

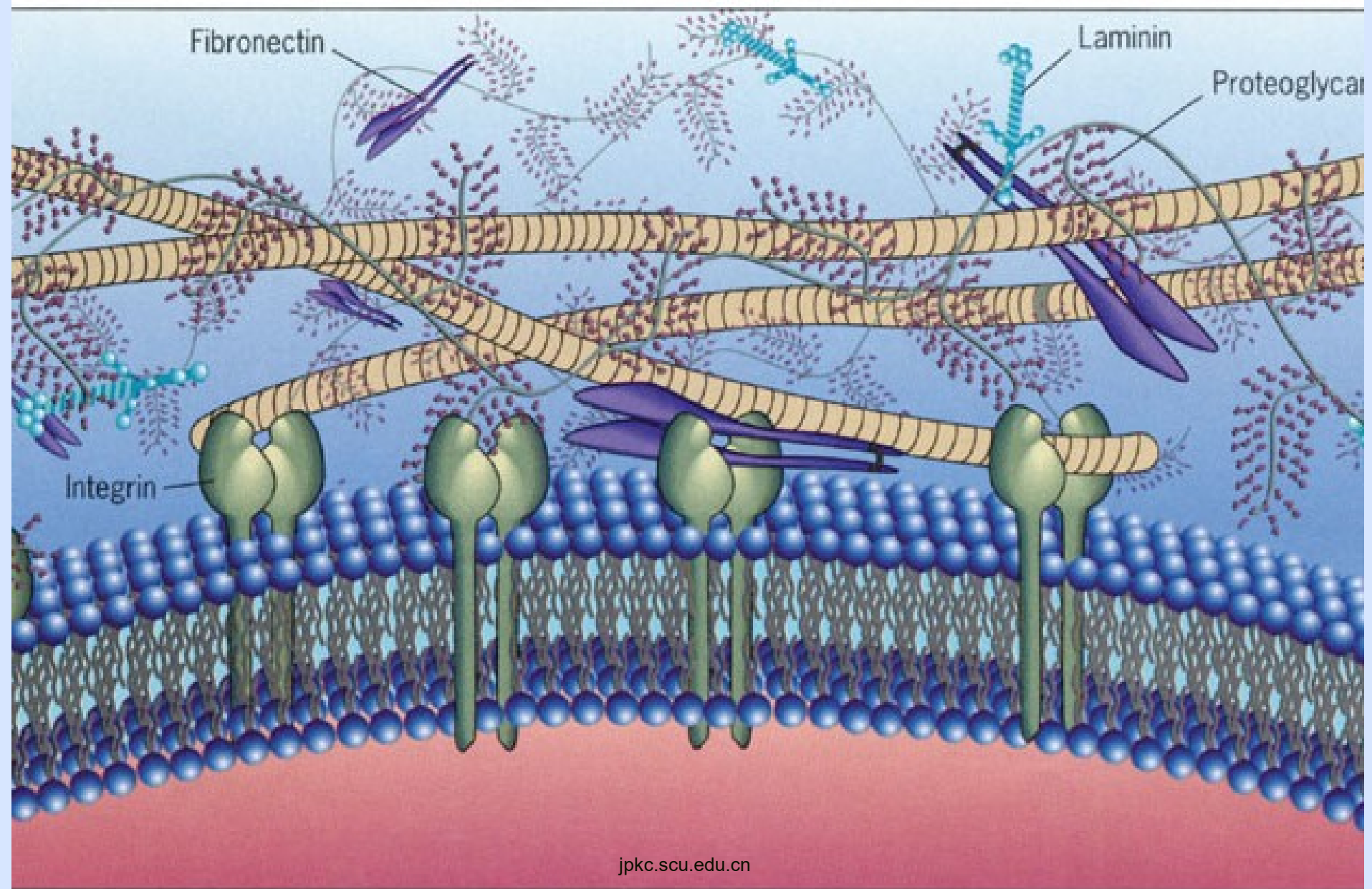
The Chronic Illness Puzzle

Ann F. Corson, M.D.

November 17, 2019

German Biological Medicine

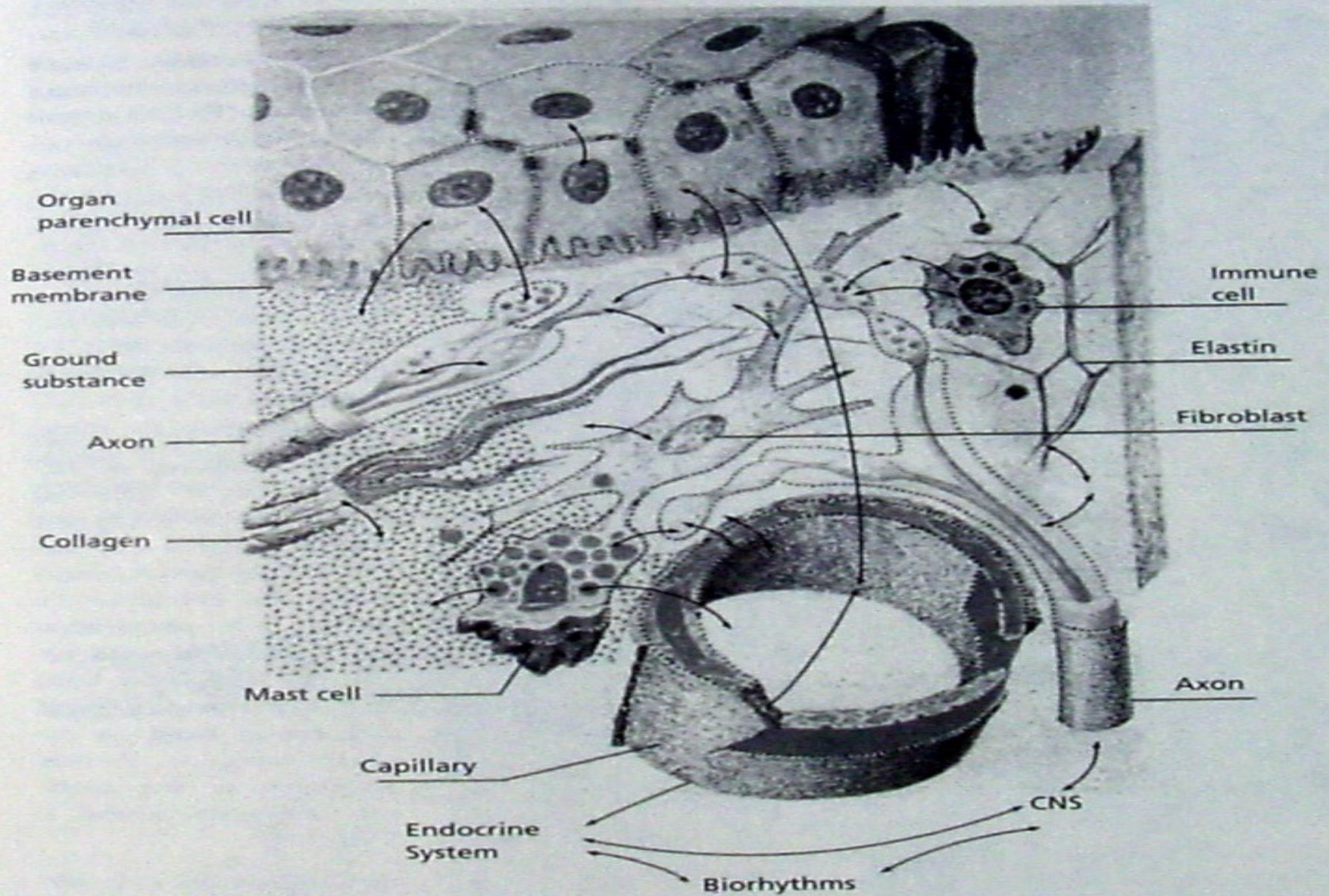
- A unique field of medicine that integrates
 - Modern western medical science
 - Traditional European herbal medicine
 - Classical homeopathy
 - Isopathic medicine
 - Terrain based medicine
 - Bio-energetic medicine
- All molded by the ancient theories of
 - Shang Han Lun



