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 autoimmune diseases. The underlying cause may be unknown or difficult to isolate since research hasn’t conclusively linked disease 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. Sometimes, one is showing up in many of these cases, certainly not all, but many are also suffering from underlying co-infections such as Epstein Barr Virus, Human Papilloma virus, Borrelia burgdorferi (tick borne lyme disease), as well as perhaps one of the oldest medical contributors such as heavy metal toxicity, chemical/需氧/需氧/需氧/需氧 sensitivities, intolerances and allergies. There is frequent evidence of fatigue, depression, memory impairment, and anxiety, which also influence 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 medical treatments.

The liver detoxification pathways may have an inherent genetic weakness or there may be pathways 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 compro- mises 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 two systems or channels for elimination of toxins.

There are two important factors to consider in the treatment of these types of illnesses. One is the treat- ment 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 want to dive into such treatment plans, for many it is the only way to successfully treat their situa- tion.

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 proce- dures. 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 thorough- ly, saliva and amylase break down the food. The first part of the tract encompasses the esophagus and stomach. The stomach is where protein digestion begins. The second part of the tract encompasses the small intestine, the completion of digestion continues with enzymes from the pancreas, liver and within the intestin- al cells. The small intestine is responsible for absorbing chyme (digested food) into the bloodstream, utilizing 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 syn- drome.) It is interesting to note that at least 60% of the immune system is in the intestines. (See illustration 1 below.)

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 involved with storage. However, all portions of the large intestine efficiently absorb, with bile and water being two substances rou- tinely recycled. The tissues between the chyme and walls of the large intestine are called colonic epithelial cells and must have “tight junc- tions” between the cells to prevent leaky gut of the large intestine. (See illustration 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 can traverse through these veins into the liver rapidly, starting within 8 seconds of application and can continue for as much as 20 minutes. Remember, all of the blood travels through the liver every three minutes. One can use this absorption pathway (via enemas or infusions) to effectively alter their state of health. In my practice, I have adapted the enema’s evaluated and appropriate modalities administered as needed.

Enema

An enema is “a fluid injected into the rectum for the purpose of clearing the bowel, or of administer- ing drugs or food.” It is per- haps one of the oldest med- ical 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 neutral- ize the most common tissue toxins: pyalamines, ammonia, oxalic acid, bound nitrogen, and electrolytes. Since an enema is generally held for 15-20 minutes, and all the blood in the body passes through the large intestine with 30 minutes, certain enemas represent a form of dialysis of blood through 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 possi- ble.” Anti-nausea supposito- ries are one example, hormone- related remedies, chelation products, and probiotic Reconstitution are other examples.

When living with chronic illness, many of the absorption pathways are damaged thus impeding optimal function. Using ene- mas and infusions to deliver nutrients, beneficial herbs, cleansing agents and probi- otics can benefit the individ- ual. It is important to dis- cuss 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 historical- ly and today:

Coffee

Max Gerson, MD

(1881-1959) is credited with developing a migraine diet that cleared skin tuberculo- sis, heart disease, kidney failure and finally cancer. He also used a caffeine solution to open the bile ducts, stim- ulate the production of bile in the liver and was a gener- al detoxification regimen, particularly carcinogenic toxins. He noted that patients could dispense with painkillers once on coffee enemas, had a calming effect and could relieve constipa- tion. Coffee enemas appeared as early as 1917 and were published in the Merck Manual until 1972. Independent scientific work gives credence to the bene- fits of coffee enemas. Kahweol and cafestol palmiti- ques, substances found in coffee, promote the activity of a key enzyme system glu- tathione S-transferase. Dr. Lee Wattenberg and his col- leagues in 1981 conducted this research. This enzyme group is responsible for neutralizing free radicals, harm- ful 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 94

Illustration 2

Illustration 1

Waking Up the Nation, One Reader at a Time... Helping - Healing - Rectal Infusions

by Victoria Boumann, PhD © 2012

Illustration 2
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” 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, are there 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.

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")

Could I be you?

Making LemonAIDS Foundation
Boston, MA, USA

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?

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Boston, MA, USA
DECODING the MYSTERY of CHRONIC ILLNESSES
New Approaches to Treating Persisting Infectious Inflammation

September 15-16, 2012 • Sheraton Crescent - Phoenix, AZ

Course Overview
This course will provide practitioners with the tools they need to properly diagnose and treat chronically ill patients. The faculty will present an evidence-based medicine approach, arming the healthcare professional with new skills and protocols which can be implemented upon returning to the office.

