

PAT SULLIVAN



WELLNESS PIECE BY PIECE

How a successful entrepreneur discovered
the pieces to his chronic health puzzle

It is said that the greatest teacher is experience. This is especially true in the case of those suffering from chronic undiagnosed disorders. Often, traditional medicine is of little help.

Pat Sullivan not only tells of his personal journey to health, he also outlines one of the most common sense programs for working out your own chronic health problems ever presented.

He compares this to a jigsaw puzzle, in which the addition of each piece gives us a clearer picture of our whole health and wellbeing needs.

I strongly recommend this valuable book to all those interested in getting their life back.

—Russell Blaylock, MD. Editor of *The Blaylock Wellness Report*;
Author of *Health and Nutrition Secrets That Can Save Your Life*,
Natural Strategies for Cancer Patients, and *Excitotoxins: The Taste That Kills*.

Wellness Piece by Piece
How a Successful Entrepreneur Discovered
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ATTENTION

The advice offered in this book, although based on the author's experience with chronic illnesses, is not intended to be a substitute for the advice and counsel of the reader's personal medical professional or healthcare practitioner. If the reader suspects he or she has a medical problem of any kind or nature, we strongly suggest that the reader seek professional medical help as soon as possible.

This book is intended as a reference volume only, and not as a medical guide. The ideas, procedures, and suggestions contained herein are not intended as a substitute for or alternative to consultation with the reader's personal medical practitioner or advisor. To the extent permitted by law, neither the publisher nor the author will take any responsibility or be liable under any theory (including negligence) for any incidental, consequential, direct, special, or punitive damages arising out of or relating to any treatment, action, application of medicine, or use of any dietary supplement and herbal product claimed by any person or persons reading or following the information in this book. If readers are taking any prescription medications, we strongly suggest that readers start any herbal or dietary supplement program only with the proper supervision and agreement of their individual medical professionals or healthcare practitioners who can also advise regarding the continuation or cessation of the prescription medications in connection with such a program.

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Dedication (2005)

I dedicate this book to all those who struggle with chronic recurrent illness. It is discouraging to continually feel bad and not know why; to go to doctors and be told that there is nothing wrong with you when you know there is. It can also be depressing when you see your friends in the prime of health, and you feel “down and out” day after day. It is not supposed to be this way! There are answers to the puzzle! THERE IS HOPE! So it is to you, and to solving your puzzle, that I dedicate this book.

I also dedicate this book to all the great doctors and scientists who have “violated” the old thinking patterns and uncovered many of the things I have written about in this book. Regardless of your reason for doing so, breaking away from the powerful forces that would vehemently oppose you is a very commendable thing. I applaud your courage.

Acknowledgements - 2017 (eBook Edition)

Several years ago, as eBooks began to outpace the sales of print books, I began pestering my son, Patrick, about converting this into an eBook for Kindle.

As I chided him every six months or so, often with links to software tools that could “convert a PDF to Kindle in mere seconds”, he would shrug his shoulders and say, “Dad, it’s been a decade since we finished your book, and I still have scars from the first go round...do you realize how much has changed since then that we’ll have to update?”

For instance, the Mercury / Amalgam / Vaccine / Autism debate discussed in “Chapter 9 - Mercury” has had so MUCH more development and discussion since 2005. While I believe I and those who agree with me are correct, the debate still rages on.

So while my son is correct to a certain degree, my personal story and findings remain much the same.

Therefore, we decided to cast aside the idea of updating the entire book, and instead chose to simply convert the original book (with a few minimal changes), and add two new bonus chapters, “Brain Trauma” & “Mold”, originally published as a series of blog posts online in 2007 & 2008. They were the extremely important final puzzle pieces that brought me to the point where I today feel completely healthy in 2017.

I am happy to report that since publishing this book the first time around, I’ve only revisited “the pit” a single time which happened during a period of intense stress (a difficult divorce, a moldy house and difficult business situations among other things).

Also, I am pleased to report that Jigsaw Health—now focused almost exclusively on Magnesium related products—has served well over 100,000 customers since 2005, and continues to grow steadily and surely.

Wishing you wellness!!! – Pat
December 31, 2016

Foreword

December 25, 2004

The two words—chronic *illness*—*evoke* a wide range of emotions in people. If you have been guided to read this book, it is likely because you or someone you know suffers from a chronic illness. Currently, there are at least 125 million Americans that have been diagnosed with a chronic illness. If you are one of them, you know who you are. And you know you should feel better than you do.

I believe that even though 125 million is a very large number, it does not accurately reflect the chronic “ill-feeling” that many people have without ever having been specifically diagnosed. In the not-so-distant past, you, yourself, may have let a doctor know that you hadn’t been feeling 100 percent. You may have had all the conventional blood tests, maybe even CTs and MRIs. Yet nothing has shown up in these tests to explain why you are feeling so poorly. So your doctor (or doctors) told you there was nothing wrong with you. Guess what? Most of the 125 million Americans now diagnosed with chronic illnesses were told that same thing for many years before they finally moved far enough down the “dis-ease” pathway to receive an appropriate diagnosis.

According to statistics from the Centers for Disease Control and Prevention, heart disease is still the leading cause of death for men and women living in the United States. And each year an estimated 700,000 people die from complications related to heart disease. Other major causes of death in this country are cancer, stroke, chronic lower respiratory disease, diabetes, and accidents (unintentional injuries). Five of these leading causes of death are related to chronic illness! But when we adopt a healthier lifestyle—and the earlier the better—including diet and exercise, the diagnosis can be postponed indefinitely.

Currently, the mechanistic, “reductionist” model of medical diagnosis and treatment has been only partially successful in addressing the

chronic disease puzzle. Addressing chronic conditions takes more than just diagnosis and treatment for the symptoms of a condition.

Assembling the pieces of the puzzle requires cooperation from the current conventional medical model *and* a new emerging paradigm where the synergistic relationship among biochemistry, cell physiology, molecular genetics, and natural medicine is understood. The current conventional model of treating high cholesterol and heart disease, for example, illustrates the need for this cooperation. Treatment with cholesterol-lowering medications alone will not find the underlying issue why someone has chronic cardiovascular conditions in the first place.

This book, *Wellness Piece by Piece*, by Pat Sullivan, details Pat's personal struggle with chronic illness and outlines the premise of cooperation between the conventional model of medicine and the emerging paradigm of "functional medicine." Through his own pain and struggle, he ultimately discovered this paradigm that he believes was a significant element in improving his health. As you will read in his book, he is now an advocate of the philosophy that all individuals have the opportunity to create health, rather than succumb to the conventional avenues for chronic illness that are often paved with a series of prescription medications and little hope. When the drugs ultimately fail to heal the body—as they tend to do since the cause of the symptom was never addressed—more and different medications are added, one on top of the other. This takes the patient on a downward spiraling path.

On the other hand, functional medicine combines the treatments from both conventional and alternative therapies, but goes even deeper than that. It looks for the reasons *why* a person is suffering by analyzing each system of the body—the gastrointestinal system, the endocrine or hormonal system, the neurological system, the immune system, the circulatory system, the detoxification system, the musculoskeletal system. And rather than separating them from each other in a mechanistic manner, functional medicine recognizes the crucial dependence each system has on all the others. This is essential to understanding how your body can properly function at optimal levels.

Through Pat's personal experience, he truly understands the philosophy of functional medicine and explains it to the reader in terms that a layman can easily comprehend. He writes specifically about how important it is to find out what is wrong with your body through testing; shares information about how to improve your overall diet; and explains a subject that, as a naturopathic physician, I strongly believe in and take my patients through—the detoxification of your body. Pat also discusses the vital role that the mind and spirit play in achieving wellness.

Readers of this book are taken through Pat's personal journey to health. They will learn that finding the root cause of the illness is essential to finding the cure. They will learn about the importance of nutrition and detoxification, as well as tips on how to find a good healthcare professional who is educated in the art of functional medicine, whether they are conventional, or naturopathic physicians. And, most of all, they will learn that they are not alone in their journey and that there is hope for a better future.

I wish you all health and happiness on your journey.

Ann L. Manby, NMD Naturopathic Physician

Introduction

I'm a two-time successful entrepreneur and widely recognized as a pioneer and visionary in the sales automation industry. I'm also attributed with creating the contact management software category. I founded Contact Software International in 1986 and the SalesLogix Corporation in 1996. As co-founder, president, and chief executive officer (CEO) of Contact Software International, I designed and wrote the original prototype, and oversaw the creation of ACT!, the best-selling contact manager used by millions of business professionals around the world. When I was CEO of SalesLogix, the company was regarded as the leader in mid-market customer relationship management space.

In 1998, I was recognized by *Sales & Marketing Management* magazine as one of the "80 Most Influential People in Sales and Marketing History" among the ranks of Henry Ford, Walt Disney, Jack Welch, Donald Trump, and Bill Gates. I received the coveted Ernst & Young "Entrepreneur of the Year" award twice: once in 1993 for recognition of my success at Contact Software and again in 1999 for my work as CEO at SalesLogix Corporation.

So why am I writing a book about chronic illness? Why not write a book about my success in business or how to start a company and build a brand?

The answer to that comes from the story of my own personal struggle. Since 1972, I have suffered recurrent bouts of candida yeast overgrowth, chronic fatigue, adrenal exhaustion, and Irritable Bowel Syndrome. I have come to believe that among other contributing factors, these are all related to high levels of mercury found in my body. These issues were usually not severe enough to keep me from functioning at *some* productive level. But while building these businesses, there were many days that I literally had to drag myself around. And I know there are many others out there who have had to do the same, day in and day out.

During those times when I felt inexplicably sick, I strived to learn the real causes and the cures for my ailments. Because I eventually had the money to do it, I tried hundreds of different supplements, diets, and treatments. I have been to many conventional doctors and I have been to many alternative doctors over the years. I have read hundreds of health books and thousands of health-related articles on the Internet. I have been the guinea pig for numerous efforts to get well and stay well. My desperation to find cures motivated me to try many different “solutions.” Some worked. Others simply did not.

Much of what I have learned over the years has come from a collection of conventional and alternative doctors, some of whom I have seen personally and others whose books I have read. I have also unearthed clues inside massive amounts of university-produced and clinical-based research papers. A piece here, a piece there. Puzzle pieces, so to speak, to put my health back together. And I continue to look for more pieces to the puzzle all the time.

I’m happy to say that while my health is not yet perfect and I may still suffer an occasional mild relapse, I have uncovered many answers about my chronic conditions. And I have talked with many suffering people over the years who, through no fault of their own, have never been exposed to this information. I am convinced that what I have learned can provide hope and be of great benefit to them!

Jigsaw Health

It is for this reason that I began writing this book over two years ago. And the further I got into writing the book, the more I felt as though there was no one out there effectively addressing the needs of the chronically ill. While it was not my original intent, along the way I decided to start a company named Jigsaw Health whose main goal is to provide you with the pieces to your health puzzle. I know that when you find them, you can begin to work towards improving your health.

Caveat Emptor

Keep in mind that I am not a doctor and will not attempt to explain things in typical medical detail. However, you can be sure that what I write has many references in medical and scientific literature, and I note those in the reference section. There are many other good books available that can explain these things in greater detail than I have here.

The main reason for *this* book—the story of my personal health odyssey—is to give you HOPE that there *are* answers out there, and that you *can* get well! Or at least get much, much better. This is my prayer for you.

To your health,
Pat Sullivan

December 25th, 2004

Chapter 1 - Chronic Illness

Chronic illness—what is it and how did *I* get here? I know from personal experience that when chronic illness hits you, it begins to consume all of your thinking and energy. After months, years, or decades of battling it, you get so tired of not feeling well that it is hard to want to do *anything* new or interesting. It just saps the life out of life! The cause is rarely simple, and it often defies everything you try to do to fix it. You even start to wonder if it's all just inside your head—"Am I crazy?!"

Chronic illness seems to me to be like a web of issues that I get caught in. There is usually not just *one* issue. In fact, there are multiple factors involved that make it difficult to diagnose and treat your issues. There are also varying degrees of chronic illness, or "gray areas," ranging from subtle to extreme. You can have a little heart disease, or a lot of it. You can have a little cancer, or a lot of it. You can be a little fatigued, or chronically fatigued.

It is helpful to picture this concept as if your body's immune system is a bank account. Each time you make a deposit, the amount of money in your account increases. Conversely, when you make a withdrawal your balance decreases.

Over the years, every event that impacts the immune system in a negative way is basically a withdrawal. But the healthy things you do are deposits. And at any bank, if you withdraw more than you deposit, you *will* be overdrawn!

To take the analogy a step further, you cannot walk into a bank and demand the teller to deposit a million dollars into your account if you haven't earned it. Likewise, you cannot demand your immune system to become immediately stronger and healthier. It takes time to replenish your account. You can only deposit what you *earn*. And you must spend what you have earned wisely because there is no such thing as borrowing from someone else's "immune account."

As I mentioned in the introduction, my recurrent bouts with varied chronic illnesses didn't keep me from working to build two very successful software companies and products, ACT! and SalesLogix. In my case, I have actually enjoyed fairly long periods of time when I felt quite well. However, my symptoms would always seem to reappear and these episodes were extremely discouraging. I would drag myself through a long relapse that would last months, or sometimes years. When I finally started to feel better, I would think I was *finally* cured. But it would all come crashing back down on me again when the cycle repeated itself several years later.

While it would often take me a while to recover, I would remind myself that I had gotten over it before, and I could get over it again. This thinking encouraged me and drove me to find even more pieces to my own chronic health puzzle. I would pray for more insight so that I could get well and stay well. And with every relapse, I uncovered new pieces, some of which I attribute to near miraculous coincidences.

I have come to know from my research and my own personal experience that *chronic* illness does not just happen. There is, perhaps, a genetic component which predisposes someone to becoming chronically "unwell." But it seems more likely to me that there are other factors at hand that play a more significant role and are most often within our control. I don't pretend that what I have written about in this book are all the issues involved with chronic illness. They are just the issues that I have found so far to be fundamental to my own recurrent episodes of "unwellness."

It is important to keep in mind that we are all different, and what works for me may not be exactly what works for you. However, those things that have been successful for me are also what most researchers and doctors say work for most people.

I believe the following to be the main issues for most chronic illnesses:

- Poor diet with poor digestion

- Overuse of antibiotics at any time of life, but especially when young
- Chronic infections from various bacteria, fungus, and viruses that don't actually cause acute symptoms
- Heavy metals, particularly mercury from dental amalgams and vaccinations
- Thick blood caused by infections, metals, or genetics
- Dysfunctional or exhausted immune, hormonal, and detoxification systems
- Poor sleep from out-of-sync circadian rhythms
- Food allergies, mainly to wheat and dairy proteins
- Unresolved emotional and spiritual issues

Because the entire body is interrelated, these issues are also systemically interrelated. One condition causes and contributes to another, and so precipitates a downward spiral effect. In essence, as one condition worsens, all other conditions worsen as well.

Secondly, these various issues can cause similar symptoms, so it is usually very difficult to know exactly what issue is truly causing what symptom. At the same time, many people can have different symptoms from the exact same cause because symptoms will tend to develop where one is the weakest. My weaknesses are not the same as yours, and therefore my symptoms and underlying causes may be completely different than yours.

Sounds as clear as mud, doesn't it?

Because our bodies and immune systems have an amazing ability to adapt and get by, chronic illness rarely happens overnight unless some unusual event pushes you over the edge—the proverbial straw that breaks the camel's back. Instead, it happens over time and we don't *feel* sick until it's too late. Once your body is overwhelmed and falls into this

downward spiral, it usually takes enormous efforts to begin to “spiral up.”

Looking back over my thirty-year history with chronic illness, I can see the subtle ways in which I would begin to get a relapse without even realizing it at the time. It was almost like a rising tide of symptoms that were minor in the beginning, but over a number of weeks or months would become very strong, and then very rapidly, down into the pit I would go.

While reversing this trend was always difficult, I tended to get well in waves. They were generally slow waves at first, but towards the end of an episode I would get better more rapidly. There were always ups and downs during this process, but I did always manage to get better—at least what could be considered better for me.

My Reasons. I have come to believe there are several major reasons for my own chronic illness. First, I believe that the overuse of antibiotics for numerous repetitive infections in my childhood was for me, and is for most people, a very serious problem that most doctors totally underestimate.

Broad-spectrum antibiotics can be lifesavers, but they should be used for just that. Antibiotics wipe out not only the bad bacteria, but also the good bacteria in our intestines. Our bodies absolutely require these good bacteria to stay healthy. I write more about this in Chapter 3, “Heal Your Gut.”

Second, I believe the effects of mercury from my dental fillings have poisoned me enough to suppress my immune system, damage my digestive system, and significantly alter my hormone balance. I realize this is a bold statement, but there are literally thousands of studies that have been done worldwide that have proven the multiple harmful effects of mercury and other heavy metals on the body’s systems.

Unfortunately, this huge body of research is largely unknown, ignored, and even denied by most doctors and almost all dentists because of the implications.

You'll find that I have written a mercury section for almost every chapter of my book. This is because I find mercury to be the "spark" that lights the "fires" of many chronic conditions.

I have focused Chapter 9 solely on mercury to highlight the research I have found on it and the destructiveness it has on the body. Since mercury is still used today in dental fillings and vaccines, it is a highly controversial subject. Yet discovering its damaging effects has truly changed my life.

It is important to keep in mind that throughout history, many major discoveries in medicine were at first highly controversial. Then, the weight of evidence and research gradually began to overwhelm a commonly held belief until it became an obvious truth. Or as Arthur Schopenhauer (1788 - 1860) said, "All truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident." A good example of this is the belief about cigarettes and tobacco. As recent as five decades ago, these were not commonly thought to be a health issue at all. But then over a number of decades, the "pot" began to slowly boil as tobacco use became very controversial and the preponderance of evidence gradually became so strong that it could no longer be denied. And then came the lawsuits.

Third, I believe that susceptibility to infections from multiple pathogenic organisms in my intestinal tract is another major cause for my chronic illness. This condition is commonly called an intestinal or gut dysbiosis. I have learned that there are several viral, bacterial, and fungal organisms—including candida yeast—which all seem to be involved in my recurrent illness. I will talk much more about candida in Chapter 3.

Fourth, a lack of hydrochloric acid in my stomach has led to maldigestion and malabsorption of vitamins, minerals, and amino acids. I do not know if this was from a genetic predisposition, a subsequent result of mercury poisoning, or infectious damage. But without proper digestion of food, a cascade of problems can be initiated leading to nutritional deficiencies and an array of chronic illnesses. I write more

about this in Chapter 3, and in Chapter 12, “Nourishing Your Body With Supplements.”

Fifth is “thick blood.” There is a great deal of research now showing that numerous conditions can cause the clotting factors of the blood to work incorrectly. The result is hypercoagulability, more commonly known as thick blood. Thick blood will prevent oxygen and nutrients from reaching many of the cells and tissues. It can also cause the immune system to function at a very low level. In the presence of thick blood, infections can literally hide from the white blood cells that are trying to destroy them. This subject is addressed in detail in Chapter 8, “Fix Thick Blood.”

Sixth is sleep. More and more research is pointing towards the importance of a good night’s sleep. An adequate amount of restful sleep is as critical to good health as exercise (Chapter 11) and diet (Chapter 10). To sleep well, we need to have a properly functioning circadian rhythm. Circadian rhythms are the body’s natural cycles that control appetite, energy, mood, sleep, and libido. When our bodies are out of sync with nature, we suffer from a Circadian Rhythm Disorder which causes us to sleep almost all the time, or hardly at all (insomnia). I write more about this in Chapter 7, “Managing Your Central Nervous System.”

I have found it very interesting that the more I research and use the Internet, the more I discover that many of the conditions I have personally had and write about in this book tend to show up together in articles, newsgroups, and product literature—heavy metal poisoning, intestinal dysbiosis, nutritional deficiencies, hormonal imbalances, infection, and thick blood. These seem to be some of the most common elements forming the chronic “web” that holds people in a state of unwellness. Reversing these conditions is often the key to returning to a state of good health.

So you may be thinking, “How does one recover from all this?” The human body is not simple by any means. We are, in fact, extraordinarily

complex. And not only are our physical bodies complex, but our minds and emotions are factors as well.

In addition, the environment in which we live has undergone dramatic changes over the past seventy years. We are regularly exposed to massive amounts of new chemicals, toxins, and heavy metals in our food, water, and air.

We Are Not Alone! Chronic illness is becoming epidemic. In America, more than 125 million people suffer from some sort of chronic condition—from chronic fatigue syndrome to chronic cardiovascular disease. Of that 125 million, half of us suffer from multiple conditions at the same time. And the expected rate of growth is astounding!

As a population, we are growing less, not more, healthy. We may live longer due to certain wonder drugs, amazing lifesaving procedures, and better overall sanitation, but the quality of our health is definitely not what it used to be.

My desire is that you will begin to find some of the pieces to your own chronic health puzzle in the following pages, and in turn, find hope. Hope that you can eventually beat your own chronic illnesses and become well.

A Note To The “Non-Sick.” This book recounts my many struggles and discoveries while overcoming chronic illness. The intended audience is those who have had similar struggles. However, it occurred to me during the editing process that there might be quite a few people reading this book that do not have any of these symptoms or conditions—the “non-sick,” if you will—but might instead walk away thinking, “So how do I *NOT* get what he is talking about?”

To you I say first, “Congratulations!” as statistically, you are one of the lucky ones. Second, keep in mind that chronic illness is typically not “digital,” meaning either you have it, or you don’t. It is usually “analog” in nature, diagnosed by matters of degree.

Thankfully, most chronic illnesses are preventable, and the protocol to improve a condition is generally very similar to the protocol for prevention. So even if none of these conditions apply to you today—and you should be thankful if they don't—I believe you will still be able to learn much from this book.

Chapter 2 - Getting Sick, Getting Well

So when did my sick/well cycle begin? Ever since college I have experienced long, recurrent episodes when I have inexplicably felt very sick. Over the years, I have had to struggle through several stretches of *very* poor health. My bowels would go crazy with diarrhea for months on end. I couldn't sleep. And I would feel terrible nausea all the time. I would get bloated, be fatigued, have unexplainable anxiety, be irritable, be depressed, and my hair would fall out easily. When I tried to exercise, my heart rate would stay elevated for long periods of time. During these episodes, I would visit doctors who would run their standard tests and then tell me everything was fine. They blamed my horrendous health on some unknown stress since their tests showed there was nothing medically wrong with me.

My first serious episode of sickness happened gradually. To set the stage, the year was 1972 and I was a sophomore at Eastern Illinois University in Charleston, Illinois. I played soccer on the college team so I was in great shape, aerobically at least. The Pi Kappa Alpha fraternity house was my home, and I was Vice President. A few months earlier I had become a Christian just after a few of the older fraternity brothers became passionate Christians.

I had been raised Catholic, and though I didn't practice it at the time, I still retained a strong sense of God's presence that I had felt as a child. I was taking a course on human anatomy, and the more I learned about the amazing complexities and intricacies that make our bodies work, the more I was in absolute awe. I found myself realizing I could no longer believe that humans evolved from nothing or by chance alone. It simply required too much faith to believe that this incredibly complex human body came into being and evolved on its own. Intuitively, I knew it could not be true. On top of that, the claims of Christ struck me as obvious truths.

And so late one night at the fraternity house, one of my fraternity brothers prayed with me, and I accepted Christ as my Savior. In doing so, I had a very powerful conversion experience. I had a new sense of peace and I was thrilled with the presence of God that I felt. Radical changes happened in my life. For example, I found that I simply could no longer “cuss” and this amazed me. Everyone I knew swore, but I was probably better than most in terms of my ability to curse. It had been quite a habit for me, but it simply disappeared without a struggle.

I also found that I now loved to read my Bible, which before seemed dull and lifeless. Something real had happened in my heart! I resigned my position with the fraternity since being the Vice President basically meant that I was in charge of parties—and we had good parties! I stayed in the fraternity for another year, but eventually I resigned from it as well. It was a real shock to most of my fraternity brothers that I had become a Christian and felt strongly enough about it to resign.

Several months after becoming a Christian, but before resigning from the fraternity, I started to notice that something was wrong with me. I usually slept like the dead, but I stopped being able to sleep well. I would either not be able to fall asleep when I first went to bed, or I would wake up in the middle of the night and not be able to get back to sleep. I was kept awake by the sensation of restless legs. I felt a growing sense of unease because I couldn't figure out what was wrong. Suddenly my appetite declined, and I began to lose weight because of all the running in soccer. I felt nauseated all the time and had occasional diarrhea, and both seemed to be getting worse. I had never felt this way before and it was very difficult for me to handle. I was in a constant state of anxiety, which I had never felt before. I couldn't find any particular reason for feeling anxious. It was just there.

I forced myself to eat even though I did not have much of an appetite. Most of what I ate made me feel bloated and gave me gas, which my fraternity brothers certainly did not appreciate. Even though my energy level was falling, I forced myself to continue going to soccer practices. But my performance on the field suffered and my confidence was waning. I felt that I was losing it and I didn't know why. It felt as if

something was closing in on me, and I had no idea what it was. But I could tell I was getting worse.

I developed what I now know is called “brain fog.” It was like a shroud that covered my brain, making it very difficult for me to think, concentrate, or feel normal.

Since I was a new Christian, I tried to pray and read my Bible to find an explanation for how I felt. Constant nausea made me feel unsettled about everything, including my faith. The confidence and peace that I had felt just months before faded, and I found myself struggling with doubts and fears instead. A war was brewing inside me that was totally unexpected and unexplainable. I talked with other Christians about what I was feeling and most offered platitudes like “pray more,” or “read your Bible more.” I *was* reading and I *was* praying, I insisted, but the heavens felt closed to me. Some of my Christian friends suggested that the devil was trying to destroy me. That idea seemed believable to me because I certainly felt as though *something* was trying to destroy me. And so I would pray against the devil and have others pray for me as well. But nothing happened! I still felt very sick. I somehow managed to drag myself through classes and soccer practice every day. And only a few people knew that I was not feeling well since I was able to hide it for the most part.

During this time, I visited the University Medical Clinic on the college campus and they ran a few standard blood tests. The results did not show anything abnormal in my blood. This was disappointing, but what could I do? Fortunately, after a month or so of going downhill, my symptoms finally seemed to level off. I stayed in that “unwell” condition for the next couple of years with only slight improvement. Basically, I learned how to cope with feeling badly most of the time.

In 1975, the summer before my senior year, I married Cyndee, my lovely wife of now thirty years. Sadly, I actually remember feeling unwell at my own wedding. I knew I had every reason to feel good, and yet something was sapping my energy and making me feel bad. I was

able to put on what I felt was “the real Pat” who was sociable, funny, confident, and strong even when I felt just the opposite. But I knew the “opposite” was not the real me. Something was causing me to feel this way and I was determined to not let it win.

From my sophomore year to my senior year, I did several things intuitively that helped me survive. I ate better, stopped drinking alcohol, and cut down on my sugar intake. I would also take long walks and pray. I quit soccer in my senior year mainly because I was married and needed to get a part-time job, but also because my illness had affected my soccer skills to a point where I was frustrated with my performance. I now know that the demanding exercise was just too much for my body. Once I stopped, my body had a chance to begin to recover.

As I think back on college, I often wonder how I got through it. There were days that I was very discouraged and depressed. I was used to having lots of energy and I was distraught at having barely enough to drag myself to class. It was during this time that the only real comforts I found were in reading my Bible, spending time with my wife, and taking long walks to pray. Incredibly, I still knew on some level that God was with me, although I would often doubt that. But since I felt slow and steady improvement, I held on to the hope that I was going to recover eventually.

A positive result of this trying time is that I really got to know the Bible and I developed a faith that was not emotionally based, but based deeply on God’s word. I knew that I believed, even though I often did not “feel” as if I did. It was actually a very weird feeling. But constant nausea has a way of making you feel uncertain even about things you usually feel certain about.

My wife gave me valuable support and encouragement when I was sick. I would tell her how I felt, and she would listen and reassure me that it was going to get better. She had great faith. And thankfully, things did get better. By the time I graduated I was probably eighty percent recovered. I do, however, have a very specific memory of my mom and

dad, brothers and sisters, and relatives coming to celebrate my graduation, and yet I still felt down. I was better, but not completely.

After college, I continued to battle unexplained, recurrent episodes of this sickness. When the episodes would start, I would try to rest more, exercise even though I didn't feel like it, and change my eating habits to include foods I thought were healthier. I would pray and struggle day after day with feelings of discouragement, bewilderment, and anxiety over how I felt. There seemed to be no explanation for the way I felt; and more importantly, no treatment to fix it. In this sick/well cycle, I would work very hard for sometimes up to a year to reach the point where my symptoms would begin to decline enough for me to feel better. But then like clockwork, my symptoms would come back a year or two later. Each time they returned, they would seem more severe and it would take even longer to recover.

Shortly after the birth of our first child—a son—in 1977, we decided to move from Chicago, Illinois to Louisville, Kentucky. In 1980, we celebrated the birth of our second child, a beautiful daughter. My wife's third pregnancy gave us twin girls just a short nineteen months later! What a challenge *that* was! We had a five-year-old boy running around the house and three other children in diapers all at the same time. We went through over 200 diapers a week! My wife and I had to hire two babysitters whenever we went out and that was quite rare. But we were a happy family and our children were healthy and growing.

I don't know if it was the stress of moving from Chicago to Louisville, or if I simply stopped doing the things I had done to get and stay healthy. But a few weeks after moving I felt my old symptoms returning. And once they started, they quickly worsened. Even though I immediately tried to do some of the things that had worked before, all my symptoms came back: nausea, diarrhea, bloating, fatigue, brain fog, anxiety, adrenaline surges, racing heart, unusual nervousness, and insomnia. My heart would race even when I was doing nothing. My palms would sweat even though my hands and feet felt cold. Once again I was perplexed, distraught, and afraid.

I went through mental and spiritual upheaval wondering whether God was punishing me for something. I analyzed everything about my life and confessed every sin I could think of, but nothing changed. I was right back where I had started five years earlier. I knew that I had not been eating, exercising, or deliberately conserving my energy and resting as I should have been. But I never expected this to come back again. What was it?

Believing that my faith was being challenged once again, I asked people in our church to pray for me. While comforting, this did not actually change how I felt in any noticeable way.

I remember that after a night of absolutely no sleep, I had to drive seventy miles to make a sales call in Lexington, Kentucky. I went on the call that morning and drove all the way back that afternoon, but I just barely made it.

I could still work for the most part, but the war had returned. It took all my effort to maintain my hope, my concentration, and in some ways, my sanity. Feelings and thoughts I had little control over seemed to overwhelm me. I had to constantly fight to counter these negative vibes. Just as before, nausea completely unsettled me and made me very introspective. I would analyze every thought, feeling, and motive, which was nothing but a destructive exercise.

The pastor of my church suggested I see a medical doctor who was a member of our church. After a thorough check up, I heard the familiar words: "I can't find anything wrong with you, but here is a prescription for some sleeping pills." How could another doctor run his standard tests and not find anything wrong with me? By now I had discovered that sleeping pills made me feel worse when I woke up, so I used them only when I couldn't stand the insomnia any longer.

The doctor and my pastor talked to me about seeing a psychiatrist. That was really encouraging! I had a great job, a great wife, a great family, and great friends. I knew I was loved by my parents and siblings, and I had never been abused as a child. I didn't think I had anything to talk to

a psychiatrist about, so I just didn't go. I just made up my mind that I would get through this again as I had before. And so I began my regime: I ate better, exercised daily, prayed, and read my Bible. Gradually, I started sleeping and feeling better. The process was starting to work.

Since this doctor, like the others before him, had found nothing wrong with me, I continued to assume that my problem wasn't physiological, but spiritual. I thought it must be some kind of test I had to go through until God decided I had built the necessary character. From experience, I knew getting better required patience so I figured that was what I was supposed to be learning. But *everyone* needs to learn patience, right? So why did *I* have to learn it like this? However, who was I to question God? So I tried not to question, and instead I set my mind and heart to persevere whether I understood it or not.

There wasn't a wealth of alternative health information back then. The Internet had not been invented yet, and there weren't any alternative health books of which I was aware. I didn't really think to look for any clues or cures because I thought my problems weren't physiological. (Now I wonder how I missed the logic that *physiological symptoms signal physiological problems.*) Instead, I trudged along feeling a little better every week. After almost a year, I finally felt as if I had crawled out of the "pit" and that the worst was behind me. A few months later, I even considered myself healthy again.

The Breakthrough

This sick/well cycle continued over the next decade until a breakthrough happened. And it came in a very unexpected way.

The story begins in the fall of 1986, during which time my partners and I were deep into the process of building the very first version of ACT!. I was sick, and I went to see a new doctor after I literally had not slept a wink for seventy two hours straight. I was battling all my usual symptoms and I was really hurting. I almost felt like I was going crazy! After I described my chronic history to this new doctor, he told me to return the following week so he could run a number of nutritional and

other diagnostic tests. I realized he was different from all the other doctors I had seen to that point.

This gave me slight hope, but I confessed to him that I wasn't sure *what* I was going to do when I walked out of his office. I was so tired and distraught from not sleeping that I felt as if I was hallucinating. In fact, half-jokingly I told him I was just as likely to go to a pawn shop and buy a gun to kill myself as I was to return to his office the next week. He thanked me for my honesty and suggested I check into the hospital right away so that he could do something about my insomnia immediately.

The recommendation to go to the hospital that day came as a welcome relief because I was at my wit's end. It was now thirteen years of dealing with this recurrent illness, and this time I really did not know what to do. All my usual efforts to drag myself out of this hellish pit were not working this time. Each episode of sickness grew worse and I was going downhill fast, both physically and emotionally. I really felt that I could not take much more.

As I drove myself straight to the hospital, I thought of my wife and kids. What would they think? What was going to happen? Was I going to get better, or worse? I have to admit that I did not feel very optimistic. I called my wife when I got to the hospital, and I remember crying and telling her that I was so sorry. I was sorry that I didn't know what to do, and I knew this was really going to worry her and the kids. We were both perplexed and scared about my inability to shake the symptoms that I had been able to shake before.

My hospital stay lasted three days and was profitable, mainly because they gave me something that helped me rest. The doctor also put me on a number of special IVs filled with various nutrients and vitamins to which I responded very well. After a few blood tests, he discovered that I was severely nutritionally deficient. Finally! Some solid clues to my problem!

While it may have been too soon, I went back to work only a few days after checking out of the hospital. I wasn't as bad as before, but I still

wasn't feeling all that great, either. We were in the thick of development with ACT! and there were only four of us in the whole company at the time. And so sick or well, I was determined to be there.

Over the next several weeks, I saw my doctor on a regular basis. He ran a battery of tests to determine what was, and was not, working in my body. The results showed that I had very low levels of virtually all major minerals and amino acids. He also discovered that I had very low amounts of hydrochloric acid in my stomach. This was preventing me from digesting and absorbing enough nutrients from my food. He prescribed a myriad of nutritional supplements in an effort to replenish these levels. He also started giving me regular shots of B-vitamins which would improve how I felt, albeit only temporarily.

One particular sunny day in autumn—a day which I remember so clearly—I left our small office in Williams Square in Irving, Texas, to go to the doctor's office for another B-vitamin shot. As I drove, I found myself upset and concerned about my health. Even though I could feel some improvement, I knew I was still quite sick and I had little idea as to why. I still was not sleeping well, I still had bad nausea, and I still just felt bad all over.

To be perfectly honest, I was *infuriated* about it that day! It was so frustrating to continually feel the way I did, and I was *angry* at God! Why was I so sick? Was He punishing me for something? I pounded hard on the steering wheel as I drove and literally shouted over and over to God, "I WANT TO KNOW WHAT IS WRONG WITH ME!! SHOW ME WHAT IS WRONG WITH ME!!" It was a desperate cry from my demanding heart. Little did I know that God actually likes these kinds of prayers! It seems He really takes notice when we finally get serious with Him.

Fortunately, I had calmed down by the time I arrived at the doctor's office. When I went in, the nurse led me to the doctor's study since all of the examining rooms were full. This had never happened before. As I waited for the nurse in the study, I stood looking at the wall of books

behind the desk. With nothing better to do, I scanned the titles the best I could from a few feet away.

For some reason, the title of one book seemed to jump out at me. I don't remember the title exactly, but it was something like, *The Effects of Amalgams on the Immune System*. I asked myself, "What are amalgams?" As I pondered this, I recalled that amalgams were the fillings that dentists use to fill cavities in teeth, and I knew I had a mouthful of them. The nurse came in the study, gave me my shot, and we walked out together.

As I stood at the counter waiting to pay my bill, thinking about the title of the book in the doctor's study, I looked to my left and saw a small box of brochures. The title on the box caught my attention: "Could *Yeast be Your Problem?*" I wondered, "What is yeast? Is that brewer's yeast? Baker's yeast?" Curious, I grabbed one of the brochures, signed my credit card receipt, and walked out of the office.

I began to read the brochure as soon as I got to my car. It described how a simple yeast that is present in everyone can overgrow in the intestinal tract under certain conditions. An infection or overgrowth of this yeast, called candida albicans, can cause a variety of symptoms. And I had *most* of the symptoms listed. At the end of the brochure was a self-survey to help the reader determine if they were likely to have an infection of candida albicans. *I scored as high as a man possibly could.*

I drove home thinking about mercury amalgams and yeast, wondering if they could somehow be related to my illness. As I walked in the door of my home, the first thing I noticed was a book on the kitchen table. I walked over, picked it up, and read the title: *Candida Albicans*. I was stunned! I had just read about candida yeast for the first time in my life just minutes earlier, and here I was holding a book about it. I leafed through the book and almost immediately found a chapter on how mercury amalgams and candida together can cause even more significant symptoms than candida alone.