German Biological Medicine

- Terrain-based treatment
 - Extracellular matrix - primary organ of regulation
 - Gastrointestinal and mucocutaneous micro-biome
- Energy distribution and balance
 - Maintenance of cellular energy production
 - Effective digestion and assimilation
 - Successful transport and communication
 - Fluidity and plasticity of regulatory responses
 - Elimination of metabolic toxins

Diagram of matrix regulation



Pischinger, *The Extracellular Matrix and Ground Regulation* North Atlantic Books, 2007, p. 9

German Biological Medicine

- Appreciates biological diversity
 - Individual approach to each patient
- Provides a framework for restoration of:
 - Overall vitality
 - Gastrointestinal function
 - Extracellular matrix
 - Endothelial system
 - GALT, MALT, spleen/bone marrow
 - Neuroimmune, neuroendocrine and neurovascular control mechanisms

Homotoxicology - Shang Han Lun

Humoral Phases 1 - 3		
1 Excretion Tai Yang	2 Inflammation Yang Ming	3 Deposition Shao Yang
Biological Divide		
4 Impregnation Tai Yin	5 Degeneration Shao Yin	6 Neoplasm Jeu Yin
Cellular Phases 4 - 6		

Chronic patient complexity

- Toxic encumbered matrix, organs and tissues
- Unregulated systemic inflammation - stuck “on”
- Gut dysbiosis - liver/gallbladder dysfunction
- Polymicrobial infection - all classes of organisms
- Vasculitis and hypercoagulability
- Metabolic faults in detoxification
- Mitochondrial dysfunction
- Hormonal and metabolic dysfunction
- Immune system/bone marrow dysfunction
- CNS and PNS dysfunction and damage

Approach to chronic patients

- Simultaneously and sequentially restore vitality:
 - Reduce inflammation, neuro-excitotoxins
 - Restore gut and respiratory mucosal integrity
 - Remove toxins via stool, urine, skin
 - Buffer and eliminate hypercoagulation
 - Address dominant pathogens
 - Support genetic and epigenetic weaknesses
 - Support neuro-immune, neuro-endocrine and neuro-hormone system functioning

Approach to chronic patients

- Simultaneously and sequentially manage:
 - Toxins – metal, environmental, biological
 - Infections – multiple classes of organisms
 - Allergies – food and/or environmental
 - Gastrointestinal dysfunction – leaky gut
 - Methylation/liver detoxification faults – genetic and epigenetic
 - Hematologic – hypercoagulability, anemia
 - Endocrine – HPA, adrenal, thyroid, gonad

Approach to chronic patients

- Simultaneously and sequentially manage:
 - Nutritional – dietary deficiencies, excesses
 - Structural – post traumatic, occupational
 - Energetic – EMR: cellular, radio, electrical
 - Emotional – past and present
 - Other – influences from outside patient
 - Spiritual – encourage respect for the Divine and improvement of moral character via self reflection and introspection

Commonly overlooked issues

- From **least** to **most** commonly overlooked:
 - Gut dysbiosis
 - Heavy metal poisoning
 - Unrecognized infections (*dental issues*)
 - Genetic methylation faults
 - Glyphosate poisoning
 - Structural issues
 - Mast cell activation disorders
 - Biotoxin illness
 - Hypercoagulability
 - Sensitivity to electromagnetic radiation

Gut dysbiosis and repair

- Remove
 - GMOs, glyphosate
 - Food additives, chemicals, plastics
 - No processed foods
 - Mold toxins
 - Metal toxins
 - Provoking foods that up-regulate GALT
 - Dysbiotic organisms and invasive pathogens
 - Parasites, bacteria, fungi, yeast, etc.....

Gut dysbiosis and repair

- Repair
 - Gut mucosal lining – L-glutamine, aloe
 - Treat hypercoagulability – fibrinolytics
 - Downregulate GALT – immuno-metabolics
 - Address invading pathogens – antimicrobials
 - Digestive function – HCL, bile, enzymes
 - Elimination – effective peristalsis

Gut dysbiosis and repair

- Restore
 - Normalize microbiome – prebiotics, probiotics, fiber
 - Redox potential at gut lining
 - Gastric acid production
 - Pancreatic exocrine function
 - Gallbladder function
 - Peristalsis and bowel elimination

Gut dysbiosis and repair

- Revitalize
 - GALT normalization
 - Immunomodulating medicines, spagyric homeopathics
 - Nutrient absorption
 - Liver function
 - Detoxification
 - Methylation
 - Metabolism, growth and repair
 - Hormonal regulation

Heavy metal toxins

- Primarily:
 - Aluminum, mercury, cadmium, lead
- Found in:
 - Food, water and air
 - Mercury amalgams
 - Cookware
 - Personal care products
 - Environmental pollution and industrial waste
 - Agricultural fertilizers
 - Prescription and OTC medicines
 - Vaccines

Heavy metals/aluminum

- Aluminum:
 - Baby formula
 - Baked goods and processed foods with aluminum containing baking powder, artificial food colorings, cheese, milk products, beer
 - Deodorants, shampoo, skin cream, toothpaste
 - OTC and Rx antacids, laxatives and other pharmaceuticals (binding agent)
 - Aluminum cookware, soft drink cans, aluminum foil
 - Auto parts, auto exhaust, cigarette filters
 - Vaccinations





Heavy metals/cadmium

- Cadmium:
 - Auto seat covers, black rubber, burned motor oil, gasoline
 - Ceramics, steel cooking pans
 - Cigarette smoke, tobacco,
 - Floor coverings, furniture, plastics
 - Fungicides, fertilizers
 - Evaporated milk, refined grains, rice, coffee, candy, refined cereals, processed foods, oysters
 - Batteries, paint
 - Pharmaceutical and recreational drugs (marijuana)

Heavy metals/lead

- Lead:
 - Canned food, canned fruit juices, refined chocolate
 - Hair colorings, mascara
 - First or second hand cigarette smoke
 - Colored, glossy newsprint, crayons
 - Some ceramic dishes
 - Lead paint and water pipes in older homes/buildings
 - Gasoline, auto exhaust, car batteries
 - Dyes, textiles, scrap metal, lead smelting
 - Insecticides
 - Air pollution

