Future Olympic Champion Battling Lyme for 17 Years Rebounds to Adult Vibrance After 3 Months Use of Scalar Wave Technology

By Karen Reifinger, B.F.A., LMT, Energy Enhancement Systems Owner, Huna Mua Wellness Center

In December 2010, 28 year-old Sarah began a series of EESystem’s sessions at my wellness center to counter the effects of Lyme disease and associated symptoms that had increasingly deteriorated her quality of life since she was 10 years old. Here is her story, as told to me over a 12-week period during her EESystem™ sessions.

By the age of 10, Sarah was a trained semi-professional athlete preparing for the Olympics, regularly performing for audiences of up to 30,000 people. She had experienced fatigue, depression and body aches. Lyme was only considered a possible cause of her shift from a vibrant and active adolescent with a brilliant future as an Olympic champion to a young girl riddled with a malaise she didn’t understand or know how to express. She tested negative for Lyme which prompted traditional medical and psychoneurologic treatments to treat for fibromyalgia, lupus, psycho-somatic disorders and “growing pains.”

Her symptoms of fatigue and body aches continued and her athletic performance diminished. Another Lyme test was run with positive results. Sarah was now only 11 years old. She received a regime of antibiotics and over time, six medications for depression and mood disorders. Her symptoms were managed with medication until she was 19 years old. Her life rapidly changed for the worse as symptoms of disability. She forced herself constantly to manage life and work, feeling sick and tired every day. She felt no one understood that she had to physically push herself twice as much as anyone else to meet her responsibilities at work and in life. In addition to the symptoms of Lyme, she experienced deeper depression, frustration and nightmares. She alienated herself from friends and activities. Her diet changed from vegetables, fish and poultry to one of predominately sugar - no or low food consumption for days.

When Sarah arrived for her first session in December 2010, her treatment plan included Effexor, Ambien and two acupuncture sessions per week. Locating a medical professional to administer effective treatments or present antibiotics was increasingly difficult. She had applied for state disability and struggled with minimal medication and no antibiotics for a year. Effexor was the only medication she received. Lyme symptoms returned full force. She moved in with family because her condition prevented her from maintaining employment and self-care. Nightmares returned and were partially subdued with sleeping pills. She preferred to stay in bed more so due to the depression rather than the body aches and pains. Social interaction was challenging, so thus avoided. Cognitive function and memory were impaired. She also received tremendous benefits from meditation and positive thought in the past, but dis- carded alternative practices due to increasing difficulty with focus and lack of motivation.

Sarah found partial relief from acupuncture treatments twice a month, however, the acupuncturist found the liver meridians hardening and more difficult to access. Sarah sensed the heavy regime of antibiotics had interfered with healthy liver function so she stopped taking antibiotics.

While in the EESystem™ for her first session, she stated she slept briefly and had pleasant dreams for the first time in months. She felt more energetic and alive. Her eyes were balanced and facial skin was pink and flushed - much different than before the session.

Sarah received EESystem™ sessions on an average of 2 sessions per week, 2 hours per session over a 12 week period. During the first 2 weeks she experienced symptoms of detoxification similar to what she experienced after acupuncture treatments - headache, fatigue, increased muscle aches, increased mood swings, increased night sweats, facial acne. She welcomed the change. Her energy level increased and stabilized for longer periods.
By Joan Vetter

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Now, let’s get right to the common characteristics of cancer first, then we can talk about something common to all cancers and some other basic information that some of you probably already know.

Cancer has certain common characteristics. All cancers have these common characteristics. These common characteristics are specific to the oncogenic process which is specific only to cancer. That doesn’t mean that there are not other chronic diseases that may have one or two of these characteristics but when you put all of these common characteristics together, that is what is considered as the oncogenic process or what we commonly refer to as cancer.