Conditions To Be Discussed
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.

Discover New Tools
Diagnose these tough to treat conditions
- Which labs to use
- Pharmaceutical protocols
- Nutraceutical protocols

Experienced Faculty
The assembled faculty actively practice and advise other practitioners on implementing protocols for successful diagnosis and treatment. The faculty is on the cutting edge of evidence-based integrative medicine, offering the most recent research, advanced diagnostics, and successful treatment protocols.

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Pre-conference Price: $499 until September 5, 2012
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Price includes, Friday September 14th evening reception, breakfast, lunch and dinner on Saturday, and Sunday breakfast.

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David Berg, MS
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Steven Fry, MD
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Public Health Alert www.publichealthalert.org Page 3
when coffee beans are added to the diet. This process is called “coffee enemas.” Stimulation by coffee of glutathione S-transferase in humans and animals is highly desirable because the lab models are close, if not directly analogous to that of human beings.

Thyroid and theobromine, two other cholines, increase the flow of blood vessels and counter inflammation of the gut; the polyphenols in coffee also stimulate the enzyme system responsible for the removal of toxic free radicals. But coffee enemas stimulate the visceral nervous system to promote peristalsis and elicit liberation of diluted toxic bile in a lower movement.

Coffee enemas are safe when used within these guidelines:

- Low sodium, high potassium: returns cell macromolecules to normal configuration and helps maintain structure and water content.
- High micronutrient-dense foods: include fruits, vegetables, whole grains: supply all nutrients necessary for cell respiration and energy production.
- Potassium salts: frequently provided by applied enzymes to improve the Krebs cycle.
- Protein restriction: aids in reduction of cellular edema. The restoration of pH can be accomplished by the use of pectins for the management of diabetes and autoimmune diseases and in the regeneration of glycogen.
- A low-carbohydrate diet: reduces serum toxins and systemic inflammation.

In conclusion, the results show that coffee enemas are safe and beneficial. In the following sections, we will explore the many health benefits of coffee enemas.

Coffee enemas are safe when used within these guidelines:

- a) increase glutathione S-transferase, b) reduce serum toxins and systemic inflammation, c) reduce inflammation and repair.
- necessary for cell energy production.
- reduce serum toxins and systemic inflammation.
- b) inhibit cytochrome P450 activity and severity of rectal bleeding, f) inhibits certain cancer cell growth (preliminary studies).

Theophylline and theobromine have been used for rectal bleeding and systemic inflammation. The studies showed that coffee enemas are safe and beneficial.

**Benefits of coffee enemas**

- a) anti-inflammatory, c) scavenger of free radicals, d) inhibits inflammation, f) inhibits certain cancer cell growth (preliminary studies).
- appetite and severity of rectal bleeding.
- Anti-inflammatory, anti-cancer, anti-inflammatory.
- reduces serum toxins and systemic inflammation.
- of inflammation, including steroids. Typically, UC presents with low levels of friendly gut bacteria and reduced activity of friendly gut bacteria.
- There are preliminary studies showing that coffee enemas can inhibit cancer cell growth.
- and anti-inflammatory effects.
- results are promising.
- a) reduces fasting blood sugar, b) reduces LDL cholesterol, c) reduces inflammation, d) scavenger of free radicals, e) inhibits inflammation.
- Certain skin infections respond to topical application of raw garlic.
- Garlic (Allium sativa) is a member of the onion family and is believed to have antibacterial, antifungal, antiviral, and antifungal properties.
- The compound allicin in garlic is responsible for its many health benefits.

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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 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 repairs more often than men in the anterior cruciate ligament of their knees during non-contact activity and what role that may play in increasing injury rates in women. These ACL injuries are fairly common, can be debilitating, and when severe, may lead to osteoarthritis later in life.

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

“It’s clear that women move differently than men, but it’s not at all obvious why that is,” said Sam Johnson, a clinical assistant professor in the OBU School of Biological and Population Health Science.

“There are some muscular 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.

Women had a higher level of “recurrent inhibition,” which is a process in the spinal cord that helps select the appropriate muscle response.

“Men tend to use a process as simple as walking is surprisingly complicated, as people need to make large-minor movements of information and use varying forces to move around obstacles, Stauth explained. “Women simply climb up a step. And when you slip on an icy spot, the need for someone rapidly and accurate muscle response might be all that stands between you and a broken hip.”