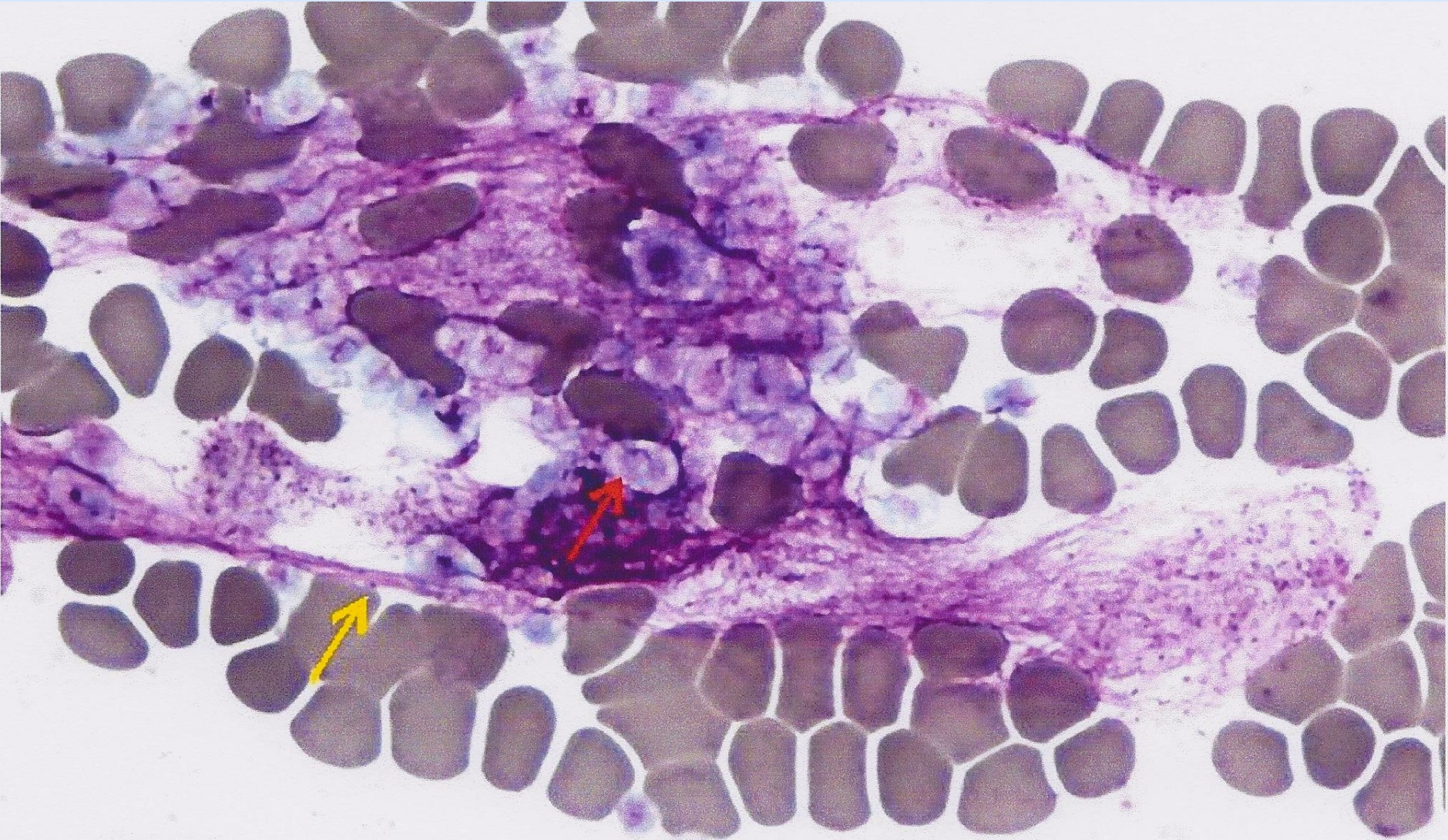
Heavy metals/mercury

- Mercury:
 - Dental fillings
 - Seafood, fish (tuna)
 - Vaccinations
 - Cosmetics, hair dyes, tattoos
 - Laxatives, suppositories
 - Pesticides, fungicides
 - Plastics, fabric softeners, adhesives, floor waxes/polishes
 - Batteries
 - Broken mercury thermometers

Heavy metal toxin treatment

- Remove and reduce metals/toxins exposure
 - Removing amalgams, avoiding vaccines, environmental and dietary sources of metals
- Chelation with
 - Traditional chelation agents
 - Nutritional support of metal detoxification
 - Correction of methylation defects
 - Binders for elimination in stool
- Gut hygiene
- Lymphatic drainage
- Kidney, liver and central nervous system support
- Treat hypercoagulability response to moving metals

Unrecognized infections



Unrecognized infections

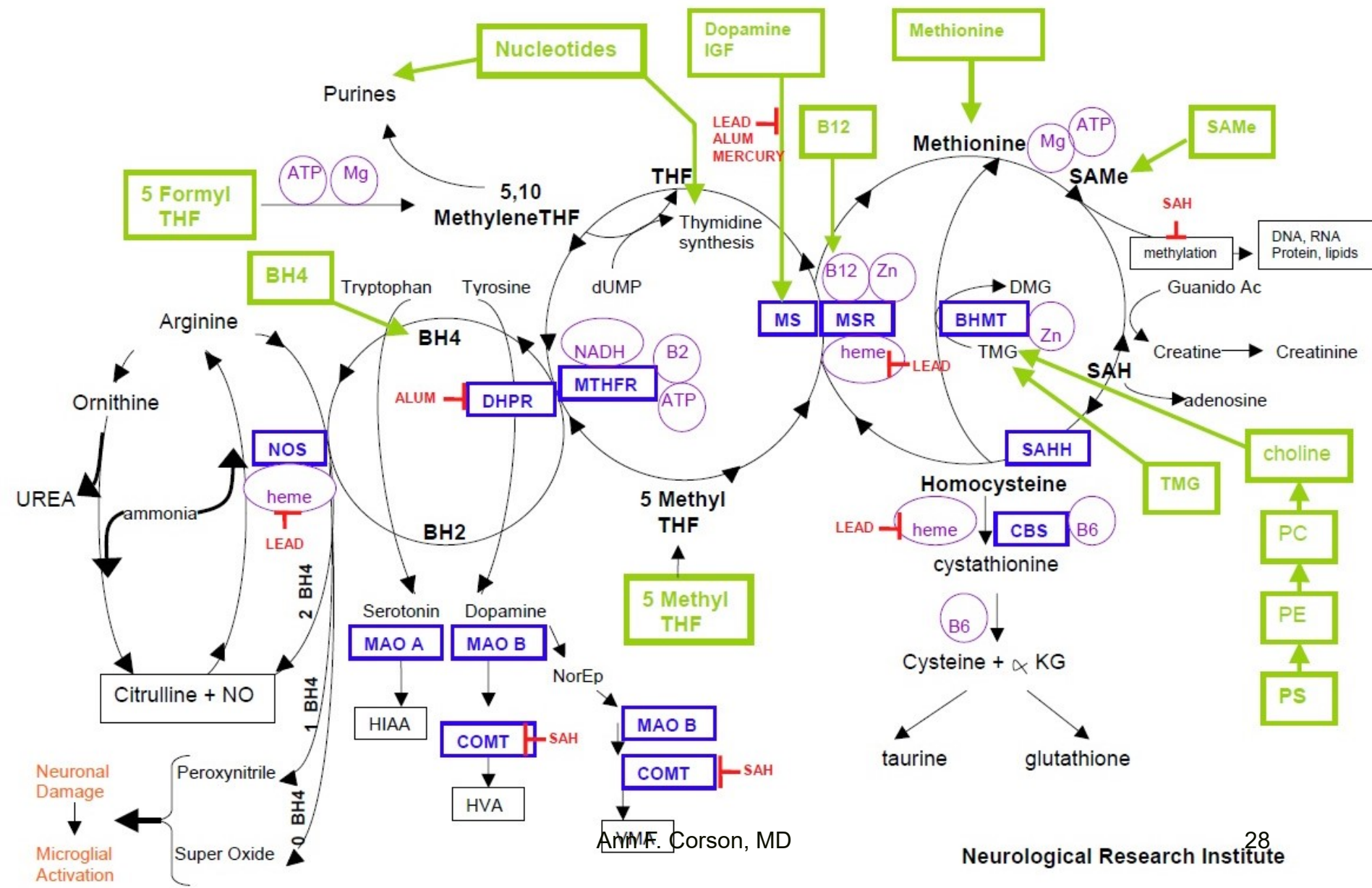


<https://www.dr-hamiti.de/biologische-zahnmedizin/nico/>

Methylation genetics/epigenetics

- Building and repairing RNA, DNA and proteins
- Immune system function
 - T-cell formation
- Intestinal barrier integrity
- DNA silencing
- Neurotransmitter balance
- Myelination and nerve pruning
- Inflammation
- Membrane fluidity
- Energy production
 - Krebs cycle
- Protein activity
- Metal detoxification
- Cancer prevention