Suddenly, I knew that what had happened over the previous hour was not a coincidence. I was amazed and hopeful that God was giving me an answer to my desperate cry. These discoveries made my heart begin to beat with excitement and hope!

That night I read the entire book. It was not a light read. It was more like what you would get at a medical seminar. My wife had received the book from a friend and had no idea that it would be pertinent to me. After reading the book, I purchased two other books that it referenced.

Over the next few days I devoured *The Yeast Connection: A Medical Breakthrough*, by William Crook, MD, and *The Yeast Syndrome*, by John Trowbridge, MD, and Morton Walker, DPM. I felt as if I was reading about myself. *The Yeast Syndrome* made the connection between mercury amalgams and candida even clearer. It said that when small amounts of mercury from dental fillings are swallowed, an overgrowth of candida albicans renders it an even more toxic and potent poison than it would be alone. I became convinced that I had found the answer to why I was so sick. More accurately, the answer found me.

A few days later I went to see my doctor and told him everything I had recently learned. Since he was a Christian, I even felt comfortable sharing how I believed the discovery had come about. Although interested in my theory about amalgams and candida, he remained skeptical, even though he had recently attended a seminar regarding candida infections. He also didn't immediately buy the idea that mercury amalgams were causing the kinds of problems I had. But he was willing to be open-minded because clearly, some unknown thing was causing severe problems throughout my body.

He referred me to another doctor he knew of who was studying whether dental amalgams in fact leaked mercury. This doctor used an instrument that tested whether my fillings were "out gassing" mercury vapors. And sure enough, they were.

So I returned to my doctor with these results. He was amazed, and I was excited because I felt as though we were finally finding something significant.

My doctor started treating me using the antifungal medicine Nystatin to kill the yeast overgrowth. He explained that if I did have an overgrowth, this medicine would quickly kill off much of the yeast. But he also said I might feel a whole lot worse before I felt better. I was excited about beginning this trial which could confirm the cause of my long-lived illness, and hopefully provide me with a long-term cure.

After filling the prescription, I went home and took my first dose. Nothing happened right away. But by the next day, I felt terrible. All of my symptoms came back with a vengeance. I called the doctor and he had me cut back on the dose and then build back up gradually. I complied and within a couple of weeks I felt somewhat better. Although my doctor explained that it could take several months to clear the infection, he was encouraged by my response to the medicine, and so was I.

My doctor also referred me to a dentist who could remove the fourteen amalgams from my teeth and replace them with porcelain fillings in order to eliminate the primary source of mercury. Over the next few weeks, I had my fillings removed one quadrant at a time. I continued to take an increasing amount of Nystatin, and I was feeling better every week.

After my last quadrant was removed, at least two of my symptoms stopped immediately! My heart would now go back to a proper resting rate within several minutes after exercising. Previously, it would race along at about 110 beats per minute for hours at a time. And now, looking back from the vantage point of an additional decade and a half, I realize that a second symptom stopped immediately after I removed the mercury amalgams: I stopped losing my hair! Today, I have almost exactly the same amount of hair on the top of my head as I did then.

Four months after this discovery and treatment, I felt well. Actually, I felt *really* well! I was so excited and grateful that God had answered my prayer. Being the kind of person I am, I was happy the whole thing was behind me, and I thought I could finally move on because I was cured! I felt no need to continue seeing a doctor.

But this naïve thinking turned out to be a disastrous mistake. While I had learned much about what was wrong with me, the idea that I was “cured” was a very mistaken one. I later discovered that candida yeast had a very high propensity to grow back. After so many years of being “beat up” by candida yeast, it was as though my body had lost most of its ability to recognize and fight it.

In addition, I had not yet recovered from nutritional deficiencies, underproduction of stomach acid, and the other issues my doctor discovered in me. I wrongly assumed that everything had just “magically” cleared up on its own now that I was feeling so much better.

But with the Providential discovery of the issues of mercury and candida yeast, I had made a good start. I believed God had miraculously opened my eyes to something that was not widely known at the time. Yet even as I write about candidiasis and mercury amalgams nineteen years later, these things are still barely even recognized, if at all, by mainstream medical professionals.

Chapter 3 - Heal Your Gut

Even though I had discovered two very big pieces to my chronic health puzzle in 1986, I learned that mercury and candida yeast were still not the sole culprits of my chronic issues. As I continued to battle recurrent bouts after 1986, I learned that Irritable Bowel Syndrome, Chronic Fatigue Syndrome, and Adrenal Fatigue Syndrome were just a few of the typical medical classifications for people with my list of symptoms.

I always felt that the word “syndrome” was the perfect word to describe these chronic conditions. To me, “syndrome” evokes an image of a web of symptoms which holds the sufferer tightly in its grip. My web consisted of nausea, diarrhea, bloating, fatigue, brain fog, anxiety, adrenaline surges, unusual nervousness, and insomnia. I have since come to believe that in order to fully break free from the web, you have to get to the root of *each* condition.

Through my intensive research since 1986, I have discovered that one of the chief problems in chronic illness, especially those related to the digestive tract, was the breakdown of the permeability in the small intestine, commonly referred to as “Leaky Gut.” The small intestine, which has a surface area larger than a tennis court, is designed to allow very *small* particles of digested nutrients to pass through its wall and into the bloodstream so that these nutrients can be distributed throughout the body. But numerous things can happen and it can become more permeable, allowing larger “less digested” particles to pass through. These larger particles then cause the immune system to react and become the basis of many food allergies.

Not coincidentally, when I feel my gut is really hurting, I also have allergic reactions to many foods. When I feel better, I don’t seem to react at all. The following table is a list of symptoms often related to Leaky Gut.

Table 1: Symptoms Associated with Leaky Gut ¹

| Symptom | Definition |
|--------------------------|---|
| Fatigue and/or Malaise | A feeling of weariness, tiredness, or a general lack of energy. |
| Arthralgias | Joint pain that can affect one or more of the joints. |
| Myalgias | Muscle pain, usually accompanied by fatigue and/or malaise. |
| Fevers of unknown origin | An elevated body temperature. |
| Food intolerances | An unpleasant reaction to something eaten, also called food allergies. Symptoms can range from mild discomfort to severe reactions that require medication. |
| Abdominal pain | Pain felt anywhere between the chest and groin. This is often referred to as the stomach region or belly. There are many organs in the abdomen. |
| Abdominal distension | The state in which the abdominal area is swollen or bloated. |
| Diarrhea | Categorized as loose stools. Prolonged diarrhea can be a sign of other health conditions. Diarrhea can cause dehydration, which means the body lacks enough fluid to function properly. |
| Skin rashes | Changes in the color or texture of the skin. |
| Shortness of breath | Categorized as not being able to attain a full breath. |
| Poor exercise tolerance | Tiring out quickly while exercising. |

To me, that list of symptoms reads like a list of the “usual suspects” found in any chronic illness. That’s because Leaky Gut is almost always involved in chronic illness and, in fact, is a leading *cause* of many different diseases. Leaky Gut starts a vicious cycle in which allergic sensitivities, toxic and hyper-immune activation, liver dysfunction, pancreatic insufficiency, and malnutrition occur. Each of these issues then further increases the “leakiness” of the small intestine which leads to a downward spiral in health. Table 2 describes some of the most common chronic conditions related to Leaky Gut.

Table 2: Diseases associated with Leaky Gut ¹

| Definition | Disease |
|--|---|
| Inflammatory Bowel Disease (IBD) | IBD refers to two chronic diseases that cause inflammation of the intestines: ulcerative colitis and Crohn’s disease. |
| Irritable Bowel Syndrome (IBS) | Characterized by abdominal pain or cramping and changes in bowel function— including bloating, gas, diarrhea, and constipation. |
| Chronic Fatigue Syndrome, also known as CFIDS or CFS | A complicated disorder characterized by profound fatigue that doesn’t improve with bed rest and may worsen with physical or mental activity. CFS sufferers exhibit symptoms similar to viral infections but unlike the flu, symptoms of CFS can last for months or years. They may come and go frequently with no identifiable pattern. |
| Acne | A skin condition that shows up as different types of bumps. They include whiteheads, blackheads, pimples, and cysts. |
| Eczema | A group of skin conditions that cause the skin to become irritated. |
| Psoriasis | A chronic, genetic, noncontagious skin disorder that appears in many different forms and can affect any part of the body, including the nails and scalp. |
| Urticaria | This is the medical term for hives. Hives are raised, often itchy red welts on the surface of the skin. They are usually an allergic reaction to food or medicine. |
| HIV Infection | A viral infection caused by the human immunodeficiency virus (HIV) that gradually destroys the immune system, resulting in infections that are hard for the body to fight. |
| Cystic Fibrosis | An inherited disease that affects sodium channels in the body and causes respiratory and digestive problems. Cystic fibrosis affects the mucus and sweat glands of the body and is caused by a defective gene. Thick mucus is formed in the breathing passages of the lungs and this predisposes the person to chronic lung infections. |

| Definition | Disease |
|--|--|
| Pancreatic Insufficiency | Occurs when the pancreas doesn't make enough enzymes for proper digestion to take place. Pancreatic insufficiency isn't a disease but a sign of an underlying problem. |
| Hepatic Dysfunction | A failure or partial failure of normal liver function. |
| Infectious Enterocolitis | This is inflammation of the mucosal lining of both the small and large intestines. Its cause can be bacterial, viral, functional, and inflammatory. |
| Spondyloarthropathies | Diseases of the joints and spine. |
| Alcoholism | A chronic, often progressive disease that can be fatal. The condition involves a preoccupation with alcohol and impaired control over alcohol intake. |
| Celiac Disease | A disorder that makes one react to gluten, a type of protein that is found in many foods. When gluten is eaten, an immune system reaction to the protein gradually damages the villi in the small intestine. This damage makes it difficult to absorb necessary vitamins and minerals. |
| Dermatitis Herpetiformis | A chronic, extremely itchy rash consisting of papules and vesicles. It is associated with sensitivity of the intestine to gluten in the diet. |
| Autism | A complex developmental disorder that appears in the first three years of life, although it is sometimes diagnosed much later. It affects the brain's normal development of social and communication skills. |
| Childhood hyperactivity | A state of excessive muscular activity. This term is also used to describe a situation when a particular portion of the body is excessively active, such as when a gland produces too much of its particular hormone. |
| Multiple food and chemical sensitivities | Conditions wherein people have mild reactions to food and chemicals in the environment. |

Treatments

The good news is that if you can heal the gut, you can dramatically improve almost any chronic recurrent condition. Many times, the origin of the leaky gut can be self- or doctor-induced. The overuse of antibiotics is in fact a major contributing factor. The use of non-steroidal anti-inflammatory drugs (NSAIDs) and even simple aspirin, ibuprofen, and acetaminophen can cause severe damage to the lining of the intestinal tract.² Too much of any of these will set you up for severe problems down the road.

Prednisone and other medications can also do major harm. The over-use of alcohol may also damage the gut. And even allergies or intolerances to foods like wheat or dairy can wreak havoc in the intestinal tract. The fact is, there are many ways to injure this sensitive organ. Fortunately it *can* heal, but it usually takes a very long time.

Healing Leaky Gut requires several components: One must totally avoid any gut-toxic drugs and allergic foods. Eliminate as much bacterial and fungal overgrowth as you can using prescription medications and herbal antimicrobials. Use seemingly excessive dosages of high-quality probiotics (good bacteria) for a very long time in order to restore the good organisms that should be dominant in your gut.

Finally, you must use a test called the Intestinal Permeability Assessment to directly measure how well you are doing at healing this extremely large organ. You cannot be subjective in measuring whether or not you have healed the gut. There were numerous times in my past when I *felt* like I was well, but the test revealed that I still had much further to go.

After I learned to fight off recurrences with probiotics and did a fair job of healing my gut each time, I unfortunately proceeded to gradually damage it again. In some cases, I was unaware that I was allergic to or intolerant of certain foods. I would eat them, and the damage would slowly begin. But also because of what I call the “power of a sense of

well-being,” I would convince myself that I was cured, and then proceed to ingest things that I knew were not good for me. I would tell myself, “I am cured! I can eat and drink anything I want now.”

And you know what? Nothing would happen until several months later when I would reap the consequences of this stupid thinking and undisciplined eating and my gut would start to feel nauseated and queasy. Then the battle would begin all over again.

So heed my warning and do not let this “sense of well-being” trick you into becoming lazy and careless about doing what you know you should do!

Take Care Of Your Digestive System

Antibiotics. In the intestinal tract, there are many highly beneficial bacteria that serve various purposes. For example, one reason some people don’t get sick when they eat spoiled food is that their intestinal tract is full of highly beneficial bacteria like acidophilus and bifidobacteria. Because of these healthy bacteria, the bad bacteria in spoiled food do not have room to multiply to the degree that they make that person sick.

These good bacteria are actually a vital part of our immune system. Vitamins B and K are also produced for us by these beneficial bacteria. But we become deficient in those vitamins when the “good guys” are wiped out by the overuse of antibiotics—anti-bio, meaning anti-life—meaning they kill without prejudice. The good guys also play a major role in breaking down certain types of food so that we can fully absorb the nutrients in the food we eat.

I had more than my share of antibiotics as a kid, and even several courses as an adult. Knowing how antibiotics work now, it is not difficult for me to postulate that they could have been a contributing factor in my chronic recurrent illnesses. When I talk to someone with severe digestive problems, I find it very common that they have a long history of antibiotic use.

Since I now know about the dangers of antibiotics, I do everything I can to avoid using them. However, if I do have to take an antibiotic, I also use an antifungal drug, or herbal supplement, or both to limit my risk of a fungal infection. Then, I always follow it with the extended use of a supplement filled with good bacteria to help my body replace what was killed by the antibiotic.

It is also important to realize that even without specifically taking a prescribed antibiotic, we are still getting small doses from most of the meat and dairy in our diet. This is because literally hundreds of tons of antibiotics are fed to the livestock every year. According to certain reports, more than half of the antibiotics produced in the United States each year are used in livestock.

Probiotics. Good bacteria should be the predominant bacteria in your intestines. On several occasions, even though I had been taking many courses of probiotics, my tests would show that I did not have ANY of the good bacteria. Therefore, I now take very high doses of high-quality probiotics which have strong research to prove their efficacy. Many of the products on the market today are JUNK. The good organisms that are supposed to be there are either dead by the time the product gets to you, or are non-existent in the first place.

Most good probiotics capsules contain on average between one and ten billion good bacteria. However, the person who has serious gut problems typically needs between 100 billion and 400 billion *per day*. Many sources say that once there has been a serious injury to the intestinal flora, it can take up to several years to re-colonize the intestines fully with good bacteria. Some researchers estimate as many as seventy trillion bacteria live in our intestines. If a high percentage of these are bad bugs, adding just a few billion good bugs into this hostile environment will have very little effect for those who are chronically ill. High doses of high-quality probiotics for a long period of time are generally what is necessary to re-establish the dominance of good bacteria. While this may be disappointing or disheartening, this regimen is absolutely required to get and stay well.

Taking a fairly aggressive maintenance dose, even after you feel well, is still a very good idea since many of the foods we eat contain

30 Wellness Piece by Piece

antibiotics. Personally, I have relied heavily on probiotics to get well and I still take a maintenance dose at least twice a day to stay well.

I will mention that I do not like probiotics with fructool-igosaccharide (FOS) in them. FOS is what is known as a “prebiotic.” Prebiotics are non-digestible food ingredients that supposedly help stimulate the growth of the good bacteria already present in the colon. Prebiotics are heavily promoted and found in most of the probiotics on the market.

The hype that surrounds this theory sounds wonderful, but I believe FOS absolutely does feed candida and other bad organisms like Klebsiella. It will also give you large amounts of gas and discomfort. At least, that has been my experience. Therefore, I believe you should avoid any products that have FOS in them. A good probiotic only requires some carbohydrates in the intestines to thrive and it should be easy enough to give them plenty of carbohydrates from the food that you eat.

Digestion. People with chronic conditions tend to be nutritionally deficient because their bodies do not digest their food well enough. This is because they usually have a condition called “Hypochlorhydria.” This condition is a result of the underproduction of hydrochloric acid (HCl) by the stomach. Without an adequate supply of HCl, the body cannot digest and absorb essential vitamins, minerals, and amino acids from food the way it should.

I will attempt to explain this complex process, and how it can collapse, as simply and plainly as possible. Complete and healthy digestion is a result of a cascade of events that starts with chewing your food well. When the food reaches your stomach, it is supposed to be broken down further by the HCl in your stomach. The stomach must contain an adequate supply of HCl, and the HCl should be in the range of 2 to 3 pH, which is highly acidic.

Having stomach acid of this strength does several things. As it breaks down food, it also kills most of the bacteria, parasites, and fungi that are generally present. HCl causes the release of pepsin which begins to digest proteins into individual amino acids. Pepsin works best with strong stomach acid, but rapidly deactivates as the pH level becomes more alkaline.

If the stomach acid is not strong enough to break down the food or kill the bugs, the food actually begins to ferment. This causes gas in the stomach. The gas puts pressure on the valve between the stomach and esophagus which causes reflux, or what is commonly referred to as acid indigestion or heartburn. Antacids help relieve this uncomfortable feeling, but they also tend to hinder the process of digestion because they lower the level of HCl in the stomach. While it is pleasant to relieve heartburn, lowering the amount of HCl is not something you should do. (There will be more on this important topic in a few paragraphs.)

After food begins to break down from the HCl in the stomach, it passes through the duodenum where the acids coating the partially digested food signal the pancreas to secrete bicarbonate and pancreatic enzymes. These lower the acidity of the particles and help to break down the food into even smaller particles when they enter into the small intestine. But if the pH level of the particles coming from the stomach is not acidic enough, the signal given to the pancreas by the duodenum is weak, and fewer enzymes are secreted. Since these enzymes are crucial to breaking down food, decreased levels cause inadequate digestion.

When the particles pass from the duodenum into the small intestine, they are supposed to be broken down into their basic elements of vitamins, minerals, and amino acids. But the bad bugs that should have been killed earlier by the HCl in the stomach now have a nice warm place to grow and multiply. And when the small intestine has an overgrowth of bad bugs, it has an increasingly difficult time breaking down food particles into the nutrients necessary to sustain the body. These bugs can lead to leaky gut and the toxins they eventually give off are then leaked into the bloodstream, causing symptoms virtually *anywhere* in the body.

The remaining undigested particles are eventually passed from the small intestine into the large intestine. This leads to overgrowth of bad bugs in the large intestine as well, and these microbes have a field day feeding on the stream of undigested particles that continually enter into the large intestine. The microbes eat it to sustain their own metabolism and then excrete toxic substances. These toxins make you feel bad and force the body to use large amounts of vitamins, minerals, and amino acids in a constant attempt to detoxify itself. But as this vicious cycle goes on, the body becomes less able to convert food into nutrients that it can use.

If you digest food poorly on a regular basis, microbes eventually colonize throughout the entire GI-tract. So something as simple as not producing enough HCl can lead to huge problems!

Heartburn. Now you may be saying, “But I already have heartburn,” and you may have been tricked into thinking this means you produce *too much* acid. You may be taking something like Zantac, Tagamet, Nexium, or Prilosec to stop your acid reflux. But you are really just dampening the production of HCl, and this is one of the *worst* things you can do!

As you can clearly see, the body makes HCl for a good reason. And I found that the more acidic I could make my stomach, the less heartburn I had. This was because I was helping my stomach with its intended function. I had to find out for myself what the commercials for these types of products won’t ever tell you. I discovered that my heartburn was more often caused by eating the wrong foods, especially processed foods. Once I stopped eating wheat and dairy, I almost never got heartburn again. And if I cheat now—because let’s face it, white bread and cheese still taste good—I almost immediately get heartburn.

So I can eat spicy food, like spicy marinara sauce, without a problem. But if the sauce is on top of wheat pasta, I pay for it dearly. It’s the *pasta* that gets me, not the spicy sauce! I know it may seem counterintuitive at first, but once you really understand what HCl does in the stomach, it makes a ton of sense. (And I now use steamed spaghetti- squash instead of pasta when my wife makes marinara sauce.)

Digestive Enzymes. Low stomach acid is very common in the elderly and also in those who are chronically ill. But to get well, it is very important to properly digest food. HCl and digestive enzymes can help dramatically. I take Betaine HCl with pepsin and a plant-based digestive enzyme at every meal.

I usually take the manufacturer's recommended number of digestive enzymes with my meal unless it is a big meal, and then I take an additional digestive enzyme during or just after it. And while this rarely happens now, if I ever feel bloated after eating, taking an additional digestive enzyme often relieves it.

When I go out to eat, I use a powerful protein enzyme which does a great job of digesting gluten and casein, the allergens in wheat and dairy. I use this because wheat and dairy are often "disguised" in many types of foods, especially when eating out. This supplement does a good job of protecting me from these allergens when they are hidden.

I should also mention that it is fairly important to drink very little with your meal as the liquid will dilute the stomach acid. If you do not drink anything while eating, you will normally feel thirsty again about thirty minutes after eating. This is actually the best time to start drinking water again.

Activated Charcoal. Diarrhea is nasty, especially when it continues unabated for weeks on end as it has for me during acute episodes of Irritable Bowel Syndrome (IBS). It laughs at Pepto-Bismol, Imodium, and other over-the-counter remedies. And I've never been given anything by a doctor that made it stop.

Sixty days straight is the longest I have had diarrhea, as noted in my journals. I lost thirty pounds and looked awful. (You can compare the two pictures of me on the following pages to see for yourself.)

The only thing that made it stop was a change in diet and antifungal medication.

Recently, I learned that I can also stop diarrhea using activated charcoal. It absorbs toxins in the intestines, slows down their production, and stops the diarrhea. But beware of taking too much activated charcoal as it will absorb everything, both good and bad. Specifically, this means that you should not take any supplements or medications within two hours of using activated charcoal because it will absorb those and flush them out without your having received their full benefit.

Bicarbonates. Bicarbonates are amazing, actually. Allergy doctors have known for a long time that using Alka Seltzer Gold can stop an allergic reaction very quickly. This is because when the body is ill, it tends to become too acidic. (This encompasses more than just the pH of HCl in the stomach.) Adding alkaline substances like bicarbonates of sodium and potassium, and other minerals like magnesium and calcium, can help the body neutralize the acidity.

Personally, I don't like Alka Seltzer Gold because it has too many unnecessary chemicals in it. However, it does not contain aspirin, which is good since aspirin should be avoided. So if Alka Seltzer Gold is all you have, then use it if you must. That is a principle I call "the next best thing."

I found that both activated charcoal and bicarbonates also help to alleviate nausea, which is a welcome relief (I hate nausea!).

Testing

A test that has been useful for me is the Intestinal Permeability Assessment, or the leaky gut test. This test can be prescribed by your doctor. It basically identifies when larger food particles leak through your intestinal tract. Obtaining proof that you do in fact have a damaged intestinal tract can help motivate you to do what is necessary to heal it. The healing process can take a long time because the intestine has so much surface area to mend, but you will feel so much better when it is restored.

To determine HCl production, many doctors previously used an effective test called the Heidelberg test. Unfortunately, they do not use it much anymore, though I am unaware of the reasons for this.

Luckily, you can easily determine HCl production on your own. To figure out if you need to supplement your body's production of HCl, take one eight-grain capsule (about 525 milligrams), *not* tablets, of Betaine HCl with a meal. If you feel a burning sensation in your stomach with one capsule, you don't need it. If do not feel a burning sensation, keep increasing the number of capsules you take at each meal until you do feel a burning sensation, and then you know to take one less. (To neutralize the burning sensation of too much HCl, use bicarbonate, or just eat a little more food.) At my sickest point, I found I would have to take up to eight capsules before I felt anything at all.

If you do end up using HCl supplements, it is a good idea to stop using them for two weeks every few months. The reason is that sometimes the body will start producing an adequate amount of HCl by itself. If you are not sure, just use the same method to test yourself again.

The Mercury Connection

Even though I had my amalgams removed in 1987, I continued to experience relapses of IBS, albeit never as severe as before. There is no way for me to absolutely prove or disprove that mercury affected my health.



*Photo printed with permission of Tom Lehman.
Tom Lehman and Pat Sullivan at The Colonial Golf Tournament in Ft.
Worth, Texas, May 1993. Pat's health status = Sick.*



Photo printed with permission of Mrs. Cyndee Sullivan and Tiger Woods. Tiger Woods and Pat Sullivan at the William's World Challenge / SalesLogix Pro-Am in Scottsdale, Arizona, December 31, 1999. Pat's health status = Well.

in any way. I only know that my episodes were worse before I had my fillings removed, and they have not been nearly as bad since then. But I have learned that mercury stays in the tissues of the body for a very long time and it continues to have negative effects until it is fully removed. After all, the half-life of mercury is seventy years!

I was once on an Internet bulletin board for people with severe digestive problems. I did a simple survey via email asking the question, “How many people on this bulletin board currently have, or have ever had mercury amalgams?” I received over one hundred replies and every single one of them was YES—I was astounded! Approximately seventy percent of the population has amalgams so statistically speaking, this was very interesting.

For more interesting statistics, we turn to Dr. Rashid A. Buttar. This excerpt is taken from his testimony, “Autism, The Misdiagnosis of Our Future Generations,” given before a United States Congressional hearing on May 6, 2004. The testimony can be found in its entirety by searching the internet.

“Not surprisingly to advanced researchers and physicians, the association of mercury to chronic diseases is well documented in the scientific literature. The search for the association between mercury and cardiovascular disease, the number one killer in the industrialized world, revealed 358 scientific papers exemplifying the relationship. The search for the association between mercury and cancer, the number two killer in the industrialized world, revealed 643 scientific papers exemplifying the relationship. Both of these conditions represent 80% of all deaths in the industrialized world. But the association of mercury with neurodegenerative diseases is the most significant, with the references numbering 1445.”

I will come back to Dr. Buttar's story later in Chapter 9, but consider the members of the US Congress "debriefed" on the many serious problems of mercury.

Chapter 4 - Balance Your Hormones

Hormones are amazing tools of the body. I first learned of their importance during my ongoing crusade to rid my body of mercury.

In the mid-1990s, my doctor recommended I start utilizing EDTA chelation treatments in an effort to detoxify my body of heavy metals, specifically mercury. (It is important that I add here that EDTA, which I'll write more about in Chapter 10, does not do a great job of removing mercury from the body, but that is not the point of this story.) The treatment process involved going to the doctor's office, getting hooked up to an IV, and letting EDTA slowly drip into my vein for two to three hours. When the nurse hooked up the IV, she would usually draw blood and check blood sugar levels. One day, the nurse took my blood and came back with a concerned look on her face. She asked me how I felt, and I responded facetiously, "I feel pretty normal for me—lightheaded, fatigued, and somewhat weak. Why do you ask?" She told me my blood sugar was very low. Then she asked if I had eaten anything and I replied that I had actually just eaten heartily a little over an hour ago.

The doctor then came in and told me that my blood sugar was so low that if I were a diabetic, I would likely be in coma. My blood sugar level was below 40, and normal levels were between 85 and 110. Since I was obviously not in a coma, he thought perhaps the test was wrong. So we did it again. The results of the second test were lower than the first! The doctor was perplexed and worried. I didn't feel much different though. I was just used to it!

From that point on the doctor and I tried to figure out why my blood sugar was so low. Among other things, the doctor ran an insulin level test and a glucose tolerance test. The first test showed that my insulin was at a fairly normal level. However, the second test showed that after eating, my blood sugar levels did some really weird things. The pattern did not fit any normal or even abnormal pattern—my sugar levels just meandered all over the place. I was literally off the charts!

I had always assumed my blood sugar levels were fairly normal, but only because no one had ever mentioned it. With this new hint, I began to read all I could find about blood sugar and hypoglycemia. I found that I had most of the symptoms of that condition. I started to follow many of the suggestions I found and I did feel somewhat better.

Cortisol. During my search, one book that I came across proved to be a big help to me. The book was *Safe Uses of Cortisol*, by William McK. Jefferies, MD. The book recounted the research done by Dr. Jefferies years earlier when he found that small doses of the adrenal hormone “cortisol,” or “cortisone” which it is also called, helped many of his suffering patients. Cortisol is one of the key hormones the body produces in response to stress of any kind. Simply put, without cortisol, we would die.

The adrenal glands normally produce between 20 to 40 mg of cortisol per day, but they produce much more when the body is under a great deal of stress. Dr. Jefferies’ experience showed that cortisol does many things:

- It plays a major role in keeping blood sugar levels normal.
- It helps to control inflammation throughout the body.
- It helps to mediate allergies by controlling histamine in the body.
- It boosts the immune system when it is under any type of infectious attack.
- It helps regulate the thyroid hormones to control metabolism and body temperature.
- It significantly influences blood pressure.

The book also described how the adrenal glands are part of an intricate system of glands called the HPA axis, made up of the hypothalamus, pituitary, and adrenal glands. The hypothalamus senses conditions in the body and when necessary, secretes a hormone that tells the pituitary to

send yet another hormone to the adrenals. When the adrenals get this signal, they start secreting cortisol. When cortisol levels get too high, the HPA axis senses this, and sends a message to the adrenals to halt.

After reading that book, I was convinced that my adrenal glands were probably not producing enough cortisol and this was directly related to the strange behavior of my blood sugar levels. I took the book to my doctor and described what I had learned, concluding that I believed Dr. Jefferies' book had answers for me. The doctor then told me he was actually somewhat embarrassed, saying he agreed with me and that he should have thought of this before. He was embarrassed because Dr. Jefferies had actually been one of his professors in medical school ... I was stunned!

Now, I liked this doctor quite a bit and I had been seeing him for years, but at that moment I wanted to throw him out the window! He had been treating me for a long time and was not only familiar with the information in the book, but the author was his former professor! It had simply never occurred to him to do this test. Apart from my anger and frustration, I was excited that at least he was familiar with this approach and agreed to do the test for me.

The ACTH challenge test he ran showed my cortisol levels were in fact quite low and my adrenal glands were, at best, very slow to respond to signals from the pituitary gland. I went on a very small, supplemental dose of cortisol, and I noticed a change within a few weeks. I wasn't at one hundred percent, but I was much better. My fatigue and brain fog lessened, my blood sugar swings started to abate, my body temperature warmed up, and I felt much stronger.

Prednisone. Most doctors don't use low-dose cortisol. Instead, most use Prednisone or other synthetic forms of cortisol. These are far more potent forms of cortisol which can help in short-term, serious medical situations. However, long-term use of Prednisone is very damaging to the whole body and should be avoided if possible.

The concern here is that taking any additional cortisol over a long period of time may cause the body to stop making its own. This is more typical when taking a powerful synthetic like Prednisone. But for me, after taking small doses of cortisol over the past few years, a recent hormone panel has shown that my adrenal glands are still making cortisol and that my hormone level, including the amount that I am supplementing with, is within the normal range.

DHEA and Testosterone. As it would happen, I discovered yet another puzzle piece indirectly from this same test. The test showed that my DHEA hormone levels were extremely low. After more in-depth testing, I found that I had the testosterone levels of a 70-year-old-man, even though I was only 47! And since DHEA is a precursor to testosterone, this made complete sense. These would become key findings for me and with this new information, my doctor began to supplement me with both DHEA and testosterone.

While most people think of testosterone as being related solely to sexual drive, it does much more than that in both men and women. The levels for this hormone are controlled by the pituitary gland and there are receptors for it in almost every tissue of the body. Testosterone and DHEA are crucial elements for many things, including the immune system and the brain. They are both key factors in muscle mass and energy, and have strong links to depression, weight gain, and cardiovascular disease. In fact many times people gain weight because these two hormone levels drop so significantly. Thus, weight-loss diets generally will not work without first balancing these hormones.

Thyroid Gland. My doctor also determined that my thyroid gland was not producing enough thyroid hormone. An underactive thyroid can cause fatigue, constipation, depression, and low body temperature.

Most chronically ill people are hypothyroid like me, yet they will appear to be within the normal range on most blood tests. This is because the range for normal is so wide to begin with, and “normal” is measured against a population that is generally unhealthy.

Since I was outside of even the normal range, my doctor started supplementing me with small amounts of thyroid hormone and this helped enormously. Small supplemental doses of thyroid hormone will usually make a chronically ill person feel better fairly quickly unless they are also low in cortisol since the two work together. But do not use the synthetic versions of thyroid that are usually prescribed. The natural one called “Armour Thyroid” is usually the best.

This is a list of other conditions that can come from an under-active thyroid:

- Anemia
- Infertility
- Menstrual disorders (excessive and frequent bleeding)
- Concentration difficulties, memory disturbances, mental sluggishness
- Paranoia
- Migraines
- Insomnia
- Over-sleeping
- Laziness
- Muscle aches and/or weaknesses
- Hearing disturbances (burning, prickly sensations, or noises in the head)
- Labored breathing
- Hoarseness
- Speech problems
- Brittle nails

- Poor vision and/or light sensitivity

In chronic illness it is common for hormone levels to get too low, resulting in severe consequences. I suffered for many years from what I know today is called adrenal exhaustion. There were many things I could have done to help recover from this condition if I had only known that my cortisol, testosterone, DHEA, and thyroid levels were so low. Supplementing my underproduction of these has made a huge difference.

Treatments

I must first start with this warning: You should *NEVER* self-treat your hormone levels. This includes avoiding natural supplements containing DHEA, pregnenolone, progesterone, androsterone (all natural hormone precursors), *UNLESS* you are directed to do so by your physician.

While it is my belief that you, and only you, are responsible for the health of your body, you *MUST* work with a health care professional to fix your hormone levels. And even then, you should be *VERY* cautious. If you make a mistake, you may pay for it dearly. If your doctor doesn't want to work with your hormones, find a new doctor! (See Chapter 14, "Find A Good Doctor.")

And now that I've hopefully scared you off from attempting to fix this on your own, let me reinforce the fact that working with my doctor to fix my own hormone levels has made a huge impact.

The protocol for taking cortisol is interesting. I generally take 20 mgs per day in four divided doses. Your doctor will have to prescribe the correct dosage for your condition. Dr. Jefferies recommends that if you ever feel a cold or the flu developing, you can double, and then triple the dosage of cortisol. The reason is that this is how the body is supposed to respond to this type of stress.

I have been amazed when, numerous times over the past few years, I have totally beaten a cold or the flu in less than a day with this approach.

And I have never in my life been able to beat a cold or the flu like that—until now.

Testing

Your doctor can test your adrenal glands by using the ACTH challenge. (ACTH is a hormone secreted by the pituitary that tells the adrenals to secrete cortisol.) If the level of cortisol does not at least double and preferably triple when tested, then it is weak and you may benefit from supplementing with a low dose of natural cortisol.

You can also buy hormone diagnostic tests on the Internet. These saliva-based tests have advanced significantly in recent years and are quickly becoming the gold standard for determining virtually all hormone levels, including DHEA, testosterone, estrogen, progesterone, cortisol, and thyroid.

If your intuition says you should test your hormones, it is very easy and safe to do with these types of tests. Then bring your test results to your doctor.

Take Care Of Your Hormones

One might say that as we get older, the diminishing of our hormone levels is a normal part of the aging and dying process, and I would agree. However, when these hormones drop even slightly below normal levels for your age group, it is highly likely that something other than normal aging is occurring.

When I learned that my hormone levels were very low and began to supplement them, it made a huge difference in how I felt and even in how I looked. Numerous people remarked how defined my muscles looked within months of starting to take both testosterone and DHEA. This surprised me since I have never done any body building. But there was no question that through supplementation, I was physically much stronger.

While it may be natural for our bodies to decrease the production of these hormones over time, it is also possible that because of internal

toxins, poor diets, and the like, our bodies lose the ability to produce these hormones as efficiently as they should too early in our lives. I'm not a seeker of the "fountain of youth," but I think it is very wise to do all we can to maintain our hormones at youthful levels for as long as we live.

The Mercury Connection

Whether the culprit was my adrenal, pituitary, or hypothalamus glands, it didn't really matter because there were issues with *all* of them, and I had discovered that hormones were yet another important piece in my puzzle. The research available today shows that mercury could be one possible cause of dysfunction in my HPA axis. Mercury, when it leaches out of dental amalgams, is readily absorbed in the brain and has a very high affinity for the pituitary and the hypothalamus.^{1,2}

Once present, mercury and acetaldehyde (a toxic by-product from candida yeast) can interfere with the manufacture and secretion of cortisol and other hormones. Low levels of these hormones then have a torrent of effects on the body. But short of an autopsy—which I would prefer to delay—I cannot prove that mercury has somehow damaged these two glands in my own body.

What I can prove, however, is that my glands do not produce even *close* to what they are supposed to produce for a man my age. How did this happen? Well, if A equals B, and B equals C, then A equals C. And as the evidence grows for a mercury connection in one area of my body, simple logic would dictate that mercury is also relevant to the other parts of my body.

Personally, I am hopeful that as I continue to rid my body of mercury utilizing an aggressive detoxification protocol, these hormonal systems will begin to recover and function normally on their own. Until then, I supplement to the levels that my body is supposed to make.

Chapter 5 - Take Charge Of Your Allergies

In the late 1990s, after a year or so of relatively good health, I could feel my old symptoms returning. In an effort to try something different, I took some time off from the busy environment at SalesLogix in Scottsdale, Arizona, and headed for our cabin in the mountains of Pinetop, Arizona, to get some rest. I was determined to do everything I could to stop the symptoms from coming back, and for a few days I was holding my ground. But I was still too late and things did get worse. I had two incredibly difficult nights with very little sleep, major nausea, and diarrhea. After the second night, I was so wiped out that I decided to go to the emergency room.

