persistent inflammation. This decreased in self recognition; a classic example of this is the Th1/Th2/Th17 lymphocytes; and depletion of the natural killer cells, which could lead to an increase in chronic disease and cancer.

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The Effects of Our Toxic Environmental Bio-Terrain on Life

Trisha Springstead, RN, MS
David Curtis, MS
Sue Hageman

To the truth seekers and The ones who suffer:

On April 20th, 2010, the largest manmade disaster in the history of the United States of America blasted the Gulf of Mexico. The Explosion of the Deep Water Horizon murdered 11 men and injured 17 more. This was not just your ordinary spill. Despite all warnings to upper level management, BP did not listen and told these men to move forward and keep drilling, as the company was losing money with each passing day. The deaths of these men, with brothers, sisters, mothers, wives and children, were homicides. The crime scene spewed out poison of unprecedented proportions while the powers-that-be sprayed toxic chemicals in order to cover up the crime. The men that died or were disabled from the Macondo blowout should be treated as war heroes, since the fate of these men is the same one soldiers face. These men were put in harm’s way by corporate and government decisions over “wars that are fought in places where their business interest runs.”[1] The families of the brave men who died have not received any compensation from the perpetrators of this crime. Unfortunately, the death and injury has not been limited to the original victims. It is an ongoing tragedy that continues to expand in scope, affecting the health and the lives of millions more.

When the well exploded, I was researching a disease pandemic some call Morgellons.[2] This is not the name for this disease now. It is clearly Hyper-Toxicity, Degradation of the Bio-Terrain[3], Neurocutaneous Syndrome[4], and recently has surfaced as the BP Oil Gulf Plague[5]. Before I submit the evidence from this crime scene, I want to give you a heads-up on what I had been working on for years here in the southern United States. I find it interesting that, in early 2006, I began pulling strange PCBs, fibers and other organisms out of the skin of humans and was just astounded. I wanted to know what this new disease was. I called an old professor of mine, as these samples I was viewing looked almost shrimp-like. He had never heard of this. His advice was to call the Department of Marine Biology in Washington, DC.

I was excited and very curious, and the next morning I dialed a phone number. In my “Toxic”...cont’d pg 5
Stress in your life.

Can help you proactively manage a state of balance and relaxation.

Meditations may also serve to diminish stress in your life.

I have been blessed by physicians who

Gratefully acknowledge

Needed medical treatment.

Abide by the Hippocratic Oath through their

Have suffered with chronic Lyme

May provide a way for you to

Is the song of the birds

Begin to hear a new chorus of

Thin out as you approach the

Sound of the distant drums fades away, and the

Majestic trees, and as you

See the flowers offer

Stressful outside stimulus or a

However, when faced with a stressful situation, the sympathetic nervous system, which is the part of our autonomic nervous system that seems to be running in high gear, can be recognized as one of the factors for illness and disease.

If you have been wondering - somewhere, sometime - and

The path begins to widen

As the sympathetic nervous system gains speed, parasympathetic nervous system activity decreases, decreasing the infection that ravages your body.

As we lean more toward and accept the sy

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Fatigue

"Toxic" ... cont'd from pg 3

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oratory Fatigue

LRT in Preclinical and Clinical Studies

Replacing damaged cellular and mitochondrial membrane function with LRP as a dietary supplement is an important role of lipid replacement therapy (LRT) [10]. The acronym LRT is an acronym for Lipid Replacement Therapy. [11, 12]. LRT as an empirical treatment in NFAT, which has been used successfully in animal and human studies. Its encapsulated lipids are protected from oxidation and are absorbed and transported into tissues without oxidative damage [11]. The LRT formula contains a variety of components, including phospholipids, glycolipids, fatty acids, vitamins, minerals and plant extracts.

In animal studies this LRT supplement has been used to prevent hearing loss associated with noise exposure. It was found that this LRT supplement preserved hearing loss associated with noise exposure [13]. It was demonstrated that exposure to a threshold hearing from 35-40 dB in control animals aged 13-16 years of age [14]. The results indicate that LRT improved fatigue, nausea, diarrhea, impaired taste, con- centrated blood cell count in humans, [15] and its many derivatives were compromised, they are bleed- ing and sonically and are sick. They have

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"Fatigue" ... cont'd from pg 3

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Surface dispersant used: 1,072,514 gallons

Subsea dispersant used: 2,604,000 barrels of crude oil

For more information, please visit: http://www.oilspillmonitor.com/ and http://www.gulf-oil-spill.com/
“Toxic”... cont’d from pg 7