Methylation genetics/epigenetics

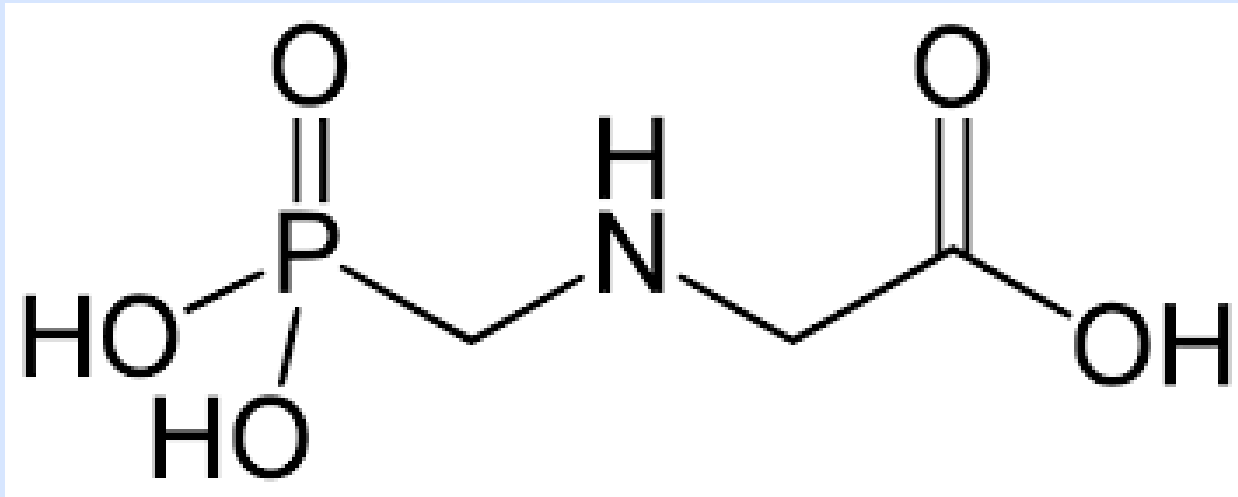


What is glyphosate?

- Roundup is the most widely used agricultural chemical, used on over 70 crops:
 - Herbicide-resistant GMO crops: corn, soybean, cotton, canola, sugar beet, rice, flax
 - Desiccant for crops prior to harvest: soybean, corn, cotton, wheat, oranges, sorghum, almonds, grapes, sugar beets, sunflowers
 - Weed control: residential homes, golf courses, city parks, along sidewalks and streets, railroad tracks

<https://herbscientist.com/agricultural-uses-glyphosate/>

What is glyphosate?



<https://herbscientist.com/glyphosate-toxicity-government-approved-lies-that-keep-on-giving/>

Glyphosate is a modified glycine molecule – the smallest essential amino acids – which has had one hydrogen atom replaced by a phosphonomethyl group at the nitrogen end

“glycine phosphonate”

Pharmacology of glyphosate

- Readily taken up by nasal and GI mucosa and bio-accumulates in tissues and bones
 - “Glyphosate was significantly higher in humans [fed] conventional [food] compared with predominantly organic [fed] humans. Chronically ill humans had significantly higher glyphosate residues in urine than healthy humans.”

Krüger M, Schledorn P, et al. (2014) Detection of Glyphosate Residues in Animals and Humans. *J Environ Anal Toxicol* 4: 210.

Adverse effects of glyphosate

- Plants
 - Trace mineral, folate and vitamin deficiencies
- Humans and animals
 - Damages gut and blood brain barrier tight junctions
 - Antimicrobial action negatively affects gut microbiome
 - Affects liver CYP450 enzymes and lipid metabolism
 - Disrupts bowel function – constipation
 - Acts as a teratogen and carcinogen
 - Metal chelator
 - Endocrine disruptor
 - Impairs sulfate metabolism (*leaky gut, hypercoagulability*)
 - May replace glycine in a myriad of proteins (*collagen*)

Avoiding glyphosate

- Avoid all GMO and processed, non-organic foods
- Avoid supplements in gelatin capsules
 - Gelatin comes from factory-farmed animal collagen
- Avoid non-organic cosmetics, skin-care products, shampoos
- Avoid vaccines - especially MMR
- Avoid drugs derived from animal products
 - Anticoagulants, procoagulants
 - Antineoplastic agents, insulin
 - **Digestive enzymes** (pepsin, trypsin lipase)
 - **Glandulars** (thyroid, adrenal, thymus)
 - Plasma expanders (collagen)

Healing from glyphosate

- Sunlight exposure directly onto skin
- Eat 100% organic diet
- Replete sulfur with diet, MSM, Epsom salt baths
Note: if sensitive to sulfur, fix gut dysbiosis, then supplement
- Replete glycine
- Trace mineral supplementation
- Fermented sauerkraut, apple cider vinegar (*acetobacter*)
 - Digest and degrade glyphosate
- Heal gut and restore enterocyte membrane integrity
- Cholagogues
- Bile binders

Structural issues

- Any history of significant trauma, repetitive motion injury, prior surgery may require
 - Cranial osteopathy
 - Chiropractic – specialized
 - Myofascial release therapy
 - Physical rehabilitation

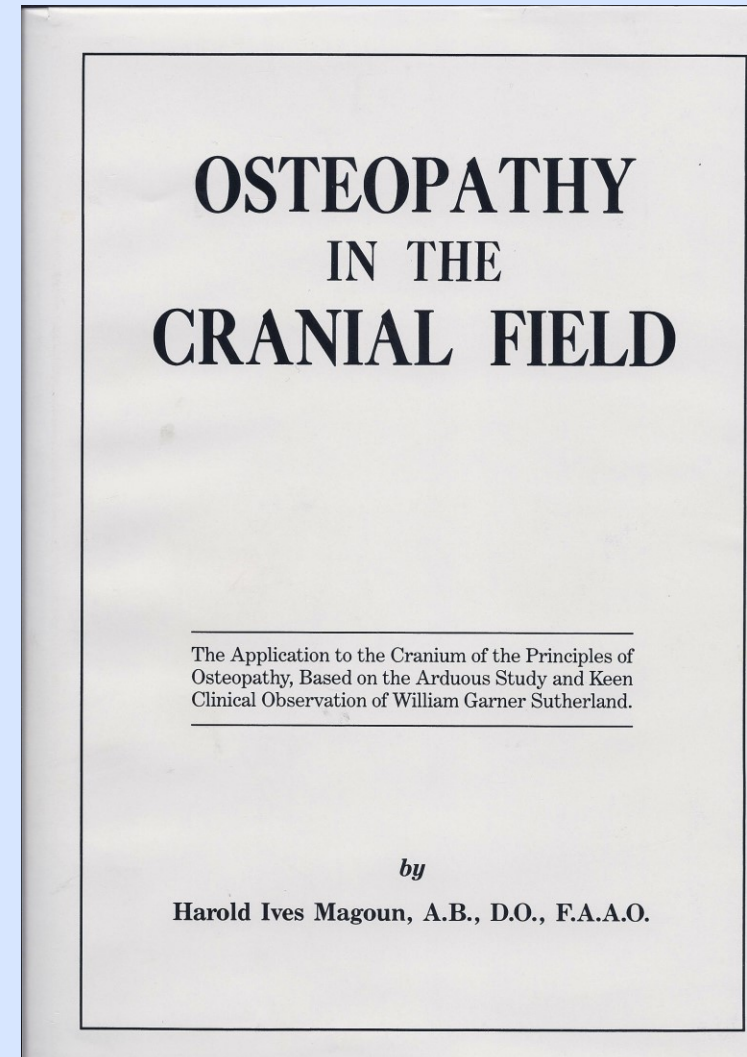
Primary respiratory mechanism

- Cranial Osteopathy

www.cranialacademy.com

- William G. Sutherland, DO

The Primary Respiratory Mechanism originates in the floor of the fourth ventricle and is the pulsatile driving force behind the fluid wave that bathes the ECM and stimulates all cellular biochemical respiration and metabolism.