I *hated* having to explain all my symptoms to yet a new set of nurses and doctors. I *hated* being there, but I was feeling terrible and hoping they would be able to slow my bowels, or at least get me re-hydrated. (This was before I learned about the activated charcoal and bicarbonates discussed in Chapter 3.)

After a few hours, a doctor came in and talked with me. I actually knew him because he was a member of a church we had visited when we were vacationing in Pinetop. He told me that doctors really have no idea what actually causes Irritable Bowel Syndrome. However, he found that a number of his IBS patients were helped by an old antihistamine drug called Promethazine. He asked if I'd like to see if it would help me. I said, "Sure, why not."

Since I was already on an IV for re-hydration, he just added the antihistamine to the IV. Within the next minute or so, I couldn't believe how good I felt. There was *immediate* relief. I was shocked because I had never responded so favorably and quickly to anything I'd ever taken!

I left the ER with some Promethazine pills and slept all that afternoon at home. I woke up that evening, ate, took another pill, and went back to

sleep. I slept the whole night through. The next day I felt so good, I played nine holes of golf and shot one under par! It was incredible!

At that point, I felt a light click on inside my head, and I began to search the Internet to learn more about this medicine. There wasn't anything remarkable about the drug. It was just an effective antihistamine with the side effect of making you drowsy.

Even though I had often wondered if allergies were one of the possible issues with my illness, I had never been able to pinpoint specific foods or pollens to which I was allergic. I did know that I would get bloated when I ate carbohydrates like bread or potatoes, but this only seemed to happen when I was not feeling well. And since I knew these foods "fed" candida yeasts, I just always assumed that was the reason I would feel bloated.

But now seemed very possible that a histamine-type allergic response was contributing to the inflammation in my intestines.

Treatments

In my research about allergies, I came across W. A. Shrader Jr., MD, an immunology specialist in Santa Fe, New Mexico. I read his bio and information about his treatments on the Internet.

Previously in his career, he was a thoracic surgeon until he contracted tuberculosis from a patient. To rid himself of TB, he had to take many courses of antibiotics over a period of several years. His health steadily declined to the point where he became allergic to basically everything. He became what is known as a "universal reactor," or someone who has an allergic response to everything in their environment. His search for recovery led him to London where he studied under, and was treated by, Dr. Leonard McEwen.

Dr. McEwen had developed a new type of immunization protocol for people who were allergic to many things. This treatment was called Enzyme Potentiated Desensitization or EPD. In the United States it is now called Low Dose Allergen therapy or LDA.

In its simplest form, LDA is a more potent form of the typical allergy shot. But rather than administer them every few days as with typical allergy shots, LDA shots are administered every two or three months, and then every six months for two to four years.

A broad spectrum of allergies can be treated with LDA, including allergies to toxins. After completing LDA treatments, many people are no longer allergic to anything at all. Dr. Shrader cured himself with EPD/LDA, and then began successfully treating people with severe allergies using the same protocol.

After I had read all about LDA and Dr. Shrader, I decided to make the quick flight from Scottsdale to Santa Fe for an appointment. He ran several tests to determine exactly what my allergies were. When the results came back, he laughed as he told me that I was “not typical.” Unlike most people who respond immediately to allergies, my reaction was slow and delayed. We both felt this really fit my lifetime pattern of symptoms. It provided a logical reason why when I was feeling well, I would not react to foods as severely as when I was sick. So I began LDA in 1998 and since then have taken a total of thirteen treatments.

Does It Work? Now, a dilemma with which I have wrestled with during my health odyssey is determining whether or not a treatment is actually effective. When my health is bad, I fire as many “bullets” as I can, and I don’t care *which* ones work! Afterwards though, I am confused about which treatments and supplements I should continue for maintenance purposes.

It has taken me *many* years and numerous bouts to figure out which things work and which things don’t work for me. In fact, this is one of the reasons I started writing this book in the first place. By sharing what I have learned, I hope to save many people the time and trouble it took me to figure all this out.

Along those lines, LDA is a “bullet” that I believe works for me, even though the response can be slow and nearly imperceptible. Interestingly, the two things that Dr. Shrader found interfere with LDA’s effectiveness

are mercury amalgams and severe intestinal imbalances. Therefore, I cannot say this has cured me. But I sincerely believe it has helped me and I wish LDA were more readily available. (As of the completion of this book, there are approximately thirty-five doctors practicing with it across the United States. LDA is still considered “experimental” under an FDA study, and unfortunately, those can go on forever.)

Because LDA is costly, time-consuming, and may not even be available in your neck of the woods, I only recommend it to those who have been chronically ill for a long time, have not responded to any other treatments, and have multiple allergies. LDA can make a big difference, as I believe it has for me.

Testing

For multiple reasons, allergy tests are actually somewhat controversial. To begin with, there are many different types of tests that show contradictory results when they are run on the same person. I have taken several different tests that reported I was allergic to very *different* foods. One test even said that I was basically allergic to everything, which is certainly not accurate.

Here is the problem: the food allergy test basically exposes your blood, white blood cells, or both to a number of different foods, and is then observed for a reaction. This is an oversimplification, but it’s basically what happens.

But when I *eat* an egg, I chew it in my mouth and it goes into my stomach where digestion begins. It then passes into my small intestine and is broken down into various nutrients. These nutrients are gradually absorbed into my bloodstream through minuscule holes in the intestinal tract. An actual *egg* is NEVER supposed to be in my bloodstream! So most of these tests are really kind of silly, and in my opinion, almost totally worthless in identifying specific food allergies.

I am still trying to figure out if eggs bother me or not. Most of the time they don’t seem to be a problem, but other times they are. But

uncovering allergies is usually like that. It is not easy to always be totally sure just what you are allergic to.

Some allergy researchers believe that you can actually have a delayed reaction *days* after you eat the suspected food. This obviously makes the task even more difficult.

But there is a silver lining to these standard tests. If your blood shows signs of an allergic reaction, it can be telling you that you have a leaky gut and that large, partially-digested particles of food are floating around in your bloodstream. The allergic reaction is your immune system mounting a response to this foreign invader. As you work to heal your leaky gut you will find that many, if not most food reactions simply go away because the digestion of your food becomes so much more complete. (For more on Leaky Gut, refer back to Chapter 3.)

Though you cannot reliably use this method for foods that have a delayed reaction, the following is the best way I have found to track down a suspect food: first, stop eating the food in question for several days. Then, eat only that food for an entire meal. If you don't have an immediate reaction, eat more of that food. If you still do not have a reaction, it's likely you are not allergic.

Take Care Of Your Allergies

One of the real lessons I learned in discovering this puzzle piece was the importance of identifying allergies. I now know, even though no test can accurately or conclusively tell me, that I am allergic to wheat and dairy.

Interesting though, I have read many articles and studies that discuss how the partial digestion of casein and gluten produces protein chemicals called “opioids.” (Casein is found in dairy, and gluten is found in most grains.) Like opium, these chemicals bind to certain receptors in the brain and cause withdrawal type symptoms—in other words, cravings.

In hindsight, I recall that I have definitely had cravings for wheat and dairy a month or so before a relapse occurs. This is typical of allergies.

Naturally, because of the “power of a sense of well-being” that I discussed in Chapter 3, I often give in to these cravings. But the more I become convinced that they are a part of my problem, the more I am able to resist them.

Overall, digesting food better will make a big difference in limiting allergies. I have noted that as my gut heals, I am less likely to have allergic reactions. This is both good and bad. Good, because my gut is healing. Bad, because I know I can “cheat” without facing the immediate consequences of an allergic reaction. “I grew up eating these foods and I like them,” I tell myself. It is very challenging to force myself away from these foods.

You may find it interesting, as I did, to learn that the properties of food change as the food goes from raw to cooked. And some people that are allergic to pasteurized milk are not allergic to raw milk. This is because raw foods already contain the enzymes necessary to digest themselves. In the case of raw milk, when it is heated above a certain temperature in the pasteurization process, these enzymes are destroyed. So when the milk enters the GI-tract, some people cannot digest it.

Similarly, some people who are allergic to cooked eggs can eat raw eggs without a problem.

Comparable to the counter-intuitiveness of giving the stomach *more* acid to relieve heartburn, raw or under-cooked food is actually easier to digest than foods that are heavily cooked and processed. But think about it this way: before the invention of refrigeration, electric stoves, and microwaves, what did humans do? They ate a lot of their food raw or fermented!

The Mercury Connection

Sweden leads the way in the removal of mercury amalgams. Long ago, they recognized the health risks associated with using mercury in amalgams and outlawed their use. When interviewed, virtually all of the Swedish patients that had their amalgams removed reported significant improvements in their health. And the improvements were permanent. In

addition, eighty-nine percent of those who had suffered from allergies had significant improvements or total elimination of their allergic symptoms! *Eighty-nine percent!*¹

Another very large study (20,000) subjects at a German university found a significant relationship between the number of amalgam fillings and the occurrence of periodontal, neurological, and gastrointestinal problems. Incidence of allergies and hair-loss were found to be two to three times higher in the group with a large number of amalgam fillings compared to the control groups. Higher levels of hormonal disturbances, immune disturbances, and recurrent fungal infections were also found in the amalgam group.²

Both of these studies have found a strong connection between mercury amalgams and allergies. And similar to my hope that my hormonal glands will begin functioning properly again, I am hopeful that as I aggressively work to detoxify mercury from my body, my food allergies will go away as well. If not, I will just continue to avoid wheat and dairy.

Chapter 6 - Clear Your Infections

I personally believe that *everyone* has chronic infections lurking within their body. For many though, their immune systems are strong enough, and they are able to stay relatively healthy for most of their lives.

Increasingly, however, research is finding a strong correlation between infection and cardiovascular disease, ulcers, cancer, and other diseases that were once thought to just happen for no apparent reason. It seems that a certain trigger, or group of triggers, can set off a violent flow of immune dysfunction that allows these infections to take a firm grip. This generally causes noticeable symptoms and can often lead to disease. As I have stated before, we are “attacked” where we are the weakest. So if your digestive tract is where you are the weakest, that is probably where many of your symptoms will occur.

In my experience, I have come to believe that candida yeast is a very creative and adaptable organism. And it fights *very* hard to avoid being killed. But some people seem to be able to clear up candidiasis relatively quickly and easily. And they never seem to have recurrences, regardless of what they subsequently do. On the other hand, some find it is very difficult to treat, and recurrences are quite common.

Personally, I am in the second camp. But I believe that this is due to other factors including infections from additional types of bugs, heavy metals, and previously unresolved hormone imbalances.

Unfortunately, it is more common to be in the second camp and have recurrences of candidiasis. There can be a number of reasons for this, but I believe the primary one is that most people do not continue their treatment long enough. As discussed in Chapter 3, there can be literally trillions of bad bugs throughout the intestinal tract. Tipping the scales in favor of the good bugs by eliminating the bad ones can take a very long time. Generally, you have to continue treatment even after you are no longer conscious of any symptoms. My own experience and the research

I have read suggests that once you have had an infection of candidiasis, you tend to remain susceptible to recurrence. Therefore vigilance is a good approach.

There are many more informative books about candida today than when I first learned about it in 1986. Dr. William Crook's updated version of *The Yeast Connection Handbook* and *Complete Candida Yeast Guidebook* by Jeanne Marie Martin and Zoltan Rona, MD, are both very worthwhile.

Martin and Dr. Rona cite that candida yeast is now epidemic in proportion and affects as many as ninety percent of the population in the United States and Canada, including men, women, and children. While this statistic feels somewhat overstated to me—nine out of ten people that I know don't seem affected—it is still very interesting. The reason may be that people suffering from candidiasis typically just don't talk openly about feeling bad.

However, candidiasis is definitely a major problem and it is involved with most chronic illnesses. But many doctors mistakenly believe that a yeast infection can *only* occur when the body is in a severely immunocompromised situation, as in AIDS, cancer, or organ transplants. This is what they are taught in medical school and unfortunately this is what many of them still believe to this day, even though the research and the experience of thousands of doctors (and millions of sufferers) indicate otherwise.

Consequently, there is a huge body of evidence showing it is *readily* possible for the body to have a significant overgrowth of candida in the intestines, even outside the realm of AIDS and cancer. Candida yeast actually already resides in each one of us. But for many, it never becomes a noticeable issue. However, when antibiotics—especially broad-spectrum antibiotics—are regularly used, they kill the good bacteria that keep candida yeast in check.

So what causes candida yeast to overgrow in the intestines in the first place? When good bacteria in the intestines are destroyed, there is

nothing to prevent the yeast from becoming the predominate organism in the intestinal tract. The candida then secretes large amounts of toxins that can affect almost any area of the body. It has been documented that candida can produce over eighty toxic chemicals, including neurotoxins. One of the most harmful is a toxin called “acetaldehyde.” Interestingly, this exact same chemical causes alcohol-induced hangovers. (So for the “non-sick,” if you have ever had a bad hangover, you now know why people with candidiasis feel awful most of the time.)

Because the symptomology of candidiasis is so varied—from rashes to depression—chronically ill people end up seeing an assortment of specialists without ever getting an appropriate diagnosis. Sadly, many of these specialists scratch their heads in amazement and bewilderment and think people like us are crazy, or that it is “all in our heads.”

Yeast can manufacture many different chemicals depending on its food-source and the environment in which it is grown. Knowing this, it shouldn't surprise you that yeasts, molds, and fungi are some of the tools used by pharmaceutical companies to manufacture many of their patented drugs.

Treatments

If you have candidiasis, you may need a prescription for an antifungal medication. I do believe it is possible to rid yourself of an infection without the use of prescription antifungals, but only if your infection is not too severe. I personally have never been able to effectively kill candida yeast without the use of prescription remedies. However, when I have used natural antifungals in combination with my prescription antifungals, I have experienced a synergistic effect.

Diflucan (fluconazole) is considered the prescription gold standard. It is known as a “fungistatic,” which means that it slows or stops the growth of the fungus, but does not directly kill it. Your own immune system and/or a natural antifungal have to kill the organism. Diflucan is expensive, but it is usually covered by health insurance. Most compounding pharmacies can now fill a prescription for generic

Diflucan for much less money, although most doctors are still unaware of this. This custom prescription also eliminates the dyes and fillers used in name-brand Diflucan to which some people are allergic.

Nizoral is another prescription antifungal agent, but it is more toxic on the liver. I personally don't like Nizoral. It makes me feel terrible. This is because it directly interferes with adrenal hormones.

Sporanox and Lamisil are also commonly used, but they have never done much for me that I could tell.

Nystatin powder and pills can also be very effective. But overall, I feel that Diflucan has worked the best for me. Some doctors actually use Nystatin powder or tablets in conjunction with Diflucan since they attack the infection in different ways. I have often used this combination, along with herbal antifungals, and feel that it is a very effective approach.

As previously mentioned, candida yeast fights very hard to stay alive and has the ability to develop a resistance both to prescription and natural treatments. This is still relatively rare, but researchers are finding it to be more common, particularly in people who have had ongoing recurrences and have not varied their treatments. I do rotate my use of natural antifungals, but it has been my experience that Diflucan is still the best prescription antifungal for me. Research has shown that simply increasing the dosage generally solves the problem if a resistance to Diflucan ever develops.

A fungal infection like candidiasis is usually persistent and requires a long-term approach. This is *very* important to remember! The trick is to take the medications for much longer than you think necessary, and oftentimes even longer still than your doctor thinks necessary.

Testing

There is a test called the Organic Acids Test (OAT) that measures the level of candida yeast in the body. It was introduced in the late 1990s after a pathologist who ran a hospital lab began to use his equipment to

look for new chemicals in the urine. He basically stumbled onto the idea that there *had* to be additional chemicals present in the urine of the chronically ill because there *had* to be metabolic differences between the healthy and the unhealthy. He presumed that those chemicals could help determine what was going on when doctors couldn't find anything wrong using the standard lab tests. As his research progressed, he began to find a host of new chemicals and he sought to determine their origins.

He could easily explain the origin of certain chemicals given the scientific understanding of the natural metabolic pathways. But with other chemicals, he found no natural biochemical reason for them being there. In these cases, his logic kept pointing him to infectious organisms that could produce the given chemicals, if only they had the right host environment inside the body.

The OAT measures more than sixty individual chemicals which reveal the existence of foreign organisms, metabolic abnormalities, and deficiencies within the body. This test is often used with autistic children who have many things happening that are incorrect. As far as I'm concerned, it is not a coincidence at all that on top of neurodevelopment problems, these helpless children also tend to have very severe digestive problems, many intestinal infections, high levels of heavy metals, and severe immune dysfunction. In fact, they have *many* of the same symptoms that most chronically ill people have, but to a much greater degree. (We'll return to autism again in Chapter 9.)

The OAT is an excellent indicator of what is happening inside the body. It can be very instrumental in helping to determine what you need to do in order to get well and I personally like this test a lot.

Guarding Your Body Against Infection

Research has shown that breast-fed babies have fewer illnesses throughout their adult lives. This is because their mother's breast milk contains many powerful antibodies that prevent illness and disease. Nearly eighty percent of the cells in breast milk are macrophages—cells that kill bacteria, fungi, and viruses. Therefore, breast-fed babies are

often protected from a number of illnesses including pneumonia, botulism, bronchitis, staphylococcal infections, influenza, and ear infections.

In addition, mothers produce antibodies to the diseases that are present in their environment, thus making their milk “custom-designed” to fight the diseases their babies are exposed to as well. If you are the mother of a newborn, the single best thing you can do for the long-term health of your child is to breast-feed him or her.

Colostrum and Transfer Factor. But what about the rest of us; the ones who were not breast-fed? There is obviously no way to turn back the clock, but I will tell you about the next best thing—colostrum. A mother’s first milk is called colostrum. A mother cow’s first milk is also called colostrum. And just as with humans, the cow’s milk passes on her immunities to the baby calf. But the truly amazing fact is that a cow’s colostrum can also pass on immunity to a human! While it may seem strange and startling at first, it is an exciting discovery.

In fact, colostrum from cows has become a beneficial supplement of many all-purpose antibodies. While it is not as targeted to the individual human as a mother’s breast milk is, cows are still subject to many of the same invading germs that humans are. So when humans use colostrum from cows, they can receive a very welcome boost to their immune systems.

“Transfer factor” is the name given to molecules that transfer from the mother and establish the immune system in a newborn. Transfer factor-like products are now being designed to pass along very specific immune antibodies to adults in order to aid in the fight against harmful microbes.

Transfer factor products can be expensive and generally take months to build up enough antibodies to make a real difference, but I still find them to be quite potent. Colostrum can do a number of wonderful things for your immune system and is generally much more affordable. I personally use both products on a continual basis.

Garlic. There are many herbs that have very strong antibacterial, antifungal, and even antiviral properties. As previously mentioned, I often use these natural herbal antimicrobials in conjunction with prescription medications which I have found to be a very powerful combination.

Before antibiotics were created, doctors used raw cloves of garlic to control infection. Military doctors would pack crushed garlic on the wounds of the injured.¹ Research has shown that when garlic is crushed, an extremely potent antimicrobial called “allicin” is formed. Researchers are finding that allicin is the active agent in garlic that fights off infections.²

That being said, virtually all garlic supplements are actually worthless as antimicrobials because they contain zero allicin. You will see products labeled with the claim of “allicin potential,” but the research to support that these products actually convert *potential* allicin to *real* allicin is generally non-existent.

Now, you could just eat lots of raw garlic cloves and it would in fact be very good medicine. But who could stand to be around you? There is a relatively new product called Alimax that does in fact extract the allicin from crushed garlic and stabilizes it so that it can be taken internally in order to fight infections. This stabilized allicin is proving to be a very potent antimicrobial.² Secondly, and almost nearly as important, this supplement won't make you reek of garlic.

Colloidal Silver. Many people have tried using “colloidal silver” in their attempt to clear infection. Personally, I have always been very leery of these products because the research on them is very inconsistent. Many of these products are not very pure, and there have been many reports of various unpleasant side effects.

Recently, however, I came across a new company, Natural Immunogenics, who has developed a unique form of liquid silver called Sovereign Silver. It is so pure that some doctors are using a version of it in IVs. These doctors have helped their patients clear very serious

infections including Lyme, antibiotic resistant organisms, and viral illnesses with the use of this product.

This company also makes an over-the-counter version of the product which is administered by putting drops of silver suspended in water into your mouth. You then hold the liquid under your tongue for a few minutes allowing it to absorb into your bloodstream.

I mentioned that I had always been leery of this type of product earlier. However, I knew that like garlic, compounds of silver had been used as natural infection fighters for many decades prior to the discovery of penicillin.³ So I finally decided to give this new form of liquid silver, called “hydrolyzed silver,” a try during a recent relapse. The results for me were astounding and I sincerely believe that it significantly reduced my recovery period by helping to fight my infections in a new and unique way.

Targeted Infections. It is also important to fight and clear infections wherever you find them. For instance, I have had sinusitis since I was a child. Every morning when I woke up, I would have to clean “green gunk” (which is not the scientific term, but you know what I’m referring to) out of my nose. I would also have sinus build-up and drainage throughout the day.

After attempting to fix this irritating problem with many different products, I finally found a very simple nasal wash that totally cleans out my sinuses—clear as a bell!

Another long-standing infection had developed in my gums. I had a mild case of periodontal disease and my dental hygienist would always get on my case about not flossing often enough. But floss? Heck, my gums would bleed every time I brushed my teeth! (By the way, bleeding gums can be a symptom of mercury poisoning.)

Then I happened to discover a toothpaste that contains xylitol which is a natural sweetener with anti-microbial properties. After a week or two, this totally stopped the progression of this infection. Now my gums no

longer bleed at all. And according to my dentist, I officially no longer have periodontal disease.

The point I am making with these examples is that the more infections you can fight and fix, the less “withdrawals” you will be making from your “immune account.”

The Mercury Connection

Mercury and other heavy metals are toxic elements that are known to suppress the immune system. This can easily lead to yeast overgrowth and other serious infections. Doug Kaufman, a long-time fungal researcher and clinician, believes that very difficult fungal infections are almost always due to a person being heavily exposed to two things: either pesticides, or mercury through their amalgams.⁴

With everything I have described in this chapter about infections, it should be easy to see how candida yeast overgrowth can happen easily given the lifestyle that is common to our time. Is there *any* surprise at the increasing prevalence, nay, the explosion, of all types of chronic illness? I don't want to suggest that candida yeast overgrowth and mercury are the cause of *all* chronic illness. They certainly are not. But research is suggesting that both can play major roles in the cause of many illnesses.

There are many doctors who do not like either of these ideas because it means that they have contributed—either directly or indirectly—to these chronic health issues. They usually get defensive when the evidence points in their direction, which is an understandable position. Especially when the Hippocratic Oath they pledge to follow states, “Do no harm.”

But a large amount of scientific data strongly suggests that this is indeed the case. To virtually all doctors who regularly treat chronic illness successfully, there actually is no question about it. They know that many chronic issues have in fact been doctor-caused—unintentionally, but true nonetheless. I'll readdress this topic in Chapter 14.

Chapter 7 - Manage Your Central Nervous System

In August, 1983, I was in Dallas, Texas, preparing to move my young family from Louisville when once again I felt a relapse begin. You will recall that in 1983, I had not yet discovered any of the puzzle pieces mentioned in the previous chapters.

I had driven by myself from Louisville and arrived early one afternoon at a friend's house in Dallas. Even though I had stopped along the way and slept well the night before, I still felt very tired. So I took a nap that lasted all afternoon and into the early evening. When I awoke, I thought it was strange that I had slept for so long and still felt so tired. My host asked me if I was feeling all right, to which I replied I was fine. But I had the creeping suspicion that something was wrong.

The next day, as I did things to prepare for our move, I could feel many of the old feelings beginning to crawl over me. I fought them the best I could, trying to assure myself that I must have just picked up a bug.

"You'll be fine," I kept telling myself, but I knew better. I felt nauseated and fatigued and it got worse as the day wore on. Diarrhea hit me again, and it was bad.

I could not believe it! I had been well for nearly three years, and then suddenly I was sick again. Since it was practically all I had, I prayed that God would somehow spare me from another bout of whatever this thing was. But on it came anyway.

By the time I finished my trip in Dallas, I was feeling very sick and was distraught at the thought of having to go through this physical anguish once again. As I drove back to Louisville, I thought about what was happening and I couldn't understand it at all. When I arrived back at home after what seemed like forever on the road, we started to pack the truck with all of our belongings. Some friends helped us pack, and I was

grateful for their help. However, I remember putting up a strong front so that no one would know something was wrong. That day exhausted me, but we got it done.

Cyndee and our very young three girls stayed with friends in Louisville before they flew to Dallas. My six-year-old son, Patrick, and I were going to drive the truck to Dallas. I don't recall how far we traveled that day, but I remember we stayed in a cheap motel that night. We went swimming in the motel pool and Patrick really enjoyed it. He was excited about the adventure he was on with his Dad. But it was so difficult for me. I tried my best to appear happy and normal, but inside I was hurting both physically and emotionally.

The next morning we had breakfast and then got in the truck to finish our drive to Dallas. As we were driving away from the motel, I remember I started to cry. I couldn't hold my emotions in any longer. I just wept. My young son looked anxiously at me and asked, "What's wrong, Dad?" All I could tell him was that I was sad about something and that he should not worry about it. But I could not stop weeping. After awhile, I finally ran out of tears and emotionally picked myself back up. But it was a long drive to Dallas that day.

When we arrived, some friends helped us unpack and move into our rental home. Once again, I put up a strong front so no one would know I was hurting. I had no desire to tell my story or try to explain what I myself did not even understand. The next day, Cyndee and the girls arrived. We were all one big happy family again, except me. I was struggling physically and emotionally.

Most people who struggle with chronic illnesses also experience bouts of depression, anxiety, and insomnia. They are forced to figure out how to best manage these issues, and it is not a simple task.

Edward Conley, DO, a recognized expert in treating Chronic Fatigue Syndrome and Fibromyalgia, is the author of *America Exhausted*. Dr. Conley makes an excellent point with this statement:

“We should not confuse the fact that the vast majority of fatigue patients are depressed **because of chronic illness** [my emphasis], not chronically ill because they are depressed. This is a very important distinction and [one] that most doctors fail to draw...To treat the depression as causing the whole illness is wrong!”

Treatments

It is entirely possible that minor- and medium-level issues with the central nervous system can be placated using natural substances. Much research and the experience of millions of people have shown the effectiveness of many natural remedies. Amino acids, herbal preparations, and B-vitamins are a few of the natural substances that I have used effectively to battle these symptoms and feelings.

If you look at nearly any health book, you will see that deficiencies in any of the B-vitamins can result in depression and/or anxiety. Deficiencies in the amino acids of tryptophan and tyrosine, precursors for most of the neurotransmitters in the brain, are major causes of depression. Deficiencies in minerals, especially magnesium and zinc, are also known to be underlying causes for anxiety, depression, and other neurological conditions including ADD, dyslexia, and recurrent headaches. Deficiencies in Omega-3 and Omega-6 essential oils have also been proven to lead to certain neurological conditions including depression.

It is both sad and frightening that most people receive a prescription from their doctor for powerful synthetic drugs without any effort to determine the true source of their central nervous system disorders. I guarantee you that these disorders are not caused by a *deficiency* of Prozac, Zoloft, Valium, Paxil, etc.

But that does NOT mean these drugs should never be used. On the contrary, they may be absolutely necessary while you uncover the real causes of your conditions. If I break my leg, I need to use a crutch to get around as my leg heals. There is no shame in using crutches for this, and

there should be NO shame in using drugs to manage symptoms that have become overwhelming. It is usually much better than “toughing it out.”

With this justification, I eventually became comfortable intellectually, emotionally, and spiritually, with using small, regular doses of anti-anxiety medications throughout the day. I felt that this approach helped me enormously because I did not have the “fight or flight” hormones racing within me. I was able to stay calm and not react to the weird, anxious feelings of impending doom that were there for no reason at all.

As I mentioned previously, toxins from candida yeast were most likely the source of my panic. But even once I intellectually understood what was going on inside me, I still could not force myself to stop the feelings of panic without using outside help. So when I needed the medication, I used it.

There were also times when I was feeling quite depressed and perhaps I should have taken an antidepressant. But like many others, the idea of taking a drug to fight off a symptom I had no logical reason to have (other than toxins) was hard to accept. Furthermore, I noticed that the side effects for all antidepressants included insomnia, diarrhea, and nausea—all of which I had plenty enough of already.

The only prescription antidepressant I ever tried was one a doctor talked me into taking, Wellbutrin. But I found that it only encouraged my insomnia and did not help me at all with my depression, so I stopped taking it rather quickly.

You do need to be aware that there are risks of serious side effects with all of these medications. These include the possibility of becoming dependent or addicted and nutritionally depleted. The key is that you only want to use these medications until you can find and fix the underlying causes—just like you would use a crutch for a broken leg.

Take Care Of Your Central Nervous System

Sleep. Sleep disturbance always happens to me during a relapse. It

is the first symptom to show up, and the last one to leave. Insomnia is probably what I hate most about being sick! And not sleeping just makes everything else that much worse.

Sleep is crucial to your central nervous system because of the amazing things that happen during sleep. This is when the body repairs itself, detoxifies itself, and replenishes its energy stores. Sleep is the one thing that humans have never been able to give up for any length of time. We can go without food for long periods. And we can go without water for several days, but go without sleep? It cannot be done, and *everyone* must have it on a regular basis.

Understanding Circadian Rhythms. During my most recent relapse, I discovered what has turned out to be a huge piece to my puzzle. An intensive search on the Internet looking for ways to resolve my sleep problems once and for all led me to the website of Apollo Health, the leading light therapy company.

As I read the volumes of research available about light therapy, I learned that circadian rhythms are our body's natural cycles that control appetite, energy, mood, sleep, and sexual drive. They are involved in practically every aspect of our lives. A Circadian Rhythm Disorder, or CRD for short, occurs when our body produces hormones, chemicals, and neurotransmitters in the wrong amounts, at the wrong time of day. The sleep/wake cycle is driven primarily by melatonin, the "sleep" hormone, and serotonin, the primary "awake" hormone.

The results of their online circadian rhythm assessment informed me that I had a severe CRD. For a variety of reasons, my actual sleep cycle started in mid-afternoon, which is much too early. This made sense to me because I would often get very sleepy during the afternoon and have to force myself to stay awake throughout the rest of the day and into the evening. Then I would go to sleep easily at 10 or 11 p.m., but wake up at around 2 or 3 a.m. and *not* be able to get back to sleep. I learned that this was because my body was producing "sleep" hormones early in the afternoon and "awake" hormones in the middle of the night. (Some people's cycles are actually just the opposite.)

The discovery of this CRD also provided a likely answer to a question I had been asking myself since the removal of my amalgams in 1987. That is, why my relapses would always begin in the fall and end several months later in the spring? Before my amalgams were removed, I would be sick for much longer than that. But since 1987, this pattern had been consistent. As it turns out, this is actually a classic indication of a CRD since we get more sunlight in the summer and less in the winter.

Our bodies are basically designed to go sleep when it's dark and wake up when it's light. But Thomas Edison changed all of this! And today, the average person in America gets exposure to sunlight only twenty-one minutes a day.¹ I won't get into the many beneficial properties of the sun, but twenty-one minutes is not enough for the body to receive the signals it needs to regulate its circadian rhythm from light. No wonder so many people struggle with getting a good night's sleep! And no wonder sleeping pills have become multi-billion dollar drugs.

Our circadian rhythms are so powerful that when we try to manipulate them with sleeping pills, like Ambien, which I have tried, they are unlikely to relent. And while getting additional exposure to sunlight is actually quite good for many reasons, exposure at random times of the day is generally not enough to fix a CRD. This is because our bodies respond to certain spectrums of light at very specific times of day. The treatment, therefore, is to simulate this and gradually shift the circadian rhythm utilizing Apollo Health's unique, non-invasive light therapy technology.

After just a few days of using light therapy treatment, I noticed a big difference. To me, this proved the treatment was indeed moving my circadian rhythm back to where it should be. This treatment *finally* fixed my insomnia and had a major impact on my mood. *Finally* being able to get a good night's rest also helped my body to repair itself.

I believe that CRD is probably a very big piece of the puzzle for many people with chronic health problems. Are they tired and run-down because they have melatonin, the "sleep" hormone, coursing through their bodies during the day? Studies strongly suggest that this is the case.

Furthermore, Apollo Health has performed an immense amount of research over the years—much of it done in conjunction with the U.S. National Institutes of Health—which shows that CRD is usually involved in most sleep and mood disorders including depression, anxiety, bipolar disorder, seasonal affective disorder, insomnia, mood swings, premenstrual syndrome, elongated and irregular menstrual cycles, menopause, prenatal depression, postpartum depression, ADD/ADHD, and Chronic Fatigue Syndrome.²

Go Get Some Sleep. While you are hopefully very excited about using light therapy to fix your bouts of insomnia, there are also other factors to getting a good night's sleep. Since I believe I have now tested every “old wives’ tale” and natural remedy known, here is a list of my findings and personal recommendations:

- Do NOT use supplements of L-theanine, tyrosine, tryptophan, or 5HTP in the *evening*. While this does go against the conventional wisdom, these substances actually *raise* serotonin levels—the “awake” hormones. This is particularly true of 5HTP. These can be used during the day to make you feel more alert, but keep away from them at night.
- Establish a rhythm in which you go to sleep and wake up at close to the same time each day. This should include weekdays and weekends.
- Sleep in as dark a room as possible. Total darkness is best.
- Don’t drink much water after 8 p.m. This will limit your need to use the bathroom in the middle of the night.
- Do stretching exercises before you go to bed.
- Do not do strenuous exercise late at night. For me, jogging around 4 or 5 p.m. in the afternoon works best.
- If possible, take a hot bath or sauna in the evening.
- If you are hypoglycemic or your adrenals are weak, eat a small,

- balanced snack before bed. Also, keep something healthy around, like almonds or pecans, to snack on if you wake up. Low blood sugar can keep you awake.
- All meals should have a balance of proteins, carbohydrates, and fats. However, you should eat more protein in the morning and more carbohydrates in the evening. Carbohydrates tend to make you sleepy. (More on diet in Chapter 11.)
- No colas or coffee, including decaf, at *any* time throughout the day. Caffeine does bad things to your body, and all the other ingredients in colas aren't good for you anyway!
- Consider taking a timed release melatonin thirty to sixty minutes before you want to sleep. Timed release, also known as sustained release, is important because the half-life of melatonin is only twenty minutes. If the melatonin supplement is not a timed release, the melatonin will be “dumped” into the body all at once and it will be used up too quickly. Most people need the effect of melatonin to last several hours or more to put them gradually into a deep and restful sleep.
- If you do wake up in the middle of the night and have trouble falling back to sleep on your own, this is the time to use non-timed release melatonin.

And when you wake up after a good night's sleep, expose your eyes to sunlight as soon as possible. Sunlight helps you wake up and feel less groggy in the morning.

The Mercury Connection

As I mentioned in Chapter 4, “Balance Your Hormones,” research has shown that mercury, leached from dental amalgams, has a high affinity for the hypothalamus and pituitary glands. And both of these glands are crucial to the proper functioning of the hormonal systems.

Inside the hypothalamus are two clusters, comprised of fifty thousand neurons, called the “suprachiasmatic nucleus,” or SCN. The SCN is the “master clock” that controls the circadian rhythm.

If you have high levels of mercury in your body, chances are very good that mercury is probably affecting your circadian rhythms. And this may help explain why one of the common symptoms of mercury poisoning is sleep disorders. You can easily have a circadian disorder *without* having mercury poisoning just by not getting enough sunlight at the right times of day. But if you have high amounts of mercury stuck in your hypothalamus, I believe you can develop a Circadian Rhythm Disorder much more quickly.

So again, the removal of mercury from the body continues to be a key element. But thankfully, fixing CRD with something as simple as light therapy can have a profound effect on your health.

Chapter 8 - Fix Thick Blood

By now, you must be getting tired of my “start each chapter with another story from when I was sick” approach to this book. But believe me, I am *much* more exhausted from actually having lived through these recurrences than you are by reading about them! I feel as though I have been playing the board game Clue for the last thirty years—“It was Candida, in the Body, with Mercury!”

So to skip straight to the point, during a mild relapse at the turn of the twenty-first century, I asked my doctor if he had any new ideas about what was happening with me. I had learned a great deal about what was wrong with me by this point, but I still did not have enough of the pieces to keep from getting sick.

My doctor had recently attended a seminar that covered the concept of “hypercoagulability,” or thick blood. Apparently, there are a number of situations in which the blood becomes “thicker” than it should be. It then loses much of its ability to carry oxygen and other nutrients to the tissue and cells throughout the body.

My doctor sent me Hemex Labs, a diagnostic lab in Phoenix, to test me for the markers of hypercoagulability. I met Dr. David Berg, PhD, who is at the forefront of research being done on the connection between thick blood and numerous chronic conditions. He told me that he first began to look into this when a local fertility doctor came to believe that thick blood could be the culprit for women who suffered from chronic miscarriages.

As it turned out, they were having great success treating these women using low doses of heparin, a common blood thinner that is often used to treat people who have had a stroke. The theory is that when a mother has thick blood, her baby simply does not get enough oxygen and nutrients, so the body responds by naturally aborting the dead or dying baby. But with treatment using low doses of heparin, many of these women were

now able to carry their babies to full term. And Dr. Berg was very excited about the 200 plus women he had treated who were now mothers.