Cancer is not tolerant of oxygen. Those of you like oxygen. Those of you that may have experienced IRRs or hyperthyroid or even exercise have experienced increases in oxygenation. Cancer is an obligate anaerobic organism. This essentially means that cancer does not tolerate oxygen very well. Another common characteristic of cancer is that cancer is an obligate glucone metabolizer. Cancer needs sugar to survive. Without sugar, cancer has no fuel. Another organ that is similar to that is the brain. The brain needs sugar to survive. Without sugar the brain can’t function. So this is something that even those with high medical knowledge knows that cancer needs sugar to survive the medical program virtually; the ignored that common component.

When patients go into the hospital and they are being treated, what do we give the patient for nourishment? We give them Ensure. Ensure may taste good but is basically taken gaging and pouring it on a fire. So it is clearly one of the worst things to do. These are simple components. Now, from a medical treatment perspective, I look for the commonalities and how I can intervene and disrupt these commonalities in cancer. An example would be apoposis. In cancer there is a suppression of apoptosis. So for those of you who do not know what apoptosis is, apoptosis is the process in which the cell will self-destruct. It will kill itself and suicide in itself in order to stay healthy. The cell will self-destruct. It will die. Without cancer there is a suppression of apoptosis. So it is clearly one of the worst things to do.

Cancer: “Cancer” ...cont’d pg 4
Natural Fluoride Versus HFA

Most cities’ drinking water is naturally fluoridated, the American Dental Association reports. The Fluoridation of community water supplies is simply the practice of adding fluoride to existing naturally occurring fluoride levels in drinking water to achieve the “optimal level.” But chemists say there is a problem here of confusing fluoride with naturally occurring fluoride.

Fluoride while fluorine is a naturally occurring mineral, the fluoride that is added to many municipal water systems is hydrofluosilic acid, a waste byproduct of the phosphate fertilizer industry. Fluoride found naturally is generally calcium fluoride, created when water erodes calcium-containing rocks. Calcium fluoride is more highly bound than molecular fluorine and will not free up more fluoride ions than calcium fluoride.

The EPA describes fluorides as “chemicals with substantial evidence of experimental and occupational mammalian toxicity.” There are 23 human studies and 10 animal studies that link fluoride to bone damage, particularly lowered IQ. Fluorine is not required for any bodily processes. It is listed as toxic element in clinical toxicology journals. It is known to be an endocrine disruptor, and it inhibits a wide array of necessary iodine. In other words, ingested fluoride slows growth and can lead to hormone damage and our metabolism.

A study published in the journal Cancer Causes and Control shows that people who aren’t exposed to large amounts of fluoridated water are healthier. But with the four times more likely to develop a rare bone cancer known as childhood osteosarcoma. The ADA and many dentists argue that water fluoridation with artificial fluorine is similar to fortifying milk with vitamin D supplement and vitamin C. However, vitamins D and C are necessary nutrients for the human body and fluoride is not. Vitamins D and C are protective agents against and other health problems. Fluoride is also a known plant disrupter, an enzymatic poison, and recent studies suggest it is carcinogenic.

Preventing Cavities

The addition of fluoride to drinking water has beenacontracted 121 years ago, as one of the greatest public health achievements of the 20th century. But with the passage of time, that por-

tray is showing some seri-

ous results. In 1984, the Journal of the American Dental Association reported: “It is estimated that 84% of the caries experienced in the 5 to 6 years old population includes tooth surfaces with pits and fissures. Although parents cannot be made appreciably to reduce our intake of anything on these surfaces, sealants can.”

The Dental Health Foundation in reporting: “Fluoride primarily protects the smooth surfaces of teeth, the fissures protect the pits and fissures (grooves), primarily on the chewing surfaces. Although pit and fissure tooth surfaces only comprise about 2% of all permanent tooth surfaces, they were the site of 85% of tooth decay in U.S. adults in 1986.”

So, the pits and fissures - the groves of the mouth where the food is grinding on them -out of 4 cavities occur, and fluoride doesn’t do a thing. They can’t stop cavities. Dental sealants do.