Mast cell activation syndrome

- Mast cells
 - Immune cells that originate in bone marrow
 - Defend against pathogens, allergens, toxins
 - Contribute to tissue homeostasis and repair
 - Secrete up to 200 different chemicals in response to different stimuli
- Mast cells activated by
 - Allergens, drugs, chemicals, infections, toxins
 - Patients with multiple chemical sensitivities usually have mast cell activation of some kind

Mast cell activation syndrome

- Symptoms of MCAS include
 - Flushing, itching, hives
 - Abdominal cramping, diarrhea, reflux, bloating
 - Hypotension, syncope, light-headedness, tachycardia
 - Wheezing, coughing
 - Brain fog, memory problems
- Treatment includes
 - Antihistamines, mast cell stabilizers, anti-leukotrienes, NSAIDS

Biotoxin/mold illness



(C) 2006-1985 Daniel Friedman

Biotoxin/mold illness

- MOLD! MOLD! MOLD! is EVERYWHERE!
 - Ask once, twice, three....ten times.....
 - Water intrusion, leaky pipes, musty smells
 - Genetic predisposition in 25% population
 - Chromosome 6 major histocompatibility complex
 - DRB1 – DQB1 – DRB3, DRB4 or DRB5
 - Faulty “hard drive” in DNA for innate immune system detection of certain biological toxins
 - Innate immune system doesn’t “present” these biotoxins to the cellular immune system for antibody production and subsequent elimination

Biotoxin/mold illness

- Ionophoric toxins come from:
 - Indoor toxic molds
 - *Stachybotrys*, *Tricoderma*, *Aspergillus*/*Penicillium* species, *Cladosporidium*, *Mucor*
 - *Pfiesteria*, dinoflagellates
 - *Borrelia*
 - *Babesia*
 - ? *Bartonella*
- Wide distribution in body
 - Both fat and water soluble
 - Brain, adipose tissue

Biotoxin/mold illness

- Ionophoric toxins cause direct damage to:
 - Gut mucosa
 - Chronic leaky gut, direct mucosal damage
 - Shifting food sensitivities, up-regulated GALT
 - ? Esophagitis, reflux, GERD
 - Respiratory mucosa
 - Chronic rhinitis, sinusitis, bronchitis, pneumonia
 - Pneumonitis, reactive airway disease or COPD
 - Central nervous system
 - Hippocampus
 - Hypothalamic leptin receptors

Biotoxin/mold illness

- Ionophoric toxins cause indirect damage to:
 - Pro-opiomelanocortin system resulting in
 - Deficiencies of Melanocyte Stimulating Hormone, Vasoactive Intestinal Peptide and Antidiuretic Hormone
 - Dysfunction of hypothalamic-pituitary-adrenal-thyroid-gonadal axis

Biotoxin/mold illness

- Ionophoric toxins are:
 - Epigenetic modifiers that increase genetic expression of inflammatory cytokines (TGF- β 1, MMP-9)
 - Chronically up-regulated systemic inflammation
 - Increased insulin and leptin resistance
 - Increased 'bad' lipids
 - LDL cholesterol
 - Alter levels of
 - Plasminogen Activase Inhibitor-1
 - Vascular Endothelial Growth Factor
 - Tissue Hypoxia Factor...

Biotoxin/mold illness

- Consequences of chronic biotoxin exposure:
 - Unregulated inflammatory cytokines
 - Damage to:
 - Brain – diffuse
 - Gut – direct damage when swallowed, leaky gut
 - Endothelium – vasculitis, hypercoagulability
 - Musculoskeletal – poor growth, repair, healing
 - Hormonal and metabolic dysfunction
 - Immune system anergy and autoimmunity
 - Infections – minimally controllable, never eradicable

Biotoxin/mold illness work up

- HLA typing – DRB1, DQB1, DRB3-5
- Transforming Growth Factor β -1 (TGF β -1)
- Matrix Metalloproteinase 9 (MMP-9)
- C4a and C3a
- Urinary mycotoxins
- Vascular Endothelial Growth Factor (VEGF)
- Antidiuretic Hormone (ADH) and osmolality
- Vasoactive Intestinal Peptide (VIP)
- Melanocyte Stimulating Hormone (MSH)
- Leptin

Biotoxin/mold illness treatment

- Remove patient from ongoing toxin exposure
- Reduce inflammatory cytokines
- Remove biological toxins from body
 - Bind bile
 - Sweat
- Nutritional support
 - Glutathione
 - Individualized nutraceuticals
- Again, REMOVE patient from ongoing exposure

Electromagnetic radiation

- Reduce exposure to:
 - Digital radiofrequency fields
 - Cell phone towers
 - Magnetic fields from high power lines
 - Smart meters
 - WIFI
 - AC magnetic fields
 - Cell phone
 - 5G network
 - <https://the5gsummit.com/>

Normal hemostasis

<i>Clot formation</i> <i>Fibrin production</i>		<i>Clot degradation</i> <i>Fibrin dissolution</i>
Pro-coagulant:		Anti-coagulant:
Thrombin (Factor IIa) Tissue Factors Platelet factors	<i>Physiological balance</i> ←————→	Anti-thrombin Protein S Protein C Heparans
Anti-fibrinolytic:		Fibrinolysis:
PAI-1 Lipoprotein(a) α-2 anti-plasmin TAF-1		uPA, tPA Plasminogen – plasmin Streptokinase Lumbrokinase Nattokinase
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Regulation of coagulation

- Regulation of blood coagulation can be divided into three different systems:
 - Platelet behavior
 - Activation aggregation, adhesion, secretion
 - Fibrin formation
 - Low level activation of coagulation results in excess soluble fibrin deposition
 - Fibrinolysis
 - Hypofibrinolysis – genetic tendencies that create weakness in breaking down fibrin

Platelet activation

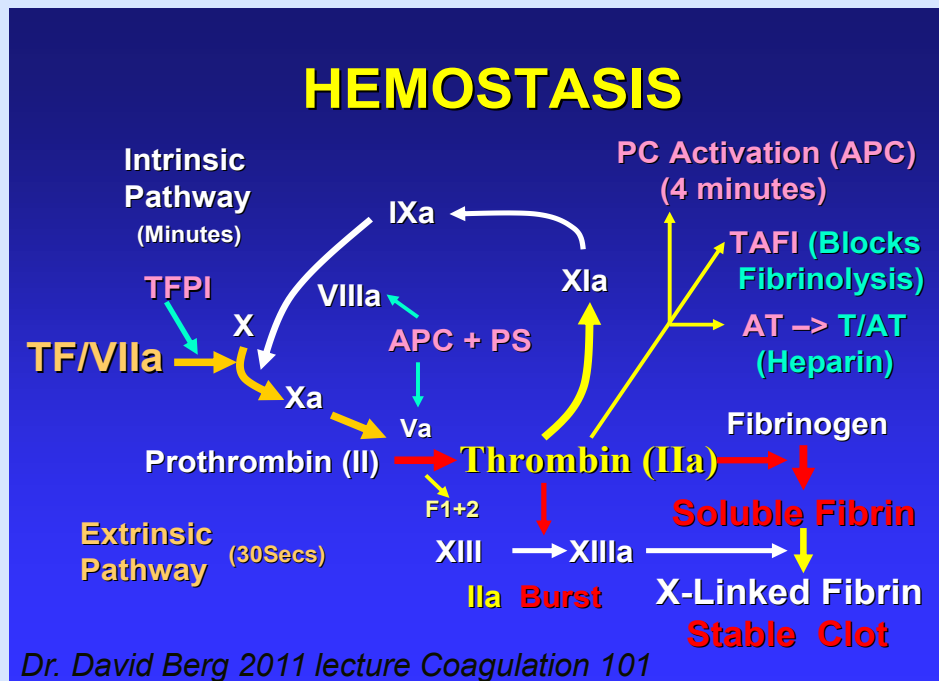
- Platelet activation = “stinky blood”
- Platelets aggregate and stick to themselves, to WBCs and any endothelial lining
 - Junk food and sedentary lifestyle
 - Trauma to blood vessels
 - Areas where immune system has induced a response to toxins and infections
 - Pro-inflammatory cytokines from WBCs cause platelets to aggregate around toxic or infectious foci
- Chronic low level activation of platelet aggregation is one inducer of cardiovascular disease

Platelet activation treatment

- Traditional allopathic medicine
 - Aspirin 81 mg daily
 - Plavix and other platelet inhibitors
- Integrative medicine
 - Omega 3 EFAs (EPA and DHA) > 1500 mg daily
 - Vitamin E
 - Ginkgo
 - Other anti-inflammatory and antioxidant substances

Fibrin formation

- Coagulation cascade proteins control thrombin
 - Tissue factor activates Factor VII to VIIa which then, with help of Ca^{++} , phospholipids and vitamin K end up producing thrombin (Factor IIa) from prothrombin