Dr. Berg also observed that many of these women suffered not only from thick blood, but also from symptoms of Chronic Fatigue Syndrome (CFS). So he began treating CFS patients and found that nearly ninety percent were aided dramatically by the use of blood thinners.

When I was tested, Dr. Berg observed my blood being drawn. As he watched how slowly it came out, he told me that this almost certainly indicated I had thick blood. Several days later, the results from his lab confirmed it.

With this new information, my doctor gave me a prescription for low dose heparin. Within a few days, I felt better. And within a few weeks, I really felt great!

This explanation was *so* simple and made perfect sense. If your car is using oil that is too thick, it might run, but not very well! In the same way, if your blood is much thicker than it is supposed to be, it cannot effectively deliver oxygen and nutrients throughout the body.

I also learned that many medicines, including antifungals, do not work well in the presence of thick blood. This is because the medicine needs to be circulated to different areas of the body via the bloodstream.

Further research by Dr. Berg and others suggests that infectious agents can actually work to create a “thick blood condition.” When the blood is thick, these agents are able to “hide” from the immune system.

Conversely, the immune system depends on excellent circulation to efficiently move white blood cells throughout the body so it can fight these agents. The immune system cannot attack infection if it cannot deploy its “troops” to all areas of the body.¹

So when the thick fibrin layers that make up hyper-coagulation in the blood are dissolved, the immune system can finally attack the infections that are lurking there.

Treatments

Heparin is just one of the products available that will thin the blood. Aspirin will work to some degree. But aspirin can cause leaky gut, so it should be avoided. Raw garlic functions as a natural blood thinner. But as discussed in Chapter 6, eating cloves of raw garlic may not be the best thing for your social life.

Nattokinase, Systemic Enzymes, and Omega 3 Oils are good natural supplements that will help to thin the blood.²

Testing

You can have your blood drawn and tested for hypercoagulability at various labs. However, you must have a doctor's order and it can cost \$1,500 or more. Your insurance carrier may or may not cover the cost of this test.

There is a much more subjective test, but it can still be useful. If you tend to bleed slowly or not at all when you are cut, you probably have thick blood. (And please do *NOT* cut yourself on purpose to discover if this is the case.) Personally, I have often had nurses complain about how difficult it was to draw my blood. If you have heard this same complaint, you can probably assume that you, too, have thick blood.

But be cautious when using any form of blood thinning medication (or even natural supplements such as nattokinase) as you can certainly overdo it. It is usually safe to stay within the manufacturer's recommended dosage, but you should still check with your physician.

Take Care Of Thick Blood

Combating thick blood is very important. Without taking care of it, you may never be able to get, effectively and efficiently, the nutrients and oxygen your body needs. And you will likely continue to provide a safe haven for bad bugs.

Learning about thick blood can be a major breakthrough for chronically ill people. However, the research on thick blood is still very new;

unfortunately, it will, in all probability, take a very long time to become well known in mainstream medicine.

The way in which our blood coagulates is actually very complex and it is best not to “go it alone.” If you think you have a serious problem with this, it would be wise to find a doctor who really understands thick blood. This is especially true if you have any type of cardiovascular disease yourself, or if you have a history of strokes in your family as there is often a genetic element involved with thick blood.

The Mercury Connection

On top of everything I learned, the research was pointing to chronic infection and *heavy metals* as likely causes of thick blood. So there it was again! Every time I learned something new, mercury was almost always showing up as a factor.

So now, let’s finally get into the mercury chapter itself!

Chapter 9 - Mercury

As you have seen in each chapter, mercury can be the spark that starts the fires of many chronic illnesses. In this chapter, I hope to reveal how destructive mercury from dental amalgams and vaccinations can be to the human body.

In my estimation, this chapter contains the most important information in the entire book. It has also been the most difficult to write since the issues involved are *so* complicated. Yet the implications of the data are *so* incredibly significant, it has become highly controversial. If, in the passage of time, the information presented here proves true, then there will likely be lawsuits surrounding this issue for many years to come.

Therefore, I offer direct quotes and clinical findings from the experts—scientists who specialize in heavy metal research and detoxification—so you will know that this information is not just my opinion. Because of all the research I’ve done on this topic over the last seventeen years, I can almost literally hear these experts screaming “DANGER!” and see them waving a red flag in an effort to warn us. But their warnings are largely being stifled and ignored. WHY? Just follow the money!

“She’s as mad as a hatter!” We have probably all heard this phrase before. It originates from the story, *Alice in Wonderland*, by Lewis Carroll. But do you know the true origins of this phrase? Few people are aware that it portrays a genuine story of human suffering.

Michael Quinion explains on his website, WorldWideWords.com that the phrase “mad as a hatter” can be traced back to an occupational disease.¹ During the Industrial Revolution, top hats were very fashionable in North America and Europe. The best hats were made from beaver fur, but you could purchase one made from rabbit fur for much less.

The fur had to undergo a complicated set of processes in order to create the finished product. However, inexpensive rabbit fur required an

additional step to help stiffen the fibers and allow them to mat more easily. It involved brushing a mercury compound solution—usually mercury nitrate—onto the fur. The process was called “carroting,” because it made the fur turn orange. Beaver fur, on the other hand, already had naturally serrated edges which made this step unnecessary.

Regardless of which fur was used, the next step was to shave the fibers off the skin, transforming the fur into felt. The felt was then immersed in a boiling acid solution to thicken and harden it. The final step included steaming and ironing the material into the shape of a hat.

During each of these steps, the hatters worked in poorly ventilated workshops and breathed in mercury vapors. As mercury accumulated in their bodies, they began to exhibit physical symptoms including trembling (known at the time as “hatter’s shakes”), loosening of teeth, loss of coordination, and slurred speech. They also developed mental symptoms including irritability, loss of memory, depression, anxiety, and other personality changes. This was known as Mad-Hatter Syndrome. So as you can see, the symptoms of mercury poisoning have been known for a very long time.

Quacks and Dental Amalgams

According to the Institute for Biological Dentistry, in the early 1800s, there wasn’t a dentist anywhere who would even *consider* using anything other than gold for a filling.² Gold was stable, non-toxic, and easy to work with. But it was also expensive, so dentistry was generally only available to the wealthy.

In 1819, an English chemist began to experiment with less expensive metals such as silver, tin, zinc, and mercury. This led to the creation of the first amalgam, the chief component of which was mercury. A small group of dentists in Europe began to use this substance to fill cavities in the teeth of those who could not afford gold, but didn’t fancy the alternative—extraction of the tooth.

The German name for mercury is “quacksilber” (translating essentially to “quicksilver” in English). The original group of medical dentists

appropriately labeled this splinter group “quacks.” *QUACKS?* Believe it or not, this is actually the origin of this commonly used term.

Consequently, the “quacks” who used mercury could charge much less for their services than those who used gold. As a result, the practice of using mercury fillings eventually prevailed because the lower cost triumphed. The group of medical dentists in the United States (The American Society of Dental Surgeons) who were adamantly opposed to mercury amalgams because of its toxicity were ultimately forced to disband in 1856.

In 1859, the “quacks” that had been using mercury fillings formed a new organization based on the premise that amalgam was a safe and affordable substance. This new organization was called the American Dental Association (ADA). And nearly 150 years later, the same ADA is the ruling and licensing body for over seventy percent of the dentists in the United States.

When the Food and Drug Administration (FDA) was founded in 1906, the FDA simply “grandfathered” the ADA’s use of mercury in dental amalgams because it had been in use for so long. And to this day, neither the FDA nor the ADA have ever carried out a single double-blind study proving the *safety* of mercury amalgams.

Now think about this. Before mercury thermometers were banned from public schools, if one was to break and spill, the situation was considered extremely hazardous. The school had to be emptied and the fire department, poison control, and police all came to the scene to monitor and clean up the tiny spill.

But dentists still place seventy-two *TONS* of mercury in the mouths of Americans each year.³ And this is done in spite of the fact that there are now safer materials—including porcelain, plastics, and composite resins — which are also more affordable than gold.

So what's the problem? Cost. Generally, mercury amalgams are the only type of filling that insurance companies will pay one hundred percent of the cost for because they are still the cheapest material.

Growing Evidence. I have been reading studies and commentary about mercury since the removal of my own dental amalgams in 1987. In the past decade, however, the data has grown so significantly that mercury poisoning from dental amalgams is becoming literally an obvious truth among a growing consensus of independent researchers.

There is now a wealth of research revealing that mercury does in fact leach out of every filling. You can find much of this information yourself by doing a few Internet searches. Look up "mercury amalgams" and peruse through any of the 7,000 plus articles. Or search for "toxic mercury" and start reading a few of the 26,000 plus articles.

Or even better still, do a search for "Bernie Windham." Mr. Windham is a chemical engineer who has cataloged every medical study that has ever been published about mercury. You will likely recognize several of them from this book.

According to Bernie's collection of studies, the following are the most common chronic health issues related to mercury poisoning: periodontal disease, immune system problems, allergies, asthma, multiple chemical sensitivities, epilepsy, blood conditions, stomach pain, multiple sclerosis, ALS (also known as Lou Gehrig's disease), Alzheimer's, Lupus, Parkinson's, depression, mental confusion, infertility, Chronic Fatigue Syndrome, arthritis, tachycardia, schizophrenia, Chlamydia trachoma, and a host of viral herpes infections.⁴

The ADA versus "Junk Science." Since its inception, the ADA has adamantly stated that mercury becomes "highly stable" when it is combined with other metals and put into a patient's mouth. They frequently and confidently reassured Americans that mercury vapor does *not* leach out of fillings. Of course, they had to change their stance in the late 1980s when it was scientifically proven that mercury *does*, in fact, leach out. But they merely changed their tune to: they still don't leach

enough mercury to cause anyone any problems; therefore, amalgams are still not dangerous, not even in the least bit.³

In essence, they are telling us to believe that the second most toxic metal known to man, after uranium, will not have *any* harmful effects when it leaches into the body every time we eat, drink, or brush our teeth.

I know that this may sound far-fetched. But if you don't believe they are really claiming all of this, just read the following excerpt from ADA.org, last revised on January 8, 2002 and accessed by me on July 31, 2005:

Dental amalgam is considered a safe, affordable and durable material that has been used to restore the teeth of more than 100 million Americans. It contains a mixture of metals such as silver, copper and tin, in addition to mercury, which chemically binds these components into a hard, stable and safe substance. Dental amalgam has been studied and reviewed extensively, and has established a record of safety and effectiveness.⁵

Coincidentally, EveryoneButChristopherColumbus.com is reporting that the world is still flat!! To believe mercury amalgams are safe is as silly as believing that the world is still flat.

On the contrary, the claims of the ADA have been proven wrong time and time again. As previously noted at the end of Chapter 5, there have been thousands of extensively documented cases throughout the world in which the removal of mercury amalgam almost immediately led to the disappearance of symptoms, or significant improvements in serious health conditions. But the evidence from these studies has been roundly rejected by the ADA and FDA because they are not double-blind studies. The International Academy of Oral Medicine and Toxicology (IAOMT) is an organization that promotes mercury-free dentistry and works to educate the public through scientific research. The following table contains information from the IAOMT study titled, "The Scientific Case Against Amalgams." It is a summary of the findings from six different studies. It summarizes the experiences of 1,569 patients who had their mercury fillings removed.⁶

| Symptom Reported | Percentage of Patients Claiming Subsequent Substantial Relief |
|---------------------------|--|
| Allergy | 89% |
| Anxiety | 93% |
| Bad temper | 89% |
| Bloating | 88% |
| Blood pressure problems | 54% |
| Chest pains | 87% |
| Depression | 91% |
| Dizziness | 88% |
| Fatigue | 86% |
| Gastrointestinal problems | 83% |
| Gum problems | 94% |
| Headaches | 87% |
| Migraine | 87% |
| Insomnia | 78% |
| Irregular heartbeat | 87% |
| Irritability | 90% |
| Lack of concentration | 80% |
| Lack of energy | 97% |
| Memory loss | 73% |
| Metallic taste | 95% |
| Multiple sclerosis | 76% |
| Muscle tremor | 83% |

| Symptom Reported | Percentage of Patients Claiming Subsequent Substantial Relief |
|-------------------------|--|
| Nervousness | 83% |
| Numbness | 82% |
| Skin disturbances | 81% |
| Sore throat | 86% |
| Tachycardia | 70% |
| Thyroid problems | 79% |
| Oral ulcers | 86% |
| Urinary tract problems | 76% |
| Vision problems | 63% |

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The Sheep Experiment. “The Scientific Case Against Amalgams” goes on to talk about two very interesting experiments. In 1989, Drs. Murray Vimy and Fritz Lorscheider of the IAOMT undertook an experiment to discover if radioactively tagged mercury from dental amalgams would be distributed throughout the body and retained in the tissues. They carefully placed twelve amalgams in the mouth of a sheep. After only twenty-nine days, the sheep was killed, and the fillings were carefully removed. The sheep was then placed in a full-body gamma ray scanner. As you can clearly see from the following picture, the results were quite dramatic.

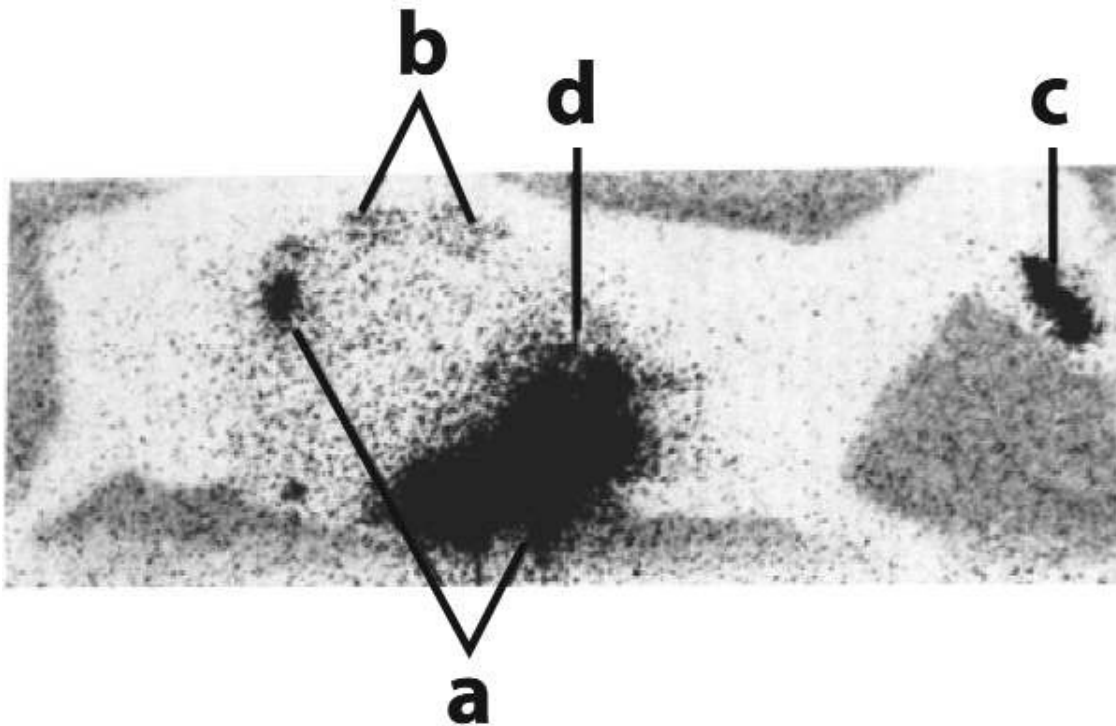


Figure 3 – Full body scan of a sheep 29 days after placement of 12 occlusal amalgams labeled with ^{203}Hg . The fillings were removed prior to the scan. (a) digestive tract. (b) kidneys. (c) gums and alveolar bone. (d) liver, partially obscured by the digestive tract. (From Hahn, et. al., 1989)

Reprinted with permission of Dr. L. J. Hahn.

In this experiment, the kidneys accumulated the greatest amount of

mercury. But the urine only contained 4.7 nanograms of mercury per gram. This demonstrated the inadequacy of urine as an indicator of mercury storage in the internal organs. The following table shows the distribution of radioactive mercury throughout the entire body of the sheep.

| Tissue | ng Hg/g |
|----------------------------|---------|
| Whole blood | 9.0 |
| Urine | 4.7 |
| Skeletal muscle (gluteus) | 10.1 |
| Fat (mesentery) | 0.9 |
| Cortical maxillary bone | 3.6 |
| Tooth alveolar bone | 318.2 |
| Gum mucosa | 323.7 |
| Mouth papilla | 19.7 |
| Tongue | 13.0 |
| Parotid gland | 7.8 |
| Ethmoturbinal (nasal) bone | 10.7 |
| Stomach | 929.0 |
| Small intestine | 28.0 |
| Large intestine | 63.1 |
| Colon | 43.1 |
| Bile | 19.3 |
| Feces | 4489.3 |
| Heart muscle (ventricle) | 13.1 |
| Lung | 30.8 |

| Tissue | ng Hg/g |
|---------------------|---------|
| Tracheal lining | 121.8 |
| Kidney | 7438.0 |
| Liver | 772.1 |
| Spleen | 48.3 |
| Frontal cortex | 18.9 |
| Occipital cortex | 3.5 |
| Thalamus | 14.9 |
| Cerebrospinal fluid | 2.3 |
| Pituitary gland | 44.4 |
| Thyroid | 44.2 |
| Adrenal | 37.8 |
| Pancreas | 45.7 |
| Ovary | 26.7 |

As the results were published,⁷ the dental establishment reacted with characteristic speed and determination. The experiment was criticized for using an animal that chewed its food very differently from humans, and for not controlling other environmental factors including “mercury” in the diet. What this last point failed to realize is that the study was looking specifically at radioactive mercury, which cannot be found *anywhere* in nature, and certainly not in the diet of a sheep!

But in response to the criticism, the experiment was repeated, only this time using a monkey. Monkeys do eat and chew their food much in the same way as humans. And the results, of course, were virtually identical to those found with the sheep.

Within twenty-eight days, the radioactive mercury had spread around the monkey's body, yielding tissue concentrations very similar to those found in the sheep. What follows are three pictures from the full body scan of the monkey.

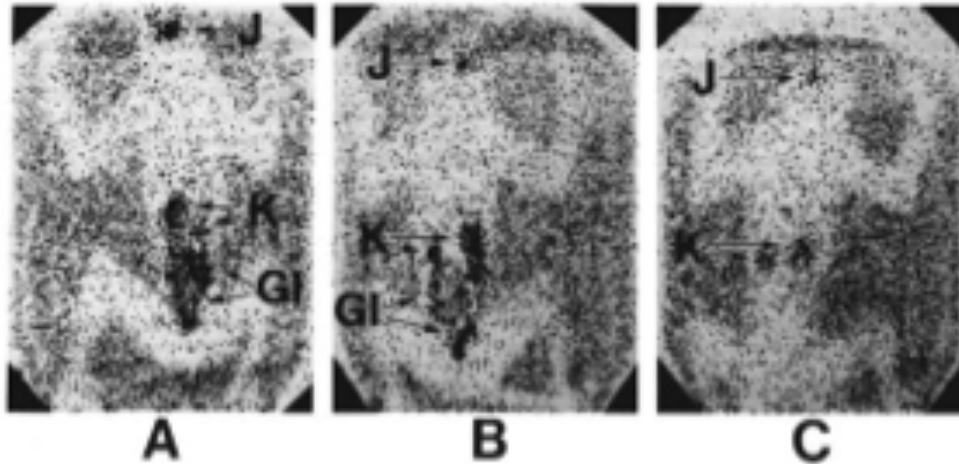


Figure 4 – Full body scan of a monkey 28 days after the placement of 36 occlusal fillings, labeled with ^{203}Hg , showing radioactivity in the jaws, kidneys and GI tract. (A) ventral view. (B) dorsal view. (C) dorsal view with the GI tract removed, clearly showing radioactive mercury accumulation in the kidneys. (From Hahn, et. al., 1990)

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So, what was the reply from the dental establishment this time? They decided to label these studies as “junk science.” From a PR standpoint, if you can't refute the science, the next best thing is to add the word “junk” in front of it and repeat it so often that everyone begins to follow your lead—just like sheep. The ADA was powerful and relentless enough to get their members and the media to follow along and “pull the wool over our eyes.”

But in my opinion, a picture is still worth more than a thousand words.

Contaminated Fish. Along with successfully using the PR-spin of “junk science,” “contaminated fish” has been another convenient fall-back position for the ADA. While it is true that many fish contain mercury and can be a source of mercury poisoning, I believe this is actually rare. The World Health Organization (WHO) seems to agree since in 1991, they reported that dental amalgams constitute the major source of human exposure to mercury.⁴ (WHO has also confirmed that the results of the sheep and monkey experiments are, in fact, valid.)

Also in agreement is Dr. Boyd Haley, head of the Chemistry Department at the University of Kentucky. He adds, “all studies on populations with dental amalgams and fish consumption have shown that the major contributor to mercury body burden is the subject’s dental amalgams, not fish. So to speak, the dental claim that fish is the major exposure to humans is a red herring.”

A mercury filling contains roughly half a gram of mercury on average.⁸ With my fourteen amalgams, I had close to 8 grams of mercury in my mouth. On average, people have at least five fillings, or nearly 3 grams of mercury.

In comparison, if only a half a gram of mercury is found dispersed in a ten-acre lake anywhere in the United States, the Environmental Protection Agency (EPA) will not allow the fish from that lake to be eaten.⁴

The FDA and EPA place a ban on any food that contains a mercury level of just 1 part per million (ppm). Yet the average level of mercury present in the urine of a person with amalgam fillings is 1.9 ppm. Some people can actually have urine with up to 50 ppm of mercury—fifty times the EPA’s Critical Level!⁴ (And from the sheep experiment you may also recall that urine is not an accurate indicator for the level of mercury actually in the body.)

While the FDA and EPA have placed a ban on food containing mercury higher than 1 ppm—which I believe is the right thing for them to do—there is obviously no way that *any* agency could actively enforce this for

every piece of fish. But one could logically deduce that because of this ban, the amount of “contaminated fish” in the food supply is relatively minimal. So is there any basis for the ADA to argue this point? Or, to quote Dr. Haley, is it just a “red herring?”

Having said this, I do believe it is good advice for pregnant women, young children, and those suffering from chronic illness to stay away from fish containing *any* amount of mercury. Stay away especially from large fish such as swordfish and albacore tuna, which commonly contain the highest levels of mercury. A good rule of thumb is the smaller and younger the fish, the less likely it is to be contaminated.

The FDA. So if there are credible, clinical cases, along with thousands of anecdotal reports regarding the connection between mercury and dental amalgams, where does the FDA stand on this issue? In July 2005, I found an article on their website that was dated December 31, 2002. It said the following:

FDA and other organizations of the U.S. Public Health Service (USPHS) continue to investigate the safety of amalgams used in dental restorations (fillings). However, no *valid* [my emphasis] scientific evidence has shown that amalgams cause harm to patients with dental restorations, except in the rare case of allergy.⁹

But how can you have an *allergic* reaction to a known *poison*? This is illogical. Would a reaction to strychnine or arsenic be considered an *allergy*?

Dr. Vimy, who participated in the sheep experiment, said during an interview with *60 Minutes* in 1990, “The FDA’s dental division has been platooned full of American Dental Association people.” Vimy notes, “Anything the ADA wants, they pretty much can get through the FDA. That’s what’s called effective lobbying.”¹⁰

Effective indeed!

In referring back to the FDA's statement, the phrase "... no valid scientific evidence ..." casts a very wide net—just like the phrase "junk science." However, their claim is so patently false it is ludicrous! At the end of Chapter 3, I mentioned a quote from Dr. Buttar's testimony to Congress in 2004. In that testimony, he also said the following:

The association of mercury with chronic disease in the US "medical literature" exists, but is very anemic. However, when searching under Toxline under the ATSDR (Agency of Toxic Substances and Disease Registry), a division of the CDC, one finds all scientific literature which also includes didactic literature, NOT just the "medical literature." Not surprisingly to advanced researchers and physicians, the association of mercury to chronic diseases is *well documented* [my emphasis] in the didactic scientific literature.

So is there really no *valid* scientific evidence? Or does this statement really translate to: because there are no *double-blind* studies, we will continue to ignore any other evidence that contradicts our current beliefs.

Turning their own logic around on them, the ADA and FDA have no *valid* scientific evidence themselves that proves the *SAFETY* of mercury amalgams because no double-blind study has *ever* been done for this either!

Ernie Mezei, a chemical and electrical engineer, has written a fascinating and well-documented paper called, "Tooth Traitors," which can be found by searching the internet. In it he states, "The lawyers have taken over within the ADA ... and the wagons have circled to force anti-amalgamists to 'prove' that mercury fillings cause illness and disease."

Dental Professionals. It is interesting to note that dentists and dental personnel statistically experience significantly higher levels of neurological, memory, musculoskeletal, mood, and behavioral problems than the general population.¹¹ Why? Could it be because they work with mercury and breathe in its vapor every day they go to work?

Most studies show that dentists have higher suicide rates than the general public. This is not surprising since mercury toxicity commonly causes depression. Paradoxically, even the dentists' own problems all point to mercury as the cause!

Some dentists have begun to see the light, and are voluntarily and *quietly* stopping their use of mercury amalgams. Why quietly? The ADA has literally placed a gag order on all of their dentists. A dentist can actually lose his license if he tells his patients that mercury amalgams could have negative effects on their health or suggests they be removed.⁴

I personally know of two dentists who have lost their license over this issue. One sued and got his license back. In Colorado, the state legislature passed a law to protect dentists in their state from losing their license for speaking out about amalgams. But First Amendment aside, shouldn't they have the responsibility to speak out about something that now has been proven to be such a deadly substance? Apparently, the answer is "no" as far as the ADA is concerned.

Big Tobacco and The ADA. Today, I believe the ADA is in the same situation in which tobacco companies found themselves forty years ago. The tobacco companies desperately fought against any research that indicated smoking was injurious to health. They even denied that nicotine was addictive or that tar and smoke caused lung cancer.

As a means of defending their position, they would parade a 108-year-old woman—who had been smoking her entire life—before the public eye. She appeared happy as she puffed away on a cigarette and they would then conclude, "Look at how healthy and happy *she* is! How could tobacco be a problem?"

Just like the ADA, big tobacco had no studies proving the *safety* of their product. Just like the ADA, big tobacco branded any research that suggested otherwise as "junk science." This battle raged on for decades until the growing volumes of medical research could no longer be denied.

So why is the ADA fighting this so hard? Joseph Mercola, DO, a recognized expert on mercury toxicology has stated, “If mercury is finally recognized as the true toxic poison that it is, there will be trillions, not billions, of dollars of damages that the dental profession will be liable for. This will make the tobacco litigation look like small potatoes.”

Consequently, if the ADA were ever to admit that mercury amalgams cause any harm at all, this small confession would logically snowball into such an overwhelming admission of guilt that there could be absolutely no legal defense.

Sweden, Norway, Germany, Denmark, Austria, Finland and Canada have outlawed, or are in the process of outlawing, the use of mercury.⁸ Along with Mezei, author of *Tooth Traitors*, I believe that the ADA’s stance on this issue in the face of so much obvious truth—even to this present day—does, in fact, prove that they have circled the wagons and will do whatever is necessary to protect themselves from massive litigation. A class-action lawsuit has already been filed in Canada. A lawsuit against the ADA in the United States is inevitable.

House Bill 1680 was introduced in April 2003 to prohibit the use of mercury amalgams by 2008.¹² Unfortunately, this bill did not make it out of committee before the close of the 108th Congress. I am still hopeful that our elected representatives will put an end this madness. Naturally, both the ADA and the FDA vehemently oppose this legislation because it would indicate they’ve both been at fault for over a century.

Root Canals. As if the dental establishment didn’t have enough strikes against them, root canals are starting to build up steam as another controversial topic. (This issue is not mercury related, but it is still relevant given the other topics of this chapter.)

George E. Meinig, DDS, a founder and officer of the American Endodontists Association, uncovered research that his own organization had funded many years prior, but had conveniently misplaced and forgotten about. The research found that root canals were a major source

of chronic illness. The analysis was very thorough and quite conclusive. If released, it would have affected the livelihood of many dentists and endodontists. So it was “covered up.”

Once Dr. Meinig discovered this research, he published the results. His story is told in a truly fascinating book called, *Root Canal Cover-Up*.

I personally do not have any root canals. But after reading this book, if I had any root canals coupled with unexplainable chronic illness, I am sure that I would have them removed. They are *that* dangerous.

Vaccinations

Besides nursing your baby, one of the best things you can do is postpone having your children inoculated right after birth until their immune systems are more fully developed. Even then, the inoculations should be spaced out to one every several months as opposed to multiple in one visit as is generally practiced. Introducing multiple vaccines before a baby’s immune system has had the chance to become more developed can be very dangerous to the child.

Now you may be wondering, “Why is Pat talking about vaccines? I thought this chapter was about mercury?” The reason is that many vaccines contain thimerosal, a *mercury-based* preservative. Thimerosal is used to keep multiple-vile vaccines from spoiling.¹³

The history of thimerosal is a sordid one. It was patented in 1929 by the Eli Lilly Corporation. Throughout the years, various scientists have denounced its use as a hazard to public health. In 1998, the FDA asked manufacturers to voluntarily remove thimerosal from all vaccines because of the recognized dangers of injecting mercury directly into the bloodstream. But have all manufacturers complied with this request? Yes and no. Rather than pull all thimerosal-containing vaccines from the shelves, they have allowed it to be phased out through use and expiration. Thimerosal was still found in childhood vaccines as recently as 2005. And it is still present in most flu shots.¹³

So when you or your child does get a vaccination, make absolutely sure it is mercury-free.

Dr. Donald Miller is a cardiac surgeon, Professor of Surgery at the University of Washington, and a member of Doctors for Disaster Preparedness. He has written an extremely useful article which talks about this subject in depth. It is called “A User-Friendly Vaccination Schedule,” and can be found in its entirety via internet search.

Aside from following this schedule, there are also alternative, natural methods to inoculate children. Nosodes are homeopathic remedies prepared from a pathological specimen. Research has shown that these can be effective alternatives.¹⁴

Recently, I met a PhD who nearly died from a flu shot when he was twenty-three years old. It took him over a *decade* to recover.

Personally, I will never get another vaccine shot unless I am totally familiar with all of its ingredients—and even then, only if it is absolutely necessary. Vaccines and flu shots are something that should never be taken lightly.

Autism

The incidence of autism has been growing steadily since it was first diagnosed in 1943. But it has reached epidemic proportions in the last decade and a half. Mark Geier, MD, PhD, noted geneticist and President of The Genetic Centers of America notes, “In the middle 1970s the estimate of autism rate was 1 in 25,000. In the ‘80s it was 1 in 2,500. In the ‘90s it was about 1 in 250. Currently the estimate in the United States is about 1 in 150...”¹⁵

What could have possibly caused this explosion?

Autism typically strikes normally developing children around the age of two or three. Not coincidentally to many researchers, physicians, scientists, and parents of autistics, this dramatic increase correlates

directly with the increase in the number of recommended childhood vaccinations.

Previous to 1989, children received eleven immunizations spread out over their first five years. But then new federal recommendations called for twenty-two vaccinations before reaching pre-school age. Many of these vaccinations contained thimerosal.¹⁶

Although obviously controversial, there is significant research which connects thimerosal/mercury to autism. One study in particular shows that mercury is more toxic in the presence of the testosterone hormone.¹⁷ This finding is significant because boys are 400 percent more likely than girls to be struck with autism.¹⁸

I believe that these innocent children are like the “canaries in the coal mine.” In the past, coal miners would bring canaries with them deep into the mines. If a leak of methane gas occurred, the birds would pass out long before the miners would detect it themselves.

I am struck by the obvious truth of the similarities between the symptoms suffered by autistic children, and the symptoms suffered by those of us with chronic illnesses. Autistic children are reported to suffer from:

- Significant allergies
- Systemic Candidiasis
- Hormonal imbalances
- Gastrointestinal dysbiosis
- Immune dysfunctions
- Nutritional deficiencies
- Heavy metal poisoning, particularly mercury

Researchers are finding an ever-increasing body of evidence showing mercury to be one of the root causes, if not *THE* root cause, of autism.

I recently spoke with Professor Jim Adams, a researcher from Arizona State University who led a peer-reviewed study which showed that autistic children excreted 300 percent more mercury than controls when given the “chelator” DMSA. (I write more about chelators in the next chapter. But simply stated, chelators are chemicals that bind to heavy metals and draw them out of the body.) His findings called for the removal of mercury from ALL medical and dental materials.¹⁷

Dr. Buttar, as previously mentioned in Chapter 3 and again in this chapter, is on the forefront of proving the connection between mercury poisoning and autism. Among many other prestigious qualifications and fellowships, Dr. Buttar is Vice Chairman of the American Board of Clinical Metal Toxicology.

What follows is a rather long, but extremely important mixture of excerpts taken from his testimony, “Autism, The Misdiagnosis of Our Future Generations,” presented to the United States Congress in a sub-committee meeting on May 6, 2004.¹⁹ The testimony can be found in its entirety on several websites via internet search.

The issue of whether mercury plays a role in autism or other neurodevelopment disorders has been the subject of long debate and extreme political discourse, *but the evidence is overwhelmingly obvious to even the simplest of intellects once the data is objectively reviewed.* [my emphasis]

Increased exposure to mercury through thimerosal- containing vaccines is one of the most important issues at hand. The overburdening knowledge that thimerosal is converted to ethyl mercury (a substance over a thousand times more destructive than inorganic mercury) in less than one minute after being introduced into the body should give great concern to those appointed to protect the public. Yet, it is virtually ignored. Why is this highly toxic substance still allowed to be a

constituent of our vaccines used to inoculate our precious children, our own future generations?

Mercury alters biological systems because of its affinity for sulfhydryl groups which are functional parts of most enzymes and hormones. Tissues with the highest concentrations of sulfhydryl groups include the brain, nerve tissue, spinal ganglia, anterior pituitary, adrenal medulla, liver, kidney, spleen, lungs, heart and intestinal lymph glands.

But most relevant to us for the purposes of this hearing, is that mercury has clearly been shown to cause a denudation of the neurofibrils resulting in direct damage to the neuronal [brain] cells.

So if mercury is so devastating, why is it allowed to be in our flu shots, vaccines, foods, dental fillings etc.? This is the “million dollar” question, although it should be evident to the well informed, the answer will be somewhere along the money trail.

Addressing all other [secondary clinical] issues in children with autism is analogous to attempting to put out fires without addressing the cause of the fire itself. The fire will keep re-igniting unless the “spark” is eliminated. Mercury is NOT the fire. It is however, the spark that ignites and constantly re-ignites these “fires” [of secondary clinical issues]. *It is the elimination of this “spark,” i.e., mercury, for which we now have an easy and effective solution.* [my emphasis]

Along with some supportive therapies, autism and certain other chronic neurodegenerative diseases such as Alzheimer’s can be fully and permanently reversed if appropriately treated. *This is NOT theory* [my emphasis]. It has already been clinically validated on a repetitive basis.

I think you would agree with me that Dr. Buttar’s statements are very powerful. I have come to learn through my own subsequent research that, as of the completion of this book, thirty of the original thirty-five patients treated by Dr. Buttar are now considered fully reversed. Dr. Buttar’s own son, Abid, is also one of his patients who has been totally

cured. The remaining five have all shown drastic improvements, but are not yet considered fully reversed.

For any doctor treating autism, these results are virtually unprecedented. His “easy and effective solution” uses a heavy metal chelation substance called TD-DMPS. I will cover this in more detail in the following chapter.

Mercury. Is the success of Dr. Buttar and others being celebrated in the conventional medical realms? Unfortunately, no. But remember that it normally takes many *decades* for things that have been proven true to become accepted as fact in the mainstream. It is a painfully slow process that denies *many* from reaching an end to their struggles.

Dr. Boyd Haley, head of the Chemistry Department at the University of Kentucky, referenced earlier in this chapter, offers the following opinion:

We must ask ourselves why we cannot find, after spending billions of tax dollars, the cause of Alzheimer’s disease, Multiple Sclerosis, Lou Gehrig’s disease [ALS], and Parkinson’s while we readily find the cause of diseases like AIDS, polio, etc. I think it is because scientists are not funded to look for causation in certain areas, like heavy metal or mercury toxicity.

[But] if these diseases have their basis in mercury exposure, then we will *never* solve them ... ignoring basic research in the area of mercury toxicity, and just believing what the dental establishment tells us. Are we to be dumb enough to believe that ... dental amalgams ... which break down and need replacement, do not lose huge amounts of mercury in the number of years they are in our mouths, and that this mercury ends up in our central nervous system?

Dr. Haley asks an obvious question in another article: “How could mercury be completely harmless when put into a patient’s mouth? It is absolute silliness for the EPA and OSHA to say that mercury before going in and after coming out of the mouth is totally toxic, but inside the mouth is absolutely safe.”

I have read a number of studies done by Dr. Haley in which he has been able to reproduce the lesions of Alzheimer's disease in various lab animals, simply by exposing the animals to small amounts of mercury vapors. He has testified several times before Congress regarding the many dangers of amalgams. But are his findings well received throughout the medical community? Certainly not by the ADA and FDA.

Something as obvious and serious as the link between chronic illnesses, mercury amalgams, and vaccines containing mercury preservatives should not have to be proven beyond the shadow of a doubt. Although many believe that this link has been sufficiently proven, *suspicion alone* should be enough to cause these things to change!

