

# Powerful Protocols for Optimal Health

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## PURPOSE OF THIS BOOK

We believe in consumer-driven health care. This is distinctly different from insurance-dictated disease care, which in this country is dominated by drugs and surgery. We believe in true preventive medicine, safety, and uncovering the causes and mechanisms of diseases, rather than focusing on symptom relief. More natural treatments can minimize side effects, reduce costs, and achieve superior results, especially in the long run. Most of our patients are interested in taking charge of their health and doing their utmost to care for the bodies that they have received as a gift.

No one is perfect, and few have unlimited resources. The purpose of this book is to provide you with the most cost-effective techniques for maintaining your body in prime working order. We combine scientific evidence with our experience and your common sense. We aim to prolong a healthy life and substantially reduce disability and disease. If you are genetically programmed to develop a disease, perhaps we can prevent the expression of that gene. If you already have a disease, we hope to minimize its effect on your quality of life by offering you choices for helping you find what works best for your individual body.

We can help you make a big difference in your life, but don't wait for us. Take our questionnaires. Ask for the testing or treatments that interest you now or at any time, so you can get the full benefit of first-class health care. Use the section at the back of this book to monitor your health data. Bring this book to your office visits so we can work together to keep track of your health progress. Copy sections of it and share it with friends and relatives. We are passionately interested in preventing illness and/or treating it naturally whenever possible. The medical-industrial complex is way out of control with little evidence of success. This is our contribution. We hope that it will be helpful for you and all your friends.

## WHAT WE WANT TO PREVENT AND TREAT

- ✓ Heart disease, strokes, peripheral artery disease
- ✓ Cancer
- ✓ Alzheimer's disease, MS, Parkinsonism
- ✓ Autism and attention disorders
- ✓ Surgery, complications from anesthesia and other procedures
- ✓ Side effects from drugs
- ✓ Fatigue, fibromyalgia
- ✓ Exhausted adrenal glands, hormone imbalance
- ✓ Chronic pain
- ✓ Accidents, balance difficulties
- ✓ Eye problems such as macular degeneration and glaucoma
- ✓ Digestive issues
- ✓ Frequent infections
- ✓ Lyme disease
- ✓ Autoimmune problems, allergies, asthma
- ✓ Depression, anxiety, PTSD
- ✓ Disease, disability and premature death

## MAJOR RISK FACTORS

### 1. Diet

No single diet fits everyone. Generally speaking, though, you should eat 5-6 servings of fruits and vegetables a day (the fresher, the better, organic is the best), and drink lots of good water. You need ample protein and sufficient oils. Refined and processed foods, sugar, fried foods, and junk food should

be avoided as much as possible. Some people do better with low carbohydrate diets, and some with allergy diets, vegetarianism, or alkaline diets. This book will stimulate you to consult with your health professional and listen to the messages you receive from your body to help you discover what diet works best for you.

2. Inactivity

Exercise might be the most important modifiable risk factor you have. It can be more effective than two or three drugs in helping to prevent heart disease and strokes. Most people need at least 2-3 hours a week of aerobic exercise like walking, running, biking, and swimming. Stretching and weight training can also be effective in preventing fractures and enhancing function. If you cannot do any of the above, sitting on a bounce chair like we have in our waiting room can provide a pretty good workout.

3. Obesity

If you have trouble losing weight, one or more of the following factors are usually the cause: not enough exercise (a pedometer is a good motivator), food allergies, undiagnosed hypothyroidism, or eating too few calories (which slows down your metabolism). Natural supplements can reduce your appetite. Research shows that the most effective diet for losing weight and lowering cholesterol might be low carbs. A Mediterranean diet is the next most effective, and a low-fat diet is third. We can get a clue as to which diet might be most effective for you by ordering a lipid profile and looking at your triglycerides (people with elevated triglycerides often do better with low carbs). People frequently feel distinctly better on one type of diet than others, and that can enhance weight loss. For those of you who reduce calories, increase exercise, and still do not lose weight, we offer the WICO program and HCG supplements, both of which can be effective adjuncts. We emphasize health maintenance from the beginning of any weight loss program. You get the benefit only if you keep the weight you lose from coming back.

4. Stress

Many people suffer the effects of stress, starting with their relationships at home and at work. Forgiveness is a powerful tool, but it may not be easy. Deep breathing with progressive relaxation from the feet to the top of the head can be effective. A powerful way to help biochemically is to measure your neurotransmitters and alter them with amino acids as needed. We have many techniques that can be helpful, including Heart Math biofeedback, tapping on acupuncture points, homeopathics, the parasympathetic protocol, and herbal preparations. Obviously, you will greatly benefit if you eliminate fear, anxiety, phobias, depression, post-traumatic stress, and other emotional traumas. Finances can be a prominent source of stress, as well. Let us know if finances are a major concern so we can help you as inexpensively as possible.

5. Smoking at all, drinking too much, and illicit drugs

Please be totally forthright with us if there is even a hint of a potential problem with any of these common addictions. We can help with supplements, acupuncture, medications, or whatever it takes to keep these factors from destroying your health in the near or distant future.

6. Pollution, allergies, and autoimmune problems

It is getting more and more difficult to interact in a healthy way with our environment. Studies have shown that babies have hundreds of toxic substances in their blood at the moment they are born. Our air, water, and food supply steadily build the toxins in our bodies, and allergies that result can aggravate the problem. We feel it is important to identify your allergic/toxic load. Airborne allergies (such as mold, dust mites, animal dander, and pollen), food sensitivities, and chemical allergies cause immediate symptoms and can predispose to autoimmune diseases, Lyme disease, chronic fatigue, and fibromyalgia.

Low Dose Immunotherapy (LDI) and Sensitivity Reduction Technique (SRT) are two powerful treatments that may eliminate these problems. We also test for toxic metals such as lead, mercury, cadmium and arsenic, which have been linked to heart attacks, cancer, and other diseases. Chelation therapy might reduce the risk and effectively treat such diseases, even if they are already well-established.

7. Pain

Many of us have frequent or constant pain, maybe to a lesser degree or perhaps severe. One of the most important concepts of this book is that pain is not just a symptom of arthritis, unstable joints, abdominal adhesions or many other chronic diseases. Pain is actually a risk factor that causes many conditions to develop or get worse. For example, if you have constant pain in your right knee, you might walk differently and develop arthritis in your left hip. Your approach should be to optimize normal function and eliminate the cause of whatever pain you have. We have several very effective ways that can eliminate the causes of various pain conditions, including prolotherapy to strengthen ligaments, acupuncture to relieve fibromyalgia and other problems, pain neutralization therapies to dissolve trigger points without needles (the Kaufman techniques), chelation therapy to improve circulation, and desensitization of food allergies to reduce inflammation.

8. Prescription drugs

Some drugs are very effective and even life-saving, but many have serious potential side effects. Hundreds of thousands of people die from drug complications, and many more suffer side effects that greatly diminish their quality of life. The cost of prescription medications has increased at a far greater rate than inflation in recent years. We much prefer to utilize vitamins, minerals, herbals, and homeopathics because they are often safer, cheaper and can be more effective than drugs. If you really need to use drugs, we strive to choose generics (if the quality is comparable), and we choose those with the fewest side effects.

## A WORD ABOUT USING THIS BOOK

This book is designed for you to assess yourself to see if you have a tendency for common medical problems. We have devised and revised questionnaires that you may use instead of a battery of expensive laboratory tests and procedures. The questionnaires are not exact. Most do not give you a score, but your answers will give you an idea of your risk. Perhaps you should do something about that risk. Talk to us. Bring your concerns to your family doctor. Know what your options are. We will tell you what you could do to get better. We will describe the protocols that we have found to be most effective in our office over the last 40 years of practicing integrative medicine. We have added brief comments about supplements, cost estimates, medications, and potential side effects that should be considered.

This book is not meant to be complete, nor is it intended to offer medical advice. At the beginning of each chapter, we offer a book reference that provides more information on some of the material for that particular protocol. You must be under the care of a qualified medical professional to use any of the information in this book. However, the book might point you in the right direction for you to solve or prevent difficult medical problems. The most common response that we hear in our office after a treatment is, “Wow, that’s amazing!”

We handle both simple and complicated medical problems. Our goal is to go way beyond the limits of conventional medicine. Each patient is different, but there are many similarities as well. There are many variables to consider. Not every patient will respond to the treatments we offer. Our powerful protocols are designed for our team to deliver on our promise to each patient to do our very best to help on time, every time. Read, enjoy, and put this book into practice. Achieve optimal health for yourself, your friends, and family.

## Chapter 1

### Powerful Protocol A—Allergies and Autoimmune Disorders

#### Description of Protocol A

Since our treatments for allergies are comprehensive, we only need to identify the general categories that exist for each patient. Much of that information comes from the history provided by the patient and/or the parents if we are dealing with a child. We want to know if you have airborne allergies such as dust, mites, molds, pollen, or animal dander. Foods are a little trickier because the most common mechanism is IGG, in which the symptoms might not appear for 24 hours or later. Sometimes the delay makes the connection between cause and effect difficult to identify. The more serious food allergies that can cause anaphylactic reactions have a different mechanism (IGE). Chemical sensitivities are usually pretty obvious. Patients with allergies are prone to autoimmune problems. The integrative treatment for allergies and many autoimmune problems is desensitization, using modified techniques.

The diagnosis of allergies is based on symptom questionnaires and/or Elisa testing for foods followed by a period of elimination and challenge to confirm that you have symptoms related to foods. Blood testing might be useful to diagnose autoimmune problems, but some patients develop such problems without confirmatory test results.

In our clinic you have two options for desensitization. First, we can stimulate a series of acupuncture points by tapping while the patient is in contact with the energy field of substances suspected of being allergens. The first three treatments set a foundation and are the same for everyone, but the rest are specific for the patient. The number of treatments depends on how many possible allergens you want to treat. Multiple allergens can be treated during each session. The treatment is called “Sensitivity Reduction Technique” (SRT). Typically the treatments are given every 1-2 weeks. SRT was developed by Sherri Tenpenny, D.O., and we have been using it for about 10 years. Autoimmune problems can sometimes respond when the allergens are desensitized.

The second option is called “Low-dose Immunotherapy” or LDI. An earlier form of this treatment was developed by Dr. Len McEwen in England as “Enzyme-potentiated Desensitization” (EPD). Several studies have been published documenting the effectiveness of EPD. The treatment has been modified in the U.S. by William Shrader, M.D. and Ty Vincent, M.D.. In North America, it is now called Low Dose Immunotherapy (LDI). Low doses of groups of allergens are diluted hundreds of times and are activated by a tiny dose of an enzyme that the body produces called beta glucuronidase. If you have any allergen in a general category, such as foods, we include all the foods. Only the allergens you are sensitive to respond to the treatment, thus we do not have to test for every possible allergen in the group. Some of the treatments can be given by mouth and others must be administered by a tiny injection in the forearm, but no more frequently than once every 7-8 weeks. Multiple allergens of foods, chemicals, and airborne substances can all be treated at once. Often, we have seen autoimmune problems improve nicely with treatment. Some patients with serious problems such as ulcerative colitis, rheumatoid arthritis, multiple sclerosis, and Lyme disease have responded wonderfully to treatment. Patients usually have to be treated at least for two years, but the frequency of treatment is spread out as the patient improves.

Getting Started with Protocol A—Allergies, autoimmunity, asthma, eczema

Symptom questionnaires

History and Physical exam

Elisa blood test followed by elimination and challenge to confirm food allergies

Protocol A1—SRT for a few months

Protocol A2—LDI for 2+ years

Both protocols are extremely safe. Patients can choose which option for treatment or they can take both. SRT and LDI have never been linked to anaphylactic reactions. LDI can have particular benefit for autoimmune problems.

Cost—\*Low

#### Additional options

Chelation and/or intravenous vitamin C for autoimmunity, hyperbaric oxygen

Useful supplements—Vitamins C and D, quercetin, curcumin, Virapress, homeopathics

#### Conventional Medicine

Medications with common side effects

Antihistamines (drowsiness) and/or steroids (many complications if used for more than a short burst) are used for symptomatic relief.

Immune suppressants such as methotrexate (a chemotherapy drug) and biologicals are prescribed for autoimmune problems.

Conventional desensitization is used only for airborne allergies and severe food sensitivities, and bee sting allergies. In our experience, conventional allergy shots are less effective and much more likely to have local or systemic reactions than LDI. The former requires extensive testing and shots 1-2 times a week for years.

### **Allergy Questionnaire for COHA**

Name \_\_\_\_\_ Date \_\_\_\_\_

Print and mark with a check if the answer is “yes..

\_\_\_ Do you suspect you have seasonal allergies such as tree pollen, grass or ragweed?

\_\_\_ Does mold or dust bother you?

\_\_\_ Do you have frequent sinus congestion or pressure?

\_\_\_ Have you been told you have airborne allergies?

\_\_\_ Do you avoid any foods because they might give you symptoms?

\_\_\_ Do you have headaches or muscle pain?

\_\_\_ Do you have digestive issues such as gas, bloating, GERD (reflux) or colitis?

\_\_\_ Have you ever suffered from eczema or asthma?

\_\_\_ Do you react when you enter fabric shops, carpet stores, or department stores?

\_\_\_ Do smells such as exhaust fumes, solvents, and cigarette smoke bother you?

\_\_\_ Do you suspect that your house or working environment has ever bothered you?

\_\_\_ Have you had metal tooth fillings or been exposed to toxic metals in your lifetime?

If one or more of the above applies to you, allergies are a good possibility.

### **Autoimmune Questionnaire for COHA**

Name \_\_\_\_\_ Date \_\_\_\_\_

Print and mark with a check if the answer is “yes”.

\_\_\_ Have you ever been told that you might have an autoimmune disease?

\_\_\_ Have you suspected that you have Lyme disease, thyroid inflammation, fibromyalgia, or yeast syndrome?

\_\_\_ Do you have muscle aching or joint pain throughout your body?

\_\_\_ Do you have dry eyes, skin problems or discolorations, Raynaud’s phenomenon, or sun sensitivity?

\_\_\_ Do you have significant fatigue, “brain fog,” swelling, or persistent digestive issues?

Any positive answer to the autoimmune questionnaire raises the suspicion that you might have an autoimmune problem, especially if you also have allergies. If you have even one positive answer, you should see the doctor.

## **Chapter 2**

### **Powerful Protocol B—Brain**

*The Better Brain Book* by David Perlmutter is a good resource.