- Thrombin converts fibrinogen to soluble fibrin
- Fibrin monomers link into polymer strands to create a stable fibrin clot
- Regulation of coagulation cascade proteins determine the level of thrombin and rate of thrombin formation

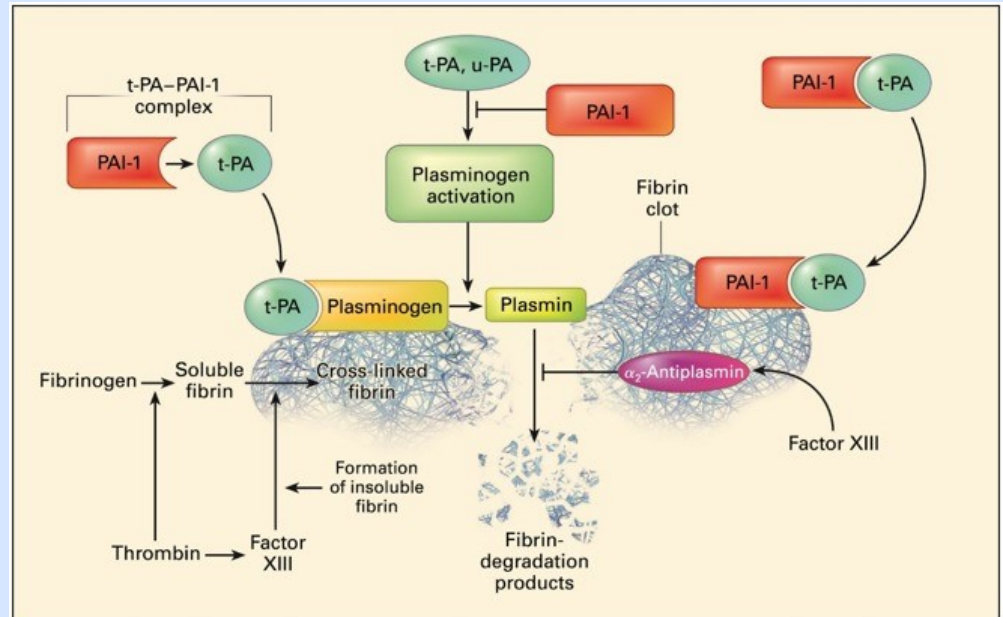
Fibrin clot

<https://www.twipu.com/PatologCritica/tweet/1132230498858803202>



Fibrinolysis

- Plasmin – made from plasminogen
 - Breaks down soluble fibrin into fibrin split products such as D-dimer
- Tissue plasminogen activator (tPA)
- Urokinase PA (uPA)
- Protein C
 - Upregulates tPA
- Factors



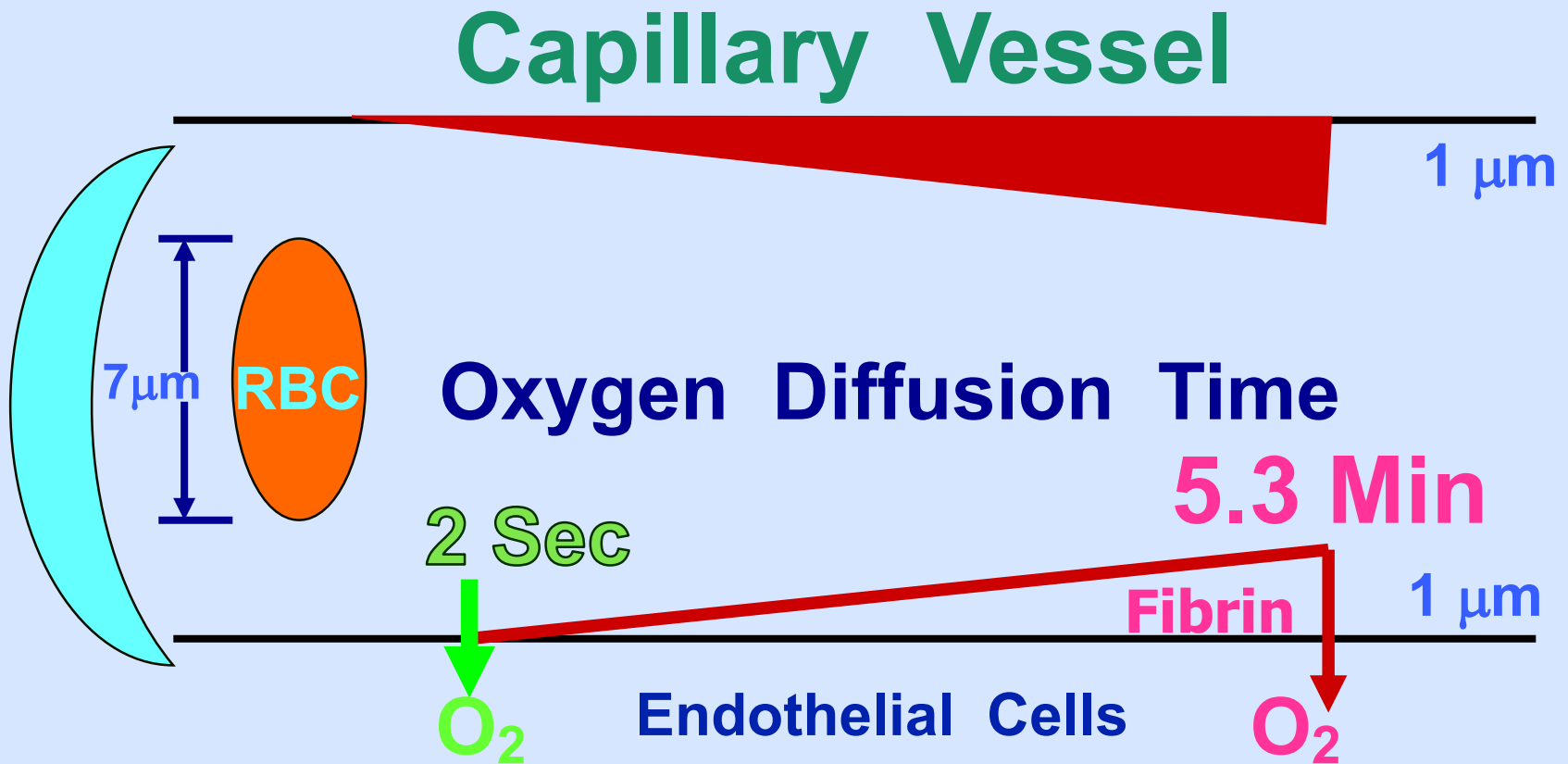
Genetic variations in coagulation

- 30% of the population has some genetic abnormalities of the coagulation cascade
 - 7% are under-coagulators or bleeders – most of whom have abnormal factor VIII or Von Willebrand's disease (hemophiliacs)
 - The rest – roughly 20-25% are hyper-coagulators
 - Hyper-coagulators are more likely to develop chronic disease
 - Up to 95% of chronically ill patients are hypercoagulable due to low level activation of coagulation

Hypercoagulability

- Two main mechanisms
 - Hypofibrinolysis
 - Slowness in breaking down fibrin
 - Thrombophilia
 - Creating too much fibrin
- Both result in “stickiness”
 - Congestion of intra-vascular and extra-vascular spaces resulting in organ and tissue compromise
 - One micron of soluble fibrin on endothelial membrane decreases oxygen diffusion 500%

Fibrin Deposition Model¹



Consequences of excess fibrin

- Decreased oxygen diffusion across endothelial membrane results in tissue hypoxia
- Perpetuation of a pro-coagulant environment
 - Self perpetuating cycle
 - Direct infections of endothelial cells
- Nutrients, hormones, tissue factors cannot exit
- Metabolic wastes and toxins cannot enter
- Loss of vasodilation creates rigid vessel walls
 - Affects blood pressure