I clearly saw a parallel between mercury and autism, and mercury and the spectrum of chronic health conditions when I read Dr. Buttar's testimony. As of the completion of this book in July of 2005, the autism-mercury debate has gained significant momentum. In the next several months and years as this connection passes through Arthur Schopenhauer's three stages of truth (ridicule, violent opposition, self-evidence), I believe the stage will be set for the complete removal of mercury from medicine and dentistry, an act that is long overdue.

Do I Have Mercury Amalgams? You may be asking yourself this very question. The answer is simple: if you see a silvery substance in your teeth, you have mercury fillings.

If you're still unsure after looking in the mirror, you can check with your local dentist. But just be prepared for them to spout the "company line" about how amalgams aren't dangerous anyway ...

Removing Mercury Amalgams. If you have mercury amalgams, should you get them removed? This is actually a difficult question to answer because the procedure for removal has potential dangers, can be relatively expensive, and there are still no guarantees of improved health.

First, when the amalgams are removed with a drill, a significant amount of mercury vapor can be inhaled and tiny pieces could be swallowed if the proper precautions are not taken. (Be sure to read IAOMT's "Protocol for Removing Silver/Mercury Filling Removal.")²⁰ I know someone who went to an ordinary dentist for removal and afterwards felt much worse because the dentist did not take the necessary precautions to properly remove the fillings.

Second, it can cost between \$100 and \$250 per tooth. This is a range that fluctuates based upon how much mercury is in each tooth and the cost of doing business in one town over another. Unfortunately, your insurance company is not likely to pay for the voluntary removal of this "perfectly safe substance." However, they may pay for some of it, depending on your coverage plan.

Third, even after your mercury amalgams are removed, there is still no *absolute* guarantee that your health will improve. However, the evidence suggests that the statistics are very much in your favor.

But even then, as I learned in 1987 after the removal of my own amalgams, you will likely still have to work very hard to expel the mercury from your body. Detoxification in itself can be costly and time-consuming. (I will cover this in detail in the next chapter.)

If you do decide to have your mercury amalgams removed, it is vital that you find a dentist who is experienced at properly removing amalgams and replacing them with a substance that is compatible with your body—usually porcelain, plastic, or composite resins.

With a good Internet search engine, look up "mercury-free dentists." You will find a number of organizations (IAOMT.org, ToxicTeeth.org, TalkInternational.com) with lists of dentists who are experienced in performing amalgam removals. I recommend that you speak with, and get estimates from, more than one dentist. Then, go with the one who makes you feel most comfortable. It is an important procedure that should not be taken lightly.

Now, because the numbers are on your side and also because of my own personal experience, I strongly recommend that anyone who suffers from a chronic illness *seriously* consider having their dental amalgams removed. Removal of amalgams can indeed be costly, but as you've no doubt learned by now, staying chronically ill costs a great deal more.

Chapter 10 - Get Your Detoxification Systems Working

Now that you know about mercury and other destructive toxins, how do you get rid of them? The body seeks to answer this question by attempting to remove these substances through a process called detoxification. In fact, detoxification (or “detox” for short) is perhaps the most important function the body does to help itself. And the exciting part is there are things you can do to help your body accomplish this process more efficiently.

The liver is the main organ for detoxification—and it is a workhorse! Not only does it clean up most of the toxins that enter the body, but it also detoxifies those our body naturally produces every day. In addition, it manufactures many of the enzymes, chemicals, and hormones that are required to live a healthy life. Therefore, our first priority when chronically ill should be to do everything we can to help the liver operate effectively.

Discovering and learning how to deal with the following issues will help to greatly reduce the burden carried by the liver, which will help it become more efficient. Some of these issues I have already covered in previous chapters, such as fixing leaky gut, clearing allergies, and fighting infections (see Chapters 3, 5, and 6, respectively). Additionally, the avoidance of alcohol, tobacco, and the chemicals found in heavily processed foods, soaps, cosmetics, etc. can aid in decreasing the strain on the liver.

What might be the most difficult step in the detox process, however, is purging the body of heavy metals. Yet this step is often the most important.

Over the years, I have utilized numerous treatment protocols in an effort to clear my body of mercury. For the most part, these programs have been rather UN-successful according to the following DMPS

Getting Rid of Heavy Metals

So how do you get rid of mercury and other heavy metals? The most common methods use “chelators,” chemical substances that attempt to bind to heavy metals and pull them out of the body. But removing heavy metals from the tissues of the body is not easy. Mercury especially binds very tightly to sulphur, zinc, and selenium-based molecules in the tissues.¹

I have used virtually all of the pharmaceutical-grade (prescription) detoxifiers including EDTA, DMSA, and DMPS. I have also tried most of the very expensive non-prescription chelators. The latter were all totally ineffective—lots of hype, little results. Here is my analysis of the most common chelators, based on research and my own personal experience.

EDTA. Calcium EDTA, or ethylenediamine tetra-acetic acid, is a very safe chelator because it enters and leaves the body as EDTA. This is helpful because it does not require the liver to do extra work processing it to remove it from the body. Some people use it orally, but it is not readily absorbed into the bloodstream through the GI-tract.

It has been very successful as the standard medical procedure for treating lead poisoning. In this procedure, aptly named IV EDTA, it is used intravenously.

It is also commonly used by many alternative doctors to treat blockages of the arteries. Because it will bind to plaque and remove buildup, it is actually very effective for this condition. I know numerous people with cardiovascular disease who have been helped dramatically using IV EDTA chelation.

However, EDTA is not a very strong chelator of mercury and I have found it to be almost totally ineffective.

DMSA. DMSA is a more powerful mercury chelator. It is also used orally, but is more readily absorbed into the bloodstream. There are

numerous DMSA protocols that have been devised by doctors attempting to treat heavy metal poisoning. These protocols can have harsh side effects depending on the dosage.

The protocols that work best, however, are the ones that use relatively small doses every few hours for several days in a row. After this time, the treatments are paused for a few days in order to give the body time to replenish the good minerals that were also chelated out of the body during the treatment.

My personal experience with DMSA was that it made me feel awful. It is believed that DMSA interferes with the Krebs Cycle, which is the way the body generates energy. Therefore, these treatments can often make you feel fatigued or worn out. I believe that it made me feel awful because the dosage I took at the time was too high.

There are experts who feel that DMSA is really not that great of a chelator to use for mercury. Basically, they believe that it is only strong enough to pull some mercury all the way out of the body. But because it does bind to mercury, it really just causes a partial redistribution to other tissues instead. This, in turn, may actually result in new symptoms in different areas of the body. Given that it is used orally, it also can cause yeasts to flourish in the GI-tract since candida grows readily in a sulphur- based environment.

Intravenous DMPS. IV DMPS is the most common chelator used for provocative challenge tests, like the one shown earlier in this chapter. DMPS is easily the most powerful chelator of mercury. In fact, it is ten times stronger than DMSA.

However, there are several problems associated with its use. First, because it must be administered intravenously, there is the inconvenience and expense of going to a doctor's office for every treatment. Furthermore, it is typically used in high doses that usually result in harsh side effects, affecting both the kidneys and liver, as the metals are removed.

And unfortunately, because some people are unable to tolerate the high dosages, they quit the treatment long before the metals have been successfully removed from the body. This essentially was the case with me.

Trans-Dermal DMPS. Today, I believe TD-DMPS is the best product available for removing mercury from the body. It was developed in 2003 by Dr. Buttar and AMT Pharmacy specifically for autistic children for whom IV-therapy was not an option.² (See Chapter 9 which describes Dr. Buttar's work with autistic children.)

TD-DMPS is a cream which is rubbed into the inside of the arms and absorbed into the bloodstream through the skin. It is used every other day, and delivers a significant dose of DMPS with only minimal side effects. The off day allows you to replenish your body with minerals that may have been chelated out along with the heavy metals.

As it turns out, the real key to effectively removing mercury is the protocol itself—let the DMPS chelate mercury *continuously*. It is the long-term, near constant treatment that allows DMPS to penetrate into the tissues and continually draw mercury out of the body.

Consequently, I believe that IV DMPS is basically ineffective overall because the treatments, which are administered generally only once a month, are not frequent enough. And yet because people typically react so unfavorably to them, their bodies cannot stand more than one treatment every month.

That said, another major advantage of TD-DMPS is that if any unpleasant side effects are experienced, you can simply apply less cream. (Of course, you should only do this under the supervision of your doctor.)

Clinical observations from Dr. Buttar's utilization of TD-DMPS with his patients over the course of two years have proven very interesting. He discovered in many cases that initial TD-DMPS provocation testing yielded very little excretion of mercury. Then, after several weeks or

months of his protocol, the excretion levels of mercury increased dramatically. And as the excretion levels rose, he observed that the patient's symptoms would begin to subside and fade away.

The results of his observations seemed to indicate that the central problem with these autistic children was that for some reason, they just could not excrete the metals from their bodies efficiently. In his words, "They were just bad excreters!" And when a person cannot excrete mercury effectively, a build-up occurs in the tissues, and the symptoms begin to appear.

Interestingly, scientists now suspect they have isolated a genetic marker that relates to the body's ability to detoxify heavy metals.³ As you would suspect, many autistic children have this gene in common. A recent test revealed that I, too, have this genetic marker.

Most scientists believe that DMPS is unable to cross the "blood- brain barrier" to remove heavy metals directly from the brain. But, Dr. Buttar proposes that if you remove significant amounts from the rest of the body, the body somehow redistributes the mercury in the brain throughout the rest of the body. And when it comes down into the body, it *can* be hauled out by DMPS.

Logically, if this were *not* true, then there is no way that doctors would be witnessing the complete recovery from autism and other neurological conditions.

I believe that TD-DMPS is a true breakthrough in the treatment of heavy metal poisoning. It virtually eliminates all of the negatives involved with IV DMPS, and allows the most effective chelator of mercury and other heavy metals to be used in a safe and effective manner. The only drawback that I am aware of for mercury-toxic people who also have candidiasis is that TD-DMPS may inflame the yeast infection. Therefore, aggressive efforts to control candida yeast should be administered while on this detox treatment. (Refer to Chapter 6 for more on clearing infections.)

Still, my personal experience is that nothing has been more effective at removing mercury from my body than TD-DMPS. Even though it can take a year or longer to safely remove most of the metals stored in the body, it sure beats the seventeen years I have been working at it *ineffectively!*

Glutathione. Glutathione (GSH) is a key detoxifying agent manufactured by the liver. It is a powerful detoxifier of both toxic chemicals and heavy metals. In the case of most toxic chemicals, GSH binds to them, and then delivers them to the bowel for excretion. Once the “drop off” has been completed, GSH then returns back to the liver to be used again. But with heavy metals, GSH remains so tightly bound to the metals that it is excreted from the body along with them.

In other words, GSH cannot be recycled if it is being used to detoxify heavy metals. And lack of GSH in the body compromises the entire detoxification process.

Not surprisingly, it is common to find very low levels of GSH in a mercury-toxic person.¹ However, raising those levels by implementing proper nutrition and supplementation is possible. But it can be tricky because several of the supplements typically recommended to raise GSH levels actually can be very troublesome to a mercury-toxic patient. Three of those supplements are N-Acetyl-Cysteine (NAC), Alpha Lipoic Acid (ALA), and Methyl-Sulfonyl-Methane (MSM).

All three are sulphur-bearing chemicals and considered by many to be very powerful agents for detoxification. However, even though mercury “loves” sulfur molecules, it still tends to bind rather weakly to these supplements when compared to DMPS. So when any of these supplements is used, the mercury is simply moved around from tissue to tissue. This may elicit strong and uncomfortable symptoms in the process. (In addition, candida yeast is a huge “fan” of NAC and will readily feed on it. If you have candidiasis, stay away from NAC!) Most nutritionists recommend high doses of all three of these supplements. But when I have used them, lofty doses have always made me feel terrible.

An additional factor regarding the use of NAC, ALA, and MSM is that these supplements only provide the liver with the precursors of GSH. The liver must do all the work to convert them into a usable form. So theoretically, if you have a liver that is already over-worked from attempting to rid the body of mercury, giving it precursors does not really make any sense.

Besides all that, it is believed that if these GSH supplements are in capsule form, they are disintegrated in the stomach and GI-tract before they have a chance to do much, if any, work.

There are trans-dermal creams available which allow GSH to be absorbed into the bloodstream through the skin. And doctors can give GSH through IVs. While an IV is not necessarily convenient for the patient—and I would know—it is still a very powerful treatment, especially when given along with IV Phosphatidylcholine (a primary component of the cellular membrane).

To go back to TD-DMPS, one of the great things about the protocol I use is that for every 1 mg of DMPS, there are 4 mgs of GSH. Following this treatment plan not only removes metals, it helps to replenish the stores of this natural detoxifier. And this means if you are using TD-DMPS, you probably don't need any additional supplementation of GSH.

Getting Rid Of Constipation

Now *here* is a great subject! Actually, constipation is a very important factor for overall detoxification. The body must fully and regularly remove wastes. Imagine not throwing away the garbage generated in your home for several weeks, or longer. It would get messy, smelly, and altogether unpleasant. (And your spouse would probably yell at you for not taking out the trash!)

Similarly, when the bowels are constipated, wastes are not removed in a timely manner. Thus, they ferment and putrefy. This provides a “wonderful” environment in which pathogenic organisms thrive and grow. In turn, these organisms produce their own wastes which are

eventually absorbed into the bloodstream, and lead to symptoms which can surface virtually anywhere in the body.

Those suffering with IBS can actually have alternating diarrhea and constipation. This is *not* fun! Before I found the activated charcoal I mentioned in Chapter 3, I had trouble stopping diarrhea.

Conversely, constipation is usually not very difficult to fix. For immediate relief, a natural laxative like Phillips' Milk of Magnesia will cause the bowels to move. However, constant use of a laxative is not a good cure in the long run. So while making your bowels move *today* is important if you are constipated, the underlying reasons for this chronic constipation should be resolved.

Chronic constipation may be caused by a lack of fiber, minerals, or beneficial bacteria. It can also be caused by an infection in the bowels. It can actually be any one of these things, or a combination of all of them.

Constipation hampers the body's ability to absorb some of the vitamins, minerals, and amino acids that it needs. So I'll reiterate, it is vital to stay regular using natural remedies.

Ground Flax Seeds. It would be great if we ate enough fruits and vegetables to give us the amount of fiber we need. Often this is not the case, and supplementing with fiber becomes a necessity.

I have tried virtually every fiber product on the market, and in my experience, ground flax seeds have been the best. In addition to keeping the body regular by forming necessary "bulk," ground flax seeds also assist in healing the intestinal tract. They soak up some of the toxins created by the bad bugs and serve as food for the good bugs. Flax may even help remove heavy metals from the body, though only marginally so.

Besides being a powerful aid in fighting constipation, ground flax seeds also provide vitamins, minerals, and essential oils the body needs. Taking 2 to 3 tbsp stirred into a large glass of water one to three times a day may be all that is required to alleviate constipation.

Magnesium. If flax alone does not do the trick, the body is probably deficient in magnesium. When this happens, the peristaltic action in the colon needed to move the bowels simply does not occur. A high-quality magnesium supplement will usually help restore this function. As magnesium levels are gradually replenished, there should be more regularity to the bowels with one to three movements a day.

However, it is important to note that magnesium can cause diarrhea if the amount taken is too great for the body to process all at once. Therefore, I prefer to use a sustained- or timed-release supplement that allows magnesium to be absorbed gradually into the tissues of the body.

Bad Bugs. If both fiber and magnesium do not effectively alleviate constipation, then “bad bugs” in the GI-tract may be causing the bowels to be paralyzed. Bad bugs can include parasites, bacteria, or candida yeast and you should first attempt to fight these with a powerful, natural antimicrobial. If it is determined that you have a very specific parasite or bacteria, however, a species-specific prescription antibiotic may be necessary.

As I wrote in Chapter 3, you should avoid broad-spectrum prescription antibiotics whenever possible. And if you must use an antibiotic, make sure you follow it with an antifungal and high-quality probiotic supplement. If it is a severe candida overgrowth, then a prescription antifungal is likely necessary. (See Chapter 3 for a more in-depth discussion on healing the gut.)

Basically, you need to do *whatever* it takes to make sure your bowels are moving at least once per day, preferably even more, so that you are supporting your body in detoxification. Personally, I have found that when I alleviate constipation, my mind clears up and I feel much better.

Exercise and Sweat

Exercise has helped me tremendously. In fact, before I understood anything about what was wrong with me, the only things that seemed to help were changing my diet, regular exercise, and prayer.

Today, exercise is touted highly because of its many benefits. It dramatically improves and strengthens the immune system, enabling it to fight off infection. It helps the circulation of the lymphatic system in the body. It releases endorphins which are “feel good” chemicals that cause “runner’s high.” And it dramatically raises the level of oxygen in the blood.

While exercise does have all of these benefits, the primary purpose of exercising for someone who is chronically ill should be to work up a good sweat since sweat is also a way in which the body removes toxins. I like to jog slowly for thirty to forty five minutes, every day, or every other day. And I always take a shower soon afterwards so that the sweat — containing toxins—will not be re-absorbed back into my body.

So find some form of exercise that makes you sweat, and do it regularly! If you have to work up to this point slowly, this is okay; we all have to start somewhere.

Once you do get to the point where you are sweating during exercise, be careful that you don’t push yourself to the point of exhaustion, or even close to it, as too much exercise can actually have a negative effect on the body. You will learn the balance with time.

Saunas. Sweat therapy is nothing new. Many cultures have used some form of saunas for centuries. In more recent times, it has been used to treat miners who exhibit symptoms of mercury poisoning after high levels of exposure in mines. In the same way, chronically ill people experiencing similar symptoms can benefit from sauna therapy.

When I feel terrible, I take a sauna. It not only makes me feel much better by the next day, but also helps me to relax and sleep better that night.

I used to go to the health club for a sauna, but they kept it so hot and I could not tolerate the intense heat for very long. Now I use a Far Infra Red sauna at home. Its lower temperatures permit me to stay in the sauna for a much longer time, allowing my body to sweat more.

It is usually recommend that you take vitamin C and other nutrients before you take a sauna because it helps the body excrete toxins. Afterwards, you are advised to replenish your body with water, electrolytes, and minerals.

If for some reason you cannot exercise, using a sauna can provide awesome results. But if you can do both, that is best!

Colon Therapy

Colon therapy, or colonics, is used in an effort to cleanse the colon and is now becoming more commonplace. The procedure used in this therapy is like a “super enema” where thirty to forty gallons of water are cycled through the colon and large intestine. Regardless of how well the bowels have recently moved, it is shocking to discover how much waste will be flushed out.

Even though this idea seems rather unpleasant to most, colonics can be very therapeutic. It is actually very hygienic and can dramatically lower the overall level of toxins in the body. I have used colonics only rarely, but when I have, I definitely felt their positive impact.

I recommend only occasional use of this therapy as electrolyte levels can be radically altered, making you feel exhausted. It is important to drink vegetable juices before and after a colonic. Bicarbonates, as discussed in Chapter 3, will help with this as well.

A self-administered enema is another option of colon therapy. Admittedly, this is no fun at all, but it may help when there is a problem with constipation or general malaise.

While I have gained a certain amount of relief through both colonics and enemas, I do not believe that either were *the* long-term cure for any of my symptoms.

Oxygen

A deficiency of oxygen in the body can result in symptoms ranging from general fatigue to life-threatening disease. Unfortunately, many people

are seriously oxygen-deficient from the sedentary lifestyle common to our times. This deficiency can also be caused by poor diet, thick blood, over-use of powerful antioxidants, and numerous environmental toxins.

The specific numbers are debatable, but it is generally believed that millions of years ago, the atmospheric oxygen content was thirty-five percent. That is close to double the present day level of twenty-one percent.⁴

Dr. Otto Warburg, a German scientist and two-time recipient of the Nobel Prize, determined that the primary pre-condition for cancer is oxygen deficiency. He states flatly, “Cancer has only one prime cause ... the replacement of normal cellular respiration with anaerobic cellular respiration.” In other words, the less oxygen at the cellular level, the worse your health.

Ozone Treatments. Today many alternative doctors are using IVs of hydrogen peroxide (H₂O₂) or ozone (O₃) to increase the levels of oxygen in their sick patients. Some even use hyperbaric chambers where oxygen is basically forced into the body. Although these methods have been viewed with some controversy, there have been many serious, unresponsive conditions that have reacted positively to this dramatic increase in the levels of oxygen. This is why aerobic and deep breathing exercises also help in detoxifying the body and keeping it healthy.

I don't have a strong personal recommendation for these treatments either way, but I do recognize that some people have been greatly helped because of them. I have had a few IV and oral H₂O₂ treatments, but did not feel that they were really helping me, so I discontinued them. (Plus, oral H₂O₂ tastes really bad!) It is possible that the IV H₂O₂ treatments may have helped me more had I continued them.

It does make sense that anything that *safely* raises the oxygen level in the body's tissues should also be very helpful for detoxification and healing since infectious organisms generally don't like an oxygen-rich environment. So for me, just the knowledge of this is a motivator to make myself go out and run.

And every breath I take is another healthy dose of “medicine!”

Chapter 11 - Learn About Nutrition

Improving your diet is paramount to improving your health. While improving your diet may not actually cure you, *not* improving your diet will *never* get or keep you healthy. If you are unwilling to alter your eating habits from those of the Standard American Diet (SAD), then don't even bother trying to get well—I seriously mean that!

Even before I learned anything about what was wrong with me, I intuitively changed my diet. I stopped eating as much sugar, white flour, and other foods that I later discovered were devoid of almost any nutritional value.

You Are What You Eat. This statement has been repeated so many times, it has become almost a mantra. Yet there is much truth in it. Clinical and university studies have proven time and again that a diet high in *refined* carbohydrates and trans fatty acids is detrimental to the body. Sadly, many of the foods in our diet are processed and contain high amounts of toxic chemicals, heavy metals, hormones, and antibiotics. In addition, because of ever-increasing amounts of synthetic fertilizers, pesticides, and herbicides, much of our food is also grown in devitalized—or dead—and poisoned soil.

I believe that the typical American lacks many of the nutrients necessary for the body to detoxify and defend itself effectively from infectious and environmental onslaughts. Under the SAD, the body is typically deficient in many of the elements it needs to sustain itself. In most developed countries, we are extremely well fed, yet we are the most *nutritionally starved* people in the world! The body cries out for the nutrients it was designed to receive and thus signals to the brain, “EAT MORE!”—even though it has already satisfied its caloric needs. This is a key element behind why obesity has become rampant.

Fat. Fat in the diet has really gotten a bum rap in recent decades. Contrary to popular belief, fats actually do not make you “fat,” as in

overweight. When ranchers prepare their livestock for butchering, they feed them *grains* to fatten them up. If their livestock were fed fat, they would actually *lose* weight.

The same is true for humans. Simple sugars, refined carbohydrates, and grains are actually what make the body gain weight. And this principle has been proven by the general success of the Atkins diet. On the Atkins diet, you will lose weight rapidly, but many of the foods encouraged actually make it unhealthy in the long run. For this reason, I don't recommend following it, though there are many other diets that are actually much worse.

For the most part, the low-fat diet craze of the past few decades has radically damaged many people's overall health. It sounds crazy, almost controversial even, but there is plenty of research to support this. And in the decades since low-fat foods/diets have been introduced, obesity, heart disease, diabetes, and many other chronic conditions have risen dramatically.

Are low-fat diets the *primary* cause for these? Maybe, maybe not. But take into account everything else that you have read in this book thus far, and remember that the body is a systemic organism, completely dependant upon all its systems and sub-systems to adequately perform their roles. Referring back to the analogy of the "immune account" at the beginning of this book, low-fat diets should be considered costly withdrawals.

There are three primary types of fat in foods: unsaturated fats, saturated fats, and trans fatty acids, or "trans fat" as it is commonly called. The body actually requires both unsaturated and saturated fats. But trans fats, also known as hydrogenated and partially hydrogenated, are the ones to stay away from. These man-made fats are extremely unhealthy in so many ways.

Trans Fats. Trans fatty acids are produced when vegetable oils are heated under pressure with hydrogen and a catalyst, in a process called hydrogenation. Therefore, these fats are often referred to as

hydrogenated or partially hydrogenated. In the past few decades, many food manufacturers have added trans fats into processed foods to prolong their shelf life. Trans fats are commonly found in processed foods including commercially baked goods, icing, margarine, “snack” foods (potato chips, cookies, crackers, microwave popcorn), and fried foods like french fries and fried chicken.

Unfortunately, many people have dreadfully mistaken beliefs about hydrogenated and partially hydrogenated oils. Because of this, many people believe that eating a food like margarine is actually healthy. Yet nothing could be further from the truth!

Mary G. Enig, PhD, is one of the world’s true experts on fats and trans fatty acids. The following list is a compilation of adverse effects reported in humans and animals from the consumption of trans fatty acids, based on decades of research done by Dr. Enig.¹

Trans fat has been shown to:

- Lower “good” HDL cholesterol in a dose response manner (the higher the trans fat level in the diet, the lower the HDL cholesterol in the serum).
- Raise the “bad” LDL cholesterol in a dose response manner.
- Raise the atherogenic lipoprotein (a) in humans (increases blockages in the arteries).
- Raise total serum cholesterol levels 20-30 mg.
- Lower the amount of cream (volume) in milk from lactating females in all species studied, including humans, thus lowering the overall quality available to the infant.
- Increase blood insulin levels in humans in response to glucose load, increasing risk for diabetes.
- Increase insulin resistance thus having an undesirable effect in diabetics.

- Affect immune response by lowering efficiency of B cell response.
- Decrease levels of testosterone in male animals, increase level of abnormal sperm, and interfere with gestation in females.
- Cause alterations in cell membranes, including membrane fluidity.
- Cause alterations in fat cell size, cell number, and fatty acid composition.
- Escalate adverse effects of essential fatty acid deficiencies.

Some of these findings may sound overly scientific and be difficult to understand, but the research of Dr. Enig and others is clearly showing that trans fats have numerous debilitating effects on the body. And hopefully you will be convinced to decrease your own consumption of foods containing trans fats.

Now, let's look at the good fats.

Saturated Fats. The following list describes how saturated fats are essential for the body. It is from a study entitled, "*The Skinny on Fats*," produced by the Weston A. Price Foundation.²

- Saturated fatty acids constitute at least fifty percent of the cell membranes. They give our cells necessary stiffness and integrity.
- Saturated fats play a vital role in the health of our bones. For calcium to be effectively incorporated into the skeletal structure, at least fifty percent of the dietary fats should be saturated.
- Saturated fats lower lipoprotein (a), which is a substance in the blood that indicates proneness to heart disease.
- Saturated fats protect the liver from alcohol and other toxins.
- Saturated fats enhance the immune system.

- Saturated fats are needed for the proper utilization of essential fatty acids. And essential Omega 3 fatty acids are better retained in the tissue when the diet is rich in saturated fats.

With this list, I purposefully used the word “saturated” over and over again to drill into you—or in all probability, drill *out* of you—the common myth that saturated fats are bad. Read this out loud, “SATURATED FATS ARE GOOD.”

According to the same study, saturated fats are actually the preferred fuel of the heart. In times of stress, the heart actually draws upon the reserve of saturated fat surrounding it for energy.

Sixty percent of the brain is made up of saturated fat. And saturated fats actually lend a hand with the development and structure of every cell in the body as each cell’s membrane is comprised entirely of fat. (If trans fats are the primary source of fat in the diet, the body creates inferior cell membranes.)

In general, saturated fats are commonly found in meats, dairy, poultry, nuts, and seeds. Some of the best saturated fats you can eat are unprocessed, unpasteurized raw butter and cream, extra virgin coconut oil, egg yolks from cage-free chickens, and meat from grass-fed, free-range livestock. Unfortunately, most of the conventional medical establishment, including the American Medical Association (AMA), has not recognized the dire need for saturated fats to be present in the diet. They all seem to be stuck on the “lipid hypothesis” which has been debunked by Enig and Fallon.

Now, I know firsthand that it can get very confusing when trying to figure out which diet plan to follow since everyone claims to have *the* answer. But I am not trying to push the latest, greatest diet onto you. All I ask is that you take a look around. Do people seem to be getting more, or less healthy?

The diet “rule” that I begin with is this: if God made it, it is usually good. If humans have altered it to make it last longer on a store shelf, or more convenient for mass-production, it’s probably bad.

Unsaturated Fats. Unsaturated fats are more commonly understood than saturated fats, and therefore more commonly recommended. (The AMA does recommend these.) So you have probably seen many products touting Omega 3 as an ingredient. This is a good thing because these unsaturated fats are essential for normal growth and health. Nuts and seeds are excellent food sources of unsaturated fats as they contain “essential oils.”

Despite their increasing popularity, most Americans are significantly deficient in Omega 3 and some specific Omega 6 essential oils.³ These are potent anti-inflammatories, and accordingly, a deficiency in them has led to a near epidemic of inflammatory conditions including cardiovascular disease, arthritis, and IBS, to name a few. The intestines can become inflamed because of infection, “bad” foods, and/or an imbalance among Omega 3, Omega 6, and other oils. If we don’t have the appropriate level of oils, many organs and tissues can become inflamed.

Omega 3 and Omega 6 oils are called “essential” because the body has to have them to survive. Because the body cannot manufacture these itself, it must get them from the diet. The body uses these two essential oils to make many other chemicals and fatty acids that perform many important functions within the body.

But it is possible to go overboard on one or the other. Too much Omega 3 and not enough Omega 6, or vice versa, can cause an imbalance that will affect a number of systems in the body. For me, once I started to learn about the importance of Omega 3, I focused on getting as much as I could. But Omega 3 was all I understood at the time and I overdid it. In a subsequent Fatty Acid test (which I will talk more about in Chapter 13), I learned that I had not only overcome my deficiency of Omega 3, but I had greatly exceeded it and was now deficient in Omega 6 and other oils instead.

One oil in particular was Gamma Linoleic Acid (GLA) which is critical to the immune system. I found that the enzyme required to manufacture GLA was not working properly, mainly because of my over-consumption of Omega 3 oil. Therefore, I needed to take a GLA supplement.

An interesting book on this subject is *The Omega-3 Connection: The Groundbreaking Omega-3 Antidepressant Diet and Brain Program*, written by Andrew Stoll, MD. Dr. Stoll has done extensive research at Harvard treating depressed people with nothing more than high amounts of Omega 3 oils. And he has produced astounding results!

Know Your Fats. I really cannot emphasize enough the importance of fats. Humans have been eating saturated and unsaturated fats since time began. But our health has declined *rapidly* since the introduction of trans fats and our switch to “no-fat” and “low-fat” foods.

The subject of fats, trans fats, and low-fat diets is actually very complex bio-chemically. I have really only scratched the surface in this book. If you have an interest to learn more, I recommend Dr. Enig’s book, *Know Your Fats: The Complete Primer for Understanding the Nutrition of Fats, Oils, and Cholesterol*.

Cholesterol. When you start talking about fat most people ask, “But what about my cholesterol?” My response is basically, “Cholesterol has been falsely accused as the ‘killer’ when it is only at the ‘scene of the crime.’” Gradually, the myth that high cholesterol is the cause of heart disease is being dismantled, mostly by university-based research.⁴

Cholesterol is actually a very important chemical in the body. All hormones are produced using cholesterol. And cholesterol transports oil-soluble vitamins like A, E, and D to every cell in the body. These must be the reasons why the liver manufactures cholesterol so abundantly!

Researchers are discovering that heart failure results from a chain of events. Often stemming from chronic infection, the arteries become inflamed and damaged, and the body attempts to repair itself utilizing

calcium and cholesterol, or “plaque.” If the blood vessels are inflamed, a build-up of calcium and cholesterol may occur. But they are not the *underlying causes* of heart disease; they are just trying to fix the problem!

Infection, inflammation, and hyper-insulin from a diet high in refined carbohydrates are generally the true causes of heart disease. These problems can be handled without manipulating cholesterol levels. It is far better to *cut out* simple sugars and refined carbs from your diet than to rely on prescription drugs, or literally, *cut out* pieces of your body through dangerous and expensive operations.

Along those lines, employing the use of a drug to unnaturally force the liver to stop making cholesterol is generally not a good idea. Although, I concede there may be instances where it is warranted. However, many doctors are now “taught” by pharmaceutical representatives that heart disease stems from a “deficiency” of statin drugs which artificially and dangerously drive down cholesterol levels and put a strain on the liver and the heart. (Statin drugs also deplete the body of CoQ10, an important chemical for generating energy and protecting the heart.)

But relying upon information from sales reps is not entirely the fault of the doctor. With so many chronically ill patients to see, who has time to read all the new studies?

Grains. While not *all* grains are bad (and I’ll address this towards the end of this chapter) most research indicates that in cultures where grains became the primary food source, degenerative illnesses became epidemic.⁵ Over the past five or more decades, the recommendation of a high carbohydrate, low-fat diet, with heavy emphasis on grains, has become a health disaster. Obesity and diabetes have reached epidemic proportions and heart disease is the leading cause of death in all developed countries, according to the World Health Organization. It doesn’t take much inspection to understand why this diet plan is actually very harmful.

It is not unusual for people with any sort of digestive issue to have great difficulty digesting grains. In fact, most new diet books are proclaiming the health and weight-loss benefits of eating fewer grains. I believe that removing almost all grains from the diet is an excellent step forward for anyone suffering from chronic conditions—especially those with gastrointestinal conditions.

There is now such an incredible body of information on this subject that I invite you to research it further on your own.

Sodas, Colas, and Pops. I think the worst carbohydrate of any kind is soda pop. The phosphate, or phosphoric acid, in soda pop changes the chemistry of the body dramatically—and not for the better. The pH of soda pop is less than 3, which is very acidic. To neutralize this powerful acid, the body must use loads of minerals, such as magnesium and calcium. And the more soda you drink, the more likely you are to be deficient in these minerals.

Strangely enough, diet sodas are worse than regular soda because in addition to them being acidic, you also give the body very high doses of aspartame or some other synthetic, toxic sugar-substitute. In the case of aspartame, when it is absorbed into the body, it breaks down into the following: aspartate, which is a neurotoxin under certain conditions; phenylalanine, which will lower the level of serotonin (the “awake” hormone); and methanol, which is highly toxic because it converts to formaldehyde—an embalming fluid!⁶

Yet aspartame is the most widely used artificial sweetener, and is the basis for an entire industry of diet desserts, low-calorie soft drinks, sugar-free chewing gum, flavored waters, and more. The way in which it was approved for use by the FDA in 1983 is an interesting story in itself. But I’ll skip the details and just say that there were plenty of scientists who were justified in their efforts to block this harmful substance, even though they failed.⁷

Not surprisingly, eighty percent of the 6,000 complaints received by the FDA from 1985 to 1988 were regarding aspartame.⁷ For more

information about the long-term dangers of aspartame, use a good search engine to find the several dozen sites covering this issue.

Sucralose—the sugar-substitute phenomenon of the 21st century more commonly known by its marketing name, Splenda—is really no better than aspartame, even though it is “made from sugar.” It is actually produced by adding three chlorine atoms to sucrose. Chlorine is toxic. And similar to aspartame, several years after its introduction, there have been a growing number of reports on the many dangers of Splenda.⁸ A simple query with a good search engine will lead you to numerous sites about sucralose.

So while you *should* remove sugar from your diet, you should *not* replace it with toxic sugar-substitutes! Use natural sweeteners such as stevia, Xylitol, and raw honey.

Flavor Enhancers (MSG). Many flavor enhancing additives are found in processed foods. One of the worst offenders is monosodium glutamate (MSG). MSG is a neurotransmitter. Glutamate is a highly regulated chemical of the nervous system, and a proper balance is necessary for healthy brain and organ function.⁹

Every major human organ is now known to contain glutamate receptors. Over-stimulation of these receptors—in the brain or elsewhere—can lead to numerous health problems, many of which may mimic other disorders.

It is neither a necessary additive, nor a harmless flavor enhancer. MSG actually tricks your brain into thinking the food you are eating tastes good. MSG intolerance is not an allergic reaction, but a powerful drug reaction.

Many foods, such as soybeans and tomatoes, contain naturally high levels of free glutamate, which may cause MSG reactions in particularly sensitive individuals. The processed form—monosodium glutamate—is the sodium salt of glutamic acid, and it is the highly refined substance (which actually looks a lot like table salt) that is added in huge quantities

to most processed foods at manufacturing facilities. Restaurants also frequently add MSG to their menu items. Many that advertise “No MSG added” may not add MSG to the food once it is prepared, but MSG may actually be present in the individual ingredients used to prepare their food.¹⁰

While MSG in its pure form must be labeled, when added to another ingredient (frequently the case with carrageenan, for instance), the FDA does not require that MSG be listed as such on a label.

Water. Water is what your body requires and craves the most. There is no question that tap water is almost always bad water, even though it has become very convenient in most developed countries. Tap water often contains many harsh chemicals and heavy metals. Chlorine, to name one, is toxic to the body and can alter the intestinal balance of bacteria by killing off the good bacteria that reside in the intestines. Fluoride is a product of industrial waste with a noteworthy history consisting of political corruption and shoddy science.¹¹ In the case of swimming pools and showers, the body can readily absorb chlorine and fluoride through the skin. I suggest you just stay away from tap water. And thankfully, there are showerheads now available that will filter out chlorine and other toxins.

So what is the best source of drinking water? Some people swear that distilled water is the best. Others claim that reverse-osmosis water is the best. And still others say that alkaline water is the best. Who can you believe?