#### **Description of Protocol B**

Your brain and nervous system direct the mechanisms that enable you to be a well-functioning human being. One-hundred million persons in the U.S. develop significant brain disorders such as the four “a’s”: autism, anxiety/depression, addictions, and Alzheimer’s disease, during their lifetimes. Strokes, peripheral neuropathy, multiple sclerosis, ALS, and Parkinson’s disease can ravage the nervous system. Functional disorders like post-traumatic stress disorder, post-concussion, phobias, and brain fog can be very disruptive. In recent years, neuroscience and psychiatry have produced more accurate ways to recognize and classify these disorders, but the usual therapies offered are painfully inadequate. Nutritional and complementary approaches often get better results.

One of the most common symptoms we hear is “brain fog.” This is Protocol B1. Patients know exactly what I mean when I ask whether they have it. Brain fog is a combination of fatigue, toxicity, and allergies. Usually there is a yeast imbalance in the digestive tract. When patients eat carbohydrates, especially of the sugar variety, yeast thrives and releases toxins. One of the most common toxins produced is acetaldehyde, which is a breakdown product of alcohol. It causes hangovers, even without drinking alcohol. Food allergies, low thyroid,

and adrenal stress can all make this worse. A yeast imbalance is easily treatable with a low carb diet, probiotics and anti-yeast medications or supplements.

Protocol B2 evolves from a three-part questionnaire that covers anxiety, depression, and post-traumatic stress disorder (PTSD). These are common complaints in any primary care medical office. In addition to our history and physical exam, we often collect a urine specimen for neurotransmitters. Most patients with these problems have an imbalance, which we can correct biochemically by prescribing oral amino acids and other nutrients. Sometimes it is also helpful to do a heart rate variability test to assess the balance between the sympathetic and parasympathetic nervous systems. A trained medical therapist can tap on specific acupuncture points to increase parasympathetic activity. This can have a profound positive effect, even for PTSD and phobias. A low-dose laser can also be helpful, as can the Heart Math computer program that uses biofeedback, and a micro-current machine to accomplish the same thing. The latter three instruments can be purchased for home use. Homeopathics and herbal preparations such as SAME, Anxiety NatRelief and 5-HTP, can often be as effective as prescription drugs without the side effects. Any of these modalities can be very effective, but the doctor has to find the best one for each patient.

Addictions is Protocol B3. For simple addictions, we use a great supplement called Crave Arrest. When a patient has a more serious problem and needs to come off alcohol or medications, we work with a group in California that supplies us with an individualized combination of intravenous amino acids. The IVs must be administered almost daily for two weeks. Most patients detox much easier with IV amino acids than with high-dose conventional medications in an inpatient setting. Long-term results are more favorable, as well.

Many patients are concerned about memory loss and Alzheimer's disease, due to personal memory changes and/or a positive family history. This is Protocol B4. The first test that should be ordered is a challenge test for toxic metals, especially for lead, aluminum and mercury. If one or more of these metals is elevated, oral or IV chelation therapy can remove the metals effectively. The IV version also helps improve circulation and increase the oxygen supply to the brain. Other ways to improve oxygen are deep breathing, exercise while breathing oxygen through a mask (EWOT), improving sleep apnea, hyperbaric oxygen treatments, and slowly sending ozone from a bag through a tiny tube into the rectum. Nutrients can improve memory, including phosphatidyl choline (which is commonly given IV in Europe, along with glutathione), acetyl l-carnitine, phosphatidyl serine, NAC, and thiamine. The most effective natural oral preparations in my experience are high-dose PrevaGen, huperzine, and a new one called Ultimate Focus. The versions that are available only through physician offices are generally stronger than those available over-the-counter. Weekly methyl B12 shots can sometimes be very helpful. We use weekly cold laser treatments around the skull to further improve circulation and help memory. Genetic testing can be done for Alzheimer's disease, but I usually do not recommend it because variations in genetic expression make it impossible to estimate when or if the gene will be activated. A simple family history is usually quite sufficient. Low-dose naltrexone (LDN) can be compounded and used for various neurologic problems, including Alzheimer's disease. Protocol B4 for memory problems is outlined in detail at the end of this chapter.

Other chronic neurologic conditions such as multiple sclerosis and Parkinson's disease can respond to B12, LDI (see Protocol A2), metal detox with chelation, and IV phosphatidyl choline with glutathione. High-dose vitamin E and co-Enzyme Q10 might also be helpful. Music therapy does very well in improving the gait in patients with Parkinsonism.

Protocol B5 refers to the Autism Spectrum Disorder. There are many conventional therapy programs for Autism, and these are fine, as long as they do not involve mind-altering drugs. Integrative physicians like myself have many other therapies that can be very effective in some, but not all patients. We like to test for food allergies and toxic metals and treat the abnormalities we find. Protocol A2 includes LDI treatments for autism,



which sometimes offers dramatic improvements. Methylated vitamin B12, low-dose naltrexone, SRT for sensitivities, tapping on acupuncture points, essential fatty acids and other nutrients, yeast treatment, and homeopathics for mental clarity all are potentially effective for aspects of this group of disorders.

Despite the studies from conventional medicine that contend that vaccines have nothing to do with the development of autism, we frequently hear from parents that the devastating symptoms of this disorder begin soon after an immunization. It could be that those unfortunate children that become afflicted are genetically prone and that a vaccine or heavy metals from the mother transmitted across the placenta activate the gene.

Neurofeedback is a comprehensive training by which you can actually change your brain wave patterns from generating anxiety, depression, PTSD, traumatic brain injury, chronic fatigue, poor memory, fibromyalgia, and other conditions. Protocol B6 begins with a brain mapping test that detects abnormal concentrations of brain waves in various sections of your brain. A program is generated to adjust the location of brain waves to a healthy pattern. The results are often excellent and can last permanently. You can do the treatments in the office or purchase a home therapy unit.

Getting started with Protocol B—Brain (brain fog, anxiety, depression, addictions, phobias, PTSD, memory loss, autism)

Symptom questionnaires

History and physical exam

Protocol B1—Brain fog—treat the underlying condition (yeast, thyroid, allergies, adrenals)

Protocol B2—Anxiety/depression, phobias, PTSD—test and treat neurotransmitters, tap on acupuncture points, Heart Math

Protocol B3—Addictions—IV amino acids.

Protocol B4—Mild cognitive impairment, post-concussion syndrome, and Alzheimer's disease—Chelation for metal toxicity and IV phosphatidyl choline with glutathione, cold laser, and brain mapping with neurointegration treatments can be particularly helpful.

Protocol B5—Autism spectrum—no meds are safe and approved. I like food allergy testing and treatment, metal detox, nutrients, B12 injections, homeopathics, and low-dose naltrexone.

Protocol B6—for many of the conditions listed above, you can get a brain mapping test to evaluate your brain wave patterns. Using neurofeedback, you can adjust those patterns, often with great success.

All options are very safe.

Cost—\*\*Moderate

Additional options—laser and the Kaufman technique for PTSD. Micro-current, counseling, and exercise for Protocol B2. Acupuncture for Protocol B3.

Useful supplements--SAMe, 5-HTP, Anxiety Natural Relief for Protocol B2. Crave Arrest for Protocol B3. Prevagen or Ultimate Focus (doctor's strength) for Protocol B4. Also for Protocol B4: Acetyl-l-carnitine, phosphatidyl serine and phosphatidyl choline, thiamine, NAC, glutathione, low dose Naltrexone, methyl B12 injections, huperzine.

Conventional medicine

Medications with common side effects—anti-depressants and tranquilizers (sedation, fatigue, dependence, dulled emotions, decreased sex function) for Protocols B2 & B3.

Meds for chronic neurologic diseases have minimal benefit with an extensive list of potential side effects.

For the following questionnaires, print and mark with a check if the answer is “yes.”

**COHA Brain Questionnaire—Anxiety**

Name \_\_\_\_\_ Date \_\_\_\_\_

Print and mark with a check if the answer is “yes”

In the previous two weeks, have you experienced:

\_\_\_ Nervousness, anxiousness, being on edge?

\_\_\_ Inability to stop worrying?

\_\_\_ Restlessness, trouble relaxing?

\_\_\_ Irritability?

\_\_\_ Fear that something awful might happen?

**COHA Brain Questionnaire—Depression**

In the previous two weeks, have you experienced:

\_\_\_ Little interest or pleasure in doing things?

\_\_\_ Feeling down, depressed, or hopeless?

**COHA Brain Questionnaire—PTSD or Post-Concussion**

Mild/moderate/severe To what degree have you recently been bothered by a post-traumatic experience?

Yes/No Did your symptoms begin with a head injury?

**COHA Brain—CAGE Questionnaire for Addictions**

Have you:

\_\_\_ Felt a need to cut down on your drinking (or substance abuse)?

\_\_\_ Felt annoyed by people who have criticized your drinking (or substance abuse)?

\_\_\_ Felt guilty about your drinking (or substance abuse)?

\_\_\_ Ever needed an eye-opener in the morning to recover from last night?

**COHA Brain—Mild Cognitive Impairment**

Do you often:

- \_\_\_ Repeat stories, questions, statements on the same day?
- \_\_\_ Need several reminders about days of the week or month, time of day, current year?
- \_\_\_ Have trouble handling personal finances?
- \_\_\_ Lose your sense of direction?

**COHA Brain—Autism (partial list)**

Are these developmental factors *delayed or not present*?

- \_\_\_ Turning the head toward new people entering the room?
- \_\_\_ Pointing to objects?
- \_\_\_ Eye contact?
- \_\_\_ Imitating gestures and facial expressions?
- \_\_\_ Showing interest in the objects you have?
- \_\_\_ Interested in other children?
- \_\_\_ Reaching developmental milestones?
- \_\_\_ Regressing in speech and other milestones?
- \_\_\_ Mother sick, received dental work, flu shots, or exposed to drugs during pregnancy?
- \_\_\_ Any suspected relationship to immunizations?

Any positive answers raise the suspicion that you might be having trouble with that brain function. You should see the doctor.

**SPECIAL PROTOCOL B 4 FOR MEMORY PROBLEMS**

Memory Protocol, also for PTSD, post-concussion syndrome, and bipolar disorder  
This is a comprehensive protocol; not everyone needs all of these measures.

- I. Testing
  - A. Toxic metals challenge test with EDTA or Urine Mercury test
  - B. CardioRisk (carotid ultrasound) of arteries

- C. MRI without contrast for small vessel disease and Alzheimer changes
- D. HBA1C, vitamin D3, homocysteine
- E. Boston Heart Panel
- F. Spot urine for amino acids
- G. Mini Mental Status exam and/or neurology consultation to be repeated to assess progress
- II. Treat with IV therapy
  - A. Chelation and/or NMTE (Phosphatidyl choline and glutathione) IVs- need at least 20 of each at weekly intervals with monthly maintenance
- III. Cold laser treatments—10-20 treatments at 1-3 per week, then consider monthly maintenance or more frequent treatments at home by purchasing a treatment unit
- IV. Brain mapping of brain waves, followed by 20 treatments of neurointegration
- V. VibaBody treatments for detoxification weekly in the office. Consider Bio-Mat purchase for home use.
- VI. EWOT (exercise with oxygen therapy), rectal ozone, or HBO (hyperbaric oxygen) treatments to increase oxygen to the brain
- VII. Consider low dose immunotherapy (LDI)
- VIII. Low dose Naltrexone
- IX. Supplements to consider
  - A. Neurotone, Prevagen (high dose), or Ultimate Focus
  - B. Melatonin, Methyl B12 shots, vitamin D3, fish oil, coenzyme Q10
  - C. Theramill multivitamin, phosphatidyl choline, lipothiamine
  - D. Bio-identical hormone balancing, if needed
- X. Eliminate simple carbs, gluten, processed food, allergy foods
- XI. Meditate twice a day, use Heart Math, yoga, and/or tapping techniques to reduce stress
- XII. Optimize oral hygiene
- XIII. Exercise 2 ½ hours per week
- XIV. Sleep 7-8 hours per night in a dark room
- XV. Fast for a minimum of 3 hours between supper and bedtime and for 12 hours between supper and breakfast  
(These lifestyle measures were confirmed in a study at UCLA—9/10 patients improved, 6/10 were able to return to their jobs with improved performance. The improvements were sustained for at least 2 ½ years at the time the results were reported. Drugs were not used).  
Reference:<http://newsroom.ucla.edu/releases/memory/loss/associated/with/alzheimers-reversed/for/first/time>

## Chapter 3

### Powerful Protocol C—Circulation and heart disease

Further reading: *Questions from the Heart* by L. Terry Chappell

#### Description of Protocol C

Several government agencies in the United States announced the Million Hearts Initiative (MHI) in September of 2011. The goal was to prevent 1 million heart attacks and strokes over the ensuing five years. Indirectly, it would prevent problems with circulation in the legs and strokes, as well. The American Heart Association, the American College of Cardiology, the American Pharmacy Association, and Walgreen drug stores joined the effort. This goal was reaffirmed in 2015 by the Ohio Academy of Family Physicians, mainly by treating various patients with hypertension with drugs.

The plan was simple but not nearly strong enough to be effective. However, those of us who practice integrative medicine have embraced the overall goal, using our skills to reformulate the plan to prevent significantly more heart attacks, peripheral circulation problems, and strokes. This section will show how we can make the MHI much better.

In the United States there are about 2 million heart attacks and strokes each year with 800,000 fatalities. This exceeds cancer as the leading cause of death. The medical cost of cardiovascular disease is estimated to be \$450 billion per year. From 1980 to 2000 there was a significant reduction in the death rate from cardiovascular disease, most of which was due to lifestyle changes and preventive medicine. Yet cardiovascular disease is still a major health problem. Heart disease is responsible for one of every three deaths in the United States.

The MHI consists of treating four risk factors, mostly with drugs. The treatment acronym developed was the ABC'S of prevention: aspirin for high-risk patients (A), medications to control blood pressure (B), cholesterol management with statins (C), and smoking cessation, if needed (S). The MHI also suggested reducing the intake of sodium and trans-fats.

Prior to the MHI, 47% of patients at risk took aspirin, 46% had blood pressure under control, and 33% had LDLs below 100. The specific goals of the MHI are to increase all of these numbers to 65% by 2017. A fourth clinical goal is to reduce smoking prevalence from 19% to 17%. Since the beginning of the MHI, these risk factors have been better defined, but the basic numbers have not changed significantly.

The resulting increase in drug therapy certainly makes one wonder about the influence of the pharmaceutical industry. There are at least 30 million people in the U.S. whose blood pressure and/or cholesterol are uncontrolled. Overall, *Forbes* magazine estimates that the MHI seeks to put half of our adult population on newly prescribed drugs.