It is estimated that 99% of city water is not drunk. It goes down the drain - in the sewer, washbasin, toilet, out the window, and water the lawn.

The Studies

As opponents of fluoridation go up against ADA representatives at city council meetings across the country, city officials are sometimes presented with a plethora of conflicting studies that support and counter arguments to support their viewpoints. John W. Hirzy acknowledged the issue of conflicting studies. He encouraged them to look at the direction in which opinion is shifting. “It’s only a shift in one direction. People who are pro-fluoride are jump decades ahead and coming down on the anti-fluoride side. You never see an anti-fluoride person jump decades ahead and come up on the pro-fluoride side. They are the people who switch because the arguments are so debatable and have not been settled with time. Just as we got rid of lead, the day will come we will get rid of fluorides.”

Dr. Harry Landbeck is a classic example of this shift. Dr. Landbeck has been the president of the Canadian Association to Research and the Longtime vocal supporter of adding fluoride to city water. Then, in 1998, he changed his mind. He pointed out that Vancouver, which had never been fluoridated, had a lower cavity rate than another city which had been fluoridated for nearly 40 years. “The CDC is biasing its presents its data in a 15 year old, and questionable at best.”

In 1999, Dr. Landbeck addressed his faculty and students at the University of Washington, Department of Dentistry. In a memorable meeting, he apologized to those students before he left.

“Speaking as the head of preventive dentistry, I told them I had personally misjudged my colleagues and my students. For the past 25 years, I have studied the toxicity information that is readily available. For the past 25 years, we have learned our children was the furthest thing from my mind. The truth is, however, that most of us swallowed. But I swallow it.”

In Europe, fluoride is rarely added to water supplies. However, nearly 10% of the population has fluoridated water. It has been a hotly debated topic in the UK, with critics arguing people shouldn’t have “medicalization” of conditions and diseases. Sweden does not fluoridate its water, nor does Japan or China.

Federal Govt Calls For Less Fluoride

What Dr. Hirzy calls the “big lie” about fluoride in the American wall fell in January 2011 when the Federal Department of Health and Human Services suggested lowering the optimal level of fluoride in drinking water nationwide from 1.2ppm to 0.7ppm. The agency did this largely because the landmark brain damage study in Cincinnati showed kids are getting too much fluoride from these days from a number of sources that they are overexposed. The government study showed 47% of children aged 12-15 had some level of fluorosis in their teeth and pitting of the enamel, changes caused by ingesting too much fluoride during the time teeth are forming.

Once you start looking, you will see the overwhelming evidence that fluoride does not do the things people think it does.

In the field, fruits, vegetables, and grains are often grown with fluorinated water. Food processing tends to concentrate fluorides in the food. A study found that cereals processed in a fluoridated area had fluoride concentrations ranging from 3.8ppm to 6.3ppm. The fluoride content of tea has been found to average about 3.0 ppm.

Teflon is coated with fluoride. Also fluoride is also in drinking water from Swanson’s, and many other antidepressants like Prozac and antibiotics.

Cities Taking It Out or Putting It In

Fluoridation represents a tug-of-war that has been going on in cities across the nation for decades. Here’s a sampling.

Wichita, Kansas

Citizens vote in the 2011 general election whether to start fluoridating to city water for the first time.

Santa Fe, New Mexico

July 2011 - City council is considering whether to add fluoridation and to rely on water by recharging levels that are between 0.2 ppm and 0.4 ppm. How much water by recharging levels that are between 0.2 ppm and 0.4 ppm. How much water by recharging levels that are between 0.2 ppm and 0.4 ppm.

Milwaukee, Wisconsin, July 2012 - While Milwaukee does not add fluoridation, a fluoride water has not been added to water supplies. City council passed a resolution to ban water fluoridation.