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[1] Jackson Browne


http://www.wsf.com/features/articles/investigations/MI 46364/


Ginger Savely, DNP

Ginger Savely, DNP: Biography

Dr. Ginger Savely is orig- inally from Maryland but has lived in Austin, TX for the past forty years. In 2005, she opened her prac- tice in San Francisco and cur- rently sees patients there once per month. She has Bachelor’s degrees in Psychology, Music and chronic fatigue syndrome (MFS). She is fluent in English and Con- versant in French and Spanish. Before entering the medical field, Dr. Savely worked for ten years as a performing singer/songwriter/record producer. She received her degrees from the University of Colorado, Boulder and holds a Master’s degree in Educational Psychology and Neurology. She is a dedicated clinician and a master psychopharmacologist. She is fluent in Italian and Con- versant in French and Spanish. Before entering the medical field, Dr. Savely worked for ten years as a performing singer/songwriter/record producer. She received her degrees from the University of Colorado, Boulder and holds a Master’s degree in Educational Psychology and Neurology. She is a dedicated clinician and a master psychopharmacologist. She is fluent in Italian and Converse in French and Spanish. Before entering the medical field, Dr. Savely worked for ten years as a performing singer/ songwriter/record producer. She received her degrees from the University of Colorado, Boulder and holds a Master’s degree in Educational Psychology and Neurology. She is a dedicated clinician and a master psychopharmacologist. She is fluent in Italian and Conversant in French and Spanish. Before entering the medical field, Dr. Savely worked for ten years as a performing singer/songwriter/record producer. She received her degrees from the University of Colorado, Boulder and holds a Master’s degree in Educational Psychology and Neurology. She is a dedicated clinician and a master psychopharmacologist. She is fluent in Italian and Conversant in French and Spanish. Before entering the medical field, Dr. Savely worked for ten years as a performing singer/songwriter/record producer. She received her degrees from the University of Colorado, Boulder and holds a Master’s degree in Educational Psychology and Neurology. She is a dedicated clinician and a master psychopharmacologist. She is fluent in Italian and Conversant in French and Spanish. Before entering the medical field, Dr. Savely worked for ten years as a performing singer/songwriter/record producer. She received her degrees from the University of Colorado, Boulder and holds a Master’s degree in Educational Psychology and Neurology. She is a dedicated clinician and a master psychopharmacologist. She is fluent in Italian and Conversant in French and Spanish. Before entering the medical field, Dr. Savely worked for ten years as a performing singer/songwriter/record producer. She received her degrees from the University of Colorado, Boulder and holds a Master’s degree in Educational Psychology and Neurology. She is a dedicated clinician and a master psychopharmacologist. She is fluent in Italian and Conversant in French and Spanish. Before entering the medical field, Dr. Savely worked for ten years as a performing singer/songwriter/record producer. She received her degrees from the University of Colorado, Boulder and holds a Master’s degree in Educational Psychology and Neurology. She is a dedicated clinician and a master psychopharmacologist. She is fluent in Italian and Conversant in French and Spanish. Before entering the medical field, Dr. Savely worked for ten years as a performing singer/songwriter/record producer. She received her degrees from the University of Colorado, Boulder and holds a Master’s degree in Educational Psychology and Neurology. She is a dedicated clinician and a master psychopharmacologist. She is fluent in Italian and Conversant in French and Spanish.

Ginger Savely, DNP: Healing Philosophy

It is unlikely that any treatment for Lyme disease can completely eradicate the pathogens responsible for tick-borne diseases. Unfortunately, the pathogens have too many survival strategies. Instead, the goal should be to control the infections by reducing the microbial load, and by strengthening the immune system so that it can take over the job of keeping the infections under control. Antibiotics are the essential cornerstone of treatment but are not all that is required to get well. In order to recover from the body and heal, those with Lyme must do everything possible to strengthen their immune system.

Getting one’s health back is a full-time job. The choices you make will dramatically affect how quickly you recover. The key to recovery is to be aware of how everything affects their health, including their environment, diet, habits and attitude. Even once the infections are under control those with Lyme will need to live the rest of their lives mak- ing healthy lifestyle choices so that they don’t set themselves up to fail. There are many ways to remain strong and able to keep the “bugs” at bay. At the present time, there are no cures for any of these conditions. There are no vaccines, and no specific treatments. There is no known cure for Lyme disease.

When treating Lyme dis- ease, I see two types of patients. While each may have symptoms of the other, overall, patients resemble one type more than the other. These two types are: 1) patients with primarily musculoskeletal symptoms which resemble syndromes such as Fibromyalgia and Lupus and 2) patients with primarily neurological symptoms that resemble syndromes such as Chronic Fatigue Syndrome or Multiple Sclerosis.