Many cardiologists and cardiovascular surgeons complained that they were left out of the campaign. There might have been a good reason for the omission. The Occluded Artery Trial (OAT) in 2006 showed that patients treated only with oral medications had a lesser mortality rate than those treated surgically with stents for uncomplicated myocardial infarctions. Soon afterwards, the Clinical Outcomes Utilizing Revascularization and Aggressive Drug Evaluation (COURAGE) trial showed that angioplasty with stents as a treatment for stable coronary artery disease was no more effective than proper medical management. Before the COURAGE trial, 85% of all stents in the U.S. were surgically placed in patients with stable coronary artery disease. These studies have been virtually ignored in clinical practice. Vascular surgeons and cardiologists continue to place unnecessary stents in many patients each year. An American Medical Association Journal editorial labeled this practice "expensive placebos." The authors continued to say that "some entire medical subspecialties (might be) based on little evidence." There are valid indications for revascularization procedures and complex drug therapy. However, nutritional approaches can be just as effective with a lot less risk and cost.

In 2012 Gervasio Lamas electrified 5000 cardiologists attending the American Heart Association meeting by reporting that the Trial to Assess Chelation Therapy (TACT) of 1708 patients with previous heart attacks, all of whom received standard cardiac care, showed that adding intravenous EDTA treatments significantly reduced subsequent cardiac events over a 5-year period. The cardiologists knew that this randomized, double-blind study was taking place, but they expected a negative result, based on their decades of opposition to the therapy.

A study by Canto and associates analyzed 542,008 patients who had heart attacks from 1994 to 2006. Those who suffered their first heart attack had in-hospital mortality *inversely* proportional to the number of traditional risk factors that were identified. The risk factors were hypertension, smoking, dyslipidemia, diabetes, and family history of heart disease. Other factors were apparently contributing to the mortality for these patients.

One of the primary proposed mechanisms of action for chelation therapy is removal of accumulated toxic metals such as lead, mercury, arsenic and cadmium from the body, all of which have been linked to vascular disease. Newer, more detailed lab tests such as those done by the Boston Heart Lab are much better at identifying risk factors associated with cholesterol levels. We must do a more thorough job of identifying such risk factors and treating them safely.

The MHI plan does not include three important lifestyle factors for the prevention of cardiovascular disease: regular exercise, stress coping measures, and weight reduction, as needed. Exercise alone is probably more effective than any drug one can take. It makes no sense to neglect these important lifestyle factors.

The MHI appropriately states that we must reduce trans-fats and sodium in our diets. Recently, evidence has emerged that excessive salt restriction might be dangerous. The use of unrefined salt can add beneficial trace minerals. Patients at risk should avoid foods that are high in the glycemic index, as well as aspartame, high-fructose corn syrup, processed foods, and fried foods. Organic foods are preferred. Nutritional and herbal supplements are usually safer than drugs, and can be very effective.

Diabetes, pre-diabetes, and the metabolic syndrome are major risk factors that can be treated effectively with weight control and low carbohydrate diets (see Protocol S).

Poverty and inequality are factors that have been shown to increase cardiovascular disease. These factors cause economic stress. They can result in poor quality food intake.

According to the actual research, aspirin and statin drugs for cholesterol management are to be used only for high-risk patients. Recent reports show that for primary prevention of cardiovascular disease the “number needed to treat” to prevent one heart attack with aspirin is 163 patients and for statin drugs is 200. The “number needed to harm” for both of these interventions is much lower. However, recent “guidelines” encourage the use of these drugs for almost everyone, and many physicians still prescribe the drugs when not indicated.

If we are going to succeed in saving a million hearts, we must offer our patients the experience of integrative medicine. We begin with powerful lifestyle changes. We add a comprehensive assessment of risk factors. Preferably, a Boston Heart lab profile or its equivalent should be ordered. Some of the important tests other than a basic lipid panel include Lp(a), HbA1C, ferritin, fibrinogen, CRP sensitive, red cell magnesium, 25 [OH] vitamin D3, and homocysteine. Whenever possible, we treat with safe, optimal supplements instead of aspirin, anti-hypertensive drugs, and statins. We utilize chelation therapy as a fundamental tool for our success.

We should perform a history and physical exam. If you have a history of documented vascular disease, hypertension, hyperlipidemia, diabetes, smoking in the previous 5 years, or a family history of heart attacks or strokes, we need to save your heart.

Computerized risk assessments, usually based on the Framingham Risk Assessment, can be helpful. They provide graphic displays that demonstrate the effect of improving basic risk factors. A report will calculate your risk of having a heart attack during the next 10 years. However, these assessments only look at limited risk factors. If the patient age is at least 50 years old or the physician suspects a harmful lifestyle, one or more screening tests to look for developing plaque in the arteries is indicated. If a resting EKG has non-specific ST/T-wave changes, the heart might be at risk. A stress EKG can have false positives and false negatives, especially in women. A stress echocardiogram is more accurate in females. An ultra-fast CT scan for calcium score is a good screening test. A carotid intima media thickness (CIMT) ultrasound test by CardioRisk ([www.cardiorisk.us](http://www.cardiorisk.us)) is also a very sensitive screening test. The CIMT test is the one we rely on most. The

ankle/brachial index is a reasonable screen for peripheral artery disease. If positive, there is an increased risk for heart attacks, strokes and other circulation problems.

We also do an EDTA challenge test for heavy metals, with special attention to lead. Heart rate variability testing frequently detects high sympathetic activity that is not balanced by parasympathetic output, even when the patient is unaware of excessive stress. We have a very nice tapping procedure that you can learn at home to increase your parasympathetic activity. If you have chest pain, a saliva test strip for nitric oxide (NO) can detect low NO levels, which usually can be improved with nutritional support. Nitric oxide relaxes blood vessels. Other tests for nutritional factors can be ordered, if indicated.

In our report of findings, we estimate how much risk we think you have and what you need to do to reduce that risk substantially. We do a much more thorough job than what is suggested by the MHI. We estimate that we can probably reduce your risk by as much as 90%.

For treatment, we also start with the ABCs, but do so naturally. Instead of aspirin to reduce platelet aggregation, we use fish oils, garlic, vitamin E (mixed tocopherols, especially gamma), and/or nattokinase. Donating blood several times a year can decrease blood viscosity and lower excessive amounts of iron, which likely will reduce your risk of cardiac events significantly.

High blood pressure might respond to garlic, potassium, magnesium, and other phytonutrients. I have found rauwolfia with sandalwood and other herbs (BP Natural Relief) to be particularly effective. Weight loss, if needed, can also lower high blood pressure.

For cholesterol, HDL, and LDL management, low carbs appears to be the most effective diet, especially if the triglycerides are high. But this remains controversial. The DASH, LEARN, Ornish and Mediterranean diets are alternatives. Red yeast can lower cholesterol and LDL, with many fewer side effects than statin drugs. Like the drugs, the main effect from red yeast rice might be to reduce arterial inflammation rather than to reduce LDL. Always replace coenzymeQ10 when taking any kind of statin. Both muscle inflammation and congestive heart failure have been caused by depletion of coQ10. Fish oils can help reduce cholesterol and so can cinnamon, niacin, berberine, and lecithin. Intravenous essential phospholipids from lecithin have been used in Europe to treat coronary artery disease. Proteolytic enzymes might also be effective in reducing inflammation. Food allergies can contribute to inflammation, especially gluten and casein sensitivity. A therapeutic trial of an elimination diet might be helpful.

To stop smoking, hypnosis and acupuncture are somewhat effective. The medication varenicline (Chantix) might have its place, but the incidence of side effects is significant.

An exercise prescription is desirable. People often need to have specific goals to get the best results. Al Sears' PACE program with brief periods of intense exercise can be effective. It is backed by the Harvard Professional Lifestyle Study. Adequate fitness, however, can usually be achieved by walking for 30 minutes 5 days per week. An alternative might be vigorous exercise for 75 minutes per week.

Be aware of how important stress can be for cardiovascular disease.

Heart Math is a home tutorial using biofeedback to reduce your response to stress. Yoga, meditation, progressive relaxation, visualization, deep breathing, emotional freedom technique, prayer and acupressure are procedures that can be utilized, in addition to our own parasympathetic protocol. All patients should have a plan to improve their stress-coping activities.

Magnesium is commonly deficient. Antioxidants are usually indicated to control free radicals. Linus Pauling's protocol to reduce Lp(a) levels with vitamin C, proline, and lysine is strongly recommended if Lp(a) is elevated. The optimal level of 25 [OH] Vitamin D3 is 60-100 mg/ml, although the listed normal is usually as low as 30 mg/ml. If calcium is given, always balance it with at least half of the milligram dose of magnesium. Too much unbalanced calcium can lead to calcification of the arteries. Coenzyme Q10, d-ribose, and l-carnitine are helpful adjuncts, especially for congestive heart failure and fatigue. Medium chain triglycerides from coconut oil are useful in preserving brain function. The herbs apoaequorin (Prevagen) and Ultimate Focus are particularly good for preserving memory.

For many years, integrative physicians have found intravenous EDTA chelation therapy to be very effective in treating and preventing cardiovascular disease. This is especially true if a build-up of toxic metals is detected. Lead is the best-documented toxic heavy metal. It has been linked to hypertension, heart disease, cancer and autoimmune problems. If mercury is found, DMPS or DMSA might be needed in addition to EDTA. The published intravenous EDTA protocol is effective, even if heavy metals are not detected. As noted earlier in this chapter, the results of the Trial to Assess Chelation Therapy (TACT) showed a significant decrease in subsequent cardiac events in high-risk patients who had received chelation therapy. Diabetic patients did particularly well in the study. Over 5 years, diabetic patients had a 52% reduction in recurrent heart attacks and a 43% reduction in all-cause mortality. TACT-2 is scheduled to attempt to confirm the results for diabetics, beginning in late 2016.

An under-appreciated advantage of enrolling you in a course of chelation therapy is that the treatments are given weekly during the basic course. That means that each week, the nurse has a teaching opportunity to reinforce diet, exercise, stress-coping, supplement compliance, and habit control, all of which are important for saving hearts. Our staff helps you set goals and overcome barriers to reaching the goals. As with any class or program, repetition is key. It often helps to bring a friend. When you share your experiences and goals with others, results can be better than trying to follow the program by yourself.

Monitoring and maintenance are two key concepts for a successful program. The risk factors identified must be monitored often enough to assure that interventions are effective. Too often the patient and the physician identify risk factors, correct them temporarily, but fail to be sure that the factors remain under control. Non-invasive vascular tests should be repeated to monitor progress. Lab biomarkers should be repeated at specified intervals. The CIMT and the heart rate variability are particularly good monitoring tests. However, the ultra-fast CT scan is not.

Several avenues of research are currently taking place in genomics, molecular targeting, stem cell biology, and regenerative medicine. Both conventional and integrative medicine are active in these areas. For example, stem cells harvested from autologous bone marrow are being tested to treat myocardial infarction. Initial results have not been impressive, but investigators are optimistic that revisions in protocol might yield better results. Mikirova and associates recently showed that chelation of heavy metals improved the number of stem/progenitor cells in circulation. The MHI should be a fluid plan that can be improved upon and revised as new evidence emerges.

How much effort is required to prevent a heart attack or a stroke? How about a million heart attacks and strokes? We applaud the conventional medical community and government for setting the MHI as a lofty goal. Unfortunately, it is unlikely that the goal will be reached with the plan that has been put forth. On the other hand, utilizing a comprehensive, integrative approach, we can have a huge impact on those one million individual hearts and brains that we want to save. Not infrequently, hypertension and hyperlipidemia can be controlled by detoxification of heavy metals, exercise, a healthy diet and stress management without the use of



medications that might cause more adverse effects than beneficial ones. Nutritional and herbal supplements, as needed, can be added with greater safety than many medications, and with similar benefits.

We strive to offer you all the evidence in an unbiased manner, then it is your responsibility to choose the therapies that suit you best. Individual treatment plans are more effective than rigid guidelines. Our goal is to reduce your chances of having heart attacks, strokes, or other vascular events over the long term. With this program, I am confident that we will prevent many heart attacks and strokes, while helping you live longer and enjoy a significantly better quality of life, as well.

Note: References for this chapter are located in the Appendix.

#### Getting started with Protocol C—Circulation and heart disease

Risk factor questionnaires

History and physical exam

Assess your risk on-line or preferably with the Boston Heart lab panel and either an ultrafast CT scan or a CardioRisk ultrasound test and do a challenge test for toxic metals. A Max-Pulse test will assess how effectively your heart and nervous system helps you deal with stress.

Recommendation—If you are at risk, consider EDTA chelation therapy, a basic course of 10-30 treatments, followed by monthly maintenance.

The therapy is very safe, as proven by TACT.

Cost—\*\*Moderate

Additional Options—Control lipids with red yeast rice with coenzyme Q10 and/or berberine, control inflammation and clotting with nattokinase, regular exercise, healthy diet, stress reduction (see Protocol B2—Brain). If oxygenation is needed, see Protocol B4—Brain.

Useful supplements—BP NatRelief, magnesium, d-ribose, high dose coenzyme Q10, carnitine synergy, vitamin D3 and other supplements suggested with a comprehensive risk factor analysis.

#### Conventional Medicine

Medications and surgery—BP and heart rhythm meds (fatigue, decreased sex function).

Bypass and stents (primarily help symptoms only, need for repeat procedures), statin drugs (can have benefit, but can also lead to memory loss, muscle pain, and diabetes).

### **COHA Questionnaire for Chapter 3—Circulation and Saving a Million Hearts**

Name \_\_\_\_\_ Date \_\_\_\_\_

Print and mark with a check if the answer is “yes.”

\_\_\_ Do you have pain in the legs or chest when you exercise?

\_\_\_ Do your feet get numb, change colors or are they cold to the touch?

\_\_\_ Do you smoke now or have you smoked in the past?

\_\_\_ Do you have high blood pressure and/or kidney disease?

\_\_\_ Do you not exercise regularly?

\_\_\_ Have you had an abnormal EKG or other test of circulation?

\_\_\_ Do you have diabetes, pre-diabetes, high cholesterol, or elevated blood sugar?

\_\_\_ Do you have a sibling or parent who has diabetes or circulation problems?

\_\_\_ Have you had a stroke, mini-stroke, or TIA?

\_\_\_ Do you get shortness of breath or tightness in your chest?

\_\_\_ Have you had a heart attack, stents, or bypass in any area of your body?

\_\_\_ Have you had an abnormal CardioRisk test or ultrafast CT scan?

\_\_\_ Are you under a lot of stress?

Any “yes” answers for any of these questions increases your risk. You should see the doctor.

Risk Assessment Tool for Estimating Your 10-year Risk of Having a Heart Attack  
Framingham Heart Study—on-line

Age

Gender

Total Cholesterol

HDL cholesterol

Smoker

Systolic BP

Are you taking any medications to control your blood pressure?

On the next page Figure 1 shows many of the risk factors for heart disease and circulation problems. Obviously, vascular problems are much more complex than the few risk factors listed in the Framingham Assessment Tool.