Albuquerque, New Mexico

City Council voted to add fluoridating to city water supplies because the natural level of fluoride in the water is below the state’s current levels and it is about at the EPA’s lower recommended level of 0.7 ppm. The city is now seeing a reversal on this advisory of the risks of fluoride water poses to habitable levels of fluoride in the water.

The State of New Hampshire recently imposed a somewhat similar advisory.

San Francisco, California

In San Francisco, the city added fluoride to drinking water supplied to city waters because the naturally occurring level of fluoride is about at the EPA’s new lower recommended level of 0.7ppm. The advisory warned of the risks of fluoride water poses to habitable levels of fluoride in the water.

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Philadelphia, Pennsylvania

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So in cancer there is a sup- pression of apoptosis. Another example would be uncontrolled cellular proliferation. This means uncontrolled growth. Again, if there is a suppres- sion of apoptosis, uncontrolled growth. One example of that under the cancer will not kill itself or the cell will not kill itself. That is the key. That is abnormal. That in itself is the definition of cancer because it is uncontrolled growing in an uncontrolled fash- ion.

The treatments we will discuss address these types of issues. The treat- ments are a whole, generally speaking from a global per- spective, addresses these common characteristics and many other common charac- teristics. However, I am not going to go into all the options. We will discuss the main options. We have to narrow it down. The point is that we are dealing with.

If I have a specific kind of cancer that only works on one kind of cancer, to me I am not going to use that because we don't really understand all the components of cancer right now. You have to under- stand from a commonality standpoint is if a tumor can start in one place, there is a need to find it from somewhere other than the original place. We call that "metastatic" dis- ease. So my goal as a physi- cian is to stop the cancer not only from growing but pro- vent it from metastasizing and prevent it from coming up in a different area. Some people have had the same type of cancer and it had treated so that it goes away and then only to find out that a different type of cancer is now in a different part of the body. It is a matter of personal philosophy and personal opinion, I question if there even is such a thing as a "metastasis".

Think of the body as a field. We would sprout up in that field at that location. So right now we want to treat that weed but does mean that if something were to come out in that first place is addressed and we get rid of that weed, that it would pre- vent another weed coming up in a different part of that same field? Absolutely not. The weed could sprout out anywhere in that field and similarly, it could sprout out anywhere in the body. If the body is correct for the cancer to act in its proper environment in the body, it is going to begin in one place, by definition the envi- ronment within the body is optimum for the cancer to develop anywhere and so then we have to find the optimal environment of cancer (or weeds) unless the entire body (or field) is affected.

So my philosophy is that I deal with the common characteristics that I can deal with全方位 environment within the body, and my best to prevent it from coming up anywhere. I am not concentrating in that one corner of the field where that one weed came up. My strategy is that I concentrate in the whole field to prevent any of the weeds from coming up anywhere in the field.

Now if we understand what happens to a tree before it dies and we help to help you to understand what's really going on within the body. The last thing that happens to a tree before it dies is that it rapidly polli- nates. The last thing, that is, a tree does seeds its seeds in order to ensure the propagating of the tree. Does that by shedding these seeds as wide as possible and then it dies. If you relate that analogy to the human biological physiology, the area where the cancer began originally was normal and then became abnormal, and then the cell has changed or mutated or caused a DNA adduct to form. Wherever it occurs, it is to the point that the first cancer developed, perhaps that is the same area where the tree is trying in its last ditch effort to survive and it's last is to make sure that the cancer is still or spreads its seeds. Maybe that's what is happening at that point where it is trying to start something. That is the last thing that happens to a tree before it dies, and it then dies. It is possible that this is what is going on in the body when a per- son brings us to the point about how actually is cancer. When you say they don't really know what cancer is, that is a ridiculous state- ment. I will tell you what cancer is not the problem. The reason cancer becomes such a big problem is because of our own minds. We create this fear on how the media propagates it and how the medical profession has this association with it and makes it being this un- likely bad thing and it is going to end up changing something to our mind which causes cancer is devastating but we have to start looking at it from an entirely different prespective. I believe that cancer is not the problem but we only the symptom of the problem. The causative fac- tor of cancer is most likely the com- trition, yes, most of us are malnourished even though we are not a combi- nation of both. But the problem itself has very little, if anything, to do with the cancer. The cancer is just the symptom. It is the mess-enger. The cancer is the warning light, the flashing light on your dashboard that is saying "hey, something is wrong with my engine". And so months, more details will be provided to the Public Health Alert readers regarding the remote protocol for cancer mentioned in this article. But you will have to read more about the details about the protocol and why I believe this protocol will turn a cancer of one into 90 days. I make this state- ment because that is how confident we are about this protocol. To listen to a recorded conference call held a few months ago on this new remote protocol and further educate yourself on the source of Cancer, you can either wait for Part 2 to be published OR you can go to www.TruthOnCancer.com/ or call the entire recording right now. We will also be holding live conferences with special guest speakers such as Dr. Sherri Tenpenny, Dr. James Sadler and Robert Scott Bell. This free conference call will be one of the many top- ics on the seminar agenda. All of these conference calls will be in a city near you, go to www.AdvancedMedicineSem inars.com.