Hypercoagulability

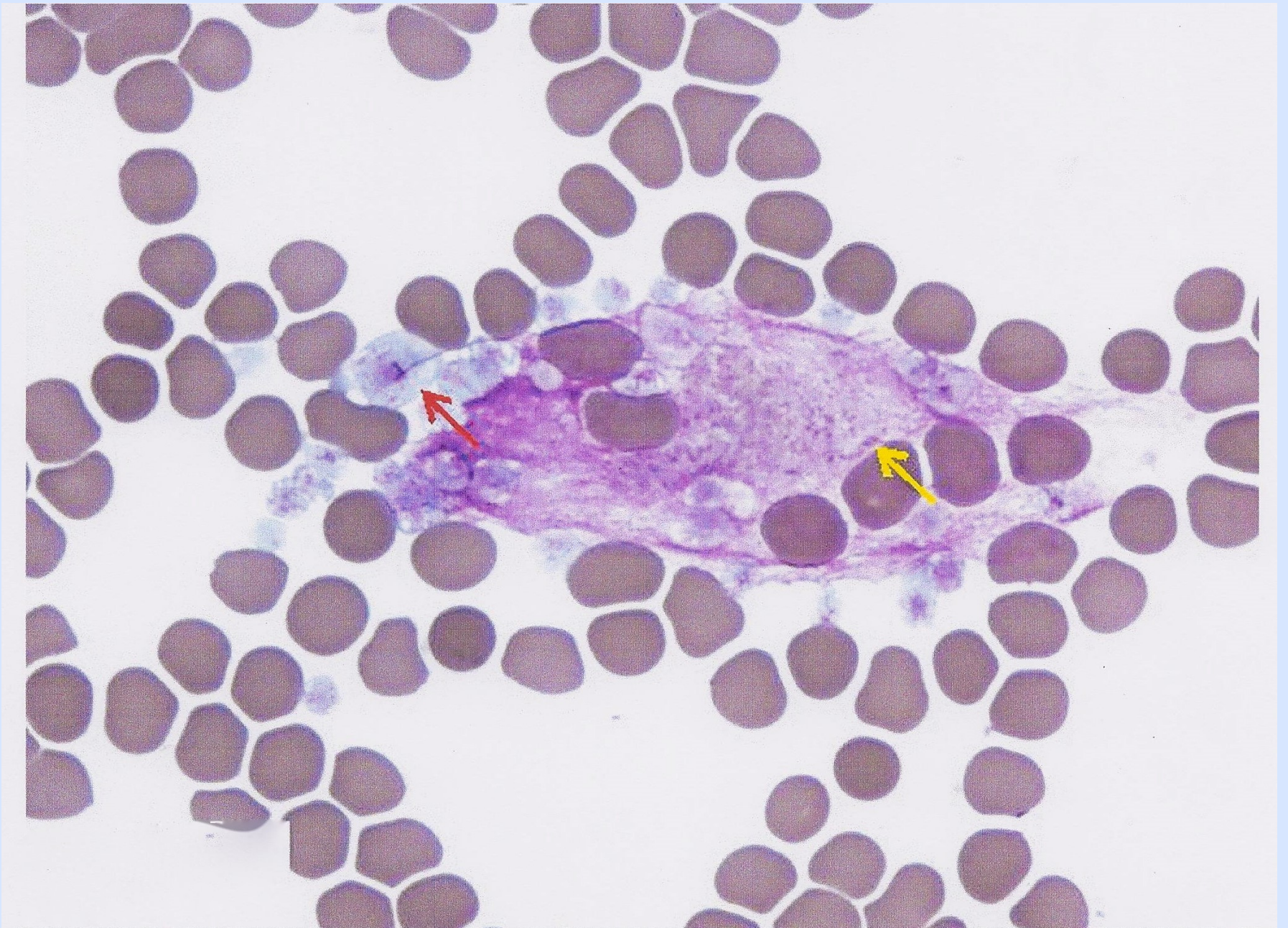
- Precipitating factors include:
 - Natural aging process
 - Pregnancy
 - Genetic factors
 - Infectious agents
 - Cancer
 - Exogenous toxins and chemicals
 - Allergens
 - Physical trauma
 - Vaccinations
 - Biologically incompatible frequencies (EMR)
 - Biological warfare agents (hemorrhagic fevers, trichothecenes)

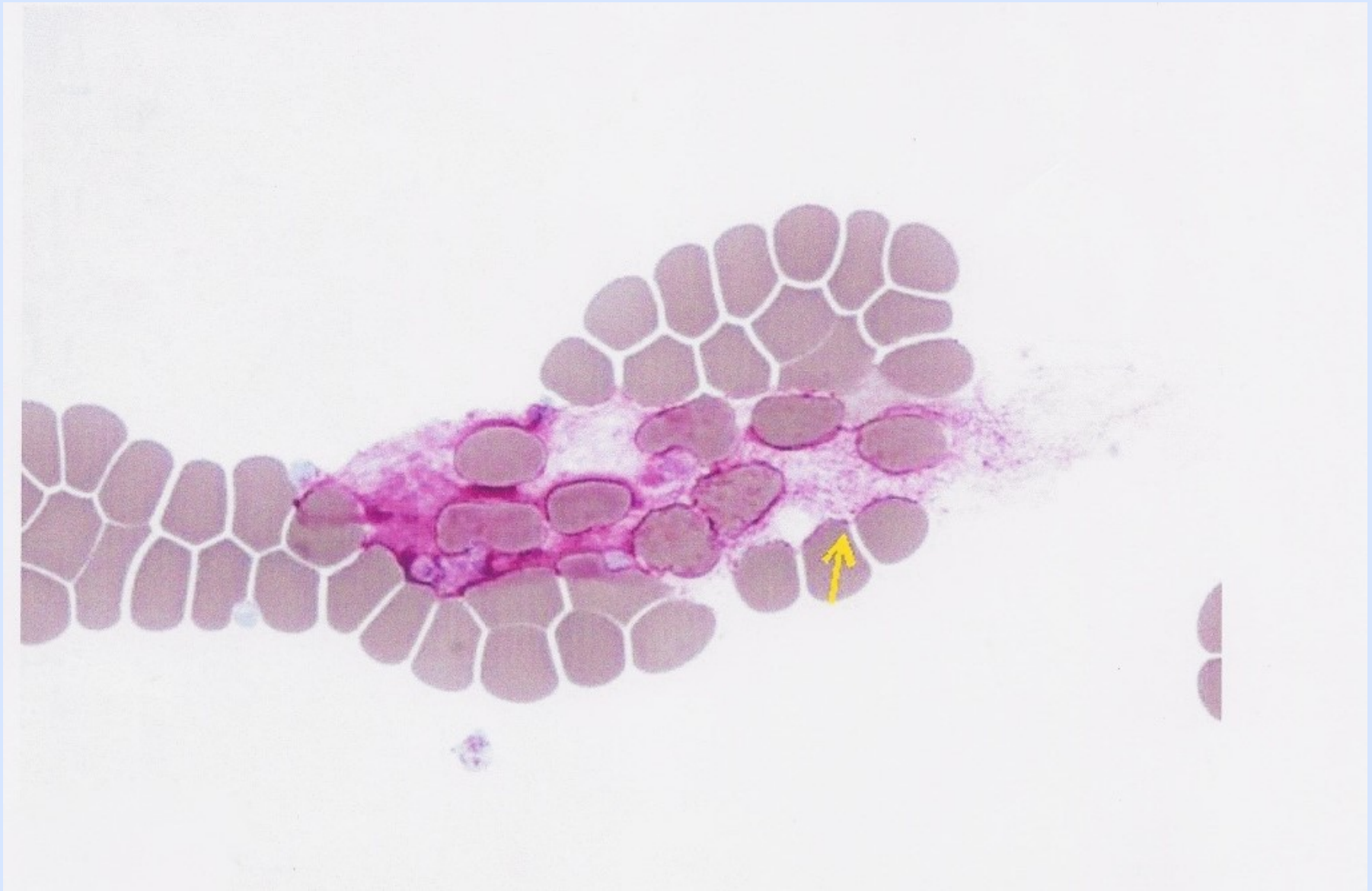
Hypercoagulability

- Exacerbated with:
 - Acute inflammation or infection (*any febrile illness*)
 - Chronic inflammation and chronic infections
 - Gut dysbiosis, dental cavitations, vasculitis, toxic loads
 - Cytokine flares from
 - Herxheimer reactions
 - Mold exposure
 - Detoxification protocols
 - Heavy metals
 - Mold toxins