Figure 1. The Heart Chart

## Chapter 4

### Powerful Protocol D--Digestive Issues

An excellent resource is *The Yeast Syndrome* by John Trowbridge

#### Description of Protocol D

For digestive problems, initial testing usually includes a stool culture for bacteria and yeast by a specialized lab. An abnormal test is called dysbiosis. If positive, the lab will run sensitivities to determine which herbal preparations and medications are most effective against the offending organism(s). The report will also determine if a good growth of probiotics is present. A spot urine for amino acids is the simplest way to measure whether there is enough hydrochloric acid production by the stomach. If the levels of amino acids are almost all low, that means there is insufficient HCL to digest protein. Food allergy IGG antibodies are measured for a panel of common foods. Those food extracts which test high for antibodies are suspects. A one month period of elimination of those foods, followed by individual challenges (one new suspected food every other day) will confirm a food sensitivity if symptoms are noted.

Preferred treatment is Low Dose Immunotherapy (LDI) to desensitize against food sensitivities. Probiotics, supplements, medications, and a yeast control diet can usually control dysbiosis, but it might take 6-12 months of treatment. Sometimes yeast antigens need to be added to the LDI treatment. Digestive enzymes are routinely prescribed, and HCL is added if the amino acid test so indicates. Amino acid supplements might be required initially.

Blood tests for H. Pylori, a bacteria that can cause gastritis and ulcers, should be performed if not done previously. It can be treated with a combination of antibiotics over 2-3 weeks. The test and treatment usually do not have to be repeated. Sensitivity Reduction Technique (SRT) is an alternative way to desensitize against food allergies. It involves tapping on acupuncture points (without needles) while you are in contact with the energy field of the foods being treated. For colon problems, colonic irrigation and rectal ozone can both be helpful. SRT and LDI are discussed in more detail in Chapter 1 on Allergies. Sometimes, it is necessary to test and treat for parasites, which is discussed in detail in Simon Yu's book, *The Accidental Cure*.

#### Getting Started with Digestive Problems

Take the digestive questionnaires

History and physical exam

Get a CSA, Elisa test for food allergies, and spot urine for amino acids

Prescribe a yeast diet phase 1&2

Prescribe at least two anti-fungal agents, herbal, homeopathic, or prescribed medication (Diflucan, Nystatin), plus a probiotic. Use L-Glutamine for colon problems and GI Repair for stomach issues.

These treatments are very safe.

Cost--\*Low

Additional options—LDI, Colonics, SRT, helicobacter testing, rectal ozone, sometimes testing and treatment for parasites is necessary.

Useful supplements—Digestive enzymes (with or without acid), probiotics, anti-yeast and natural antibiotics, Colon Plus, L-Glutamine, GI Repair, Helicobactrin, Mastica for reflux

## Conventional Medicine

Medications and procedures, common side effects—PPI, H2 blockers (poor absorption of nutrients), anti-spasmodics (dryness, urine retention, confusion), colonoscopy, EGD, antibiotic treatment for H. Pylori

### **Digestive Issues Questionnaire**

Name \_\_\_\_\_ Date \_\_\_\_\_

Print and mark with a check if the answer is “yes”.

\_\_\_ Do you have frequent gas, bloating, or burping?

\_\_\_ Do you have ridges, discolorations, or weak fingernails?

\_\_\_ Do you have a white or gray coat on your tongue or a bad taste in your mouth?

\_\_\_ Do you suspect that any specific foods give you digestive symptoms?

\_\_\_ Do you have diarrhea or constipation, or both in an alternating fashion?

\_\_\_ Do you vomit or feel nauseated?

\_\_\_ Do you sleep poorly and/or often feel tired?

\_\_\_ Do you have any kind of abdominal pain?

\_\_\_ Are you taking medication to reduce stomach acid, inflammation of the bowel, or other digestive symptom?

\_\_\_ Do you or any members of your family have GERD, irritable bowel syndrome, colitis, yeast syndrome, food allergies, or cancer of the bowel?

If you have answered “yes” to any of the questionnaire, you very likely have digestive issues.

See also Yeast Questionnaire at the end Chapter 5

## **Chapter 5**

### **Powerful Protocol E—Energy**

For more details, read *From Fatigue to Fantastic* by Jacob Teitelbaum

#### **Description of Protocol E**

Fatigue is one of the most common complaints from patients who visit the office of a primary care physician. The doctor will usually order a urinalysis to screen for infection, a blood count to check for anemia, a glucose test for diabetes, and a TSH looking for hypothyroidism. Sometimes the doc will order a chemistry profile to go

one step further. If these tests are normal, the doctor will reach for his prescription pad to prescribe an antidepressant and a pain med, if needed.

The reader of this book knows better. There are many other causes of fatigue that are very treatable. This chapter will describe the most common ones. We start with the questionnaires on the “yeast syndrome” and on subclinical hypothyroid function. We obtain a stool culture. We order the lab work to check the thyroid hormones T4 and Free T3. Sometimes, we will get a thermography study of the thyroid gland, looking for hypometabolic function. If these tests are low or borderline and you have a high score on the thyroid questionnaire, we will often try a slight boost with a natural thyroid extract such as Nature-throid or Armour thyroid. These supplements are made from pig thyroid and contain both T3 and T4. T3 is the more active thyroid hormone. When endocrinologists prescribe thyroid, they almost exclusively write for synthetic T4. The body then has to convert the T4 into T3 to make it active. Many of us do not convert T4 into T3 as efficiently as needed, so we wind up with inadequate thyroid function. You might have typical symptoms of low thyroid function, but your doctor refuses to treat them because the T4 and TSH (a feedback hormone from the pituitary gland) are normal. The thyroid controls the metabolic rate of the body. We need adequate power from the thyroid gland to function well. A small dose of natural thyroid often does the job very well.

Other routine tests we do to evaluate fatigue are the spot urine for amino acids, the Elisa test for food sensitivities, and a challenge test for toxic metals. These tests are discussed in the digestive, allergy, and toxicity protocols. If abnormal, and they frequently are, we treat them. We also order a salivary adrenal stress index and a 25 OH vitamin D3 blood test. Many of our patients are under considerable stress, which can wear the adrenals down so they no longer are effective in helping us deal with stress. That can result in prominent fatigue, but it can be readily treated with herbal and nutritional supplements. Vitamin D is a factor in many activities in the body, including hormone production, bone strength, and protection against circulation problems and cancer. This vitamin is produced in the body when exposed to sun, but in the Midwest especially, you often do not make as much as you need. Often you might require 5000 to 10,000iu on a daily basis orally to bring your vitamin D up to optimal levels.

Several therapies can be very effective for improving fatigue, even if no deficiency is found. You can give yourself B12 shots at home 3 days a week. If you feel noticeably better, you can continue the shots as often as you need them. Naltrexone is a medication used in the ER to treat drug overdoses. The dose is 60 mg. However, by taking only 4.5 mg from a compounding pharmacy once a day, you can often improve energy, and also reduce pain if you also suffer from fibromyalgia. A series of 4-6 nutritional IVs, usually given once a week, can be very effective in improving energy. Sometimes we alternate them with amino acid IVs, if needed. Regular exercise as tolerated is helpful, but be careful not to push yourself to the point of exhaustion. Breathing oxygen through nasal prongs while you exercise (EWOT) can produce excellent results. Most patients do better on a low carbohydrate diet. For the few who do not tolerate low carbs, we make adjustments or switch to a Mediterranean diet. The hormone and brain protocols address common problems that drain the body of energy, especially from loss of sleep. The circulation protocol can improve your smooth muscle function by adding coenzyme Q10, d-ribose, l-carnitine, taurine, and magnesium. These nutrients improve skeletal muscle function as well, which is a good way to improve energy.

Parasites are probably much more common than usually suspected. They are also hard to detect. A therapeutic trial can be very effective for difficult cases.

As you can see, there are many factors that can contribute to low energy. You likely will need to utilize several protocols to get optimal results. You usually will need a knowledgeable practitioner to guide you. A number of nutritional supplements are often required for improving energy. Combining questionnaire findings, test results, nutrient therapies, and therapeutic trials for a fixed period of time can reveal individual factors that are

particularly effective for you. Adding together the factors that work best for you will yield a synergistic effect, like adding 2 plus 2 to get 8. Remember that the protocols discussed in this book are very effective over time, usually much more so than what is offered by conventional medicine. Give them time to work and you will reap the benefits.

#### Getting Started with Protocol E

Questionnaires on energy (yeast and thyroid following)

History and physical exam

Initial tests include a T4, free T3, thyroid thermography, adrenal stress index, 25 OH vitamin D3, Elisa test for food allergies, CSA, amino acid spot urine, challenge test for toxic metals.

Treat with natural thyroid and/or adrenal, digestive aids, yeast control, vitamins, amino acids and minerals, allergy desensitization with LDI or SRT, digestive protocol, B12 shots at home, 4-6 nutrient IVs, low carb diet, low-intensity exercise as tolerated, low-dose naltrexone, toxic metal removal.

These treatments are very safe.

Cost--\*\*Moderate

Additional options—IV amino acids, 1-3 cycles of 10 chelation IVs for toxic metals, oral detox for 7 days, vibration therapy, hyperbaric oxygen (also for wound healing), EWOT.

Supplements—refer to the other protocols in this book, especially those in Chapters 1, 3 and 4. Most of them discuss factors that are very important for energy production in the body. Particularly important for energy are natural thyroid, adrenal support, B12 shots, and amino acids.

#### Conventional Medicine

Medications—once conventional doctors have ruled out anemia, infection, full-blown hypothyroidism, autoimmune problems, and diabetes, they usually assume that patients with fatigue have an underlying depression. Anti-depressants are prescribed. Many are available, and all have side effects (further fatigue, dry mouth, blunted affect or feelings, and occasionally even suicidal thoughts, to name a few). Anti-depressants might have their place if nothing else works and depression is confirmed, but there are many other measures that can have powerful benefits and should be tried first. Warning—do not mix a serotonin reductase inhibitor medication (Prozac, Zoloft, etc.) with the supplement 5-HTP. You could trigger the serotonin syndrome, which can make you very sick.

**Celebration of Health Association Risk of Yeast Score Name: \_\_\_\_\_**

**This questionnaire asks for factors which promote the growth of yeast.**

*Filling out and scoring this questionnaire should help you and your physician evaluate the role **Candida albicans** may be contributing to your health problems. Yet, it will not provide an automatic “yes” or “no” answer. A comprehensive history and physical examination are important. In addition, laboratory studies, X-rays and other types of tests may also be appropriate.*

The use of nasal or bronchial sprays containing cortisone and/or other steroids, promote yeast overgrowth in the respiratory tract.

<b>A. For each “YES” answer circle the Point Score.</b>	<b>SCORE</b>
1. Have you taken antibiotics for acne for 1 month or longer?	40
2. Have you taken other “broad spectrum” antibiotics for any infections repeatedly or for more than one month?	20
3. Have you taken a broad spectrum antibiotic drug at least once?	10
4. Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis or other problems affecting your reproductive organs?	25
5. Have you been pregnant 2 or more times? Only once?	5
	3
6. Have you taken birth control pills or used the patch for at least 6 months?	15
7. Have you taken prednisone or other steroid medication in any form for more than 5 days?	15
8. Does exposure to fumes, odors, and chemicals cause moderate to severe symptoms? Mild symptoms?	20
	5
9. Are your symptoms worse on damp, muggy days or in moldy places?	25
10. Have you had athlete’s foot, ringworm, “jock itch” thrush or other fungous infections of the skin or nails?	20
11. Do you crave sugar?	10
12. Do you crave breads?	10
13. Do you crave alcohol?	10
14. Does tobacco smoke bother you?	10

**A. TOTAL \_\_\_\_\_**

**B. For each symptom which is present, enter the appropriate figure in the Point Score column:**

If a symptom is mild.....3 points

If a symptom is frequent and/or moderately severe..... 6 points

If a symptom is severe..... 9 points

	Score		Score
Fatigue		Diarrhea	
No ambition		Gas or bloating	
Poor memory		Vaginal discharge with/without burning itching	
Brain fog		Prostate infection	
Inability to make decisions		Impotence	
Numbness, burning or tingling		Decreased sex drive	



Insomnia		Endometriosis	
<p><b>Continued B. For each symptom which is present, enter the appropriate figure in the Point Score column:</b></p> <p>If a symptom is mild..... 3 points                  If a symptom is frequent and/or moderately severe..... 6 points                  If a symptom is severe..... 9 points</p>			
Muscle aches		Irregular menstrual bleeding or cramps	
Leg cramps		Premenstrual tension (PMS)	
Pain in joints		Panic attacks, anxiety or crying	
Abdominal pain		Cold hands or feet	
Constipation		Shaking or irritable when hungry	
			<b>B. Total</b> _____
<b>C. Score two points each if you have these symptoms</b>			
1. Drowsy		16. Dry mouth or throat	
2. Jittery		17. Rash or blisters in mouth	
3. Uncoordinated		18. Bad breath	
4. Cannot concentrate		19. Noticeable body odor	
5. Mood swings		20. Nasal congestion or post nasal drip	
6. Headaches		21. Laryngitis or sore throat	
7. Balance problems		22. Persistent cough	
8. Fullness of or above ears		23. Tightness in chest	
9. Bruise easily		24. Wheezing or shortness of breath	
10. Persistent rashes or itching		25. Urinary frequency or urgency, burning on urination	
11. Psoriasis or hives		26. Floaters in eyes or trouble focusing	
12. Indigestion or heartburn		27. Burning, tearing, or itching of eyes or nose	
13. Food allergies		28. Recurrent infections or fluid in ears	
14. Mucus in stools		29. Ear pain or itching	
15. Rectal itching		<b>C. TOTAL</b>	
<p>A high grand total score indicates that your health problems are connected to yeast and mold.</p> <p>Yeast-connected health problems are <b><i>almost certainly present</i></b> in women with scores over 175 and in men with scores over 125.</p> <p>Yeast-connected health problems <b><i>are probably present</i></b> in women with scores over 110 and in men with scores over 75.</p> <p>Your doctor should evaluate you for yeast if your score is over 50 or if you have specific yeast-related symptoms.</p>		<b>A. TOTAL</b>	
		<b>B. TOTAL</b>	
		<b>C. TOTAL</b>	
		<b>GRAND TOTAL SCORE</b>	

**HYPOTHYROIDISM**  
**THYROID FUNCTION EVALUATION**

PATIENT \_\_\_\_\_ SEX \_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_ CHART # \_\_\_\_\_

This questionnaire lists symptoms commonly found in individuals with hypothyroidism or low thyroid function.

**SECTION A: MAJOR SYMPTOMS**

For each symptom that is present, record a score of **6** points on the line.