For some reason, women reported 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 and Education Foundation, Researcher Miltzer 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 probabilities.

Many ACL injury prevention programs incorporate strength, balance, flexibility, and jump training. However, based on these and other findings, especially athletes – should consider training with movements 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, with some movements mimicking the motions that often cause this injury.
the liver by inhibiting lipid peroxidation. As a free anti-

Additional uses for garlic enemas are as a blood thinner to prevent heart attacks and strokes, e) prevents colds, f) strengthens the immune system, helping the body fight cancer, g) reduces parasitic infec-

Benefits:
- a) prevent heart disease including atherosclerosis, b) increase high cholesterol and high blood pressure, c) destroy free radicals that damage cell membranes and DNA, d) reduces 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 most 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 a) stop hemorrhaging, b) reduction in parasites, c) increases circulation.

Castor Oil

The value of castor oil is perhaps most known as the castor oil pack, which is applied with a piece of wool or gauze to soothe rawness, tears to soothe rawness, canker sores, or ulcers in the GI tract, or as a retention enema. Its high root, Eugenia caryophyllata, is perhaps most known as a) stop hemorrhaging, b) reduction in parasites, c) increases circulation.

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“Infusions”...cont’d from pg 6

breaks down into various oxygen species that oxidizes anabolic viruses, mutations, and bacteria, while leaving the normal healthy cells alone. There are various sources of oxygen, such as ozone and a concern of rectal scarring or damage. Twenty five percent of cases can occur and 250 or done once or twice, with a higher concentration. There are many considerations with this treatment, as well as a caution with a trained practitioner is advised.

Wobe-Mugs

This therapy is active-ly used in Europe, however rarely in the US. One dye tablet is composed of 10 mg Pppa 40 mg Tryptin and 40 mg Hydroxyline of calf tissue liver damage, diately use the long term treat-ment of malignant tumors (hepatic, pulmonal, or gastric), adjuvantive treatment during radiation therapy, prophylactic treatment of inflam-matious and viral infections including herpes zoster.

The important prop-erties are to promote the dis-solution of mucus membranes of the uncontrolled tissue growth, to break down the fibrin coating of cells from each, severe allergic reactions (test first), and pregnancy. The therapy is not recom-mended for patients with will not tolerate severe side effects. There is no known drug interac-tion with Wobe-Mugos therapy.

MSM

Methylsulfonylmethane

As a natural form of organic sulfur found in all living organisms, it is pres-ent in all living organisms in our body fluids and tissues. Predominantly uses are gas-trointestinal dysbiotics, para-sitic infections, inflamma-tion disorders, and allergic responses.

The important prop-erties are that at low levels of ingestion, MSM acts as a normal dietary ingredient and easy source of essential diet sulfur. At higher levels it functions as a pharmacologically active agent and higher effective and effectively for a variety of medical conditions including in the normalization of body functions in patients display-ing signs of fatigue, weakness, as a result of stress, particularly gas-trointestinal upset, inflam-mation in the mucous mem-branes and allergic reac-tions. It ameliorates these symptoms permitting more rapid recovery.

For gastrointestinal distress, an acute inflammatory reac-tion from diarrhea, chronic constipation, nau-sea, hyperacidity and/or epi-gastric discomfort, as well as inflammation of mucous membranes. An anti-microbial, microbial and fungic and problems of the intestinal and urinary tracts are reduced with MSM as it seems to affect such infec-tions by binding to receptor sites or binding to receptor sites on the mucous membrane sur-face in the gut. This can improve immune compo- nent that explains its effec-tiveness for mucous mem-branes. The greater the mucous membrane exposureComorbidities, the greater the efficacy, fol-lowed with a rectal probiotic adminis- teration (Reflora®) including a therapeutic dose of MSM. MSM from enteric coated activity against a variety of parasitescardiacs, tri-chomiasis, candida albis and roundworms.

Inflammatory disor-der is well under control, including mucosal disorders, leg and back cramps, and general soresness, particularly in geriatric patients with night sweats and period of inactivity. Additionally, ath-letes who experience severe cramps during sporting activity may be aided with MSM, orally available. Articular patients may feel relief from pain, suffering, reduced swelling and inflam-matory cytokines.