In the case of distilled water, some researchers believe that it tends to detoxify the body. This is not a bad thing, because we obviously live in a very toxic world and the more help we can give the body, the better. It also seems like a good idea that our water serves as a detoxifier, not as a source of toxins! Other researchers feel, however, that long-term use of distilled water is not beneficial because it may also slowly leach essential minerals from the body.

I really don't know *who* is right on this matter. But I prefer the alkaline water that I receive from my Microwater maker. I favor it over the others because it removes all the bad chemicals, yet leaves many of the good minerals naturally found in water.

The real key here is to give your body pure, toxin-free water—and probably more than you are giving it already.

Diets

Since learning the importance of a nutritious diet, I have read many books and tried many different programs. Thankfully, I have never been overweight, so I have never needed any of the popular diet programs that focus solely on weight-loss. Here are my opinions about the diets I know most about.

The Candida Diet. I have been on the Candida Diet many times, and until I learned an important “secret,” I found it to be quite difficult for me to maintain this diet. I often lost a great deal of weight, which weakened my immune system, making it even harder for me to recover from the relapses. I generally found it difficult to get enough calories unless I ate plenty of protein.

While on the Candida Diet, there are so many things to avoid, particularly foods to which you are allergic. I am allergic to dairy. So yogurt, which is recommended on this diet, was one of the things I was not able to have. Also, you basically are not allowed to eat ANY sugars, fruit, or processed starches. Avoiding starches like pasta, bread, and white rice is a *huge* switch for most people because they are accustomed to deriving so much of their energy from these carbohydrates. Yet avoiding high- glyceamic foods that the body rapidly converts to sugar is crucial since you avoid foods that yeast and other organisms in the digestive tract thrive on. The problem is that most people are left saying, “So what *can* I eat now?”

Basically, you are left with meat and most vegetables. Your body can survive on meat and vegetables alone, but you generally have to eat

more of them to fill the caloric amount your body needs. And actually, eating too much meat can cause the body to become overly acidic, which is also not very healthy. Eating a large quantity of vegetables is great, but for someone like me, this can get boring fast.

When trying to recover from illness, the body, especially the immune system, needs fuel. Most people who begin the Candida Diet do not get enough fuel necessary for their caloric needs. Therefore, they end up finding it a very difficult diet to maintain.

It was difficult for me to stick to as well, until I discovered virgin coconut oil! Coconut oil is composed primarily of “medium chain triglycerides,” or MCTs. (Raw butter and cream have a significant amount of MCTs as well.) A great benefit of these fats is that they do not have to be processed by the liver to be converted into energy for the body. And coconut oil is very high in caprylic and lauric fatty acids. Both of these acids are antifungal, antibacterial, and antiviral—and these help fight the candida yeast and other parasites!¹² I consume approximately 1 tbsp of coconut oil, two to three times per day. I take it, literally, right out of the jar. I use plenty of raw butter as well.

Along the way, I discovered that raw, unprocessed honey also provided my body with the fuel it needed to heal. While it does have a high sugar content, if you eat it sparingly or mix it with raw butter, it will absorb slowly into the body without feeding the candida. Raw honey contains antimicrobial properties as well, so this will also help fight candida and other organisms.

Life was great when I discovered I was able to taste sweet again with raw honey. I learned about this from the book, *Breaking the Vicious Cycle: Intestinal Health Through Diet*, by Elaine Gottschall. Thousands of people have followed her protocol to experience healing gradually from very serious gut diseases, including colitis and Crohn’s Disease.

But in the end, I learned that the “secret” of sticking to the Candida Diet was good old *FAT!*

The Zone Diet. The Zone Diet is a balanced diet that suggests consuming forty percent protein, thirty percent carbohydrates, and thirty percent fat at each meal or snack. It has become very popular, fueled by the success of the book, *Enter The Zone*, by Barry Sears. With the exception of Sears' views on Omega 6, soy, and saturated fats, I think the Zone Diet is generally a good diet to follow.

Eat Right 4 Your Type. Through what I believe was Divine coincidence, I discovered the book, *Eat Right 4 Your Type: The Individualized Diet Solution to Staying Healthy, Living Longer and Achieving Your Ideal Weight*, by Dr. Peter D'Adamo, during a time in which I was struggling to learn the foods that were best for me. Dr. D'Adamo prescribes a diet based simply upon a person's particular blood type. He also explains why one person's food can be another person's poison. And why one person can thrive on a vegetarian diet, when another will feel miserable. (Although I have yet to meet a dedicated vegan that I thought was truly healthy, the few healthy vegetarians I do know all consume fish or eggs.)

For me, this book confirmed something I had long suspected; wheat really bothers me. I had suspected it numerous times before, but never enough to totally abandon it. The problem is that wheat seems to be in *everything!* Every lunch at the office seemed to involve wheat in some form or another. And when I traveled for business, or just needed to pick up something on the go, the easiest, most convenient thing was always a sandwich, a burger, or pizza—my favorite!

Dr. D'Adamo's book explains that wheat contains a protein called "gluten." Gluten is difficult for people with Type O blood to digest. I am Type O.

Strangely enough, it is not exactly an issue of being allergic to gluten; it's more that the body just does not tolerate gluten because it cannot digest it well. When I stopped eating wheat, I could tell I felt better. And I also definitely noticed when I cheated.

Dr. D'Adamo's research and logic supporting his theory that a person's blood type affects his or her ability to digest food made sense to me, but there were elements in his theory with which I did not fully agree. It is very possible, however, that the primary reason many people do feel better on this diet is that he recommends a lesser amount of carbohydrates, especially grains, than most people typically consume.

So What Do I Eat?

Through trial and error, I have combined principles from various books to create my own diet plan. It most closely resembles the Zone Diet because I usually try to eat a balance of protein, low-glycemic carbohydrates, and good fats in each meal or snack.

Foods that I emphasize in my diet are high-quality “grass-fed” meats, high-quality caught-in-the-wild fish, organic vegetables, high-quality oils, brown rice, and limited fruits. If you are not allergic to them, you should eat organic, cage-free eggs and unpasteurized, raw dairy items including butter, cream, milk, yogurt, kefirs, and other lacto-fermented foods.

This diet is often referred to as a “Paleolithic” diet as in, what cavemen ate. These foods provide the nutrients the body truly needs. And as we start eating them, the body will actually start to crave these nutritious foods, rather than sugary sodas, fried foods, and so on.

Raw Foods. I generally try to eat foods as raw as I can. Now don't get me wrong, I am not a raw “food-ist,” but as I mentioned in Chapter 4, the more raw the food, the more nutritious it typically is. For this reason, I am a fan of what I like to call “cold dead fish”—sushi and sashimi. I also eat steaks cooked very rare.

For snacks, I enjoy nuts and seeds—especially cashews, almonds, pecans, and pumpkin seeds. Sally Fallon, of the Weston A. Price Foundation, writes about the hidden gems trapped inside these nuts and seeds in her book, *Nourishing Traditions: The Cookbook that Challenges Politically Correct Nutrition and the Diet Dictocrats*.

First, realize that all nuts are seeds. Their purpose is to become a tree. When seeds are soaked in water, they begin to germinate. This basically means that the seeds are fooled into thinking, “It must be time for me to start turning into a tree.”

After they are soaked in salt water for twenty-four hours, they are removed and dried at low temperatures and low humidity. During this early stage of germination, or “sprouting,” the nuts become much more digestible as the concentrated nutrition within them is released. Because this is all done at low temperatures, the nutritious enzymes inside them remain intact instead of being destroyed by heat while roasting.

In turn, the nutritional value sky-rockets! And surprisingly, the taste is so enriched—using nothing more than salt water and time—that a wonderfully rich flavor is unleashed. The first time my son ate Jigsaw Health’s sprouted organic cashews he said, “Wow! Is *this* what cashews are really supposed to taste like?”

Dr. Edward Howell, a noted food enzyme researcher from the mid-1900s noted, “Enzymes may be the key factor in preventing chronic disease and extending the human lifespan.”¹³ He was an early proponent for a diet high in raw foods, *except* in the case of raw nuts and seeds. Nut and seeds contain enzyme-inhibitors when they are raw. Dr. Howell explains:

These enzyme inhibitors are present for the protection of the seed. Nature doesn’t want the seed to germinate prematurely and lose its life. It wants to make sure that the seed is present in soil with sufficient moisture to grow and continue the species.

Therefore, when you eat raw seeds or raw nuts, you are swallowing enzyme inhibitors which will neutralize some of the enzymes your body produces. In fact, eating foods with enzyme inhibitors causes a swelling of the pancreas.

There are two ways to destroy enzyme inhibitors. The first is cooking; however, this also destroys the enzymes. The second way, which is

preferable, is sprouting. This destroys the enzyme inhibitors and also increases the enzyme content from a factor of 3 to 6.

Obviously, eating raw nuts and seeds is still better than snacking on a bag of Cheetos, but soaked and dried (or sprouted) is the way to go. As Sally Fallon explains, this is actually how many cultures have traditionally prepared nuts and seeds throughout history.

Vegetables. I will eat some vegetables raw, but I usually prefer to steam them lightly. I also like to “juice” certain organic raw vegetables, especially celery and parsley. Juicing is a potent way to deliver concentrated, highly bio-available minerals, vitamins, and enzymes to the body in the form of a nutrient-dense drink. I use only organic vegetables and thankfully, many more stores are stocking these because of rising demand.

There are several powdered juice products (“green drinks”) that are quite good, especially because they are much more convenient than juicing. And while freshly juiced vegetables are ultimately more advantageous to the body, high-quality powdered substitutes can be the next best thing if we have little time or energy to juice raw vegetables ourselves.

I have had to mix different powdered drinks to find the formula that works best for me. But I prefer those powdered drinks that have less ingredients rather than many. The more ingredients, the more likely there will be one to which I am allergic.

Bread. This may shock you, but I do actually eat bread. I’m sure this is surprising given all the previous discussion about my intolerance to wheat and gluten. But in reality, it is the *gluten* to which I have a reaction, and there is one particular type of bread that has *no* gluten in it at all. It is called Ezekiel 4:9 bread and is made from “sprouted” grains. Sprouting, or soaking the grains in water, eliminates the gluten from the grains.

Ezekiel bread allows me to eat a sound carbohydrate that is not a vegetable. Without it, I don’t know what I would do. Sprouted bread can

be found in most health food stores, or even in the freezer section of some gourmet markets. There are several varieties available. Read the labels and taste several to find out which ones you like best.

Flax and Fish Oil. I have found flax and fish oils to be great sources of unsaturated, essential fatty acids. And these fatty acids are extremely important to achieve and maintain wellness. If the body is deficient in these, 2 tbsp of a high-quality flax or fish oil in the morning, taken over a period of a few months, will typically be enough to replenish the stores. After that, halving the dose to 1 tbsp per day is usually sufficient for maintenance.

For a variety of reasons, these oils need to be very high-quality. My biggest concern, particularly with low-quality fish oil, is that it may contain high amounts of heavy metals and other toxic substances. I personally prefer to use only the liquid form of fish oil that comes in a bottle. This way, I can taste it to make sure that it has not gone rancid. This can, and does, happen with oils.

Call me paranoid, but I believe most oils in capsule-form are rancid. And even if they are not, you cannot really tell anyway because you can't taste the oil when it is encapsulated. I'm sure that there are some very high-quality, pharmaceutical-grade flax and fish oil capsules which are not rancid, but I still prefer my taste buds to tell me that for sure.

You can purchase flax and fish oils at most health food stores. However, it is important that you buy them fresh and use them before they go rancid. Be sure to check their expiration dates.

Protein Shakes. Chronically ill people characteristically need more protein in their diet. Oftentimes it is not possible to prepare a nutritious meal when you don't feel well or are in a hurry. Thankfully, protein shakes provide a convenient method to get high-quality food into my body. I especially like protein shakes for breakfast or after I exercise, but I also try to make sure that I have some carbohydrates and fat to keep this a balanced snack.

The real trick for me has been finding a protein powder that I can tolerate. I have used rice protein, egg-white protein, and whey protein shakes in the past. In my opinion, whey protein is the best, but it can be hard to find a mixture that does not contain gluten, lactose, or casein—all of which I have adverse reactions to. Needless to say, I carefully check the labels of all protein powders I intend to use.

It Works For Me. I have been following this diet plan for years now and have found it to be the best for me to maintain my health and energy. To revisit the cholesterol issue, my cholesterol level has remained consistently less than 200, even with a high amount of saturated and unsaturated fat. Before I knew about the importance of good fats, my cholesterol would dip down to 110. Actually, having your cholesterol dip too low is extremely dangerous and unhealthy. Statistically, those with depressed levels of cholesterol were six times more likely to commit suicide.¹⁴ So I guarantee you will *feel* terrible if your cholesterol gets too low.

What I Do Not Eat

The Bible records in Leviticus 11 and Deuteronomy 14 that God told Moses which foods to eat and not eat. Among other things, God told Moses that he should eat fish with scales, and meats that “chew the cud and that have divided hooves.” These rules became the Jewish “dietary laws.”

Interestingly, during the time when plagues killed millions of people across Europe, the Jewish communities that strictly adhered to these dietary rules were almost completely unaffected. Their clean state of health was, in fact, so obvious, that they were falsely accused for starting the plagues, and were persecuted because of it.¹⁵

Even though I am not Jewish, I still refrain from eating foods like pork, shrimp, scallops, and lobster because this is what God instructed. And research done by both Jews and non-Jews is now demonstrating the scientific reasoning for this.

For example, Dr. D'Adamo, author of *Eat Right 4 Your Type*, concluded strictly from his scientific observations that none of the blood- types did well with pork. In addition, shrimp and the other crustaceans are all scavengers and tend to contain the highest amounts of toxic chemicals and heavy metals of any food.

Don't get me wrong, I like the taste of many of these foods, but I have learned that I am far healthier when I do not eat them. That doesn't mean that I believe I have to eat this way in order to get to heaven. But I do believe that if I eat the foods that God said are unclean, they will get me there faster!

Soy. Soy protein is something I will *not* eat. Soy has been heavily marketed, but I have serious reservations about the true health benefits of soy. I have done a great deal of reading about this and am convinced that in many ways, there is much misinformation that has been blindly accepted by the mainstream.

Don't believe me? Just go to the following websites to learn more about some of the real negatives regarding soy as a food source:

www.westonaprice.org/soy/index.html

www.soyonlineservice.co.nz

www.wholesoystory.com

One of the scariest things about soy is that many people are feeding soy-milk formula to their newborn babies. This formula floods the baby with strong, estrogen-like chemicals which can be extremely harmful for a newborn. And it can be especially destructive for baby boys to receive these estrogen-like chemicals during the time *testosterone* is supposed to be flooding their systems to produce healthy male development!

As you will recall from Chapter 6, the best thing—by far—for all babies is their mother's breast milk.

Cookware and Microwaves

Cookware is a topic most people don't even think twice about. But the pots and pans in which food is cooked are actually very important. It has been demonstrated that chemicals from Teflon coated aluminum cookware can actually penetrate the food as it cooks.¹⁶

There is a great deal of research which shows how high levels of aluminum (along with other heavy metals like mercury) affect our health and is even suspected to play a role in the development of Alzheimer's.¹⁷ While aluminum in the body can come from many sources other than cookware, it just makes sense to switch to high-quality, stainless steel cookware that does not release *any* metals when heated.

Even more drastic than changing pots and pans is the fair amount of research showing that microwaves radically change foods into substances our body basically does not know how to handle. This is disappointing to learn because of the convenience factor that microwaves provide. However, there are many studies being done to support the idea of microwave ovens proving to be unsafe.

To read more about this topic, read the following:

www.relife.com/microwave.html

Chapter 12 - Nourishing Your Body With Supplements

You may be asking yourself, “So, if I make the effort to change the way I eat, why do I need to take supplements? I thought I could get all the vitamins and minerals I need from a better diet.” Unfortunately, that is not the case.

Today much of the food available just doesn’t have the abundance of vitamins and minerals that it used to have. Rutgers University demonstrated this in a study in which they purchased vegetables from a regular grocery store, and then compared them to organically grown vegetables from a health-food store. When measuring the amount of vitamins and minerals in each, there was a *vast* difference between the two, often over a fifty percent difference.¹ When our food lacks the adequate amount of nutrients, it is very hard to make up that deficit strictly by eating more food.

In most cases, lack of specific amino acids, minerals, and vitamins leads to a deficiency of neurotransmitters. This may explain why chronically ill people often have depression, anxiety, low-energy, and numerous hormonal imbalances. The brain controls everything that happens in the body, either directly or indirectly. When the brain has sustained insult or injury—perhaps through trauma or deficiencies—things can go awry elsewhere in the body, and in seemingly unrelated ways.

So, can lack of nutrients make a difference? Well, take the disease “pellagra,” for instance. It is prevalent in poorer cultures, particularly where corn is the staple of the diet. The symptoms include dermatitis, a skin disease; dementia, a neurological disease; and diarrhea, which eventually leads to dehydration, and then to death. Pellagra is caused by the deficiency of a *single* substance—niacin, or vitamin-B3. And corn contains no B3 in it at all.²

Another example is “scurvy.” A simple lack of vitamin C used to cause major problems for sailors when they were at sea for long periods. Many actually died from it, until they discovered that eating a small amount of lemons or limes would prevent this condition.²

So yes, lack of essential nutrients can make a *huge* impact. But keep in mind, it is more an issue of the degree of deficiency of nutrients than it is of the total absence of them. And yet the majority of doctors know virtually nothing about nutrition! For the most part, they have only been trained to write a prescription or cut out an organ.

Thankfully, the situation is improving as scientific research confirming the usefulness of nutrition and supplementation is slowly being disseminated throughout the medical community. But unfortunately, the time it takes for these findings to be dispersed, become commonly known and understood, and then *practiced* is incredibly lengthy. In fact, it usually takes decades!

Please bear in mind that by presenting these facts, it is not my desire to be overly critical of those in the medical profession as I sincerely believe that their true desire is to help the sick. But facts are facts. I will readdress this topic more thoroughly in Chapter 14, “Find a Good Doctor.”

Important Vitamins and Minerals

Here is a partial list of supplements that I regularly take, and usually in elevated amounts:

- Magnesium and Calcium
- Zinc
- Trace Minerals (Selenium)
- B-vitamins
- P5P

- Folic acid, or folate
- Amino Acids

Magnesium and Calcium. As discussed in previous chapters, magnesium is extremely important, and a deficiency in this vital mineral can produce many unwanted symptoms in the body.³ And when it comes to calcium, Americans ingest more than any other country. Yet in the United States, we have the highest incidence of osteoporosis.

The problem is that most people are taking too much calcium, with usually little or no magnesium. And calcium supplementation alone causes the body to excrete magnesium, allowing already dangerously low-levels of magnesium to drop even lower in many situations. Magnesium and calcium work in concert with one another to help the body perform many functions, so both are critical. But since magnesium is the mineral whose importance is so often understated and misunderstood, I will focus on it.

Magnesium participates in over 300 chemical reactions in the body. If the body is deficient, it will display a variety of symptoms. Another interesting observation is that it is common for the chronically ill to be very deficient in magnesium.

Common symptoms of magnesium deficiency include:

- Hypertension
- Asthma
- Coronary issues
- Constipation
- Fatigue
- PMS
- Artery disease

- Leg cramps
- Anxiety
- Depression
- Migraine headaches
- Diabetes
- Cardiac arrhythmias

I personally work very hard at keeping my magnesium levels elevated because I have found it very difficult to recover from a long-term deficiency of this mineral. This is primarily because of the laxative effect that can occur if you overdose on magnesium while trying to catch up quickly.

To reiterate from Chapter 10, you generally have to use a magnesium supplement that has a timed, or sustained release. This method allows magnesium to be gradually absorbed into the body throughout the day.

Coincidentally, I use multi-vitamin and multi-mineral supplements that have very little, if any, amounts of magnesium and calcium in them so I can regulate my intake of these minerals separately.

Zinc. Zinc is also extremely important in that it is involved in over 200 enzymatic-reactions within the body.⁴ It is critical for the immune system, and helps to produce neurotransmitters as well.

Yet, it is also a mineral that is challenging to replenish because it must be taken for an extended period of time. Even after your zinc level appears to be normal, you must continue taking it to keep from becoming depleted once again. This is especially true for mercury-toxic people because mercury causes zinc to be excreted. People with various chronic conditions are almost always deficient in zinc, though it is actually somewhat complicated to diagnose since there is no definitive test for it.

Common symptoms of zinc deficiency include:

- Eczema, acne, and/or psoriasis
- Decreased ability for healing wounds, including leg ulcers and oral lesions
- Growth retardation
- Delayed sexual maturation
- Poor taste and smell acuity
- Chronic immuno-deficiency and frequent infections

Replenishing zinc levels can take several months of supplementation using 60 to 120 mgs per day, in divided doses. After this phase, the dosage can generally be cut down to 40 to 60 mgs per day, which is more common. Some nutritionists recommend zinc be taken on an empty stomach, but this may cause the stomach to feel upset. If it does, taking zinc during a meal usually solves this problem.

Trace Minerals. Selenium, manganese, molybdenum, and others are important “trace” minerals that aid the immune and detoxification systems. Selenium in particular is an antiviral which binds to mercury.

These trace minerals used to be found readily in our food supply, but evolving environmental conditions and farming procedures have made them all but vanish. Paul Bergner’s *The Healing Power of Minerals, Special Nutrients, and Trace Elements* explains that comparing traditional versus modern and processed foods, nutrient losses in some foods are up to ninety-eight percent!⁵

While trace minerals can be found in some multi-mineral supplements, it is usually only in very minute amounts. This is generally because some medical professionals believe that too much of certain trace minerals can be toxic. But I believe the body was designed to get a relatively high amount of these minerals from the diet, so I take a multi-mineral that gives me what I believe is an adequate supply of trace minerals.

B-vitamins. B-vitamins are involved in virtually every chemical reaction in the body.⁶ And to function optimally, the body must have a certain amount of every single B-vitamin. A deficiency in *any* of them could lead to very serious health conditions. Infections, as well as an abundance of mercury that may be present in the body, will put a great strain on the body for B-vitamins.

Thankfully, the body will utilize B-vitamins from supplemental sources. But it is not good to dump a large amount of B's into the body at once. For one, candida and other bugs "love" B-vitamins and will feed and grow on them. In addition, the body can really only use so much at once, so it flushes out what it can't use through the urine. It is much better to allow them to be absorbed slowly.

Because of this, the timed- or sustained-release concept is also beneficial for B-vitamins, especially when the B-vitamins are in their active forms (instead of the inactive forms which must be converted by the liver in order to be employed). Unfortunately, these types of supplements are not commonly found in health food stores.

Many doctors, including mine, give their patients a prescription for injectable B-vitamins that the patients can administer themselves. This is similar to an insulin shot. Injecting B-vitamins directly into the bloodstream is the preferred method because it avoids the digestive tract altogether. And this can be helpful, especially in the presence of digestion and absorption problems, or candida yeast infection. However, injections can also be costly, somewhat painful, and are generally inconvenient.

P5P. Pyrodoxal-5-Phosphate, or P5P, is the active form of vitamin- B6 pyridoxine. P5P plays a key role in energy production and aids the immune and central nervous systems. It also participates in numerous biochemical reactions in the body, including the manufacture of virtually all neurotransmitters. In fact, it is usually found working right alongside magnesium and zinc. A deficiency of P5P is really a metabolic disaster as major bodily functions can go haywire.

There is growing consensus that many chronically ill people do not convert the *inactive* form of B6 into P5P, which is the active form.⁷ Fortunately, it is possible to supplement P5P directly, and this can help the body tremendously. I personally take between 20 and 50 mgs of P5P per day, in divided doses. I find that this makes me feel much better.

Folic Acid. Folic acid can also be difficult for the chronically ill person to convert into the active form that the body uses. It is believed that upwards of fifty-one percent of Americans have difficulty converting folic acid into tetrahydrofolate, or “folate,” which is the active form.⁷ If this is true, then it is a big problem as folate is incredibly important for so many metabolic pathways.

You can purchase supplements containing folate if you learn that you do not convert folic acid well.

Amino Acids. Amino acids are the “building blocks” of virtually everything in our body, including most hormones and all neurotransmitters. They are the foundational elements of the muscles, ligaments, and tendons in the body. They participate in virtually every enzymatic reaction, especially the production of energy.⁸

Orian Truss, MD, was the doctor who originally discovered candidiasis and the first to publish his findings. As a pioneer in this discovery, he found that his candidiasis patients all exhibited one metabolic similarity: when he tested their plasma levels, each patient had very low levels of almost all amino acids. Dr. Truss theorized that the reasons for this were malabsorption during digestion—which is common with candidiasis—and the weighty burden placed upon the body to fight off the toxins produced by candida yeast.

One study I read in *America Exhausted* by Dr. Edward Conley said that fifty-five percent of Chronic Fatigue Syndrome patients were deficient in tryptophan, and eighty-five percent of them were deficient in tyrosine. These two amino acids are the precursors for all neurotransmitters but one. In addition, tyrosine is the major amino acid used in the production

of thyroid hormone. Not surprisingly, thyroid issues are very common among the chronically ill.

I had my amino acid levels tested in 1988. Sure enough, I fit the exact pattern for those who suffer from candidiasis. I now supplement with pure, pharmaceutical-grade amino acids. I primarily use a balanced formula of the essential amino acids which, interestingly enough, is patterned after the chemical profile of an egg.

I know through testing that I am also deficient in a few other amino acids, so I take extra doses of those as well. These supplements have greatly helped me.

Antioxidants

Antioxidants are a mixed bag of sorts. Oxygen is obviously required for life. Yet it is considered by many to be the cause of a “free radical” problem which can only be alleviated by antioxidants. While I do believe that we clearly need antioxidants, I also believe that we can have too many, thus destroying valuable oxygen that our body needs. Therefore, I do not completely buy into this theory.

Consider the following statement:

- Every breath and every heartbeat serve one primary purpose—bringing oxygen into the body, and distributing it to the cells that require it to function and survive.
- “Thick blood” causes many issues by making the delivery of oxygen to each cell less efficient. (See Chapter 8.)
- The primary pre-condition for cancer is lack of oxygen at the cellular level. (See Chapter 10 regarding findings of Dr. Otto Warburg, two-time Nobel Prize winner.)
- Immune system cells turn reactive oxygen into an even more reactive chemical, hydrogen peroxide. The cells then use H₂O₂ to kill invading pathogenic organisms.

- If oxygen is bad, then logically, exercise is also bad as it greatly raises the levels of oxygen in the body. However, we know that moderate exercise is very positive for the body, especially while it is in a diseased state.

In my opinion, these facts make the idea of pumping the body full of *antioxidants* seem rather illogical. Along with others, I believe that because free radicals occur naturally through the very act of living, the body can generally get what it needs—through vegetables, fruits, and herbs, as well as moderate supplementation of vitamins A, C, D, and E — to defend itself from the potential damage of free radicals. The exception for increasing levels of the aforementioned vitamins would be if you know that you are deeply deficient in any of these.

My point is that while a certain amount of antioxidants has been shown to be beneficial, research is also showing that too many can have negative consequences since they can potentially “shut down” the necessary oxidative reactions in the body.⁹

I have tested high-dose vitamin C treatments in the past myself, and never felt that it improved my condition. In fact, I generally felt worse. That does not mean that it could not be beneficial for others. I am just not a fan of this. Nor am I a fan of high-doses of vitamins A, E, or D.

We absolutely must have a certain amount of these important vitamins in our body, and they must come from both diet and supplements, but I believe high doses work against those who are chronically ill.

The Mercury (and Candida) Connection

Candida and mercury will almost certainly make you very deficient in magnesium, zinc, manganese, chromium, calcium, selenium, P5P, folate, and copper.¹⁰ To make up these deficits, elevated doses are often required and a “one-a-day” type vitamin or mineral generally won’t cut it.

You also have to be cautious when taking supplements in the presence of candidiasis and/or mercury poisoning. In some instances, certain

supplements actually “feed” the candida when the yeast infection is severely overgrown. N-Acetyl-Cysteine (NAC) is an example of a supplement that is often recommended, but will actually make your candidiasis *worse*.¹¹ Only as your infection subsides will you be able to take higher doses of supplements to recover from nutritional deficiencies.

I have learned these things the hard way. Taking numerous high-potency supplements, particularly high doses of B-vitamins or iron, when an infection is strong actually made me feel much worse! It also made eradicating the infection that much more difficult.

You have to gradually add one supplement at a time and “listen” to your body to determine whether it makes you feel better or worse.

Chapter 13 - Determine What's Wrong Through Testing

I regard testing—that which determines specifically what is wrong and marks progress during recovery—as one of the most important elements in getting well. As I previously alluded, I particularly like *objective* tests that give definitive and measurable results regarding what is occurring inside the body. Unless you know what you are fighting, how can you expect to formulate a strategy to defeat it?

There are several new tests that have been developed that analyze urine, saliva, or a drop of blood, commonly referred to as a “blood spot.” In some instances you can buy these tests directly from the manufacturer, without a doctor’s order (although it seems to depend on the state in which the manufacturer is located). I have found these tests to be especially convenient because they do not require going to the doctor’s office or lab to have vials of blood drawn.

Moreover, the *objective* results of these tests are highly beneficial. While it is still not commonplace, I believe this trend is the way the industry is starting to lean—direct to the consumer.

Throughout the previous chapters, I’ve written about numerous tests that have helped me find pieces to my puzzle. Here is a list of several tests that I will cover more thoroughly in this chapter:

- Organic Acids Test
- EXA Test
- Hormone Testing
- Fatty Acids Test
- Intestinal Permeability Assessment

- pH Balance Testing, phion pH stix
- Hair Mineral Analysis
- Amino Acid Profile
- DMPS Provocation Test
- Comprehensive Digestive Stool Analysis
- Lyme Disease Test
- Viral Panel

Organic Acids Test. For years, there was really no definitive way to tell whether or not you had a candida yeast infection. As I wrote in Chapter 2, one method of determining the existence of this condition was the simple symptom-survey I took in 1986 while sitting in my car. Only after there was a positive response to antifungal medication and the antifungal diet was it considered “definitive proof” of candida yeast overgrowth.

Now don’t get me wrong, this subjective test and subsequent treatments have helped hundreds of thousands of people to reclaim their health. But for the most part, my problem has always been that it is still *subjective*. So if you really have it, how *bad* do you have it? When you feel better, is it *totally* gone, or just *partially* gone?

I know from personal experience that the Candida Diet can be difficult to maintain, and many times the die-off reaction from the medicine can be very painful. Mentally, there are moments of doubt when you wonder if, in fact, it *is* all in your head. Especially when mainstream medicine doesn’t even recognize what you think you have because it cannot be *definitively* proven.

So I believe that because measurement was subjective, this played a major role in the high incidence of recurrence. Out of frustration or because they felt “good enough,” many people just gave up too soon.

Thankfully, this has changed with the Organic Acids Test (OAT). I wrote about this at length in Chapter 6. In summary, the OAT reveals the existence of specific chemicals caused by toxins of candida yeast. With the OAT, if it finds specific chemicals present in the urine, there is a *measurable* yeast overgrowth happening in the body.

EXA Test. The EXA test is one of the easiest ways to determine the *actual* levels of certain minerals in the body. It involves lightly scraping cells from under your tongue and sending them to a lab for analysis. This test measures the levels of magnesium, calcium, potassium, sodium, phosphorus, and chloride present in your cells. These minerals are all important to the body, but if you have read the entire book up to this point, you'll know that I consider magnesium to be the most important one.

Over the years I have taken various tests which seemed to indicate that I was low in magnesium, but none of these tests were ever definitive. In contrast, the EXA test *is* definitive. This test showed me that even after many years of magnesium supplementation, I still had extremely low levels of it in my body. Learning this caused me to re-evaluate the type and amount of magnesium that I was taking.

The problem with the tests I had taken previously was that they only looked at mineral levels in the blood plasma. However, it now seems that this technique is really only useful for finding the level of minerals such as sodium, potassium, and calcium. (And in the case of calcium, only to a limited degree.) For the most part, the levels inside the cells themselves are the only measurements that matter.

Hormone Testing. There are a number of labs that sell various hormone panel tests directly to the consumer. Typically, these tests use both saliva and blood-spots. Blood-spots are collected from a simple lancet to the finger. Both of these tests can determine if there are issues anywhere in the hormonal system.

I personally believe that people experiencing chronic conditions will discover their hormones are out of balance, and usually low. It seems

that being sick for an extended period of time tends to make the body hypo- everything! As you will recall from Chapter 4, it is very important to find and correct as many hormonal imbalances as you can.

Additionally, I reiterate my strong warning from Chapter 4 on this subject: self-prescribing remedies for something as powerful as hormones, even if you only use natural supplements, can be very dangerous! Don't mess around with your hormones by yourself!

If your hormone panel reveals issues, you must find a health care professional, perhaps an endocrinologist, who understands how to use bio- identical hormones. It is very important to work with bio-identical hormones rather than the synthetic versions that many doctors prescribe.

Correctly balancing your hormones is very important, so it is also wise to use common sense when considering treatments, and to “listen” to your body as you use them.

I will cover this more in the next chapter, but I believe your local compounding pharmacist is the best resource for finding a good doctor.

Look in the yellow pages or on the Internet for a compounding pharmacist if you don't already know of one.

Fatty Acids Test. As discussed in Chapter 11, fats are essential for the body to function properly. To their own peril, many Americans have the wrong perception of fats, especially saturated fats. In order to reiterate the importance of fats, I offer the following brief story.

Several years ago, I talked with a man who had large, scaly patches of dry skin on his hands and fingers. It was very unsightly, and over the years he had seen a number of doctors who had attempted countless treatments on him. I suggested he try four tablespoons of flax oil a day for thirty days. The next time I ran into him, which was about two months later, he excitedly showed me his hands—they had totally healed! His body was just missing the essential oils it desperately needed.

The fatty acids test reveals the amount of oils and fats in your body by showing the levels of numerous oils including Omega 3, 6, and 9, as well as the substances that are manufactured inside the body from these oils, including GLA. It also discloses the level of trans fatty acids, which you will recall are very bad for the body.

I have found this test to be helpful, but I have also learned that it is nearly impossible to micromanage the balance of fatty acids. It is much better to stay away from trans fat, eat a good amount of saturated fat, ingest a fair amount of these essential oils (unsaturated fats), and let the body balance them all out.

Intestinal Permeability Assessment. As discussed in Chapter 3 in the context of leaky gut, the Intestinal Permeability Assessment measures whether or not, and how much, the intestinal wall is leaking. This test is helpful first for determining if leakage exists, and then in determining how well the gut is being repaired once you begin treatment.

In this test, a liquid solution with specific amounts of mannitol and lactulose is ingested. Over the next several hours, the urine is measured to see how much of the challenge substance is recovered. Your physician can order this test for you.

pH Balance Tests. The pH balance test measures the acid and alkaline levels of the body's internal fluids. These fluids affect every cell in the body. As I discussed in Chapter 3, you want the stomach to be highly acidic (between 2 and 3 pH) because HCl kills the bacteria in food. But an imbalance of acid elsewhere in the fluids of the body can indicate problems. And if the body is too acidic over a long period of time, it can create an environment conducive to certain types of pathogenic organisms.

The phion pH stix utilize a small strip of paper to measure the pH of the saliva throughout the day. Generally, the closer the saliva's pH is to neutral (7.0), the more healthy the body.

I have noted in my own experience that when I feel poorly, my saliva is very acidic. And then as I gradually feel better, my saliva moves towards 7.0. So it is a simple test to monitor where you are at. The strips are inexpensive and easy to use.

Hair Mineral Analysis. I have used hair mineral analysis several times over the years. But there are several reasons why I think this test is contentious. First, there are many doctors—usually alternative or naturopathic doctors—who believe the results are definitive and conclusive. Yet if you speak with the labs that run these tests, they often tell you that further testing is required to confirm their findings. That does not sound conclusive or definitive to me.

Second, if mercury is being excreted through the hair (which the body is suspected to use for detoxification) it will generally only be present in the results if there was recent and heavy exposure.

Having said that, the test is relatively inexpensive and there are actually a few benefits to it. For one, it will accurately determine if lead is present in the body. The test also checks for the presence of certain minerals like zinc, lithium, and manganese.

Amino Acid Profile. You will recall from the previous chapter that amino acids are the building blocks of the body. An evaluation of blood plasma levels can accurately measure the balance and utilization of amino acids in the body. To get the test generally requires a doctor's order, but it can be very helpful in finding problems with amino acids that deal with energy, muscle wasting, and bone loss, etc.

The amino acid profile that I took in 1988 showed that my levels matched the profiles of others who suffered from candidiasis and encouraged me to learn how to supplement my intake of amino acids.

DMPS Provocation Test. It is difficult to accurately test for the existence of heavy metals because the body does not allow heavy metals to just “float around” in the bloodstream. Heavy metals are highly reactive and rapidly bind to certain tissues and organs. Therefore,

running a *blood* test looking for heavy metals is essentially worthless. The only way that heavy metals will show up in a blood test is if there is recent heavy exposure.

Therefore, the only way to find metals is to provoke them out of tissues using a chelator. As discussed in Chapter 10, these substances will bind to the metal in the cells and tissues and draw the metals out of the body via the kidneys or the bowels.

Most doctors who treat mercury toxicity will use a DMPS Provocation test. I have taken this test three times. Each time, the results showed elevated levels of several heavy metals including, of course, mercury. I displayed the results of one of these tests in Chapter 10.