- 1. FATIGUE \_\_\_\_\_
- 2. COLD INTOLERANCE \_\_\_\_\_
- 3. DIFFICULTY LOSING WEIGHT \_\_\_\_\_
- 4. DRY SKIN \_\_\_\_\_
- 5. GOITER (swelling of thyroid gland) \_\_\_\_\_
- 6. LOW TEMPERATURE \_\_\_\_\_
- 7. ELEVATED CHOLESTEROL \_\_\_\_\_

**TOTAL SCORE, SECTION A** \_\_\_\_\_

**SECTION B: COMMON SYMPTOMS**

For each symptom that is present, record a score of **4** points on the line.

- 1. WEAKNESS \_\_\_\_\_
- 2. CONSTIPATION \_\_\_\_\_
- 3. HEAVY MENSTRUAL PERIODS \_\_\_\_\_
- 4. PUFFY FACE AND EYELIDS \_\_\_\_\_
- 5. DRY OR THINNING HAIR, THINNING OF LATERAL EYEBROWS \_\_\_\_\_
- 6. SWOLLEN ANKLES \_\_\_\_\_
- 7. LOW BLOOD PRESSURE \_\_\_\_\_

**TOTAL SCORE, SECTION B** \_\_\_\_\_

**SECTION C: MINOR SYMPTOMS**

For each symptom that is present, record a score of **2** points on the line.

- 1. DEPRESSION \_\_\_\_\_
- 2. SLOW HEARTBEAT \_\_\_\_\_
- 3. THIN, BRITTLE NAILS \_\_\_\_\_

- 4. MUSCLE CRAMPS \_\_\_\_\_
- 5. SNORING \_\_\_\_\_
- 6. THICKENING OF FACIAL FEATURES \_\_\_\_\_
- 7. ANEMIA (low red blood cell count) \_\_\_\_\_
- 8. FAMILY HISTORY OF THYROID PROBLEMS \_\_\_\_\_

**TOTAL SCORE, SECTION C** \_\_\_\_\_

**SECTION D: OTHER SYMPTOMS**

For each symptom that is present, record a score of **1** point on the line.

- 1. FORGETFULNESS \_\_\_\_\_
- 2. HEADACHES \_\_\_\_\_
- 3. HOARSENESS / CHANGE IN VOICE \_\_\_\_\_
- 4. PALE COMPLEXION \_\_\_\_\_
- 5. SLOW SPEECH \_\_\_\_\_
- 6. ABSENCE OF SWEATING \_\_\_\_\_
- 7. DECREASED SENSE OF TASTE AND SMELL \_\_\_\_\_
- 8. SHORTNESS OF BREATH \_\_\_\_\_
- 9. THICK TONGUE \_\_\_\_\_
- 10. LOSS OF APPETITE \_\_\_\_\_
- 11. HIGH BLOOD PRESSURE \_\_\_\_\_

TOTAL SCORE, SECTION D \_\_\_\_\_

TOTAL SCORE, SECTION C \_\_\_\_\_

TOTAL SCORE, SECTION B \_\_\_\_\_

TOTAL SCORE, SECTION A \_\_\_\_\_

**GRAND TOTAL OF A,B,C,D** \_\_\_\_\_

The grand total will help determine if your symptoms may be connected to low thyroid function. This questionnaire serves as a helpful tool for you and your physician but does not provide a definite 'yes' or 'no' answer. A full examination including a comprehensive medical history, physical examination and laboratory tests are all important to properly determine the cause of your symptoms.

- Low thyroid function is very likely present with a grand total score **over 40**.
- Low thyroid function is probably present with a grand total score **over 30**.
- Low thyroid function is possibly present with a grand total score **over 20**.
- Low thyroid function is unlikely to be present with a grand total score **below 20**.

## Chapter 6

### Powerful Protocol F—Falls and Fractures

A good source of information is *Falls and Fractures* by the National Institute on Aging

#### Description of Protocol F

Every year millions of older Americans fall and injure themselves. Resulting fractures and traumatic brain injuries can be severe, even fatal. Twenty to thirty per cent of those who fall suffer injuries sufficiently severe as to make activities of daily living difficult. Many are hospitalized. Even those who are not physically injured might develop a fear of falling, which can limit mobility, decrease exercise, and actually increase the risk of future falls. Less than half of the one-third of adults 65 years old and older who fall report the fall to their family physician. More than 95% of hip fractures are caused by falls. The 30-day mortality rate after a hip fracture is about 10%, but this increases to at least 50% if there is a co-existing problem such as heart failure or pneumonia.

There are many risk factors that can contribute to falls, including low vitamin D levels, inactivity, decreased muscle strength and flexibility, arthritis, neuropathies, postural hypotension, slower reflexes, foot problems, confusion, visual problems, and afflictions of the inner ear. Medications can cause dizziness. In fact, the more medications you take, the more likely you are to fall.

Most falls happen at home. There are important ways you can make your home safer. Avoid slippery floors and throw rugs, be sure there is adequate lighting (especially in stairways), do not leave clutter on stairs or floors, be careful not to lift and carry objects that are too heavy for you, install railings and grab bars on stairways and in bathrooms. Avoid slippery shoes or those without backs. Exercise regularly, not only aerobic exercise but include stretching and some weight bearing. Tai Chi and yoga exercises are particularly good. Have your medicines reviewed for dizziness side effects or interactions, get your eyes checked at least yearly. Know your vitamin D3 blood level and keep it at 60-100. Most people, especially those that live in the Midwest and northern parts of the U.S. cannot get enough vitamin D through diet alone. Get osteoporosis screening and monitoring from either a dexascan test at the hospital or an ultrasound heel test at the doctor's office. Take calcium but not too much (no more than 750-1000 mg a day) and always balance it with at least half as much magnesium. If you neglect the magnesium, the calcium will contribute to the hardened plaque developing in your arteries.

Additional measures to improve your balance and treat dizziness include regular use of a VibaBody machine, which can strengthen your bones and improve vestibular function, acupuncture, the Kaufman technique to treat dizziness, physical therapy to redistribute calcium crystals in the inner ear, food allergy testing and treatment, and chelation therapy to help circulation. Cold laser treatment might be helpful for peripheral neuropathy.

Supplements that might be helpful are ginger and perhaps ginkgo for dizziness. Vitamin K2 and strontium can be added for osteoporosis. The digestive protocol might be needed to absorb the nutrients that are so critical in dealing with weakened bone. Dizziness and vertigo that do not respond to treatment should be carefully evaluated by further testing such as an MRI. A brain tumor involving the 8<sup>th</sup> cranial nerve is a remote possibility.

Meniere's disease is a syndrome that includes dizziness with hearing loss and ringing in the ears. Some of the measures described in this chapter might be helpful, but more extreme measures such as medications, positive pressure therapy, and surgery could be required.

### Getting Started for Falls and Fractures

- Take the questionnaire on falls and fractures
- Get a history and physical exam
- Get a vitamin D3 blood test, a comprehensive metabolic panel and CBC
- Get a bone density test
- Review medications with your doctor and/or pharmacist
- Make your home environment safe
- Start a comprehensive exercise program, as tolerated

Helpful supplements and initial therapies—ginger, ginkgo, vitamin D3, calcium, magnesium. VibaBody treatments, acupuncture, Kaufman technique, P.T., neurointegration and laser treatments can be very helpful.

These treatments are very safe.

Cost- \* Low

### Conventional medicine

Medications—Antivert for dizziness (drowsiness). Many meds can cause dizziness as a side effect or as an interaction with other meds. Physical therapy can be helpful if your dizziness is caused by crystals that move about in your inner ear.

### Falls and Fractures Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

Print and mark with a check if the answer is “yes.”

- Do you have a problem getting out of bed or rising from a chair?
- Do you have numbness or decreased sensation in your legs or feet?
- Do you currently take more than two medications?
- Do you have trouble walking up or down slanted walkways or stairs?
- Do you sometimes feel you might lose your balance when walking?
- Do you lose your balance when standing still?
- Do you get dizzy?
- Have you fallen more than once in the last year?
- Do you feel for walls or furniture when you walk around the room?
- Do you ever use a cane or walker?
- Have you ever had a stroke?
- Do you sometimes trip on sidewalks or when stepping off a curb?

\_\_\_Have you been tested for vitamin D and bone density?

\_\_\_Have you had more than two fractures during your lifetime?

\_\_\_Have you ever had neck trauma?

If you answer “yes” to 1 or more questions, you should see the doctor.

## **Chapter 7**

### **Powerful Protocol H-- Hormones for Females and Males**

A very reliable source is *Stay Young and Sexy* by Jonathon Wright

#### **Description of Protocol H**

Pre-menopausal adult females produce three types of estrogen. Estradiol is most potent and most carcinogenic. Estriol is the weakest, and it might counteract the cancer producing-effect of estradiol. The body makes estrone from estradiol. Jonathan Wright, my friend and classmate on this subject, tells us that the goal of bio-identical hormone replacement (BHRT) should be to approximate pre-menopausal estrogen balance as closely as we can. In contrast, the aim of conventional therapy is simply to relieve the symptoms and complaints caused by estrogen deficiency, like any other drug approved by the FDA. Natural medicine aims to restore the balance of hormones to which the body is accustomed.

First, we should consider the route of administration of BHRT. For hormones, you usually do not want to use a pill because after absorption the hormones go immediately to the liver and are metabolized. If instead a cream or gel is used through the skin or vaginal mucosa, the hormones circulate and perform their function before they reach the liver. Dr. Wright recommends taking progesterone along with small doses of estradiol and more substantial doses of estriol on a cyclic basis for female patients. He adds some DHEA to stimulate testosterone production until actual testosterone is needed (mainly for libido). He uses low enough doses so that menstrual periods are not re-created. He monitors urine testing of hormones, and finds saliva testing to be unreliable. I usually use blood testing when needed. It is a whole lot easier to do, and fairly reliable for the info that I need. I believe that the key is to include some estriol in the treatment solution because that is the ingredient that might protect against cancer. Not infrequently, we can get by only with natural progesterone, which is safe and often effective by itself. We recommend breast thermography annually to screen for the tendency toward breast cancer. Mammograms are still an option, but recent evidence has questioned their value. Annual pap smears are needed if the uterus is still present and the patient is taking hormone replacement. Otherwise, pap smears can be every three years until age 65.

Male hormones are more difficult to manipulate. Treatment should require symptoms of deficiency (including fatigue), low blood levels of testosterone, and perhaps reduced DHEA-s levels as well. Once again, a cream should be used for treatment, possibly on the scrotum. Sometimes, discomfort and a reduction in the size of the testicles occurs with testosterone replacement. Symptoms might improve before there is a big change in the blood levels. Too much testosterone can increase irritability and aggressiveness.

#### **Getting Started with Protocol H**

Take the questionnaire on hormones that applies to you.

Get a history and a physical exam

Obtain blood testing of hormones

We use bio-identical HRT to control the symptoms of women as naturally as we can without inducing a recurrence of menstrual periods. We usually suggest that a woman with symptoms get treated for about 10 years in her 50s.

We monitor yearly with breast thermograms and pap smears if the uterus is still present. Serial bone density tests are also recommended. For men, we rely on blood testing and symptoms to determine if treatment is needed.

Natural hormones are probably safer than synthetic prescriptions. There still might be a slight increased risk of cancer with BHRT, thus it is important to monitor female patients closely. On the other hand, many women function significantly better with BHRT. Falls and fractures are reduced, as well.

Cost--\*Low

Additional options—Pellets can be surgically inserted. We do not perform this procedure.

Useful supplements—Herbal preparations and essential oils might be helpful for females. Several herbs might improve erectile dysfunction in males.

#### Conventional medicine

Medications and common side effects—there is a cancer risk with synthetic hormones, especially with progestins. Induced uterine bleeding is another side effect in women. If a man has prostate cancer, testosterone might make the cancer grow faster. However, I have not found evidence to suggest that natural hormones increase the risk of cancer.

### **Men's Hormone Imbalance Questionnaire**

Name \_\_\_\_\_ Date \_\_\_\_\_

Print and mark with a check if the answer is "yes."

\_\_\_ Do you have fatigue or poor stamina?

\_\_\_ Do you have difficulty building muscle mass?

\_\_\_ Have you lost height?

\_\_\_ Have you gained weight?

\_\_\_ Are you less active in sports and physical activity?

\_\_\_ Do you have any digestive upset?

\_\_\_ Do you have erectile dysfunction?

\_\_\_ Is it harder for you to keep up with your work?

\_\_\_ Do you sleep too little or too much?

\_\_\_ Do you snore much?

\_\_\_ Do you get angry or irritable?

\_\_\_ Do you feel less focused or forgetful?

\_\_\_ Do you go to the bathroom more than once a night?

\_\_\_ Has your libido decreased?

\_\_\_ Do you have discomfort on urination, dribbling, or a poor stream on urination?

If you answer “yes” to 1 or more questions, you should see the doctor.

### **Female Hormone Imbalance Questionnaire**

Name \_\_\_\_\_ Date \_\_\_\_\_

Print and mark with a check if the answer is “yes.”

\_\_\_ Do you experience PMS?

\_\_\_ Are your cycles irregular? If you have skipped cycles, when was your last one?

\_\_\_ Is your menses heavy or very dark in color?

\_\_\_ Do you feel nervous or anxious?

\_\_\_ Do you experience fluid retention or bloating?

\_\_\_ Do you have hot flashes?

\_\_\_ Do you have difficulty losing weight?

\_\_\_ Do you experience lower abdominal pain?

\_\_\_ Do you have increased facial growth?

\_\_\_ Do you have acne?

\_\_\_ Do you recently get tired more easily?

If you answer yes to 1 or more, you should see the doctor.

## **Chapter 8**

### **Powerful Protocol I—Immunity, Infection, Cancer Support**

A classic text is *How to Live Longer and Feel Better* by Linus Pauling



## Description of Protocol I

When a patient is prone to get repeated infections, the immune system is compromised. Bacterial infections treated with antibiotics can set the body up for resistance to antibiotics so that the drugs are no longer effective. Most antibiotics are effective against multiple organisms, even the good bacteria that keep things balanced in the gut. Yeast overgrowth can result. By thriving on carbohydrates in the diet, yeast multiplies and releases toxins. Many have been identified, and some can lower the effectiveness of future treatment. Some viruses attack the body when immunity is low. Others stay with the body indefinitely, and flare up periodically, such as Epstein-Barr and cytomegalovirus. Protocol I1 to build up immunity is intravenous vitamin C 20-30 gm with several cofactors such as magnesium, pantothenic acid, and B complex. Varying amounts between one and a dozen IVs can be given to help the body resolve the infection.