MSM has shown broad range of beneficial effects in ameliorating diverse allergic responses including: atopic dermatitis, contact and infectious allergies. Symptoms ranged from eczema, dermatitis, and gen-eral discomfort from infection alone it may not totally elimi-nate all allergic responses, there is a significant func-tion in concurrent anti-allergy medica-tions required, with or without dosages. Allergic asthma or hay fever patients report 1/4 to 1/2 the prior required level of medications.

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

Probiotics

There are hundreds, thousands, and billions of probiotic bacte- rial strains (probi- otic). Many have been iso-lated, many are produced in labs to maintain viability to be used as a supplement, as a food additive, and is being researched as to their effica-cy in health, possibly in the treatment of infections and diseases. The diffi-culty in research is the need to track the exact dose of probiotic at one time, while the body is a host to hundreds that per-haps a few are necessary. When taken orally, the acids in the stomach destroy most probiotics, so they need to be enteric coated. In my clinical experi-ences since 1991 to the pres-ent, I have developed a pre-prietary blend of 20 varieties of lactobacillus and bifidobacteria. We have compiled research that is being fur-thered at this time in the Ohio State University. Now that the environment (of the lower gut) is relative, the reinoculation infusion is an efficient and effective delivery system for these probiotic strains. After, all a balanced intestinal microbiota can improve gastrointestinal integrity.

Research testing is generally one strain or ter-rition against a probiotic medical food: VSL-3. While probiotics in the stomach has hundreds of strains of bacteria, to know what to test must be tested alone and takes much time to come to many conclusions. The obvious conclusion in many patients can be adverse gastrointestinal integrity.

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Infections” ...cont’d from pg 7

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Illustration 3

Illustration 4

One can purchase disposable enema bottles (with saline solution) at a pharmacy, drug store or super market. Look in the aisle labeled: constipations. 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.)

Avoid using drinking too hot of a cup of coffee or tea - same principle. Test it on your wrist (if needed) to 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. Bend the right hip 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 left side for 5 to 15 minutes under the buttocks for five minutes. Then turn to your right side for 5 to 15 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 experienced.

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.

This is suggested, and please test as suggested, anything is so much better than nothing. While one might not be able to retain the contents as long as suggested, anything is so much better than nothing.

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 practitioners for treatments and procedures. Once one comprehend the value of this process, it becomes their own pathway for regaining health.

About the Author
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 pro-
posed a new diagnosis he terms “DOD” or Delusions of Doctors! The chuckle throughout the audience attested to their appreciation of his humor! Mayne outlined dif-
ferential diagnoses he consid-
ers in his Australian clinic and pointed out some dire consequences of failure to diagnose correctly. Itchy skin must not be taken light-
ly, as sometimes it is an early sign of Hodgkin’s lymphoma, and failure to recog-
nize it could lead to a wors-
ening 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 Bilirubide, Albendazole and Vermectin for 3 to 4 days, as well as traditional antibiotic treat-
ment 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 tech-
nical 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 dermopathy” 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 com-
pany of six “experts”. He had not seen the report until it was finally released to the public in January 2012, con-
cluding that Morgellon’s does not exist. Wymore noted that the neu-
rological 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 unaf-
fected by hydrochloric acid, undiluted bleach, nitric acid, or ammonia. He suggested that future focus on molecu-
lar composition may yield clues.

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Morgellon’s disease

...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 training in neurology and immunology from University of Wyoming. Dr. Rasmussen reported on CDC’s refusal to deal with this serious emerging disease. It is the only disease that has continued to psychopathologize patients suffering from a pain and one of many painful physical illness.

Greg Smith, MD, FAAP, Gastroenterologist, practiced General Pediatrics for 48 years before becoming director of his practice and neurological symptoms of Morgellon’s disease. He cautions any audience not to become ignorant because careful research takes a long time. The manifestations of Morgellon’s disease can cause neurological and psychiatric problems. He notes that proving the illness is an infectious disease and not Morgellon’s disease is the key. He encourages patients and their families to be patient and arrive at the correct diagnosis. Dr. Smith’s wheels of research turn how ever slowly. Chronic fatigue syndrome and fibromyalgia are no longer considered as simply psychological problems. Morgellon’s disease will join its turn as the identifiers of the International reports are published.

Amelia Withington, MD in Family and Neuroradiology at Crozer-Chester Medical Center, Upland, PA, is an internist and a Morgellon’s patient. Surely if the psychiatrist has the diagnosis, does the internist? Affectionately called “Amy”, she gave an inspiring talk about how she practices her practice, noting that despair cream can help the scalp itch and that it is an ant histamine. She notes for tinnitus she often prescribes chelation therapy and for epilepsy, she says, to prevent celiac disease. For arthritic symptoms, she often prescribes hydroxychloroquine or Plaquenil. Joyful and detailed she always smiles even though she often talks with her laughter.