I call those with muscoskeletal- plus plus the “MPPaaggees” or "Phaaphaa" people. I do an exam during my patients’ first visit to determine which type they are. So what degree. For example, I look for affected reflexes; are there any signs of weakness? I test their pupil reaction to light, and perform balance and other neuro- logical tests. For treatment of the musculoskeletal patients, I tend to start with oral antibiotics, such as high dose doxycycline, a combination of clari- thromycin and cefadroxil, or a combination of Ketek and high dose dexamethasone.

For the neurological patients, if I see that they have a lot of neurological symptoms, the first thing I will do is, if they are not allergic to Bicillin, give them Bicillin (penicillin G) injections. I prefer Bicillin to intravenous therapy because it is less expensive, less risky and requires less intervention. Another option is another class of antibiotics, another good medication that can also be given in shots but it has to be injected directly into the muscle. You must receive injections often, which can be painful. Because Bicillin is given once or twice per week. I prescribe Bicillin LA (it is called the LA form).
In treatment, including cost. Unfortunately, patients have. Unfortunately, intravenous treatments the expense and inconvenience. Lyme patient, if it weren’t for intravenous antibiotics to every fulminate psychosis.

Onset dementia, Parkinson’s or early-onset dementia, Parkinson’s or multiple sclerosis. My protocol this to be my best “killer” combination of treatments with Lyme disease has neurological types, my protocol is basically one or two oral medications, along with intravenous injections.

Of course, everyone with Lyme disease has neurological symptoms to some degree, but in some people they are more pronounced than others, especially in those with MS-like symptoms, early-onset dementia, Parkinson’s or fulminate psychosis.

I would actually give intravenous antibiotics to every Lyme patient, if it weren’t for the expense and inconvenience. Intravenous antibiotics work better and faster, no matter what kind of Lyme disease patients have. Unfortunately, though, (we, the patient and I) have to consider a lot of things in treatment, including cost.

Babesia

When it comes to Lyme co-infections, I will sometimes treat my patients’ Babesia right off the bat with the tried and true combination of Mepron (atovaquone) and Zithromax (azithromycin) or Biaxin, along with Flagyl. This combination of remedies integrates two different approaches and also kills Borrelia. However, I use this three-drug protocol only if patients can tolerate it. Not everyone can tolerate Flagyl early on in their treatment.

In addition, I include artemisinin at a dose of 800-900 mg (300 mg, three times per day) in the antibiotic protocol. I find that using high doses of this herb but over the years have realized that it’s important to use higher doses and to pulse it, four days on, three days off. It’s an important part of the treatment protocol for Babesia.

When patients’ insurance plans won’t cover pay- mepron, I will prescribe Biaxin, or Keta. The unfortunate thing about medications during these days is that patients’ health care choices often have to do with finances; with what their insurance plans will cover or what they can afford. It’s a sad state of affairs.

While Mepron, Zithromax and artemisinin are often an effective combination for some types of Babesia, they don’t always get rid of Babesia duncani, or Babesia WA-1, as it is sometimes called. Babesia WA-1 is extremely hard to get rid of. I don’t always see improve with the aforementioned combination of antibiotics, even after months of use. With Babesia microti, I have found that patients can sometimes get well in as little as four to six months of treatment, but Babesia duncani is an entirely different matter.

Patients with this strain can often treat until Kingdom come; indeed, after two years of treatment, some witness no change in symptoms. So I have to try other combinations of medications for patients with Babesia duncani, such as Lariam (mefloquine) and plaquenil, or chlorquine and primaquine. The drawback of the latter medications, however, is that they aren’t well tolerated by patients so they aren’t usually used as the first line of defense against the infection. I also use Malarone, and sometimes when Mepron doesn’t work, but (in the medical community) don’t know why, since Malarone, like Mepron, is atovaquone, but with proguanil added to it. But treatment usually means trying different things to see what works. Practitioners sometimes have to run through the mill of options. My approach is to start with the medication that has the best combination of being both effective and well tolerated, although sometimes the most effective drug is the one that is the least well tolerated, which means I sometimes end up leaving the most effective one for later.

Bartolenna

Take Bartolenna, for instance. I used to start patients on a quinolone antibiotic such as ciprofloxacin or levofloxacin, to treat this infection, and wait before giving them the rifampin and dapsone, because the latter two are not as easily tolerated as the former two. But the longer I treat Bartolenna, the more I tend to lean towards using the least tolerated and most effective medications first, because I often end up using them anyway, when the others just don’t work well enough. So for the treatment of Bartonella, rifampin and dapsone generally work the best, in my experience. Note that this is different depending on the geographical locations may respond better to different antibiotics.

Bartolenna requires treatment for a minimum of four months, but some patients require a longer treatment. I will give up to five or six antibiotics at once. The longer I have been doing this, the more I have become with my treatments, too. Drs. Jones tells me, however, that I should use the term “appropriate” instead of “aggressive”, when referring to treatments! So I try to get them antibiotics into patients’ protocols as long as they can tolerate them, and I find that this approach works.