Protocol I2 contains even higher doses of vitamin C (30-80 grams). This option is usually reserved for cancer patients, who may or may not have received chemotherapy or radiation. If you have previously been treated by toxic chemicals or radiation, your immune system was attacked in hopes that the treatment would kill the cancer cells more effectively than it killed your healthy cells. High-dose IV vitamin C is a good way to build your immune system back up so it can function properly again.

Tests include stools and other secretions for cultures, antibody testing for infections and allergies, challenge tests for toxic metals, thermography to prevent and screen for breast cancer, PSA, screening colonoscopy, and skin exam. If you already have cancer, an oncologist should monitor how that cancer is doing no matter what treatment you decide to use. If your oncologist does not accept your choice of therapy, we can usually help you find an excellent cancer specialist who can work with us.

Treating allergies with Low-Dose Allergens (LDA) can improve immunity. Oxygen with exercise (EWOT) and other forms of oxidative treatment such as hyperbaric oxygen, ozone, and hydrogen peroxide can be utilized. High-dose vitamin C creates hydrogen peroxide in the body, so we do not feel the need to treat with H<sub>2</sub>O<sub>2</sub> directly. Oxygen helps fight infection. Cancer cells do poorly in the presence of oxygen. We recommend that you learn deep breathing techniques. Some prefer an alkaline diet, and others opt for vegetarianism. We frequently suggest that patients with immunity problems undertake Protocols A and T as well. Allergies can drag the immune system down. Toxins such as heavy metals can enable cancer cells to thrive. Finally, testing and treatment for parasites can give a big boost to immune function.

### Getting Started with Protocol I

Protocol I1--V2 (viral 2) IVs, 1-12 sessions for infection

Protocol I2--High dose vitamin C IVs, 6-20 sessions for basic treatment, plus maintenance for cancer support. Can be given to recover from chemo or radiation.

These treatments are extremely safe.

Cost-\*\*Moderate

Additional options-Hyperbaric oxygen, EWOT, rectal ozone for infections, see Protocol A for allergy and autoimmune treatment. See Protocol T for detoxification. An alkaline diet might be helpful. Searching for parasitic symptoms can be useful (they are notoriously difficult to diagnose using standard microscopic techniques).

Useful supplements-Glutathione, Olive Leaf Extract, resveratrol, vitamins C and D, Echatin Max, Viracon, Monolaurin, berberine, uva ursi, colloidal silver, undecylenic acid, caprylic acid, garlic, quercetin, probiotics, homeopathics, Serrafazyme, amino acids.

Conventional medicine

Medications with common side effects—Antibiotics (ineffectiveness resistant organisms, yeast syndrome), prednisone (decreased immunity, bruising, hypertension, hyperglycemia, yeast imbalance), chemotherapy and radiation (weakened immune system, other cancers in the future, extreme fatigue, digestive problems, hair loss)

### **Immunity, Infections, and Cancer Support Questionnaire**

Name \_\_\_\_\_ Date \_\_\_\_\_

Print and mark with a check if the answer is y (yes) n (no) or appropriate answer

\_\_\_ Do you have a problem that needs to be addressed?

\_\_\_ Did you have serious or frequent infections as an infant or child?

\_\_\_ Have you had asthma or other breathing difficulties?

\_\_\_ Have you had allergies, food or chemical sensitivities?

\_\_\_ How many times (estimate) have you taken antibiotics?

\_\_\_ Have you had problems with diarrhea or constipation?

\_\_\_ Do you have any chronic diseases such as diabetes?

\_\_\_ Have you been told you have AIDS, HIV, recurrent viruses, Lyme disease, or hepatitis?

\_\_\_ Have you ever had a blood transfusion?

\_\_\_ Do you believe in immunizations?

\_\_\_ Are you up-to-date on immunizations?

\_\_\_ Have you had serious reactions to immunizations?

\_\_\_ Do you have a family history of cancer?

\_\_\_ When was your last mammogram, pap smear, thermogram, colonoscopy, PSA?

\_\_\_ Do you smoke now?

\_\_\_ Have you ever smoked?

\_\_\_ When was your last chest x-ray?

\_\_\_Have you been diagnosed with cancer? Is your cancer cured, in remission, still active?

\_\_\_Have you been treated with chemo or radiation or other measures (specify)?

\_\_\_Have you suspected that you might have parasites?

Discuss your answers with the doctor.

## Chapter 9

### Powerful Protocol P—Pain and Joint Support

A good resource for prolotherapy is *Pain, Pain, Go Away* by William Faber

#### Description of Pain and Joint Support

Our primary technique for relieving pain is simple, easy, inexpensive, and quick. It has no side effects and is perfectly safe. It is actually a group of light movements in the soft tissues of the body that send tactile messages to the spinal cord which neutralize recurrent pain messages. Pain relief is felt instantly. The procedure is called Pain Neutralization Technique (PNT), and it has been developed and taught by Dr. Stephen Kaufman. There are dozens of variations using similar mechanisms of action, and they all get to the cause of the pain. Sometimes only one session will result in complete resolution of the pain, even if it has been present for a long time. More commonly, 2-6 sessions might be required for long-lasting relief. Once in a while, the patient does not respond to the therapy, but that is uncommon. This is Protocol P1. The most common response we hear from patients is “Wow, that’s amazing.”

If the ligaments that support the integrity of the joint have been stretched or torn so that the joint is unstable, that joint wobbles, gets inflamed, and “wear and tear” arthritis becomes a more serious problem. Fortunately, we can inject tiny amounts of a solution containing a simple sugar and a local anesthetic into the areas where the ligaments attach to the bone. This creates an irritation that the body thinks is a fresh injury. It sends out repair cells called fibroblasts that lay down new ligament tissue. Usually a joint will require about 13 sessions at weekly or biweekly intervals. This is called prolotherapy or Protocol P2. The treatment usually results in a stable joint that can restore function without inflammation. Prolotherapy is somewhat expensive, but it actually results in building new tissue that restores normal function, which is absolutely remarkable.

#### Getting Started with Protocol P

Questionnaire on pain

History and physical exam

X-rays, MRIs, and other testing to make the underlying diagnosis

Protocol P1—Tender trigger points are usually relieved instantly with Steve Kaufman’s pain neutralization techniques. 2-6 follow-up sessions might be needed.

Protocol P2--For unstable joints, back and neck pain, long-lasting relief is usually obtained with prolotherapy, which requires about 13 treatments at weekly or otherwise specified intervals.

These treatments are both very safe. Protocol P1 is painless. Protocol P2 requires multiple tiny, very quick injections.

Cost-\*Low or \*\*Moderate

Additional protocols for pain relief that we offer at COHA include, acupuncture, microcurrent, cold laser and neural therapy injections with local anesthetics. These are backup treatments that also can be very effective. Fibromyalgia-type pain often responds well to low-dose naltrexone, low-dose immunotherapy (LDI), or vitamin B12 injections that you can give at home. Lyme disease and other tick-borne illness can often respond to LDI therapy. Treatments that we do not offer at our facility but that can be effective in the hands of other practitioners include massage therapy, physical therapy, and manipulations from a chiropractor or osteopathic physician.

Useful supplements that can be helpful to reduce inflammation and reduce pain: curcumin, boswellia, glucosamine, chondroitin, and MSM.

Conventional medicine primarily offers pain medications and surgery. NSAIDs like ibuprofen can result in ulcers, heart attacks, and kidney failure. Acetaminophen can be complicated by liver and kidney failure, and antidepressants might cloud the memory and cause many other untoward effects. Narcotics can get you addicted. Disease-altering drugs are often recycled chemotherapy meds. Arthroscopic surgery is not proven effective for chronic conditions. Joint replacements can be helpful for severe cases but carry the risks and limited benefits of surgery. Eventually they wear out and must be replaced.

### **Pain and Joint Support Questionnaire**

Name \_\_\_\_\_ Date \_\_\_\_\_

Print and mark with a check if the answer is “yes”.

\_\_\_ The pain I experience was after a trauma or surgery.

\_\_\_ The pain I experience is in the muscles, ligaments or tendons.

\_\_\_ The pain I experience is in the joints.

\_\_\_ How often do I have my pain?

\_\_\_ The pain I experience is more in the mornings. Or more in the later afternoons. Or during the night.

\_\_\_ My pain is worse with changes in the weather.

\_\_\_ My pain is worse with certain movements. Specify.

\_\_\_ My pain is tender to the touch?

\_\_\_ I experience an “aura”. During headaches, I am light or noise sensitive.

\_\_\_ Certain foods or smells can make my pain worse.

\_\_\_ My pain is Burning? Aching? Sharp? Radiating? Tingling? Circle all that apply.

Describe other associated sensations.

Where is the primary location of my pain? \_\_\_\_\_ Does it move around my body? \_\_\_

\_\_\_ My pain is draining or associated with fatigue.

What relieves my pain? \_\_\_\_\_

Measures that I have tried that have not been successful. \_\_\_\_\_

Discuss your pain with the doctor.

**Lyme Disease Questionnaire (Blood tests are often inconclusive)**

Name \_\_\_\_\_ Date \_\_\_\_\_

Print and mark with a check if the answer is “yes.”

\_\_\_ Have you ever been told that your problems might be due to Lyme disease?

\_\_\_ Have you had a tick bite?

\_\_\_ Have you had an oval rash about the time when your symptoms began?

\_\_\_ Do you have unexplained joint and muscle pain or swelling?

\_\_\_ Do you have difficulty concentrating, word search, short-term memory loss, or name block?

\_\_\_ Do you have anxiety, panic attacks, mood swings, or depression?

\_\_\_ Do you have tremors or seizures?

\_\_\_ Do you have light or sound sensitivity, blurred vision or floaters?

\_\_\_ Do you have ear pain, dizziness, ringing in the ears, or decreased hearing?

\_\_\_ Do you have numbness, burning or stabbing pain?

\_\_\_ Have you ever had Bell’s palsy (facial paralysis)?

\_\_\_ Are you tired a lot with poor stamina?

\_\_\_ Do you have poor sex function or bladder irritability?

\_\_\_ Do you have chest pain, heart palpitations, or shortness of breath?

\_\_\_ Are you disabled from work activity?

If you answer “yes” to 1 or more questions, you should see the doctor.

## **SPECIAL PROTOCOL P FOR PAIN MANAGEMENT—a Summary**

Goals of therapy-relieve pain, restore function, avoid medications with side effects, prevent the need for surgery.

### Step 1—Assessment

- Questionnaires
- Previous tests
- History and physical exam
- Additional tests as needed
- Treatment plan

### Step 2—Possible Underlying Causes

- Allergy
- Yeast imbalance
- Toxic metals
- Injury/overuse
- Autoimmunity
- Inherited
- Fibromyalgia
- Polymyalgia rheumatica (PMR)
- Shingles neuropathy
- Post-traumatic stress disorder (PTSD)
- Post-concussion syndrome
- Peripheral neuropathy
- Headaches/migraine
- Tick-borne illness such as Lyme disease

### Step 3—Basic treatment

- Supplements—nutritional (vitamin D3), herbal, homeopathic, home B12 shots
- Food allergy assessment
- Metals challenge
- Pain Neutralization Technique (PNT according to Kaufman)
- Cold laser therapy-advanced
- Low-dose naltrexone (LDN)

### Step 4—Power protocols

- Prolotherapy
- Acupuncture
- Low-Dose Immunotherapy (LDI) or Sensitivity Reduction Technique (SRT)
- Neural therapy and trigger point injections
- Micro-current, BioMat
- Decompression therapy
- Neuromuscular IVs (NMTE)
- Chelation therapy to remove toxic metals (EDTA IVs or MercOut Detox Program orally)

## **Chapter 10**

### **Powerful Protocol S--Sugar Problems**

*Sugar Blues* by William Dufty is a classic book on sugar problems

## Description of Protocol S

Diabetes is a growing epidemic in the United States. Twenty-one million people have been diagnosed with type 1 or type 2 diabetes. It is predicted an additional 8.1 million people are undiagnosed. In addition to diabetes, 86 million Americans were diagnosed with the precursor, prediabetes, in 2012. Some others have hypoglycemia or metabolic syndrome. Diabetes was listed as the 7<sup>th</sup> leading cause of death in the United States in 2010. When diabetes is controlled you reduce the risk of co-existing diseases. Unfortunately, many patients continue to have an elevated hemoglobin A1C. Uncontrolled diabetes leads to multiple micro and macro vascular complications. Co-morbidities secondary to diabetes include: hypertension, hyperlipidemia, coronary artery disease, cerebral vascular accidents, chronic kidney disease, amputation, retinopathy and neuropathy.

Sugar problems occur when the blood sugar is either too high (prediabetes and diabetes) or too low (hypoglycemia). Sugar imbalance can be mixed with other factors such as metabolic syndrome, food allergies, or yeast syndrome. The latter two are covered in Protocol E-Energy and Protocol A-Allergy. Hypoglycemia occurs when either the pancreas or the adrenal glands malfunction, usually resulting in low blood sugar 4-5 hours after eating. Dietary treatment is low carbohydrates with frequent small feedings. Over time, some hypoglycemic patients convert to diabetes. For patients with elevated blood sugars, classification requires an HbA1C test, which measures the average blood sugar over a 3-month period of time. A normal A1C is 5.6 or less. Prediabetes is from 5.7-6.4, and diabetes is diagnosed with an A1C equal to or greater than 6.5. Good blood sugar control of a diabetic patient is usually considered to be 6.5-7.0. The metabolic syndrome requires a borderline blood sugar, abnormal lipids, and an increased waist measurement of at least 35 inches for women and 40 inches for men.

As soon as prediabetes, metabolic syndrome, or diabetes is detected, a careful reassessment of lifestyle factors should be instituted. The patient and the family must embrace responsibility for controlling the disease. We believe that low carbs is the best diet and a weight loss program is instituted, if needed. Regular exercise and an effective way to deal with stress are important. Smoking and excessive environmental pollution are to be avoided as much as possible. Regular monitoring of lipids, HbA1C, kidney function tests such as creatinine with GFR and micro-albumen, vitamin D3 levels, annual eye exams, vascular screenings, and careful attention to the feet are all required. A challenge test is the best way to screen for toxic metals.

Nutritional supplements can help control the disease and avoid complications. Vitamin C, vitamin D3, biotin, chromium, magnesium, zinc, selenium, B-complex, inositol, and alpha lipoic acid should all be considered. Several herbal supplements could also be selected if further control of the blood sugar is needed. Particularly effective are cinnamon, bitter melon, and berberine. The most significant evidence of treatment success in the last few years came with the Trial to Assess Chelation Therapy (TACT). Chelation therapy dramatically reduced future cardiac events and lowered the death rate for patients with diabetes who had a previous myocardial infarction. The magnitude of benefit was perhaps greater than any other intervention. The probable mechanism has to do with free-radical activity and inflammation caused by toxic metals, which are removed with chelation. Confirmatory research is coming with TACT-2, but cardiologists and endocrinologists should at least describe the remarkable evidence generated by TACT-1 and let their diabetic patients choose whether they want chelation, either before or after vascular disease has developed. After all, most of the complications from diabetes are vascular, which can lead to devastating disabilities and/or premature death.