What do we say to ourselves regarding our life challenges? It is this inner dis- course that sends many of us spinning off into anxiety and a physi- cal and a physiological stress response ...
Hydration 101

by Kristi Mathieson

Water is one of the most important components of our body. It not only composes approximately 60% of our full body weight and 75% of muscle and brain tissue, but it also takes care of many important body functions. Water acts to remove waste and toxins, transport nutrients and oxygen, control heart rate and blood pressure, regulate body temperature, lubricate joints, protect organs and tissues, and create saliva. A study published in the American Journal of Epidemiology found that those who drank more than 5 glasses of water a day were 42% less likely to die from a heart attack compared to those who drank less than two glasses (1). Dehydration (even minor) can cause headaches, dry skin, gastrointestinal issues (constipation). Related to the digestive system, drinking a high-calorie drink like soda or juice and is a great appetite suppressant. When we crave things, especially sweets, we are often dehydrated or just plain thirsty so try the water first!

In one day, an adult loses about 20 cups of water through natural body functions, such as breathing, sweating, and going to the bathroom. Most people can replace that fluid through drinking and eating but many do not. The amount of fluid needed each day to stay hydrated can differ based on the person’s health and lifestyle but one basic rule of thumb is that your body needs half your body weight in ounces of fluid.

Other recommendations from the Food and Nutrition Board include that women consume 2.7 liters (91 oz) and men 3.7 liters (125 oz) daily through various beverages (80%) or in food (20%). While drinking water is the best source of hydration, other fluids can count (juice, decaffeinated tea and milk) as do high water-containing foods such as lettuce (95% water), watermelon (92% water), and broccoli (91% water). Soups, popsicles, and yogurt also have high water content (1). These recommendations do not take into consideration that active individuals need even more fluids, particularly if they’re exercising in hot weather. In one hour of exercise the body can lose more than a quart of water, depending on exercise intensity and air temperature. If there is not enough water for the body to cool itself through perspiration, the body can enter a dangerous state of dehydration.

Are you properly hydrated? Here are a few simple ways to tell if you are properly hydrated:

Urine: Your urine should be a very yellow color. A dark yellow indicates dehydration, so you will need to drink more water. Also you should need to use the bathroom every couple of hours.

Stool: It should be easy to pass your stool. If you are straining a lot, this may be an indicator of dehydration. If you have consistently loose stools, this may be an indicator of over consumption of fiber and/or fluid. Your body may not be able to handle the amount of fluids you are taking in and it will not be absorbed.

Skin: Your skin is also a good indicator of hydration levels. If you pull up the skin on the back of your hand and let go, it should bounce back to its original position quickly. If not, you may be dehydrated. Also, dry skin or a dry mouth may be indicators of dehydration.