I have learned from treating Lyme patients for so many years, that it is the three antibiotics that they are able to take and tolerate, the better off they will be. It’s important to flood the system with antibiotics. Therefore, intravenous therapies if tolerated, would be my first choice of treatment for patients, because it’s the best way to get the most antibiotics into the body at the fastest rate. Intramuscular antibiotics would be my second choice, and oral antibiotics, third. That said, if patients have a cast iron gut, it may be possible for them to take five to six antibi- 

otic at once, and in this case, oral dosing may be just as effective as intramuscular or intravenous dosing.

I think that you can tell how long a practitioner has been treating Lyme disease by how aggressive their treatment is. The newbies tend to be wimpy. Those who have been treating this disease a long time, like Drs. Burrascano and Jones, treat than Babesia microti, but not necessarily easier than Babesia duncani. If there’s one thing that

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tle ripple takes the stress with
extending outward. Each gen-
larger, growing, growing,
solar plexus, circularly, first a
extend outward from your
flies land, and with each land-
“meditations” ...cont’d from pg 4
the number of medications
that patients take over time, so
that they can avoid horrendous Herxheimer reactions. The con-
cern with this approach to treatment is that the bugs get a
lower dose antibiotics and can then hide from subsequent
treatments. Conversely, the advantage of hitting the bugs
right off the bat is that they are caught by surprise. The
downside of the “blast em” approach is that patients get stronger Herxheimer reac-
tions. So deciding upon which approach to take can be a
tough decision for practition-
ers. In my practice, I tend to start out with the latter one.
However, if I notice that my patients’ Herxheimer reactions are so severe that their ability to heal is being hampered by
the creation of a cytokine storm that could be damaging
the body, then I will back off on their dosing. As a practitioner, you can’t know in advance
which patients are going to be more intolerant of treatments.
About 10% of my patients don’t
Here at all I wish all of them
could be this way, but unfortu-
nately, that’s not the way it is.
Others Herx so badly that they think they are going to die. So
initially, I try to hit the bugs
hard first, to see if my patients can weather the storm, while
supporting them the best that I can along the way.

Treating Mold, Candida and Environmental Toxins
I treat my patients’ Candida towards the end of their treat-
ment regimen, because the
antibiotics for Lyme cause
yeast, so there’s no point in
Treat for yeast as long as
patients are taking antibiotics.
When I do treat them for yeast, I also treat them for mold,
using Cholestyramine (as advo-
cated by Dr. Ritchie Shoemaker, M.D.) to bind the mold’s
botoxins. I think that mold is a huge problem for Lyme disease
patients, too. For some, it may even be the main reason
why they get sick, and is the reason
why they stay sick. Recent work by Dr. Ritchie Shoemaker
has also shown that lyme patients
who are continually exposed to
environmental mold will not
get well.

To be continued in the next
PHA issue!

“meditations” ...cont’d from pg 4

Again, and again, the dragon-
flies land, and with each land-
ing, you feel the gentle ripples
extend outward from your
solar plexus, circularly, first a
very small circle, then a little
larger, growing, growing,
extending outward. Each gen-
tle ripple takes the stress with
it, and carries it away from you,
taking away the stress you had
inside of you, all the way out,
to the edges of the Lake of Tranquility, where the stress
loses its potency and settles
onto the shore. Over and over,
the ripples take the stress you feel
and carry it away. First a rip-
ple at a time, outward, circular-
ly, to the shore where it is
loped over and you no
longer feel it inside you.
The wisdom of knowing that
you can visit the Dragonfly Clan
at the Lake of Tranquility as
often as you like provides you
with a sense of empowerment,
knowing that this is a very spe-
cial place and a special
moment in time in which, with
the help of the Dragonfly Clan
and the warmth of the sun’s
healing rays, you can let go of
any stressful situations,
becoming one with the Lake of Tranquility, until you
are empowered to come back
to your room again. And as
you are strengthened by this
knowledge, and filled with a
sense of peace and harmony,
you may count the final five ripples as they move away
from your body, and you feel them
carry the final bits of stress you
had to the shore of the Lake of Tranquility, and then you may
come back into your room.
The fifth ripple...The fourth rip-
ple...The third ripple...The sec-
ond ripple...And one...The very
last ripple...And now, you are back
in your room, feeling relaxed, revitalized,
and refreshing, opening your eyes,
and cherishing your experi-
ence, filled with the knowl-
edge, that you may visit the
special, relaxing waters of the Lake of Tranquility any time
you feel the need to do so.

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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.

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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.