Control of the disease is imperative. Therapeutic goals for the HbA1C should be 6.5-7.0 for most patients and 8.0 for unstable elderly patients. Of course, lower levels of HbA1C are desirable if they are achieved without the help of medications.

## Getting Started with Protocol S

Take the sugar questionnaire

History and physical exam

Pay particular attention to low carb diet, exercise, stress and avoiding cigarette smoke.

The natural treatments for diabetes are very safe.

Cost--\*\*Moderate

Chelation therapy is highly recommended (see Protocol C).

Helpful supplements include vitamin D3, multivitamins, chromium, berberine, cinnamon, and bitter melon.

Conventional medicine

Medications and common side effects—Oral hypoglycemic medications (possible heart attacks, weight gain), insulin (might be atherogenic and cause heart attacks). Oral medicines to lower the blood sugars and insulin are reasonable choices if needed, whether or not the patient is insulin dependent. Doctors must be careful to avoid over-medication that can lead to HbA1C readings that are too low, hypoglycemic episodes, and severe injuries, especially in the frail elderly.

**If you can avoid or at least minimize medications to control your blood sugar levels with nutritional supplements and chelation therapy, you are much better off.**

### **Sugar Problems Questionnaire**

Name \_\_\_\_\_ Date \_\_\_\_\_

Print and mark with a check if the answer is “yes.”

\_\_\_ Do you have a difficult time waking up in the AM?

\_\_\_ Do you often have a headache first thing in the AM?

\_\_\_ Do you need coffee, tea, a cigarette, or sugar in the morning?

\_\_\_ Do you crave sugar, sweets, pasta, or cereal? How about desserts after a full meal?

\_\_\_ Are you especially fatigued in mid to late afternoons?

\_\_\_ Do you have brain fog or mood swings?

\_\_\_ Do you get weak, shaky, irritable, or dizzy if you go 4-6 hours without eating?

\_\_\_ Do you over-react to stress?

\_\_\_ Do you feel too tired to exercise? More tired lately than in the past?

\_\_\_ Are you gaining or losing weight without trying to lose or changing your diet?

\_\_\_ Has your appetite increased lately?

\_\_\_ Do you have to urinate frequently?

\_\_\_ Are you more often thirsty lately?

\_\_\_ Do you have frequent infections or skin lesions that take a long time to heal?

\_\_\_ Do you have numbness or pain in your feet?

If you answer “yes” to 1 or more questions, you should see the doctor.



## Chapter 11

### Powerful Protocol T—Toxicity

An excellent source about common toxins is *Detoxify or Die* by Sherry Rogers

#### Description of Protocol T

We live in a toxic world. There is no place on earth that has not been exposed to toxic chemicals. Even newborn babies have to deal with potentially harmful chemicals that have come to them via the placenta from their mothers. Unnatural chemicals are present in your food, your water, the air you breathe, and the products you use every day. The ones that have been studied most and that probably have the greatest danger for your health are heavy metals. Mercury, lead, arsenic, cadmium, and antimony have been linked to an increased risk for hypertension, heart disease, cancer, neurologic problems, and auto-immune disorders. You are also at risk from perfluorinated compounds, toxic flame retardants, phthalates, pesticides, herbicides, PCBs, DDT, formaldehyde, and bisphenol A (BPA).

There are many non-specific, subtle symptoms that can occur as a result of toxicity. Your body adapts wonderfully and continues to function despite a toxic load that is difficult to deal with. However, with continued exposure there comes a point when it begins to break down.

There are three vitally important actions you can take to protect yourself and your family. First, you can limit your exposure by using natural products as much as possible, eating organic foods, and drinking good quality water. Second, you should give yourself a detox twice a year. That can be as simple as taking milk thistle to cleanse your liver for a month. Or more effectively, you could undergo a detoxification program like the 1-week Core Restore program available from OrthoMolecular Products. You could also fast for five days. Third, you should be tested for toxic metals with a challenge test and be treated with a chelating agent if needed, based on the test results. Toxic metals are tricky. After they are absorbed into the body, they stay in the blood stream for only two weeks or so. Then they are stored in the bone, brain and fat tissue. A blood test will discover only a recent exposure. What you want to know is your lifetime accumulation to assess your risk. This requires taking a chelating substance that binds toxic metals and measuring how much comes out through the urine.

The broadest chelating agent for heavy metals is EDTA, which is usually administered intravenously because it is only absorbed 5% through the gut. DMPS and DMSA can be given orally. In between treatment courses with the drugs, vitamin C, cilantro, chlorella, alpha lipoic acid, and glutathione might be helpful auxiliary agents.

Rogers' book is a wakeup call for your health and to enable you to live a long life. Detoxification has become necessary to live in this toxic world. For addictions to drugs and alcohol, see the brain protocol.

#### Getting Started with Toxicity

- Take the questionnaire
- Get a history and physical exam
- Review your environmental exposures

Get a heavy metals challenge test. You can do it orally with DMPS (Urine Mercury test), especially if mercury is a concern due to amalgam fillings. Or you can combine oral DSMA with an intravenous CaEDTA infusion. DMSA and DMPS are available orally. EDTA must be given IV to be effective as a treatment program. Usually 10-20 treatments are needed. See Protocol C on circulation.

Detox programs are generally safe, if supervised properly. Kidney and liver function might need to be monitored. A flare of symptoms for 2-3 days might occur as the toxins are mobilized from storage in the body.

Cost- \* Low for oral preparations. \*\*IVs are moderate

Additional options--Schedule an oral detox for chemicals with milk thistle, fasting, or a Core Restore kit twice a year. Use healthy, natural products whenever possible. Eat organic food, drink an ample amount of clear water. Regular exercise is essential. Sauna treatments are excellent. Foot baths might help with chemicals some, but do not remove heavy metals.

Useful supplements—anti-oxidants, vitamin C, cilantro, chlorella, alpha lipoic acid, and glutathione (or its precursor, NAC)

Conventional medicine medications generally do nothing to detoxify and instead, create toxicity. Whatever toxins are not metabolized and removed by the kidneys and liver tend to build up over the years and can contribute to the risk for various chronic degenerative diseases.

### **Toxicity Questionnaire**

Name \_\_\_\_\_ Date \_\_\_\_\_

Print and mark with a check if the answer is “yes.”

\_\_\_ Do you have new furniture or pressed wood products in your house? (ventilate your home to remove volatile organic compounds—VOCs).

\_\_\_ Are you careful to avoid pesticides in your food? (eat organic as much as you can, use natural pest control, don't wear shoes in the house).

\_\_\_ Do you have wet areas in your house? Is your humidity kept low? Do you change your filters often? (mold can devastate your immune system).

\_\_\_ Do you avoid plastic containers for food and liquids? Are you careful about baby toys and cosmetics? (phthalates and polyvinyl chlorides—PVCs soften plastics and extend the lives of fragrances)

\_\_\_ Do you limit dairy and meat in your diet?

\_\_\_ Do you avoid smoking and burning wood? (dioxins)

\_\_\_ Are you especially careful to limit exposure to heavy metals, which can be found in drinking water, foods exposed to pesticides, fish, MRIs, vaccines, dental amalgams, and soldering? (Arsenic, lead, cadmium, mercury, aluminum, and gadolinium, can help cause cancer, heart disease, and Alzheimer's disease).

\_\_\_ Do you avoid products treated with flame retardants? (polybrominated diphenyl esters—PBDEs).

\_\_\_ Do you limit exposure to chlorine? (chlorinated drinking water, swimming pools, and showers might increase your risk of cancer and birth defects. Drink pure water, use low flow shower heads and take warm, not hot showers).

\_\_\_ Do you detoxify once or twice a year?

\_\_\_ Do you wash your fresh fruits and vegetables with vinegar?

\_\_\_ Have you been tested for heavy metals with a challenge test?

\_\_\_ Do you exercise or sauna enough to produce sweat?

\_\_\_Do you drink plenty of good water?

If you answer “yes” to 1 or more questions, you might have a toxicity problem and should see the doctor.

## Chapter 12

### Powerful Protocol V—Visual Problems

A good resource is *10 Essentials to Save Your Sight* by Edward Kondrot

#### Description of Protocol V

The first program we offered for eye diseases was originally developed by Dr. Jonathan Wright. It consists of intravenous nutrients given on a weekly basis, along with a comprehensive oral supplement. Alternating with the IV nutrition treatments is chelation therapy, which Dr. Chappell has been using for many years to remove toxic metals and improve circulation to the eyes. For a few years, we worked closely with Ed Kondrot, a homeopathic ophthalmologist from Ft. Myers, Florida. His program combined 5 separate therapies over 3-days to treat common eye diseases such as glaucoma, macular degeneration, cataracts, and retinopathy. We no longer use Dr. Kondrot’s program (individually programmed microcurrent, color therapy, and unique high dose IV and oral nutritional prescriptions). However, we often add cold laser therapy and rectal ozone, two therapies which we also have been trained in for years. Finally, we utilize the mandibular reflex, which was discovered by Dr. Stephen Kaufman, a chiropractor from Colorado. The mandibular reflex consists of a twisting motion in the mouth and has also resulted in nice improvements for macular degeneration, both wet and dry, for some patients.

Protocol V requires maintenance visits, depending on how severe the eye problems are. These are very good treatments, especially when used together, and they serve to control the underlying problem. They are not curative. We are very excited to be able to offer these options, but you need to be committed to follow-up care or you will not get optimal results. We discontinued the Kondrot program in order to make your treatment for eye problems more affordable and less cumbersome for required home therapy. We are still very happy with our results. We are grateful for all we have learned from Drs. Wright, Kaufman, and Kondrot for treating the eye.

#### Getting Started with Protocol V

- Take the visual problem questionnaire
- History and physical exam and get a challenge test for toxic metals
- Get your records from your eye doctor

Protocol V —Set up a series of Nutritional IVs and Chelation IVs, along with oral supplements. Add cold laser and/or rectal ozone treatments, while in the office. Learn to use the mandibular reflex. Monthly treatments are required for maintenance.

These treatments are all very safe.

Cost-\*\*Moderate

Useful supplements—Comprehensive multivitamins specifically for the eye are provided. Nutritional formulas from compounding pharmacies can be prescribed for dry eyes and cataracts.

Conventional medicine prescribes medications and usually a few oral antioxidants for these problems. Glaucoma is treated with various eye drops, which are applied in the eyes. They are absorbed so well that they can produce systemic side effects. Shots are given directly into the eye balls to treat macular degeneration. The

treatments try to slow the progress of these conditions, but they are not curative. The shots are extremely expensive. Recent studies have shown that retinal atrophy can occur over time with the shots. This complication can lead to premature blindness separate from the underlying condition.

### **Visual Problems Questionnaire**

Name \_\_\_\_\_ Date \_\_\_\_\_

Print and mark with a check if the answer is “yes.”

\_\_\_ Have you been checked by an eye doctor for a problem in the last 12 months?

\_\_\_ Has your vision changed in the last year? Is it blurred?

\_\_\_ Do your eyes hurt or feel gritty?

\_\_\_ Do you have trouble driving at night or working with a computer?

\_\_\_ Do you have allergies or sensitivities of any kind?

\_\_\_ Do you have diabetes or prediabetes or a family history of diabetes?

\_\_\_ Do you have dry eyes?

\_\_\_ Have you been told you have cataracts, glaucoma, macular degeneration?

\_\_\_ Have you been exposed to toxic substances at work?

\_\_\_ Do you currently smoke, sniff, or chew tobacco? Have you ever done so?

\_\_\_ Do you have high blood pressure, high cholesterol, and/or heart disease?

\_\_\_ Do you have a family history of any eye disease?

\_\_\_ Have you been treated with eye injections or long-term eye drops?

If you answer “yes” to 1 or more questions, you might have a vision problem and should see the doctor.

### **APPENDIX I. SCREENING TESTS**

Screening tests look for early signs of diseases or problems. Some screening tests have not been shown by research to be cost-effective. Others might carry their own risks, such as radiation risk from too many mammograms or CAT scans. The following are tests and procedures that we feel can really make a difference through early detection. We recommend them for you and your loved ones.

#### **1. Sex organs**

Women should self-examine their breasts and men their testicles once a month in the shower to detect any new lumps or tender areas. Once a year, men over 45 years old should have a prostate exam by the doctor and probably a PSA. Similarly, women should begin pelvic (cervix, uterus and ovaries) and

breast exams by the doctor in their twenties or when they become sexually active. We generally prefer thermography in our office over mammograms for breast screening, but either or both can be used. The good news is that with supplements we can usually decrease the risk of cancer detected by breast thermography.

2. Digestive Tract

At least one colonoscopy at age 45 years old is recommended, even though it is costly. For those over 60 years old, a plasma amino acid test can be very helpful. If most of the amino acids measured are deficient, that means that proteins in the diet are not being digested thoroughly. This can be due to reduced stomach acid production or the need for more digestive enzymes from the pancreas, both of which are common problems that are often missed.

3. Circulation

Beginning at least in your 40s, we like to search for early signs of the number one and number three causes of death (heart attacks and strokes). The most cost-effective tests are the CardioRisk test for carotid arteries, a peripheral doppler test of the legs done at our office and the ultra-fast CAT scan for the calcium score of your coronary arteries, or perhaps a stress EKG done at the hospital. The latter is less sensitive for women, who also do not present with the typical symptoms of heart problems as men do. Do not ignore these tests. The first sign of heart disease is not infrequently sudden death. No one wants to be crippled long-term from a stroke or have a leg removed from a preventable illness. Cholesterol, triglyceride, CRP and blood sugar levels should be tested regularly, even though these represent only a few of many risk factors for heart attacks. The Boston Heart Profile looks at cardiac risk factors in more detail.

4. Skin

Have a significant other or the doctor help you keep track of moles and other skin lesions. If they change, or if they are large, bi-colored, dark or irregular, get them checked further immediately. Most skin cancers are curable if treated early.

5. Bone Density

You can do a Dexascan test at the hospital every three years or a simpler ultrasound test in our office once a year to detect weakening bones. Women should start screening at age 40 and men at age 60. Men are often forgotten for this test, but they too can experience deadly hip fractures or painful compression fractures of the spine if their bones are not strong.

6. Allergy testing

Many allergies are ignored or not detected. They can devastate the immune system over time. Autoimmune diseases can develop. Once allergies are suspected by history and physical exam or a blood test for food sensitivities, we have several good options for treating them. This can improve your quality of life as well as help prevent major degenerative diseases.