Thirst: If you are thirsty, you are in need of more fluids for sure. If you never have thirst, it is still important to take in fluids and use the other tools to help determine your hydration levels.

Just like anything else, drinking enough water has to become a habit and one that is not easily accomplished, but I’ve found that as they start to drink water more consistently their taste for it grows and they will typically crave it after awhile. Here are a few tips to help you get into a more healthy water habit!

Carry a bottle: A lot of people find it useful to get a metal thermal water bottle so that their water can stay cold for longer. Fill it with water and ice before you leave for the day and continue to refill once you have finished it. Carry it with you throughout the day!

Set a reminder or drink on a schedule: Set your watch to remind you to drink a small glass of water after you wake up, at breakfast, lunch and dinner and when you go to bed. Or drink a small glass of water at the top of each hour. Start and end your day with a glass of water.

Substitute water or add something to it: If you would normally buy a soda or a beer get a glass of water instead. Try sparkling water instead of alcohol at social functions. If plain water doesn’t interest you try adding a slice of lemon or lime.

Filter: Invest in a filter at your home faucet to stay away from buying all the bottled water. Tune into your next month newsletter where we will recommend what filters are best to use. By investing in a filter you not only save money but also the environment!

Exercise: When you exercise, you tend to drink more water. Sports drinks are not necessary unless you are exercising hard for over 60-90 minutes. Water is the best hydrator for most exercise. Plan ahead and drink 8-16 ounces up to an hour before exercise and be sure to drink after as well.

Track it: It often helps, when forming a new habit, to keep track of it – it increases awareness and helps you ensure that you’re staying on track. Keep a little log (it can be done on an index card or a notebook), which can be as simple as a tick mark for each glass of water you drink.

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2) Water, Other Fluids, and Renal Coronary Heart Disease. The Adventist Health Study. Chan, J; Knutsen, S; Blix, G; Lee, J; Fraser, G.
3) http://www.webmd.com/fitness-exercise/rm-quiz-know-about-hydration
4) http://www.ddronnica.com/today/0007230.htm

By Kristi, Mathieson, MS, RD
New Hampshire Natural Health Clinic
304 Riverway Place
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By Kristi, Mathieson, MS, RD
New Hampshire Natural Health Clinic
304 Riverway Place
Bedford, NH
Fluoridation... cont’d from pg 3

no naturally occurring fluo-
ride in its drinking water; the
city has added it for the
last 20 years. 

San Diego, California,
February 2011 - San Diego
used to be the largest city
totally fluoride-free. Citizens
voted in a special election 60
years ago to ban treatment of
city water with "any fluo-
ride compound." However,
San Diego began fluoridating
in 2001 because a 1993
California law requires water
gazetted to contain more
than 10,000 water service
connections (which includes San
Diego's 400,000 customers).
Fluori-

California Endowment
and the California Nurses Association.

The arguments included a study by
the National Academy of Sciences
that concluded fluoridation is effec-
tive for preventing cavities.

Environmental Working Group
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ABOUT THE COMPANY

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

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

ABOUT THE PRODUCTS

Nutramedix has made a significant investment to develop a novel, proprietary extraction and enhancement process used to manufacture its liquid extracts. The result is a highly bio-available whole plant, broad-spectrum extract that is also very cost effective. We were the first to introduce Samento, a rare chemo-type of Coral’s Clam, which has remained one of our signature products. We have since developed a full line of liquid extracts utilizing the same proprietary extraction and enhancement process.

Nutramedix also conducts extensive research to procure the very highest quality raw materials for its powdered capsule products, many of which have been designed to enhance the effectiveness of the liquid extracts. We are committed expanding our line of natural products meeting the highest expectations of health care professionals and consumers.

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 1990 to fund projects that address both the physical and spiritual needs of people in some of the most disadvantaged areas of the world. The foundation provides ongoing financial support for organizations operating in Africa, Asia, Eastern Europe, North America and South America.

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