Attendees relased before the lunch to break to the skillful guitar playing and vocals by Austin Gould, present- as organist, at the Church United States. A Tribute to Charles “Chas” Holman was also released on DVD, and 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, A Mangold Society, a treatment center for tick-borne diseases in Augsburg, Germany. His background in Emergency Medicine, Family Practice, General Medicine, Internal Medicine, Health Medicine, Vascular Medicine and P.A.N.I. The co-chairs of the meeting 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 soul. His spirit with additional therapies to complement anti biotics and medications and he reports great success in his patients. A great example featured is called Integrated Medicine.

Traditional diagnostic tools did not utilize the non-visible pathology, and only MRI to show hidden abnormalities. In the Augsburg Clinic he provides holistic care, involving treatment for body, mind and soul. His spirit with additional therapies to complement antibiotics and medications and he reports great success in his patients. A great example featured is called Integrated Medicine.

Traditional diagnostic tools did not utilize the complete history, lab tests, ultrasound of abdomen, MRIs, and sometimes MRI to pro vide organ system information. A medical questionnaire is completed by the patient, and a checklist is filled out to include dietary insufficiencies. A complete physical examination is performed along with a positive stool exam with a Dermaspect, and EKG to check for cardiac function abnormalities. The chronic disease symptoms, and the diagnostic differences involves exclusion of rheumatoid arthritis and autoimmune diseases. All patients are tested for Lyme disease, with 70% to 80% positive laboratory results. Although he acknowledges that the ELISA test is not always accurate, by law he must use it, but he also uses the more reliable ELISPOT test and Western blot. Co-infections can result from a single bite of an tick, or be induced later after chronic inflammation. Bacterial co-infections are found in 85% of his patients, to include Staphylococcus adjunct, tonella, babesia, rickettsia, Chlamydia pneumonia, and Bartonella bacilliformis. Viral co-infections are present in 70%, to include EBV, HIV, Coccidioides, Toxoplasmosis, Parvo B 19 and XMRV.

He developed the model for treatment of the building of a house, with the history, physical and lab findings being the foundation. Pillars of support, not only to address the change, dietary supplements, pain management, exercise and lifestyle changes, are mood, stress, reduction, and counseling. The roof is applied with the therapies applied. The goals of alternative natural therapeutic approaches are to eliminate the unknown Morgellon’s organism and Lyme disease, to change the diet in chronic infectious diseases to restore homeostasis, to provide supplements to address dietary insufficiencies, to increase tolerance to pain while lowering pain level, to restore immune system by balancing TH1 and TH2, to improve mood and to add polyneuropathy and neuralgia. His treatment proto cols are similar to those used in the USA, including antibiot ics, antidepressants, and antimycotics. Among the wide variety of appropriate medications he uses are Zithromax, doxycycline, and the antimalarial Artesunate as a dewormer he often pre scribes Vermox, and for arthritic involve ment, he stresses that these are more effective than the many medications avail able for him for consideration. The aim of his herbal treatment is to eliminate para site, minimize side effects. He keeps the antih elminthic homeostasis, reduce therapy duration, and optimize successful treat ment to complete recovery.

He has developed specific protocols for the use of herbal remedies where reports are very successful. His “BCA Teasel Plus” includes teasel root, Eastern black walnut, yellow sage, nasturtium, Artemisia, Jiao gan, and others. His “BCA Detox Core” involves milk thistle, ground turmeric, and foods to build immunity. He cau gizes patients suffering from a chronic condition as Morgellon’s disease, and he cautions patients not to ignore the removal of amalgams is advised to ensure a patient makes progress in his treat ment plan.

A question about the feasibility of hyperbaric chamber treatment revealed a lack of general consensus among the panel members, with one wanting to try it, and another saying it has been found to be of significant help, with only 30% successful rate. The local anesthesia was advised for 30 minutes at 85 degrees F. To the question, do the manifestations are Morgellon’s disease. He cau gizes patients suffering from a chronic condition as Morgellon’s disease, and he cautions patients not to ignore the removal of amalgams is advised to ensure a patient makes progress in his treat ment plan.

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ABOUT THE FOUNDATION

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.