Hypercoagulability

- Inciting infections include:
 - Viruses:
 - CMV, HHV6, EBV, HSV1&2, *Varicella*, *Parvo*
 - Bacteria
 - MRSA, Strep, *Mycoplasma*, *Chlamydia*, *Brucella*, *Borrelia*, *Ehrlichia*, *Bartonella*
 - Protozoans
 - *Babesia*, *Protomyxzoa*
 - Fungi
 - Parasites





Hypercoagulability

- Symptoms:
 - Insomnia, with or without restless legs at night
 - Stiffness and pain upon awakening in am or after being sedentary
 - Nausea upon awakening with poor am appetite
 - Brain fog, irritability, anxiety/panic, labile affect

Hypercoagulability

- Symptoms:
 - Generalized pain - can be debilitating
 - Painful numbness, “pins and needles”
 - Sharp stabbing shooting pains
 - Deep achy pain
 - Limbs “fall asleep easily”
 - Aerobic exercise intolerance
 - Post exertional fatigue
 - Exacerbation of pain with exercise

Hypercoagulability

- Signs:
 - Mottled skin
 - Cold, sometimes clammy, distal extremities with prolonged capillary refill
 - Pale swollen tongue with scalloping edges and full sublingual veins
 - Doughy abdomen with peri-umbilical tenderness
 - Soft tissue congestion

Hypercoagulability

- Signs:
 - Head and neck becomes ruddy when supine
 - Feet may get deep purple with dependency, dependent rubor
 - CNS irritability, emotional lability
 - Cognitive compromise – encephalopathy

Coagulation testing

<i>Clot formation</i>	<i>Tests</i>	<i>Tests</i>	<i>Clot degradation</i>
Pro-coagulant:			Anti-coagulant:
Thrombin Tissue Factors Platelet factors	<ul style="list-style-type: none"> • Prothrombin fragments 1&2 • PT • Fibrinogen • Factor II activity • T/AT complexes • Activated protein C resistance • Homocysteine 	<ul style="list-style-type: none"> • Antithrombin III • Protein S activity • Protein C activity 	Antithrombin Protein S Protein C Heparans
Anti-fibrinolytic:			Fibrinolysis:
PAI-1 Lipoprotein(a) α -2 AP TAF-1	<ul style="list-style-type: none"> • PT/PTT • PAI 1 • Lipoprotein(a) • α-2 AP 	<ul style="list-style-type: none"> • D-dimer 	uPA, tPA Plasminogen Streptokinase Lumbrokinase Nattokinase

Common genetic variants

- Excess thrombin formation
 - Elevated prothrombin levels (Factor II activity)
 - Factor V Leiden
- Weak fibrinolysis or hypofibrinolysis
 - Protein S (several hereditary defects)
 - Protein C (several hereditary defects)
 - Note: in hypercoagulable states, PS and PC can either be high, low or not in normal ratio with each other as a physiologic adaptation or as a result of genetic weakness
- Inherent “stickiness”
 - Elevated lipoprotein(a)
 - Elevated homocysteine
 - Elevated plasminogen activase inhibitor 1 (PAI 1)

Hypercoagulability treatment

- Reduce systemic inflammation
 - Normalize omega 3:6 ratio (1:1 to 1:4)
 - Optimize liver detoxification pathways
 - Fix gut dysbiosis
 - Clean up the extracellular matrix
 - Treat acute, chronic and stealth infections
 - Adequate hydration
 - Clean diet with adequate antioxidants, supplement as needed
 - Appropriate physical exercise
 - Reduce stress

Hypercoagulability treatment

- Reduce insulin resistance
 - Dietary changes (low glycemic index)
 - Exercise
 - Mineral supplementation (Mg, Cr, Va)
 - B vitamins
 - Herbs and remedies
- Clean up ECM
 - Drainage medicines
 - Spagyric homeopathic remedies (Pekana)

Hypercoagulability treatment

- Anticoagulant treatment:
 - Heparin/Lovenox
 - Fibrinolytic, proteolytic, and enzyme combinations
 - Nattokinase, lumbrokinase, serrapeptase, papain, bromelain
 - Homeopathic immune modulators
 - Herbs
- Caveats:
 - Movement of heavy metals and mold toxins worsen hypercoagulability and its symptoms exponentially
 - Herxheimer reactions result from both increased cytokines and soluble fibrin production and almost always require an increase in enzymes

Treatment Tools

- Drainage and regulation medicines
 - Homeopathic and herbal medicines
 - Clean and regulate organ function, clean matrix
 - Pekana, Nutramedix, Energetix
 - Immune-metabolic, immunobiologic medicines
 - Microbial derived homeopathics – restore regulatory set points of metabolism, immune, hormone systems
 - Syntrion, San Pharma
- Enzymes of all kinds
 - Fibrinolytic, proteolytic, biofilm busting agents
 - Lumbrokinase, nattokinase, serrapeptase, BFM-1, BMF-P

Treatment Tools

- Allopathic and herbal antimicrobials
 - Beyond Balance
 - Supreme Nutrition
 - Researched Nutritionals: BLt, Crypto-Plus
 - Artemisinin and allopathic antiparasitics
- Binders
 - Activated charcoal, Systemic Formulas BIND
 - Microchitosan
- Nutraceuticals
 - Trace minerals, methylation nutrients, fats, MVIs

Treatment Tools

- Reduce systemic inflammation
 - Nutraceuticals, homeopathics, allopathic meds
 - Flex Now, nrf2 activator, SyCircue, ibuprofen
- Replete and optimize nutrition
 - Individualized supplementation
- Provoke to remove toxic foci, repair, revitalize
 - Spagyric homeopathics, herbals, nutraceuticals
- Meridian and energy medicine
 - Acupuncture, acupressure, electrodermal screening, biofeedback machines

Treatment Tools

- Dietary modification
 - Paleolithic dietary principles
 - Allergen avoidance
- Lifestyle modification
 - Clean air and water
 - Avoidance of disease vectors
 - Avoidance of mold and toxic chemicals
 - Avoidance and reduction of EMR sources
 - Graded exercise

Herxheimer support

- Results from:
 - Toxin release, inflammatory cytokines and increased soluble fibrin production
- Buffer the download:
 - Enzymes – fibrinolytic, proteolytic
 - Drainage – organs, lymphatics, ECM
 - Binders – bile acid chelation
 - Nutraceuticals
 - Optimize methylation, essential fatty acids and phospholipids, trace minerals, and multivitamins
- Alkalization

Patient responsibilities

- Get **OUT** of **MOLD**.....!!!!!!
- Follow treatment protocols as prescribed
- Comply with dietary recommendations
 - Paleolithic oligoantigenic principles
 - No GMO, no processed food
 - No HFCS, limit sugar to fresh fruit, no dried fruit
 - Avoid all gluten and limit most grains
 - Often need to avoid all dairy products

Patient responsibilities

- Life style modifications
 - Avoid blood sucking insects
 - Ticks, fleas, flies, mosquitos
 - Avoid toxin in food, home, work, school, car
 - Chemicals are everywhere in air and water
 - Household cleaners, personal care products including toothpastes, soaps, shampoos, hair dyes, nail polish, lotions, cosmetics
 - No smoking, no drinking alcohol
- See referral professionals as requested

Referrals

- Mold inspection and remediation
- Cranial osteopathy
- Acupuncture
- Biological dentistry
- Alternative Lightwire Functionals orthodontistry
- Lymphatic drainage
- Neurological chiropractic
- Physical therapy
- Psychological counseling or psychiatric treatment

Recalcitrant patients

- Look again, **again** and **AGAIN** for:
 - Hypercoagulability
 - Biotoxin illness – mold, **mold**, **MOLD!!!**
 - Unrecognized infections
 - Dental issues
 - Structural problems
 - Heavy metal toxicity
 - Methylation faults
 - Electromagnetic radiation



Falun Dafa

Truthfulness Compassion Forbearance

Zhen

Shan

Ren