It is important to remember that sometimes, a mercury-toxic person who shows very small amounts of heavy metals in a hair analysis test will show very elevated amounts in a DMPS provocation test. In the same manner, there are clinical examples where the first DMPS provocation test on a patient showed very little heavy metals being excreted. But after several months of TD-DMPS treatments, subsequent tests showed levels which were off the charts.

Dealing with heavy metals, and especially with mercury, is not straightforward and there can be numerous test results that seem counter-intuitive.

Comprehensive Digestive Stool Analysis. The Comprehensive Digestive Stool Analysis is offered by a number of labs and is employed by many doctors. Personally, I have taken this test a number of times and have learned some interesting things, but ultimately it has proven to be much less beneficial than many other tests that I have undergone. Results from this test basically told me what I already knew—my gut was in terrible shape! And it provided little insight as to what could be done to fix the mess.

Nevertheless, if your doctor wants to run this test on you and your insurance will pay for it, which it usually will, I would certainly go

ahead and do it. Great Smokies Diagnostic Lab is the most commonly used lab for this testing because, as far as I know, they have been doing this the longest. Recently, I also learned that their new test, CDSA 2.0, is supposedly much better than the previous versions.

Lyme Disease Test. Research is proving that Lyme disease is actually much more prevalent than it was previously thought to be, and that it can be spread by means other than tick bites. Once I started researching this subject, I was amazed at the theories surrounding it. It is a fairly controversial subject, but nonetheless relevant to this book as Lyme disease can actually mimic various chronic illnesses.

The least expensive, and likely the most conclusive, test is from Bowen Research and Training Institute. This test requires a blood draw, and your doctor must order it for you. Unfortunately, most insurance companies will not cover the cost.

There are several other tests, such as the Western Blot test, that may be covered by insurance. But my research shows that there have been many false positives *and* false negatives with this and other tests. Like anything, it appears that the lab doing the test matters greatly. IGeneX Labs is considered by many doctors to be the best for the Western Blot test.

Since Lyme disease can mimic other chronic illnesses, I would suggest you seriously consider testing for it. I especially recommend this test if you have been under numerous treatments for other chronic symptoms for a very long time and have seen little improvement. It may help you pinpoint if Lyme is causing your problems so that you can take the proper steps to treat it.

Viral Panel. There is much debate about whether viruses cause chronic illness, or just take the opportunity to replicate when these conditions exist. I suspect that both camps are right to some degree.

To test for numerous viruses, doctors will run a viral panel. These tests are relatively expensive, and I believe somewhat questionable. Only if

the test shows an “active” infection to a virus is it very meaningful. Most people will show markers that they have been exposed to a virus and have mounted a measurable immune response to it. This usually means that the virus is “latent” within the body.

When I ran a virus panel, I tested positive for Epstein Barr, cytomegalovirus, herpes simplex, HHV6, and chlamydia pneumonia. Needless to say, seeing all this was somewhat of a shock.

I won't cover each of these in great detail, but I now know that there are other dreadful organisms present in my body, just waiting for me to let down my guard. But instead of grabbing the nearest bottle of antiviral medication, I believe that the real secret is to maintain the regimen that keeps me healthy and helps my immune system keep these viruses at bay.

However, there is one virus that I will discuss in greater detail. It is herpes simplex, commonly referred to as cold sores and fever blisters. Given the right conditions, fever blisters can easily pop up on the lip of my mouth and cause painful and unattractive sores. I know this because I have had *many* throughout my life! Determined to prevent these, I take the amino acid lysine on a regular basis. Yet if I do begin sensing the onset of a cold sore, I immediately take two, 1-gram doses of the antiviral drug Valtrex. This totally kills the cold sore or ever blister on the very same day.

So do I recommend the viral panel? Only if your physician gives you good reason to do so, and if you can afford it financially.

Tests I Do Not Recommend

EAV. I have criticized the conventional medical realm several times in this book. All the while, I have done my best to give them the benefit of the doubt and due respect for the desire I know they have to help people. Now, however, I turn my attention onto alternative health practitioners who use “Electro-acupuncture According to Voll” (EAV).

This test is named after its inventor, Dr. Reinhold Voll. The theory for EAV is that the meridians in each organ of the body can be tested for the amount of energy pulsing through them. The EAV device is then supposedly able to detect all types of maladies and imbalances within the body with this simple measurement. When something is found that needs to be corrected, different remedies are placed within the circuit to see if they fix the problem.¹

I do actually like the *concept* of EAV from an intellectual standpoint as I believe the body does have an innate sense of what it needs. But I personally have not found these tests, or any of the treatments that were recommended as a result of them, ever to be of any use to me. In fact, in one instance, my health quickly deteriorated under the guidance of a doctor who prescribed something using EAV.

I do know some people who have had a very good experiences with these tests, but I know many more who have not. Actually, I know of one chronically ill woman who was paying over \$400 per session with a doctor using one of these devices. And after four years of being under his care, she was still just as sick as when she started! At some point you have to ask, “If this is so good, why am I still sick?” (I also blame her doctor for not asking the same question!)

Interestingly though, I have since become friends with several *former* practitioners of EAV. Upon my prodding, they have admitted that these tests were highly subjective and that the process was heavily dependent on the skill and attitude of the doctor doing the testing. They told me that depending on how they performed the tests, they were easily able to manipulate the device to steer the direction of the results.

They also offered the interesting opinion that it was entirely possible that the bugs within the person had more effect on the results than anything else. In other words, when a supplement or medicine was tested, the bugs determined whether or not *they* liked that substance. I don't know if that's true, but it certainly seems plausible that the bugs could be the ones who are really making the decisions. How ironic if that is really the case!

Muscle Testing. I believe in muscle testing, but only to a certain degree. A doctor who is very experienced and skilled at this may be able to determine a number of things that are wrong. This is especially true when it involves musculoskeletal issues. But some practitioners take this type of testing far beyond the realm that I believe it can go. So it is probably unwise to rely *solely* upon this method of testing.

I have seen studies wherein people with previously diagnosed conditions were sent to several of these practitioners and walked away from each of them with varying conclusions. And in most cases, the previously diagnosed conditions were not even found at all.

This is an unfortunate example. But this is also why I prefer objective to subjective, and conclusive to inconclusive testing. But then again, when it comes to our health, don't we all!

One Single Test

After reading this chapter, you may be thinking, "Okay Pat, if I only want to take ONE test, which test should it be?" As you can imagine, there are numerous factors in deciding which test to take and therefore, I cannot *conclusively* answer that question for you. How typical, right?

But I did anticipate that you would ask this question and my general recommendation is to start with the Organic Acid Test (OAT).

First, if you have dental amalgams, you most certainly have mercury in your body. Assuming you do, this sort of rules out the need for a DMPS provocation test to prove it.

Second, when comparing the OAT to all the other tests, it is the only one that I am aware of that conclusively shows what is occurring inside the body metabolically, and the only one that confirms certain foreign agents you need to target.

While the EXA test, amino acid profile, and hormone panel trail closely behind, I would recommend the OAT as the best place to start if you are limited to just one test.

Chapter 14 - Find A Good Doctor

Honestly, the medical world is really messed up. And those in it will even tell you that! But for the most part, I believe it is the *SYSTEM* that is the problem, not the healthcare professionals. However, those in the healthcare profession are not completely blameless either. But as I have stated throughout this book, I believe that most, if not all, of them truly desire to help their patients.

The phrase “follow the money” has been used in several instances throughout this book, and now I would actually like to follow the money trail in an effort to explain why I believe the system is broken.

- Insurance companies generally only cover the cost of drugs for their customers. They rarely pay for natural supplements like vitamin C, etc.
- The FDA must approve all drugs. They do not perform any scientific studies themselves; they merely review the results of studies done by companies trying to get their new products approved.
- To have a drug approved, pharmaceutical companies must spend tens, if not hundreds, of millions of dollars to perform enough studies to satisfy the FDA. This is because the drug must be *safe enough* to prevent casualties, and therefore, lawsuits.
- Because a company spends millions during the approval stage, they must have a way to prevent their competitors from stealing their formula — without having to incur any costs for obtaining approval— once the drug is approved. The mechanism for their defense is usually a patent.
- Chemicals found in nature *cannot* be patented. Therefore, these companies are one hundred percent reliant upon working with synthetic substances, which are patentable. So if a naturally occurring substance is found in the lab to be beneficial for a certain condition, scientists are

forced to attempt to replicate and slightly alter the chemical synthetically.

- After spending years and millions of dollars to get approval from the FDA, the pharmaceutical company must invest millions more towards marketing and sales efforts—usually in the form of television commercials and sales calls to doctors’ offices—to generate enough revenue just to break even before their drug goes off-patent and becomes available generically.

This chain of events is the first key to understanding where the medical world is today. It’s really not about what works or heals. It’s about what can be *patented* and has *some* beneficial effect on a condition that represents a big enough cluster of people whereby pharmaceutical companies can recoup the massive investment it took to bring the drug to market in the first place.

Because there is no single drug for complex chronic illnesses, most medical doctors (MDs) have no idea how to deal with these conditions. But you can’t hold the MDs fully responsible because medical school does not properly prepare them to deal with these issues. Most are only trained to deal with acute conditions.

Gunshot wound? Remove the bullet, sew up the patient!

Ruptured appendix? Cut open the patient, take out the organ, sew up the patient!

Don’t get me wrong, these lifesaving procedures are *absolutely necessary* and have allowed many people to lead full and healthy lives after traumatic experiences like this. But the fact remains that most MDs graduate without ever taking a single course in *nutrition*. And what we eat has the largest influence on our overall health! Consequently, symptoms like chronic fatigue, chronic diarrhea, chronic constipation, and so on are typically not treated well, if at all, by MDs.

Now, please don't misinterpret what I am writing to be a diatribe on the healthcare field. That is not my intention at all and there are plenty of books on this subject if you care to go find them. Let me restate this so that it will be crystal clear: I truly believe that the overwhelming majority of healthcare professionals, in both the conventional and alternative medical arenas, are there because they really, REALLY want to help people get well.

A Doctor's Continuing "Education"

Now, you've no doubt seen the abundance of commercials for prescription drugs on television. Have you ever wondered why all the commercials instruct you to "ask your doctor" about the advertised drug?

The reason is you can only get these drugs with a prescription. And if enough consumers ask about product XYZ, there is a legion of sales reps waiting to "educate" your doctor! If you don't believe me, ask the staff at almost any MD's office where they got their lunch that day. Invariably, it will have been purchased for them by a pharmaceutical sales rep, utilizing this "free lunch" tactic in an effort to win an audience.

So what do these sales reps actually teach doctors? They teach only those things that will help them sell their patented drugs! Remember, this is just the system at work.

The Space Between. Something that has truly amazed me is the enormous gulf that exists between what researchers have discovered, and what doctors actually *know* and *practice*. Valid scientific findings, known now for decades, still remain virtually unknown to most doctors. And I believe this to be true in both the conventional and alternative medical realms. I find it amazing that an industry could move so slowly and have such poor methods of communication, especially when the premise of that industry is to *heal* their customers.

But it is true that the majority of medical research never reaches mainstream medicine. This seems to be especially true if the research is about nutrition, or contradicts long-standing beliefs. And apparently, it has always been this way.

After someone discovered that scurvy was caused by a lack of citrus fruits, namely vitamin C, it took nearly one hundred years before it was common for all ships to stock lemons and limes. One HUNDRED years! And it took over fifty years for all doctors to routinely wash their hands after it was discovered that they were spreading germs while moving from patient to patient.

As recently as 1985, Dr. Barry Marshall of Vanderbilt Hospital proved that ulcers were caused by a bacteria called *H. pylori*, not by *stress* as was—and still is—widely believed. Even after all his clinical studies were published, by 1997 less than ten percent of all doctors knew about this established fact! Did ulcers just stop becoming a problem? I doubt it.

Another modern example is a study done by the Mayo Clinic wherein they demonstrated that over ninety percent of sinus infections were caused by fungus, not bacteria as commonly believed. This study showed that the typical antibiotic treatment for sinus infections did *nothing* to eradicate the fungus.¹

This study was done in 1999. So now—six years later—how many doctors are aware of this? Very few. Most doctors continue to prescribe antibiotics that do nothing to treat the patient. But these same antibiotics do, in fact, increase the potential for major gastrointestinal problems, which I wrote about at length in Chapter 3.

Beliefs Are Difficult To Change. It is not *at all* unusual for a new discovery to refute something the medical world has practiced for decades, or even centuries. And, because it often takes many decades for the new information to replace old beliefs, it is not uncommon for you to be receiving a “current” treatment which has actually been proven ineffective—or even worse—harmful. This is why it is critical for you to

be inquisitive regarding any and all treatments you receive. You must be a *conscientious consumer* in regards to your health.

Of course, many times the new discovery will challenge an existing billion-dollar drug. Bear in mind that when there is this much money at stake, you can expect the efforts to suppress this new research to be massive. If the new discovery casts a shadow of doubt on any drug, practice, or treatment with the potential for substantial litigation, you can expect the wheels on the “PR-machine” to spin hard and fast in an effort to ridicule or even censor the discovery as much as they possibly can.

The most common attack you will hear from the PR-machine is that there have been “no clinical trials or double-blind studies” done to prove out this new idea. And in fact, they are usually right.

However, the bulk of medicine practiced today may also be accused of the same, as it has been estimated that only twenty percent of all current medical treatments are rooted in double-blind studies! This makes sense when you consider that the practice of “off-label use”—where a drug is used for purposes other than what it was *originally* tested and approved for—is quite common.² But a screwdriver can also be used as a hammer if it’s the only tool you have permission to use.

Today, most scientific medical research is being done by universities and drug companies. However, the drug companies are typically a major source of funding for the university-based research. Because of this, university researchers are somewhat obligated to those who are footing the bill. And it generally does not pay to bite the hand that feeds you.

You can easily see that doctors are not where we should lay all the blame. They are in a *very* tough business. I personally believe that most, if not all, MDs sincerely wish they could keep abreast of discoveries and treatments, including those which stem from the alternative medicine realm. But in the United States, the AMA and the FDA largely frown upon unapproved, alternative treatments, often making doctors legally liable for using them. This fact alone scares away almost all medical

doctors and is why most practice “defensive medicine,” even if certain treatments and techniques have been scientifically proven wrong.

According to a report drafted by Dr. David Graham of the FDA’s Office of Drug Safety, the drug Vioxx was estimated to be responsible for between 88,000 and 139,000 heart attacks—thirty to forty percent of which resulted in deaths—before Merck voluntarily pulled it off the market. But you can imagine their reluctance to do so when the drug was producing \$2.5 *billion* in revenue per year.^{3,4}

I believe that doctors today are “controlled” by the combined iron- fist of government, insurance companies, drug companies, and the threat of litigation from all sides—and no one wants to be wrong. In essence, they are between a rock and a hard place.

Mavericks. It is interesting how many doctors react when they, or someone dear to them, comes down with a terminal illness such as cancer. Often, they do not use the conventional treatments, but instead pursue alternatives. This is because they know that the approved approaches like chemotherapy and radiation are very toxic. When these treatments are utilized, the hope is that the treatment can kill the cancer before it kills the patient.

But when doctors stray from the standard, approved procedures in their own practices, the state medical board may suspend, or even revoke, their licenses, or fine them heavily. If their licenses are banned, it prevents them from continuing to see any patients at all. And all this because they used “unapproved” treatments. Of course, it rarely even matters if the alternative treatment actually worked!

Not surprisingly, most doctors generally do not want to face these kinds of problems. Only the bravest will buck the system and use alternatives. Unfortunately, doctors who are “mavericks” tend to be persecuted by their own profession, rather than greeted with open minds. Just look at Drs. Lister and Semmelweis.⁵

By the middle of the nineteenth century, post-operative infections accounted for the death of almost half of the patients undergoing major surgery. A common post-operative report by a surgeon was, “Operation successful, patient dead.”

Dr. Joseph Lister was viciously attacked for proposing that wound infections from surgery—which were the actual cause of death—were preventable as long as antiseptic techniques were practiced during surgery. Sadly, Dr. Ignaz Semmelweis was also attacked in a similar manner during this same time period when he began to urge doctors to *wash their hands* before delivering babies to prevent prenatal death.

The findings of these doctors eventually led to the “germ theory,” which in turn has given us antiseptics and made conventional medicine much safer. But Lister’s recommendations were not accepted by mainstream medicine for many decades. And Semmelweis was persecuted until the day he died by medical colleagues who were incensed by the notion that they themselves transmitted disease from patient to patient. Even after this was proven to be true, many still argued that washing their hands between each patient would be “too much work.”

Has human nature changed at all since then? Absolutely not!

According to a study written by Dr. Barbara Starfield, doctors are the third leading cause of death each year in the United States.⁶ Yet you will rarely ever hear about this statistic.

Alternative Medicine. Truthfully, I have come to believe that those in the alternative medical world are often not much different than their conventional counterparts. Just like MDs, many alternative healthcare practitioners become set in their ways and they, too, reject any and all scientific proof that would refute their beliefs.

And instead of using pharmaceutical drugs to cure a patient, alternative doctors just use herbs, homeopathies, and other natural supplements. But do they really search to find the underlying causes for someone’s

recurrent issues? Or do they just “prescribe” whatever treatments they believe in?

Finding A Good Doctor

Finally, how *do* you find a good doctor? You look *everywhere* you can! Ask other people. Search the Internet. Read books. And if a particular author is a doctor that practices near you, schedule an appointment.

It is really very much a matter of trial and error (and mostly error, unfortunately). But finding a good doctor is fundamental to getting well — how else are you going to obey the command on the label of every product that tells you to “consult with your physician before use?”

As previously mentioned, one of the best methods I have found is to visit your local compounding pharmacy and ask the pharmacist to recommend a good doctor who treats your condition. A compounding pharmacy is different than the type of pharmacy you often find inside a grocery store. Some doctors prefer to have prescriptions specially formulated—especially bio-identical hormone replacements—and they use a compounding pharmacist in order to do this.

You can usually find one in the yellow pages or with the local search feature of Google. Most good compounding pharmacists will know the doctors who are getting results for their patients and they will happily recommend those doctors to you.

Regrettably, however, those doctors who know how to diagnose and treat complex illnesses are in EXTREME demand. For example, I tried to contact a doctor who has had great success in treating complex cases of Autism, Chronic Fatigue Syndrome, and Fibromyalgia. This has put her in such high demand that when I called to ask for a simple phone consultation, the waiting list was two years long! I put my name on the list—and I am still waiting—because who knows if I’ll still need to speak with her by then?

Another reason the process of finding a good doctor is so difficult is that of the sheer number of treatments, protocols, the different categories of

physicians, and the quality variance of each doctor within each category. There can be wonderful MDs, and terrible DOs (doctor of osteopathy), and vice versa. But take hope, because there are good doctors out there.

Functional Medicine. I have discovered that the best doctors for diagnosing and treating complex chronic conditions are those who practice “functional medicine.” Sidney MacDonald Baker, MD, who is considered one of the founders of functional medicine, wrote the *best* health book written by a doctor that I have ever read, *Detoxification & Healing: The Key to Optimal Health*.

In this book, Dr. Baker describes chronic health issues in a very interesting way. He says that when patients present to him for the first time, he starts working with them by listening to their histories. Then, regardless of where the symptoms are found in the patient, he runs a battery of functional tests that cover almost the entire body. As a result of the tests, he typically finds patients are suffering from numerous problems—or as he describes it, “they are sitting on many tacks.” This methodology drives insurance companies crazy because of the high cost of extensive testing, but it is exactly the kind of approach required in order to deal with complex chronic health issues.

Dr. Baker further notes that if a patient is sitting on twelve tacks, removing six of them will generally not make the patient feel fifty percent better.

By way of comparison, most conventional doctors *end* their search after finding just the *first* tack. Then after that tack is removed—or “masked” as is likely the case—and the patient feels only marginally better, the patient is often considered to be a hypochondriac.

Dr. Baker says he often gets significant diagnostic clues when his patients say, “Doctor, do you think such and such might have something to do with this problem?” He believes that the patient’s intuition offers valuable hints as to what may really be happening, and therefore he has learned to listen closely to those statements. On the contrary, he states

that most doctors are actually trained to ignore these types of statements! And from my personal experience, I can totally believe it.

Dr. Baker's approach is to address every functional issue that is discovered until all the symptoms are cleared up, including those issues that didn't seem to be related to the patient's immediate complaints. In fact, he has found that seemingly unrelated "tacks" actually contributed greatly to the patient's problems. But after a patient is healed, he often may not be able to identify which specific treatment brought the most relief. At that point, however, his attitude is "who cares, the patient got well!" As patients, I imagine most of us would say the exact same thing.

The Four Pillars of Healing, by Leo Galland, MD, and *No More Heartburn*, by Sherry Rogers, MD, are two other great books on this subject which I highly recommend. Unfortunately, doctors like these are rare, but they are out there.

Things You Should Look For. So what traits should you look for when "interviewing" a doctor?

- First and foremost, a doctor should be patient and willing to *really* listen to you.
- He or she should be willing to talk with you about reasonable ideas that you have discovered through your own research.
- When you schedule an appointment to see the doctor, you should be able to see *the doctor* and spend time talking. Being busy and in a hurry is completely understandable. But rushing the appointment to get out of the room is unacceptable!
- While it may be financially impractical for you, look for a doctor who relies on a battery of functional tests to craft a treatment plan, custom-made for you. (Of course, when doctors order the tests, they are more likely to be covered by insurance.)

You also need to be aware that there is a growing trend in which many doctors have actually opted out of dealing with insurance companies,

and will only accept cash for their services. This is because insurance companies have become quite rigid about which procedures they will pay for, how much they will pay for them, and when they will actually pay for them!

It is not a good situation, and many doctors are responding by cutting the middle-man out of the loop. (And it's not as if the really great doctors are going to run out of patients by refusing to accept insurance!)

The good news is that in most cases, the cost of their services drops dramatically. Along with this change, most doctors are now giving their patients the necessary forms and codes so they can file a submittal for reimbursement themselves. Personally, I believe this practice will continue to become more common.

Another item to be conscious of is that many times there is an unspoken "cash price" for doctors, compounding pharmacists, and others who still work with insurance companies. This cash price is usually significantly discounted from what they would normally charge—or rather, attempt to collect from—the insurance company. So always remember to ask for the cash price as most will gladly accept less if they can get it today.

With the risk of sounding like a broken record, I reiterate that one of the best ways to start looking for a doctor is by asking a compounding pharmacist for a referral. And if possible, ask for several names so that you can call and interview each one of them. Granted, making an interview appointment can be somewhat difficult as most good doctors barely have enough time for their current patients. However, there are some doctors who offer a free consultation so you can come in and get to know them. You just have to ask and see what happens. If that doesn't work, you can usually learn a great deal by talking with one of the nurses who works with the doctor.

It's best if you can find a single doctor to treat you. However, don't discount using multiple specialists if that happens to be what you find is necessary. Just make sure you work hard at communicating accurately

with all doctors so they are aware of what you have been told and how you are being treated.

What You Can Do. I believe the perception in the mind of most Americans is that their doctor is the be-all and end-all of all scientific knowledge, and therefore he or she can be trusted implicitly. Well, has that perception been shattered for you yet?

As I have stated numerous times throughout this book, “*You are the person solely responsible for your health!*” Stop believing everything your doctor tells you without following your intuition and asking probing questions. Make him or her treat you as an adult who has the right to know what you are putting into your body. You are not an overgrown child who has to blindly follow directions because you are too uneducated to understand. If you ask a question and your doctor won’t answer or is too busy to talk to you, find a new doctor.

Don’t forget that YOU ARE THE CUSTOMER! And you have the right to take your business elsewhere. While some doctors would probably be delighted with a reduced patient load, theoretically, they would go out of business if they continually failed to deliver answers and results to their patients. Competition in the marketplace is a good thing.

So keep an open mind, have a willingness to try new things, use common sense, and most of all, “listen” to your own body.

Answers For The Healthcare Industry

Look around you. The tried and true remedies of the past have been getting a bum rap for too long. Often, there are highly effective cures right under your nose! So the fact that the AMA or FDA will not endorse something doesn’t mean it won’t work.

I believe the healthcare profession needs to become more customer-oriented. Listen to your customers and find out what is really wrong. Don’t just prescribe something that masks the symptoms.

Furthermore, treatments should be rooted in evidence-based research that readily accepts *new* evidence. If there are credible signs that a new approach has worked often enough for a number of patients without doing any harm, then it should be worth considering. Clinical trials and double-blind studies are impossible to do for *everything*.

I find it very encouraging that more and more doctors are dedicated enough to helping their patients get well that they will themselves become mavericks. If you are one of these doctors, thank you. If you are not, I hope it is only because you have yet to make that courageous leap. You surely know by now that many of your patients, former as well as present, have taken notice that the conventional approaches are not working for them. They have had enough with feeling bad all the time and drugging themselves silly. They are basically sick and tired of being sick and tired—and they have left your office to find a better approach.

Recently, I sat and talked with a couple at a party. The wife had a severe stroke many years ago, and they were told she would never walk again. After many years of hard work, research, and numerous therapies—many of which were non-conventional—that woman walked again. Granted, she still required the assistance of a cane, but she was walking under her own power and the original prognosis from her doctor was flat wrong. Her sheer determination led her to eventually walk again.

The answers are out there and you can find them! I sincerely believe this with all my heart. Over the years, I refused to believe the numerous doctors who looked me in the eye and said, “There is nothing I can do for you. You are just going to have to learn to live with it.”

But I believe in cause and effect. If there is an effect, there **MUST** be a cause—and it *can* be figured out. In fact, someone out there has probably figured it out already. You just have to find that person!

Chapter 15 - Complementary Therapies

Complementary therapies such as chiropractic, acupuncture, homeopathy, and naturopathy generally focus on balancing or replenishing the body's own "healing energy." In my experience, some have worked, and some have not.

Chiropractic. It has always been truly amazing to me how I have coincidentally stumbled upon significant puzzle pieces. This next one appeared one day while golfing!

I was playing with a friend who brought two guests from out of town. We were walking the course that day, and as we strolled down the fairway, I naturally asked the two guests what they did for a living. One of the guys replied that he was an "orthogonist," which is a very specialized chiropractor. Never having heard of this before, I delved deeper and learned that orthogonists essentially focus on only one bone in the neck—the atlas.

I have been to several chiropractors myself over the years, and I had been told many times that my atlas bone was out of place. It had been adjusted numerous times, but never gave me any real relief. I told this orthogonist about my twenty-four hours a day, seven days a week, 365 days a year stiffness in my neck and shoulders. I also mentioned how I had to pop both of my shoulders before every single golf shot.

We continued to talk that morning and as we walked down another fairway, he felt my neck and shoulders. He told me he could readily feel the tightness therein.

He asked if I had ever had any sort of injury to my neck. I replied that when I was a freshman in high school, I had actually broken the C3 bone in my vertebrae while playing football. And several years later, right before my sophomore year of college, I was rear-ended in a bad collision which totaled my car. Even though the collision was so dramatic—

enough for the front seats to break and propel us into the back seat of the car—no one was visibly hurt.

Now, I had thought long and hard about this incident many times when I was sick. I had even wondered, “Could this have been the ‘straw’ that broke me?” As we talked more about how the treatment that he used worked, he shared the extraordinary results that some of his patients had experienced post-adjustment. At that point a light turned on inside my head and grew steadily from a small flicker to a high-powered search light!

You see, the atlas is the bone that the head rests upon. It is *the* bone that *all* major nerves and blood vessels pass through to connect the brain with the rest of the body (including the vagus nerve which runs directly from the gut to the brain). As I mentioned in Chapters 7 and 12, the brain is basically the control center for the entire body. So if the lines of communication are interrupted in any way, literally *anything* is possible.

As you can imagine, I was ready for him to give me an adjustment right then and there on the seventh hole. But it turns out that a special device is needed to make the adjustment and it must be precisely calibrated by first taking an x-ray. This doctor happens to live in Colorado, so I asked him to refer me to someone locally.

A few days later I had an appointment with a doctor in town who has this same type of practice. This doctor started by checking the range of motion in my neck and the length of each leg. My chin barely turned far enough to even cross over either of my shoulders. And one leg was an inch longer than the other.

Then he took an x-ray from three different angles. When the x-ray came back, it showed that I was a mess—not that you would be surprised by that! My atlas was way out of line, and I had no curvature in the vertebrae of my neck.

He then used a special instrument (more about this in a moment) to adjust my atlas. Afterwards, he took another x-ray to see how far it had moved.

But before I saw the new x-ray, I knew that something significant had happened. What had been virtually constant tightness for as long as I could remember was rapidly disappearing! My range of motion started to increase, and a recheck of my legs showed that they were now even.

Amazingly, my post-adjustment x-ray revealed that the atlas had moved significantly, although not exactly to dead-center. I was excited with the progress of the last few minutes, so I told him to adjust it again— let's get it perfect! But that is not how this treatment works. He said that my atlas had been set in the wrong position for decades, so the protocol was basically to adjust it once, and see if it would hold.

In the weeks following the adjustment, my atlas did in fact hold. I felt much calmer and more relaxed than usual. The knots in my neck and shoulders that many a massage therapist had tried to work out had simply vanished. Unfortunately, it hasn't held like concrete because my atlas will still slip from time to time. But the adjustment is simple, painless, and very much worth it!

So how did he adjust the atlas? He used a unique instrument which, based upon my x-ray, calibrated the angles and force needed to knock the atlas back into place. However, rather than violently forcing the neck back into place, this device made a single clicking noise and I felt no movement at all. In fact my comment immediately following the sound was, "I'm not paying you for *that!*"

I liken what occurred from that adjustment to what happens when you play croquet and want to "send" someone: you place your ball and an opposing player's ball next to each other. You put one foot on your ball, and strike it. The other player's ball goes rolling away, but yours does not move at all. Using this approach, this instrument is able to make very precise adjustments.

It is important to note here that I have been to a number of chiropractors over the years who have also observed that my neck was out of alignment. After receiving numerous adjustments, however, I never felt any significant or lasting improvements. But I will say that they gave me some temporary relief. In general, I do believe that chiropractors have helped me feel better when I was overly tight, but they have never been able to provide any lasting relief for my continual discomfort.

Finding this chiropractor, who had been specially trained to adjust the atlas, was a big puzzle piece for me. And while their numbers are growing, as of the completion of this book there are still only 160 trained orthogonists in the United States.

Acupuncture. Acupuncture is also an amazing thing to me. I once watched a program on television that showed Chinese surgeons operating on patients who were literally wide awake during surgery since they had been given no anesthesia. The only thing blocking the pain was the needles that had been stuck into very precise locations throughout the patient's body. Even though I did not fully understand the science behind why it was working, the program was enough to convince me that *something* must be happening!

Since then, I have been treated by two acupuncturists. From my experience, I can tell you that it certainly makes a BIG difference who sticks the needles into your body! I am not trying to be ethnically insensitive, but of the two acupuncturists I have seen, one was Chinese and the other was American ... can you guess who was the better of the two?

The American was the first acupuncturist I visited. I received several treatments from him. But as far as I can tell, nothing ever happened to give me any lasting results. During the sessions, he didn't seem to be totally confident about what he was doing. (And this is not exactly what you want to see from a guy who is sticking needles in you!) He also prescribed a custom-made Chinese herbal concoction for me. The taste of it was appalling and as far as I could tell, it had no positive effect on me whatsoever.

When I decided to give acupuncture another try, this time I went to see a Chinese doctor. She turned out to be extremely proficient in Chinese medicine and she has helped me a great deal. In particular, I always sleep quite well at night on the days she treats me. There is no question in my mind that she really is altering or balancing the energies in my body. Or as she says, “balancing my yin and yang.”

Homeopathy Versus Naturopathy

You may be asking yourself what is the difference between homeopathy and naturopathy? I have used remedies and doctors from both worlds, and there is enough of a difference to make me believe that naturopathy is the way to go.

Homeopathy. Homeopathy is a discipline whose principles were developed over 200 years ago by Samuel Hahnemann, a German physician. It's based simply on the idea that “like cures like.” If a certain herbal substance causes a symptom in a healthy person, then a homeopathic solution that contains a diluted amount of the same herbal substance may help cure those same symptoms that are actively present in an unhealthy person.

I honestly don't know if homeopathy has helped me or not. I have been to a number of homeopathic doctors who gave me many different homeopathic remedies. However, it has been difficult for me to determine if any of them had any positive effects. I do know people who swear it has cured them or helped them get well. But I have also been told that the results depend heavily on seeing a skilled homeopath who can prescribe the exact remedy you need.

But it is not as though I haven't tried. As a matter of fact, one homeopathic doctor I saw several years ago insisted I stop every other treatment I was on and adhere only to his instructions. Thinking I had everything to gain and very little to lose, I decided to give it a try.

Within two weeks, I was a wreck! I had gone downhill far and fast. Needless to say, I stopped seeing that doctor. This is also one of the

reasons why I repeatedly state the need for you to listen to your body and apply healthy doses of common sense to your judgments.

Naturopathy. Naturopathy is based on the belief that the body can heal itself by following the laws of nature. Because of this, naturopathic treatments work to support and improve the normal functions of the body.

Naturopathic doctors (NDs or NMDs) work to improve health, prevent disease, and treat illnesses through “medicines” that include organic foods, herbs, and physical exercise. In many states, naturopaths can also prescribe prescription drugs. NMDs believe in the “healing power of nature,” utilizing a holistic outlook which encompasses the mind, body, and spirit. They try to find the underlying cause of a person’s condition, rather than focusing solely on treating the symptoms. I totally agree with this approach!

But the issue again seems to be in finding the *right* naturopath. And true to that statement, I have been to a number of NMDs who did not help me. However, I eventually found a great one! I like her because she sees herself as a detective trying to uncover the real cause for something. In addition, she works with everything at her disposal to test and treat me, using both natural and prescription remedies where appropriate.

So hopefully, if you choose to go this route, you will find someone like her.

Future Therapies

I am constantly reading about new things that doctors are experimenting with. Some of them seem totally off the wall, but others actually show great promise. I am certain that there are many new ideas— some of which have already been discovered but not yet publicized—that will help the chronically ill even more than they are being helped today. I am always on the lookout for these things because while I am *so* much healthier than I used to be, I can and will get even better!

I am actually experimenting with a few of these things right now but will not write about them until they have been proven to be successful for me as well as for others. The good news is that much is happening. The bad news is that most new treatments are usually resisted by the status quo. Even after they are proven, it takes decades for them to become widely known.

I am reminded that while IBM, DEC, Prime Computers, and others were spending billions of dollars inventing new computers, two “nerdy” guys in northern California—literally working in a garage—invented the personal computer that changed the world. That company was Apple. And many of the DECs and Prime Computers of that age do not even exist today.

It is my belief that the truly great breakthroughs don't, and won't, happen in the labs of the big pharmaceutical companies. It is very unlikely that they will happen in the labs of our major universities either. That's just not how “sea-changing” ideas are generally discovered.

For the most part, a single doctor, scientist, or even lay-person makes an astute observation. Then, for some reason, their curiosity causes them to begin to connect the dots to other things that are already known. And after awhile, a totally new paradigm emerges.

This is what happened with Dr. Buttar and TD-DMPS. And I believe it is also happening all over the globe. Great things are being discovered, and we have every reason to be hopeful, even in the face of dire statistics and a “broken” medical system.

Chapter 16 - Spirituality

Just think about how much happens inside and around us that we do not even see. Our thoughts, will, and emotions are unseen; yet they are what *truly* make us human. Our body houses the unseen “us,” and therefore our spirit affects our body, oftentimes in profound ways. Conversely, if something is wrong physically—a nutritional deficiency for example—our ill health can affect us spiritually and emotionally.

So both the physical and the spiritual elements of our lives are very important to our health. In fact, they are integrated and inseparable. This, too, is becoming widely recognized by virtually all forms of medicine.

It is important to realize that strong, negative emotions such as unforgiveness, bitterness, fear, and anger can literally make us sick. The opposite is true as well. Love, caring, forgiveness, joy, and trust all can have profound, measurable effects on the immune system and the body as a whole.

It is fair to ask, “Did my chronic illness start because of spiritual reasons, or because of physical reasons?” I believe some have become chronically ill because they have been hurt by someone and have failed to—or been unable to—forgive them.

If you have been legitimately hurt by someone and have not forgiven them, you need to forgive them for your *own* sake. If you have trouble doing this, get someone to help you. Our bodies react to harbored bitterness even when that bitterness may seem justified. But we are the ones who pay the price for our own bitterness.

Numerous scientific studies have actually proven that people who pray, or are prayed for, have a dramatically better response to medical treatments than those who do not. Larry Dossey, MD, and others have studied and reported on this extensively.

When I am sick, I always ask people who are close to me to pray for me. To supplement prayer, I like to read from the Psalms. I enjoy these scriptures because they talk a great deal about suffering, and I am comforted by the fact that God is a very present help in time of trouble (Psalms 46:1).

If you read the Psalms closely, you will discover many instances in which the writers totally vent their complaints, fears, and even anger with God. In my own life, I have had several major breakthroughs shortly after yelling at God. He knows you're mad at Him anyway, you might as well tell Him! (See Psalm 142:1,2.) The key here is being honest—with yourself, and with God.

I also specifically ask God to give me insight on the underlying causes of my health issues. When I feel confused by seemingly contradictory things—which is common in the medical arena—I ask Him to help me sort through these issues. And as I have stated throughout this book, many of my discoveries regarding my own health puzzle have been obvious answers to these specific prayers.