7. Genomics

If you want to know which diseases you are genetically programmed for, we can now do genetic testing of the blood. When the results of the testing reveal genetic susceptibilities, we can do quite a bit with nutrition to help prevent gene expression. Recent legislation forbids insurance companies from using genetic testing results against you when determining your insurability. However, genomics is a science that is in its infancy. I would only recommend testing if you are highly motivated to respond and you are well aware of its limitations.

8. Annual physical exam

Some family doctors formerly required an annual physical for all patients. This is not required at COHA, but we still think it is a good idea for many of our members. It offers the opportunity to check where you stand with this handbook and reassess your preventive health plan. Sometimes we pick up something during a physical that would be otherwise undetected until significantly later. If you stay on top of things with due diligence and regular check-ups, an annual physical exam might not be needed.

## APPENDIX II. IMMUNIZATIONS

In some ways, immunizations have been a success story for American medicine. Some terrible diseases are no longer a concern, and some of the credit must be given to immunizations. However, the risk of immunizations has been under-reported and downplayed by conventional medicine. Not only is there a risk of toxicity from the vaccine, but I believe that there is a risk of stimulating an autoimmune disease. Prior to the removal of thimerisol from most childhood vaccines, mercury toxicity was a major risk, in my opinion. Most flu shots still contain thimerisol. Other important factors are the sheer numbers of vaccines given to children nowadays (especially on the same day), and also that we are giving the vaccines at younger ages (which has not been proven completely safe with research).

My advice is to spread the vaccines out and give them when the child is a little older. We have a homeopathic line that might protect against the side effects of immunizations. In my experience, oral mucococcinum every two weeks is more effective than flu shots. Cold and flu drops are pretty good at fighting off a cold. If parents want to avoid immunizations altogether, that is their choice, but they should realize that someday that choice might catch up with the family if, for example, the child wants to join the military or become a health professional.

## APPENDIX III. BASIC NUTRIENTS

There are a few nutrients that almost everyone should take. Most of our population is deficient in magnesium, essential oils, vitamin D and vitamin C. Many have hyperlipidemia and at least for part of their lives, a hormone deficiency.

Thus my essential supplement list usually contains:

1. A good multi-vitamin requiring at least 4-6 pills a day
2. Calcium and magnesium, hopefully mixed together at least in a 2:1 ratio, with 500-750 mg a day of Calcium. Do not use calcium carbonate or magnesium oxide as prime sources.
3. Fish oils (pure), 2-4 capsules a day
4. Red yeast with coenzyme Q10 (2400mg/50 mg per day) and sometimes with niacin added
5. Vitamin D3, up to 5000 IU per day or more, based on the blood level
6. Bio-identical hormone replacement therapy, if needed
7. If you need to take antibiotics, always take probiotics also, but at a different time of day.

## APPENDIX IV. MAJOR THERAPIES

Our signature therapies are offered by integrative physicians throughout the country, but it is rare indeed to find them all at one place. We are pleased to offer them not only to you but to your friends and relatives who live within reach of Bluffton.

1. Chelation therapy to remove toxic metals and improve circulation all over the body. Our considerable experience and published research shows this therapy to be very effective for both treatment and prevention. We teach physicians from all over the country and some from abroad the fine points of getting excellent results with chelation therapy.
2. Other nutritional IVs for neurologic problems, memory loss, addictions, fatigue, macular degeneration, digestive disorders, etc.

3. Acupuncture for a wide variety of problems
4. Prolotherapy injections to make ligaments around joints much stronger and more functional
5. IDD (decompression) therapy for disc problems in the low back, perfect for sciatic pain. The treated discs are rehydrated and can function almost like new for years after a series of treatments.
6. Allergy treatments that help to normalize the immune system, some with injections, others by tapping on acupuncture points, and still others with supplements.
7. Comprehensive digestion analysis and treatment
8. Detoxification—bowel, liver, blood, brain, you name it. This is very important because of today's toxic environment.
9. Weight loss—Crucial for long-term success is finding the diet that is right for you and checking for hidden hypothyroid problems, digestive factors, and food allergies.
10. Stress relief and mental clarity—From a wide variety of options, we can find the technique that works for you.
11. Bio-identical hormone therapy
12. Nutritional supplements, herbals and homeopathics that can gently provide multiple potential answers for such health concerns as hypertension, diabetes, osteopenia, hypothyroidism, circulation difficulties, necessity of antibiotics, autoimmune disorders, hyperlipidemia, neurologic problems, autism and many more. And they are almost all safer and often more effective than prescription drugs.

## APPENDIX V. REFERENCES FOR PROTOCOL 3—CARDIOVASCULAR DISEASE

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## APPENDIX VI. TERRY'S PARTIAL LIST OF MEDICAL HEROES

A few of Terry's cast of heroes—my apologies to those who I have left out. This is a partial list.

### Allergies/Auto immunity

Shrader (LDA), McEwen (EPD), Rapp (children with food allergies), Rogers and Rea (detox), Vincent (autoimmunity), Schachter (thoroughness), Pauling (vitamin C), Jaffe (research in integrative medicine), Heimlich (courage to confront the medical establishment), Steenblock (stem cells), Schmeltzer (teaching



others your secrets), the woman with MS (continue to help even with a devastating illness), Hoekstra (thermography), Dowes in Germany (hyperthermia)

#### Brain

Perlmutter (brain), Lou Banas (laser), Travis (high level wellness), amino acids (addictions), Robban Sica and Rashid Buttar (autism), Joe Hickey (combination chelators), Holmes (psychiatric therapy that works), Shealey (affirmations), Craig (EFT)

#### Circulation

Frackelton and Ron Casselberry (faith in my leadership), Lonsdale (scientific writing), McDonagh and Rudolph (33 articles on all aspects of chelation), Carter (my mentor for scientific research), Olzsewer from Brazil (finding the correct dose for EDTA), Hancke from Denmark (preventing bypasses and amputations), Godfrey and Dooley from New Zealand (fearless defenders of chelation), Born (Grant for thinking big, Tammy for standing tall in a whole room of vocal opponents of chelation), Scarchilli (for muscle testing), Parente (for making a partnership really work well), van der Schaar in the Netherlands (an amazing vascular surgeon who proved that chelation works), Dayton (quietly does everything well), Lamas (NIH researcher who believed in us and formed TACT), Olmstead (wrote the incredible monograph on chelation and lost his professorship as a “reward”), Holliday (a vascular surgeon who now does mostly chelation), Roberts (my friend and doctor, who spends half his time figuring out how medical interventions work), Casdorff (first took a look at my heart), Soriano in Canada (meticulous detail), Rozema now in Equador (the best president ICIM ever had), Farr (credentials for chelation and oxidative therapies genius), McDaniels (made EDTA work as a surfactant so that everything in the body becomes more slippery), Burton (Congressman who held the hearing that finally got funding for TACT), Lamas (believed in us!), Miranda (a good mentor to follow as president of ACAM), Jim Smith (a good friend and confidant), Schachter (always there when I need him), Cranton (a giant in the history of chelation, the glue that held the movement together), Morton Walker and Arline Brecker (superb medical journalists who spearheaded the public support for chelation), Plumb (a teacher of physicians on how to offer chelation safely and effectively), Mason (chelation and cancer—he does both), other Rick, Drisko (our link to academia, a great proponent of vitamin C), Warren (a deep thinker and great clinician, coast to coast), Tapert and Snyder (turned me from a skeptic to a believer by inviting me into their offices), Vern Tilton (my patient, who insisted that I look into chelation), Waters (speaks truth to power, an honest man), Ross and Gary Gordon (wonderful leaders and teachers, without them chelation would no longer be an option), Sica and Patel (both fought long battles against medical boards and were completely exonerated, but it cost them each a million dollars, how tragic), Whitaker (a great doctor and an even better writer about the advantages of alternative medicine).

#### Digestion

Galland, Hoffman, Yu, and Bland (all excellent teachers, making the complexities of digestion simple), Wilson (the Renaissance Man, an accomplished musician and superb physician), Atkins, Mauer and my office assistant Bob Angus (who came out winners in the debate about the effectiveness of the low carb diet).

#### Energy

Teitelbaum and Susser (different generations but both gave me effective answers about chronic fatigue), Wright (a classmate of mine who deserves accolades from the University of Michigan Medical school for excellence in research), Claudia David Roscoe and Joe Bassett (owners of two great health food stores in Toledo, especially Claudia, who has always been supportive of me), Majid Ali (the importance of breathing and getting oxygen into the body, Rene Blaha and Simon Yu (who have captured the wonders of energy medicine), Gaby (excellent comprehensive programs on integrative medicine, plus a wonderful textbook that I refer to frequently).

#### Falls

Frackelton (the importance of vitamin D and preventing falls and fractures).

## Hormones

Northrup, Lee, Somers, and Wright (the benefits of safe and balanced bio-identical hormones).

## Immunity

Sarchilli (cancer doc in Canada) and Cole (asking patients how they want to treat their cancer)

## Pain

Faber (who taught me one-on-one prolotherapy at his office), Klinghardt (neural therapy), Kaufman (pain neutralization and many other techniques to relieve pain with light touch—an incredible innovator, teacher, and friend), Nutt (acupuncture and tireless leader for the emergence of integrative medicine), Battle (who knows more therapies than anyone else I know, I am so lucky to know him), Scarborough & Pack (local compounding pharmacists, along with several others nationally, giving us many more tools for effective therapy).

## Sugar

Trowbridge, Crook, and Truss (the big three that discovered and made popular the “yeast syndrome”, which has devastated so many people and yet is easily treated if you know how. John Trowbridge is my good friend and colleague)

## Toxicity

Rogers and Rea (both prominent members of AAEM who have written extensively on detoxification), Boyd Haley (has brought mercury toxicity to academia), Maulfair (a comprehensive detoxification program that can restore the lives of patients imprisoned by addictions and toxic exposures), Tenpenny (who developed a multifaceted technique of tapping on acupuncture points to desensitize allergies and sensitivities, also spoke out on the dangers of vaccines), Halstead and Rozema (Halstead wrote the Scientific basis of EDTA chelation therapy and Rozema updated it).

## Vision

Kondrot (developed a comprehensive program to treat chronic eye problems such as macular degeneration, glaucoma, and cataracts—I still use some of his techniques in my office with under his supervision with impressive success), Verzella from Italy (he has been a friend, with whom I have corresponded for decades).

## Introduction

Human Lifestyling, Dunn (high-level wellness), Whitaker (who is never afraid), Rowen (always thinks out-of-the-box), Collin (the Townsend Letter is a wonderful labor of love), Wonsil and Homeopathics and volunteers for clinic (donated supplements and time for our free clinic in Lima for 20 years!), Drs. Data (always dependable and standing tall against the quackbusters)

Personal—First and foremost, Bobbie (my loving and supportive wife who pushed me in the direction of alternative medicine from the beginning), my daughter, Wendy as executive director par excellence with some help from her husband Andy and my granddaughters, Hannah and Sara have made the International College of Integrati

ve Medicine (ICIM) the best small medical society in the whole world), Sielski (a dedicated doctor of my highest respect), Heiks (it did not work out like we hoped in Bluffton but it will be great for Sam and his family in Wisconsin—I learned a lot from him), Kindness (platelets!), Nielsen, Lambertson, Bursten (doctors I have learned from and partnered with), Wendy, Ben, Jen, and Katie (our four spectacular children along with ten grandchildren, each one an amazing blessing), Shelly and Lugibihl (conventional family docs who got me started in Bluffton), Jane Chappell (taught me where I came from), my parents, Lou and Pauline Chappell, and my sisters, Connie and Pam, a loving family, I am so fortunate), Rae Neal (a truly great nurse practitioner to partner with), Bluffton, Ohio (an ideal small town where I live and walk to work each day), my Mennonite church and small group (my spiritual home), my staff, esp. Marcia, Esther, Vi, Betsey, Bob, Kate, John, Jim, Tammy, Jenny, Joan, Marlyce, Vicki, Becky, Phyllis, Emily, Nancy, Kathy, Shelley, and others who have supported me through the years), my patients (all who have trusted me and challenged me to find new ways to help them), Augustine and Seeley, Kingsley, Turner, and Emord (dedicated attorneys, who have protected me

and many others), Rakesh Shukla and Stahl (great statisticians who helped me write), the self-proclaimed quackbusters and other critics of alternative medicine (they are so passionately wrong that they are saving a separate body of knowledge that otherwise might have faded away).

## APPENDIX VII. A COHA Update on Your Signs and Symptoms

Name \_\_\_\_\_ Date \_\_\_\_\_

Print and mark with a check if the answer is “yes” or “no.”

\_\_\_ Do you get less than 7-8 hours of restful sleep each night?

\_\_\_ Do you feel tired when you awake after your night’s sleep?

\_\_\_ Do you snore at night and/or yawn during the day?

\_\_\_ Are you tired out of proportion to your daily activities?

\_\_\_ Do you frequently have nasal or sinus congestion?

\_\_\_ Do you have digestive issues, including increased gas or bloating?

\_\_\_ Do you have pain (circle all that apply) muscle pain, joint pain, nerve pain, back pain, neck pain, headaches?

\_\_\_ Is your memory fading or do you have “brain fog”?

\_\_\_ Do you have a family history of Alzheimer’s, diabetes, or strokes?

\_\_\_ Is your waist greater than 40 inches at the “belly button”?

\_\_\_ Do you have hypertension, high cholesterol, heart, or circulation problems?

\_\_\_ Do you have extra stress in your life or are you depressed?

\_\_\_ Do you have cystic acne or rosacea?

\_\_\_ Do you have asthma or chronic lung problems?

\_\_\_ Do you have other health problems that have not been adequately addressed?

List:

If you answer “yes” to 1 or more questions, you should see the doctor.

## ABOUT DR. CHAPPELL

I was born in South Haven, Michigan, and I graduated from DePauw University and University of Michigan Medical School. I interned at St. Benedict's Hospital in Ogden, Utah and became Board-certified in Family Medicine in 1973. I served as chief-of-staff at Adams County Hospital in West Union, Ohio and at Bluffton Community Hospital in Ohio, where I have lived for 40 years. I have been on the Board of Directors for ACAM and ICIM for many years and was elected to be president of both organizations. I have published many articles on alternative and longevity medicine and lectured world-wide on these and other topics.

## CELEBRATION OF HEALTH ASSOCIATION

We are a referral practice. Our patients generally learn how to take care of themselves so they can get and stay well. We count on you to spread the word so that we can help your friends and relatives. We appreciate the fact that you have confidence in our ability to help others, especially when you send us referrals. Our toll-free telephone number is 800-788-4627. Check out our Web Site [www.healthcelebration.com](http://www.healthcelebration.com) and Dr. Chappell's blog at [www.terrychappell.blogspot.com](http://www.terrychappell.blogspot.com) .