An excellent book that has encouraged me many times throughout the years is *Wounded Warriors: Surviving Seasons of Stress*, by R. Loren Sandford. Sandford is a minister who went through a major stress-related breakdown and experienced many of the same things I have experienced. His insights on living through these times are both very practical and spiritual. I still pick up his book every once in awhile and read through the sections I underlined many years ago.

Working through a chronic illness takes much time, effort, and faith. The process is usually filled with many ups and downs, and there are countless times of real discouragement.

Praying for help and strength is very powerful. Reflecting on, memorizing, and praying scripture is also very powerful. It has been my experience that even when I was sick, I still sensed God was with me, leading me towards health. I also felt He was using the sickness to

develop character, empathy, and insight in me that perhaps could have been developed no other way.

The Emotions of Getting Well

Anxiety. Anxiety is one of the main symptoms that strikes when I'm sick. It is a strong force that tests my faith. "Am I doing the right things? Have I prayed enough? What sin did I commit that is causing me to be sick?"

Being anxious and overly introspective about feelings, motives, attitudes, and sins from the past is an endless and fruitless mind trap. It is also highly destructive! The promise in scripture is that God will search our hearts and show us if there is something we need to change.

So while it can be difficult, I've learned to recognize when I need to tell myself, "I don't care!" and stop worrying. Therefore, a major key for me during a relapse is to keep my faith simple.

Oppression. At times when I am *really* sick, it can feel as if I am under a cloud of oppression. I find that using prayer and scripture to battle against this sense of resistance is often very supportive.

However, it is not profitable to work myself into a frenzy "fighting the devil"—and contrary to some in our post-modern world, I do believe the devil and demons are very real spiritual beings.

The Bible simply says, "resist the devil and he will flee from you," (James 4:7). Following this advice, I have found that it is helpful to verbally resist—and sometimes strongly—this sense of oppression. But then it is also important to return to a sense of inner rest as quickly and quietly as I can. It only makes things worse if I get all riled up.

The Bible also says in Isaiah 30:15, "For in returning and rest shall you be saved, in quietness and confidence shall be your strength." My experience is that being in a combined state of rest, quietness, and confidence is a very powerful place to be, even when I feel bad physically.

Overly Passive. At other times I can “over-rest” and end up feeling limp like a ragdoll and overwhelmed with brain fog, nausea, and fatigue. I feel passive, and I let my bad feelings push me around. Passivity can lead you into a downward spiral of self-pity, depression, hopelessness, and despair. It feels as though your thoughts are totally out of control.

The key here is that your feelings are very important, but *they are not ultimate*. To overcome these negative feelings, I have to choose to exercise my will and mind in a very active way. And when I do, those bad feelings often leave. In other words, you are not your feelings, you are your choices.

Trying Too Hard. Another error that I have experienced is simply trying too hard to feel well or normal. On the one hand, I believe God expects us to try. To *try* is an expression of our will which God honors because He designed us that way. But many times, if I try too hard to will myself to feel better, I become frustrated. At that point, I just want to give up and accept that I still don’t feel well.

But I have learned that this is actually a good place to be because at this point I end up surrendering it all to God. Then, after I have let go, I usually do end up feeling better.

Trying and Trusting. I may be talking in circles here by discussing these subjective, immeasurable actions and feelings. But essentially what I am trying to describe is the balance between *trying* and *trusting*. You have to try, but not to the point of exasperation or exhaustion. And you have to trust—or surrender—but not to the point of becoming a passive rag doll.

I am confident that you will find the balance with experience.

Healing Is Built In

I have often encouraged myself with the fact that healing was built into the nature of living things, especially our bodies. If the body has what it needs, it will heal.

If you cut yourself, everything in the body rushes to your defense to protect and heal you, as long as the body has the necessary tools to do this. And the truth is that something as “simple” as a cut scabbing over is actually an amazing and highly complex process!

Because of this I believe it is God’s intention, by the very *design* of His creation, for us to live in good health. And this is possible, as long as we learn and obey His natural laws of health.

Universal Principle

I feel I have discovered a sort of universal principle. I believe that almost everything boils down to a simple choice between humility and pride. To clarify, by humility I do NOT mean a “woe is me, I am such a bad person” type of attitude. Proper humility is demonstrated in a respectful and modest attitude. In addition, a proper sense of self-worth and self- esteem is both good and needed. After all, how are we supposed to love our neighbors as we love ourselves, if in fact we *hate* ourselves?

On many occasions, I have been reminded of the truth in James 4:6 and 1 Peter 5:5 which state, “God resists the proud, but gives grace to the humble.”

Personally, I know I can develop an attitude that I think I’ve got my act together, I stop “needing God” as much, and I can begin to behave in ways that are arrogant or proud. I don’t pray or stay “connected” to God in my thoughts or intentions. Then gradually I start to become aware—either vaguely or acutely—that God seems to be resisting me. Nothing is going right for some reason, and I feel *resisted!*

Conversely, I know when I seriously humble myself, a growing sense of God helping me comes back into my life. Uncanny *coincidences* start to happen, and I seem to be aware that God is back on my side.

I call this a “universal principle” because I have seen this take place all around me, especially with people I know who are sick. After talking with many people who were genuinely and eagerly seeking answers to

their health issues, I discovered they were very open to listening and learning. Invariably, those were the ones that eventually got help, and often got well.

On the other hand, I have talked to people who already knew everything there was to know about everything. They were clearly not open to learning anything new at all. They had grown proud and so dismissive that it prevented them from receiving any help from anyone, even God.

Let me reiterate: “God resists the proud, but gives grace to the humble.” Nearly everything seems to hinge upon this universal attitude. Is your attitude one of humility, or one of pride? It can make a big difference between getting well or staying sick.

What About Faith Healing?

I believe that God *can* and *does* heal supernaturally—sometimes. I know several very competent and credible people who were instantly healed from intractable forms of disease in response to prayer. In fact, I have personally experienced praying for someone, and they were instantly healed! So why doesn't God just instantly heal *everyone*? I really don't know, but I have some clues as to why.

Besides Jesus, my biblical hero is Timothy. He was a very close student and convert of the Apostle Paul. Timothy became the pastor of the church at Ephesus, which the Apostle Paul founded.

Apparently, Timothy had recurrent health problems, especially with his stomach. In 1st Timothy 5:23, Paul writes to Timothy, “Stop drinking only water, and use a little wine because of your stomach and your frequent illnesses.” I am not exactly sure why a little wine was considered a remedy for Timothy, though there are certain beneficial qualities of red wine. But that is not my point.

My point is this: the book of Acts records many remarkable healings and miracles taking place. Once, Paul even raised a young man from the dead (Acts 20:9-10)! And yet here is Timothy, beloved by Paul, struggling with frequent illnesses. I am sure Paul prayed for him

numerous times. And yet for some reason, God chose not to supernaturally intervene. (And interestingly, Paul saw no problem in encouraging Timothy to seek a natural remedy for his illnesses.) I feel certain there was something God was trying to teach Timothy.

Regarding my own condition, I have often prayed for instant healing, though none has come. I have often pondered the question, “God, why don’t you just heal me?” In one respect, if I had received instant healing long ago, you wouldn’t be reading this book right now. But the real answer I seem to hear in reply is that if He healed me supernaturally, I would just get sick again. This is because in many ways, I have been causing my own ill health. Whether conscious of it or not, I was breaking the natural laws for health in the body that are just as fixed as those for gravity.

I have come to believe that many of those who are chronically sick have also somehow violated these same natural laws, either knowingly or unknowingly. For example, drink four cans of pop every day (regular or diet it doesn’t matter—in fact, diet is worse!) and it will mess you up, no matter how much you *pray* over it. Eat fast food every day of the week, and I guarantee it will eventually produce many negative effects in your body, regardless of how *pious* or *spiritual* you are.

I laugh to myself when I hear some Christians talk about their illnesses, aches, and pains. “Oh, the devil is really after me with these headaches!” Or, “The devil is trying to prevent me from doing something important by making me sick!”

But when I look at the way they eat, drink, and fail to care for themselves I find myself saying, “There doesn’t need to be a devil to make *you* sick!” Walk into the foyer of many churches and the first thing you will be greeted with is coffee, sodas, donuts, cookies, and candy. As the old adage says, “I have seen the enemy, and the enemy is us!”

The challenge here is that the violation of God’s natural laws for our bodies does not usually have immediate consequences. One can drink

alcohol excessively for many years before showing the signs of liver problems.

The sad thing, however, is that after we break these laws for many years and the symptoms start to show up, we accuse God. “Why are You doing this to me, God?” Or, “Why did You make me get diabetes, or cardiovascular disease, or _____?” I think His answer might be, “Excuse me?” or “Duh!”

Scripture says in Hosea 4:6, “My people are destroyed for lack of knowledge.” How true. I learned over the years that I certainly lacked knowledge regarding how to eat right and how to recover from nutritional deficiencies. And without the knowledge of their harmful effects, I allowed dentists to put one of the most toxic substances known to man into my mouth. I also followed doctors’ orders by taking many courses of antibiotics, often needlessly. All these things were violations of God’s natural law and the effects were as inevitable as jumping off a ten-story building—you *will* hit the ground eventually.

To recover my health, I first had to gain knowledge about God’s natural laws, and then I had to obey them continually. As I did, I have regained my health. And the times I have forgotten, or gradually ignored what I had learned, I would get sick again.

The good news is that God forgives us no matter how many times we fall. And ironically, the same laws that break us down when we break them, build us up when we obey them. It works! It is dependable! It is consistent! We can depend on Him because His natural laws will work in our favor if we only line up with them.

My Faith

It is obvious if you have read this far in the book that mine is a Christian faith. Very simply, I believe in, and seek to follow the teaching and person of Jesus Christ. Why do I do this? Because after looking at all the other possible teachers that one could follow, I believe that He stands far above and beyond all others to such a degree that I could follow no one other than Him. If I was aware of anyone who was smarter, more

insightful, more powerful, more loving, more alive than Jesus, I would certainly follow that one instead. But there is no one who is even a close second.

I don't want to denigrate anyone else's religion, and I realize that my statement may be abrupt or offensive, but I encourage *everyone* to look closely at Jesus. Clearly there has never been another quite like Him.

Unfortunately, many people's view of religion and church taints their perception of Jesus. Without a doubt, churches are full of people who have flaws. And the Christian faith—along with other religions I might add—has been trumpeted in the defense of some cruel and unholy practices.

But it is difficult, if not impossible, to find flaws in Jesus Himself, except perhaps by misunderstanding. And I have been gratified by the fact that each time I did not understand something, a careful and prayerful search of the real context of Jesus' teaching often yielded brilliant insights for my life.

This does not mean that I now understand everything about life, because I don't. There are certain things that remain a mystery, as I think God intends them to be. But what I do understand causes me to trust Him for the things I don't. And I await a time—either in this life or in eternity—when I will understand completely.

If you are in a place where you don't have such a faith and you wonder how you could find it, I encourage you to do the following. First, simply and sincerely ask God to reveal Himself to you. And either suddenly or gradually, He will.

Second, I would encourage you to read a few books. I have read *many* books, and my favorites, which provide a basic foundation for discovering God, are all written by the same author, Lee Strobel. Read *The Case for a Creator*, *The Case for Christ*, and *The Case for Faith*, preferably in that order.

More Than A Carpenter, by Josh McDowell, is also a good place to get started as it provides a clear picture of Jesus.

For those further along in their Christian faith, I think you would enjoy anything written by John Eldredge or Dallas Willard. *Wild at Heart*, and *Waking the Dead*, are my two Eldredge recommendations. Those written by Dallas Willard that I particularly like are *The Divine Conspiracy: Rediscovering Our Hidden Life in God*, and *Renovation of the Heart: Putting on the Character of Christ*.

Dallas Willard has done a lot to help me understand those seemingly difficult and controversial areas by simply explaining the *context* of what Jesus was really saying when He said it. Willard's dealing with the Beatitudes and the Lord's Prayer in *The Divine Conspiracy* is simply masterful and worth 100 times the price of the book. I highly recommend it!

Surprisingly, Willard is a professor of philosophy at the University of Southern California—not a place you would think to find one of today's foremost Christian thinkers and writers.

My Prayer

One of my favorite verses in scripture that has often sustained me is, "Mine eyes are ever toward the Lord, for He shall pluck my feet out of the net." (Psalms 25:15). I believe this describes exactly what chronic illness feels like: being caught in a terrible web that you can't get free from on your own until you realize it, and then surrender yourself and your illness to God. Then He will extricate you from that net somehow, someday. That is my belief, and it is His promise.

This does not mean that you will not have to work hard at getting well, because you will have to work *very* hard. But in my case, I have found that God is right there with me, helping me, as I work to get free.

My prayer is that you can find what works for you, not only physically but also spiritually. I do believe that God literally *wills* your health. And

essentially, there are only two things required of you to get well. First, find out what your body lacks and give it that for a long enough period of time for it to get well. Second, find out what your body is unable to get rid of, and help it to get rid of it. I realize that this may be oversimplifying the matter, but this is really what it all comes down to.

Finally, as I have now stated repeatedly in this book, you *can* and *must* take responsibility for your own health—because at the end of the day, you are the one that is ultimately responsible! Determine right now in your heart and mind that you *can* find the pieces to your puzzle, and you will! I know you can do it.

God bless you and direct your steps back to the health that He desires for you!

“Epi-blog”

In the technology industry, Gordon Moore, of Intel, predicted in 1965 that the amount of transistors on a computer microchip, which is directly proportional to its processing power, would double every couple of years. And “Moore’s Law” has continued to hold to this day as chip speeds have doubled nearly every other year.

I believe that the same law applies to the “database” of scientific knowledge that continues to grow exponentially. In fact, I *know* that I read *somewhere* that it to doubles about every eighteen months. But as you get older, you start to forget these kinds of things ... and so I can’t say if this is really the case or not.

Regardless, there are many new discoveries being made every day and I find this very exciting! As such, my own story continues past the pages of this book at my personal blog—PatSullivanBlog.com. You’re welcome to stop by anytime.

Acknowledgements - 2005 (Print Edition)

This is the first, and likely, the last book that I will ever write (hopefully!). It has been difficult for me to maintain the patience and effort required to do it. I could never have done it without the encouragement and help from a number of people.

Over two years ago a friend of mine named Mario Vassaux, who had suffered from chronic conditions similar to mine, read a very early draft of what I was then calling *Getting Sick, Getting Well*. He told me he actually read it through twice, because it was the most encouraging thing he had ever read! His response was a huge surprise to me, but it encouraged me that maybe I could actually write a book that would help chronically ill people. And so it began.

Early on in the process my eldest daughter, Colleen, worked alongside me to formulate ideas for the book. She also lent critical editing talents at the end of the process and her creativity was invaluable to me.

Along the way, my wife Cyndee continually encouraged me to stick with it and convey the many “puzzle pieces” which I had often shared with her as I learned them, much like a little kid who found a buried treasure. Thank you Cyndee for supporting me through every step of this long journey!

Cyndee’s sister, Connie Malkin, stepped in during the critical polishing phase as we worked to complete the manuscript. Her wordsmith and editing capabilities—utilized mostly during the wee hours of the morning—helped turn this into a real book.

Karen Crawford also contributed greatly to this book during the editing phase by not letting anything fall through the cracks.

Kiva Couchon took what was a “stream-of-consciousness” telling of my story and converted it into a well-organized, well-thought-out book. Her patience and determination are greatly appreciated.

Janet Schwappach, Trish Bunch, Kristi Sullivan, and Lindsay Marsh have all been extra sets of eyes and hands in the many editorial reviews of this manuscript.

Florence Plecki's finishing touches helped make all us of look good.
Thanks Flo!

I am especially grateful to Kathleen Frazier of Health Press NA, Inc. for believing in this project and electing to publish a health book by an author without any initials after his name.

Finally, my firstborn child, Patrick, was the one who finally took the old bull (me) by the horns and wrestled it to the ground to actually get this book finished. Having come out of the software business along with me, he was very aware of the tendency to continue to add, and add, and add more features. In software, we call this "feature creep." He recognized me doing this and made me stop. He also did a great job of reading and editing, and re-reading and re-editing, making numerous changes to help my thoughts become more clear and concise. I promised him there won't be a Book 2.0.

My heartfelt thanks to you all! – Pat
December 25, 2004

Acknowledgements - 2017 (eBook Edition)

Several years ago, as eBooks began to outpace the sales of print books, I began pestering my son, Patrick, about converting this into an eBook for Kindle.

As I chided him every six months or so, often with links to software tools that could “convert a PDF to Kindle in mere seconds”, he would shrug his shoulders and say, “Dad, it’s been a decade since we finished your book, and I still have scars from the first go round...do you realize how much has changed since then that we’ll have to update?”

For instance, the Mercury / Amalgam / Vaccine / Autism debate discussed in “Chapter 9 - Mercury” has had so MUCH more development and discussion since 2005. While I believe I and those who agree with me are correct, the debate still rages on.

So while my son is correct to a certain degree, my personal story and findings remain much the same.

Therefore, we decided to cast aside the idea of updating the entire book, and instead chose to simply convert the original book (with a few minimal changes), and add two new bonus chapters, “Brain Trauma” & “Mold”, originally published as a series of blog posts online in 2007 & 2008. They were the extremely important final puzzle pieces that brought me to the point where I today feel completely healthy in 2017.

I am happy to report that since publishing this book the first time around, I’ve only revisited “the pit” a single time which happened during a period of intense stress (a difficult divorce, a moldy house and difficult business situations among other things).

Also, I am pleased to report that Jigsaw Health—now focused almost exclusively on Magnesium related products—has served well over 100,000 customers since 2005, and continues to grow steadily and surely.

Wishing you wellness!!! – Pat
December 31, 2016

BONUS CHAPTER 1: MOLD

(Ed. note: The following was originally published on PatSullivanBlog.com The style and “day to day”-ness of the original posts has been retained.)

June 10, 2005

Where do breakthroughs come from?

I have been reading about health stuff for over 20 years now as I have tried to find the pieces to my own, seemingly strange health puzzle.

My book, WELLNESS PIECE BY PIECE, is my effort to document what I have learned so far. My goal was to encourage people with chronic conditions that there is HOPE! They can feel better! I write in the book that I don't feel I have yet found ALL the pieces and am continually looking for new ones. (That's also why the sub-title of my blog is "Piece By Piece, The Story Continues")

Recently, I believe I have come across yet another new puzzle piece. At this point, I don't know for certain if this really is a piece, but it sure feels like it!

I came across Dr. Ritchie Shoemaker, MD, by reading two of his books, "Mold Warriors" and "Desperation Medicine."

Dr. Shoemaker lives and practices in Pocomoke, Maryland. You almost can't even get to Pocomoke, but thousands of people with chronic conditions now find their way from all over the world just to see Ritchie (as I found out he prefers to be called). I was so impressed with his books and research, that I called his office and scheduled an appointment to travel to Pocomoke.

(I made the trip last week and it's still too early to know for sure if I really found another piece or not. I will share more of what I learn in the coming months as I work through the things that I have discovered.)

While I was there, I was interviewed by a Baltimore TV crew that was there to do a story on Ritchie. She asked me why in the world I would come to Pocomoke from Scottsdale to see a Family Physician? I told her that it was because I strongly suspected that he had discovered a breakthrough in the diagnosis and treatment of certain chronic conditions.

She asked me how could it be that a doctor in Pocomoke could discover a "breakthrough" instead of a place like Johns Hopkins, Duke, or Mayo Clinic.

I said that coming from the computer industry it was not at all surprising to me that breakthroughs were happening in a place like Pocomoke! The entire computer industry in the early 1980s was radically changed by two "nerds" working in a garage in Cupertino, CA. Steve Jobs and Steve Wozniak invented the first real personal computer and called their company Apple Computer. At the same time Digital Computer, Prime Computer, IBM and others were researching all kinds of computing technology. Today, only IBM still exists. The personal computer literally destroyed the other large computer companies.

When you look at most breakthroughs that have taken place in medicine over the centuries, they usually have happened because someone made an astute scientific observation and then followed doggedly where that observation led. That is Ritchie's story!

Usually, the mainstream persecutes and ridicules the discoverer before they finally wake up to the fact that they were right all along. Then the breakthrough would finally be adopted and become mainstreamed! It is just the nature of how things work. As I quoted last week:

"All truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident." -- Arthur Schopenhauer (1788 - 1860)

And so it continues today!

Arrogance is SOOOO dangerous because it prevents those in the mainstream from rapidly recognizing something incredibly significant. And arrogance typically plays a factor if the discovery does not come from a "prestigious" location. But history should teach us that places like Pocomoke are exactly where we should be looking!!

Keep in mind that 2 centuries ago, people in the Israel said, "Can anything good come out of Nazareth?" It certainly seems to be a pattern!

Mold: A Health Disaster, Part 1

November 1, 2005

First installment: My visit with Dr. Shoemaker

I have posted before about Dr. Ritchie Shoemaker MD, author of The Mold Warriors. I promised that I would write more later. This post will be the first of several to come regarding the things I have been learning about what Dr. Shoemaker calls "Biotoxin Related Illness."

I have come to believe very strongly that he has happened upon insights into chronic illness that are truly a breakthrough. He ought to win a Nobel Prize. I don't make that statement lightly! It will take between 15 and 25 years, but I think his discoveries are so important for tens of millions of people.

I first read his book Desperation Medicine in April 2005 at the same time I was first publishing my own book, Wellness Piece by Piece. I was so impressed with what I read that, in May, I personally went to see Dr. Shoemaker. His practice is in Pocomoke, Maryland. You almost can't get there from anywhere. Even so, people come from all over the world to Pocomoke to see him.

I greatly enjoyed meeting Ritchie, as he prefers to be called. He spent over 2 hours with me asking many questions and carefully listening to my answers. That is a totally different medical concept, isn't it?

He took about 15 vials of blood for all the tests he regularly does for people who have chronic illnesses. These are tests which I had never heard of. He has tested and treated more than 3,000 chronically ill patients and has developed a database of biomarkers based on the results of these tests. He has more data than any other doctor on the planet regarding chronic illness.

He did a Visual Contrast Sensitivity (VCS) test that measures your ability to see different contrasts. He learned from a PhD at the Environmental Protection Agency that people exposed to biotoxins have an impaired ability to discern contrasts that improve upon treatment. Biotoxins affect the brain. The retina is a microcosm of the brain. Up to one third of the brain is used for processing sight. About halfway into the test, Ritchie said to my wife, "I hope you realize that he is failing this test miserably." (I don't like to fail tests!)

He measured my wingspan to determine if it was greater than my height. Statistically, Ritchie had learned that if a person's wingspan is greater than his or her height, then that person is much more likely to be susceptible to biotoxins. My wingspan is greater than my height.

As he listened to my medical history, he commented that my genotype was most likely HLA DR 14-5-52B. A few weeks later, I got an email from him confirming that, in fact, this was my genotype. I was impressed! He said this genotype is highly susceptible to many biotoxins, especially mold. This genotype represents 3.1% of the population. It is one of several genotypes susceptible to biotoxins. He added that it also meant he and I were likely related since it was his genotype as well. I told him I thought he looked familiar! He actually does look like one of my uncles. :-)

Another doctor had previously done a Western Blot Lyme test on me earlier in the year. The test came back positive. He wanted to install a catheter to feed antibiotics into me intravenously 3 times a day for a few months. I refused because my intuition said that I did not have Lyme. I wanted to learn Ritchie's perspective about my Lyme diagnosis since he had treated over 1,000 patients with Lyme and he had it five times

himself. (Maryland is one of the Lyme capitals of the world.) After looking at all my blood tests he said I definitely did not have Lyme. He was able to tell mainly from a couple of my immune system biomarkers called C3a and C4a. And I did not fit the pattern of a Lyme patient at all. That was a great relief.

A few weeks later in a follow-up conversation Ritchie told me that I had a "very deranged physiology." However, he said that I was functioning at a much higher level than I should be. He said I should be feeling much sicker. He said that he needed to learn more about the nutritional, lifestyle things I had learned to do since they were obviously helping me. I found this encouraging. Over many years, I had learned many things that helped me. I now could possibly get even better. I felt like I was uncovering an underlying cause that I had never suspected at all. It would prove to be a pivotal turning point for me.

Mold: A Health Disaster, Part 2

November 8, 2005

Second Installment: Mold in the house (Part 1.)

Imagine talking on the phone with a doctor 2,500 miles away who is looking at your lab tests and he tells you "There has to be mold in your house." Could the bio-markers that he has learned to read tell him so definitely that I was being exposed to mold? Who has ever heard of that? But that is exactly what Dr. Shoemaker told me.

My response was, "I don't think so. I live in Scottsdale, Arizona where it's usually very dry. I don't see any mold. I don't smell any mold. I just don't think there is any mold Ritchie." To which he responded, "There is mold!" I asked how to find it. He said that there really are very few experts on finding hidden mold but he knew someone that he trusted in Washington DC. Over the previous few weeks, everything that Dr. Shoemaker said to me turned out to be very accurate. But I had real trouble imagining that my beautiful, 11 year old home had mold.

Shortly after I saw Ritchie for the first time, he prescribed a medication called Cholestyramine (CSM). It is an older drug that is rarely used today. In the past, it was used to lower cholesterol before the introduction of statin drugs. CSM works by binding cholesterol in the intestines and not allowing it to be reabsorbed. It also removes certain types of toxins that are bound up in the cholesterol that is part of bile.

My initial physical response to taking CSM was very positive. After about 3 weeks, I felt really good. Actually, I felt much better than I had in years. (This isn't to say that I had been feeling bad, but CSM did make me feel that much better.) It was very obvious to me that CSM brought me to a new level of wellness. After I got feeling so much better I stopped taking CSM. CSM is not particularly pleasant to take, so the decision to cut back, and eventually stop, was not hard to make.

Since CSM worked so well for me, I decided that Ritchie was probably right about there being mold in my house -- even though I couldn't find it. So, two months later (took that long to get the guy to come) I had his expert from DC fly to Scottsdale. He spent a few hours carefully inspecting the outside of my home looking for ways that moisture could enter. He found some windows in a walkout basement area that appeared to have been installed improperly. We then went inside to those same windows. He peeled back some wallpaper and BINGO, there it was. Massive amounts of black mold on the entire wall. More on the adjoining walls. Ritchie was right big time!

Later we hired a remediation company to remove all of the mold infected materials. There was tons of mold on the inside cavities of the walls as well. The workers were careful to seal off this basement area from the rest of the house and also to use filters to continuously blow this toxic air to the outside.

But I had already taken a hit! After several days of being exposed to this, I began to feel ill. It was a very familiar feeling. I knew that my old symptoms were returning. I was panicked actually. But this time, I had a new tool.

I immediately went back on CSM. I will tell you that I was amazed when after 2 days, I started feeling better. I continued to return to normal over the next 3 days. This was a first! Never had I been able to stop my symptoms once they started. Never! Over the past 30 years, any time I started down the slope, there was no going back up until I hit rock bottom. And then, it always took many months of a very disciplined regimen to recover.

Needless to say, I was impressed. In fact, I was thrilled!

After discovering the poorly installed windows, all the windows were then inspected very carefully. We found several that had problems. We now are in the painful process of fixing all of these areas. Since I know that there is more mold in my home than in just the garage, I continue to take CSM. And so far, I continue to feel well.

As I look back on 30 years of recurrent chronic illness, it is pretty easy to trace all of the places where I lived and worked that I know had mold. All the puzzle pieces that I have found over the last 20 years that I write about in my book (mercury and detoxification, proper nutrition, thick blood, chronic infections, etc.) are all still valid for me. But I very much believe that within these last six months, I have stumbled upon yet another major piece to my chronic health puzzle. I now need to learn how much damage had done to my body so that I can hopefully fully recover from it.

Mold: A Health Disaster, Part 3

November 16, 2005

Third Installment: How the Biotoxin Discovery Was Made (Part 1, Part 2.)

I am always interested in how something significant got started. People are amazed when I tell them that ACT! got started in 1985 when I wrote a software program for my own use to track my contacts when I was

selling computers. Everyone who saw it said, "Can I get a copy of that?" After this happened several times I realized I may well have stumbled onto something significant. Duh! 4 million copies later it is astounding to realize that I did not even set out to build a product that others would use.

I believe that Dr. Ritchie Shoemaker's discovery regarding biotoxins and Illness is incredibly significant. It will take decades for the significance to be recognized but it is inevitable that his observations will positively affect the health of millions of people.

How did he discover this? Just like so many other great discoveries, he basically stumbled onto it. To be fair, great discoveries may well be by accident, but after all is said and done, someone usually has to work very hard to actually make something of the discovery. That is the case with Ritchie. While he stumbled onto this discovery, he doggedly followed every possible trail where the original discovery led. He really is more scientist than doctor, and this actually makes him a great doctor. His instincts and curiosity as a scientist drove him to learn everything he possibly could from his original observation. Many people have a unique insight into something, but for some reason don't have the drive or passion to follow up on it.

Around 1995, a few dozen patients came to Ritchie's clinic all with the same cluster of symptoms. It was all of sudden. They were already his patients and had never had these symptoms before. Ritchie was totally puzzled. They all had terrible diarrhea, headaches, fatigue, sensitivity to light, muscle and joint aches, memory problems, weird anxiety, sleeplessness. These symptoms had all appeared suddenly. He tried numerous things and nothing worked for them. He talked with other docs in the area and they suddenly had patients like this as well.

The symptoms continued for weeks. Diarrhea particularly worried Ritchie because you can die from that. He tried numerous anti-diarrhea meds and nothing worked! One day, with a female patient, Ritchie was desperate to find a way to stop her diarrhea. He remembered that there was an old medication called Cholestyramine that was used to lower

cholesterol levels before the invention of statin drugs. It was also used for cases of diarrhea where fatty bile was causing the diarrhea. It works by binding with cholesterol that is part of bile. It does not allow the cholesterol to be reabsorbed in the intestine but rather gets flushed out in the stool. It has the side effect of making you VERY constipated. He thought that could be useful to stop the terrible diarrhea that she was experiencing.

After a few weeks on CSM the woman came back and happily reported that her diarrhea had finally stopped. She added that not only had her diarrhea stopped but ALL of her terrible symptoms had stopped as well. This totally surprised Ritchie. Why had all her other symptoms stopped as well?

He prescribed CSM to all the other sick patients and sure enough, all of their symptoms went away within a few weeks on CSM. Ritchie was amazed and perplexed. A lot of docs would have just shrugged and said "well that is great!" and then gone and played golf. Not Ritchie! He wanted to know WHY this happened!

He began asking all the patients every question he could think of trying figure out what they had in common. The only thing he could find was that every single one of them had recently been in the local Pocomoke River. He later realized that there had recently been a very large algal bloom in the river killing tens of thousands of fish. He was unaware of any connection to illness in humans from algae blooms. An algal bloom happens when the conditions are just right for the growth of algae and it reproduces at a tremendous rate becoming the dominant organism.

Ritchie learned that this algae was called pfiesteria. He learned everything he could about it. He learned the pfiesteria produced a particular type of toxin that was fat soluble. He theorized that these people had picked up enough of this toxin to cause the symptoms. Since it was fat soluble it got trapped in a cycle where it would bind to nerves and brain since they are mostly made of fat. The toxin would make its way to the liver. The liver would dump the toxin into the bile duct for elimination. But since it bound to cholesterol it would NOT get excreted.

Aside from the current negative connotation given to cholesterol, the body considers cholesterol to be a very valuable substance, so it has a way of reabsorbing cholesterol before it is excreted. This allowed the toxin to re-enter the body repeatedly, causing sickness with no end.

One thing that puzzled Ritchie was that these people were not the only ones who had been in the river. They got sick and others did not. He could not figure out why, until later.

Mold: A Health Disaster, Part 4

December 13, 2005

Fourth Installment: The Genetic Connection

In my last installment, I talked about how Dr. Ritchie Shoemaker happened onto his important discovery. Basically, he found that the one thing that his newly sick patients all had in common was that they had been in the Pocomoke River during the time when there was a huge fish kill from a major Algal bloom of an algae called pfiesteria.

The thing that puzzled Ritchie was that there were a lot of other people who had also been in the river at the same time who did NOT get sick. Why did only some people get sick??

This is actually a major problem in medicine. Everyone is different biochemically and genetically. Not everyone responds the same way to the same thing. This is true with cigarette smoking, exposure to heavy metals like mercury from dental amalgams, petrochemicals, peanut butter, and even HIV. There are many people who are HIV positive who never develop the symptoms of AIDS. It makes a doctor's job hard to do, especially when they either don't have time or they don't make time to really devote thought and attention to a patient's underlying issues. It makes it easy to simply prescribe a drug to mask a symptom but not try to uncover the underlying problem that someone has.

That is the major theme of my book, Wellness Piece by Piece. Chronic conditions are a PUZZLE that have to be patiently pieced together. It can be done, but is hard. A goal of Jigsaw Health is to help people unravel their puzzles more quickly than it took me.

To his credit, Ritchie wanted to know and understand why these people got sick and others did not. He read everything he could get his hands on. He began to run tests on all the people he encountered who had a Biotoxin related illness. He began to identify a number of tests that could help determine the biomarkers or patterns of his sick patients. He also began to see that there were many more organisms that produced the type of toxins that caused his original set of patients to get sick. He learned that mold was the most common toxin forming organism that people were regularly exposed to. He became an expert on mold. He testified in mold cases and helped to win several large settlements from insurance companies. He won because he had data. Lots of data!

He gradually uncovered the fact that there was a definite genetic link to biotoxin-related illness. Ritchie now knows the genetic types of most, if not all who are susceptible to biotoxins. He uses a Labcorp test for HLA DR genes. These are groups of immune response genes that control the attachment of an HLA "tag" to antigens. He has found about 26% of the population lack this ability to recognize biotoxins, tag them, and then eliminate them. Without this ability, the toxins continually circulate within the body. They constantly cause the immune and inflammatory response to turn on and never turn off since the toxins never leave the body.

Some of the toxins may slowly be excreted through feces since the toxins are eventually dumped into the intestines in bile, dissolved in cholesterol. The body reabsorbs most of the cholesterol because the body considers cholesterol to be very valuable. Some does get excreted however. Therefore it is possible to get well very gradually if you are not exposed to new or continued sources of biotoxins like mold. The problem is that it is common to be continually exposed.

A good way to think of the inflammatory response is what happens when you get the flu. The tired, wiped out, achy, even delirious feeling that you get is your body's inflammatory response. When the bug causing the flu is gone, you start feeling better because the body turns off the inflammation response.

People with chronic fatigue, fibromyalgia and other "fatiguing" types of conditions feel like they have the flu all the time! The inflammation response never turns off. Ritchie can measure most of these biochemical responses. There are patterns. He can tell whether you are responding to mold, or Lyme toxin for instance.

This is a critical observation for people with these conditions. Almost 100% of doctors are totally baffled by these chronic conditions. The myriad of diagnoses are simply buckets that doctors throw people in when they have NO CLUE what is wrong with you. They have NO CLUE what to do for you. Dr. Shoemaker is really the first that I have come across in all my reading, studying, and going to doctors who does really know what is going on and is able to do something about it.

When I first met Ritchie, there was a news crew from Baltimore (3 hours away) there doing a story trying to answer the question, "Why are people coming from all over the world to Pocomoke to see a family practitioner?" The reason is because he has figured out much of the puzzle of numerous chronic conditions.

Still more to come...

Chronic Fatigue Cure? - Part 1

July 20, 2009

Most people with chronic conditions like Chronic Fatigue Syndrome (I will use CFS as all inclusive for fatiguing illness), Fibromyalgia, Post Lyme etc. try many different things to get well. I certainly did. For 37 years I have been trying to figure out how to recover 100% of my health.

I have reached a place where most of the time I feel pretty good. Not necessarily great but certainly highly functional. When people learn that I was often very sick all the while I was building two software companies (ACT! and SalesLogix) they are shocked. I learned how to be functional in spite of how I felt. I remember a several week intense effort to raise money for SalesLogix where I was a basket case. But somehow, I had learned how to separate how I felt with what I needed to do. Often I would say, "how I feel is not me. How I want to be is me." I learned to play the role of health. Only those closest to me knew I was sick.

That is the way it is with fatiguing illnesses. Many people just learn to function anyway. Others are simply too sick and they cannot do it. But I have never talked with anyone who wanted to be the way they were. Most were searching. Their relatives and friends often would pass judgment on them. "They are just lazy!" I recently played golf with a VA Doctor who openly talked of his total disdain for Iraq soldiers "who were faking their illnesses (PTSD)". I really wanted to punch him!! Almost did. When you feel really bad all the time, there is nothing else that you want except to get well.

I believe that time will prove that there is a single underlying dysfunction with most fatiguing illnesses that if corrected would cause virtually all the symptoms to disappear or at least bring a cohesive understanding on how to deal with those symptoms.

I have said for many years that the main symptom of a CFS patient is they have seen MANY doctors. Usually with no, to little help. Mainstream and alternative docs basically have few answers. There are nutritional supplements and some Rx meds that certainly can help. I was helped a lot by a regimen of many supplements and a few meds, detox and exercise. But none of these fully fixed the underlying problem.

Think of the underlying problem like a smoldering fire, The systemic symptoms are no more than brush fires that are continually kept alive by the real fire. Doctors tend to focus on the brush fires. They are not looking for an underlying basic problem. Doctors don't have time to

step back and look at the entire CLUSTER of symptoms always found with CFS, and ask what could be causing this wide ranging systemic illness? Why do all these people have the same symptoms?

Well there is one doctor who for 14 years has searched and found some real answers. I don't say that lightly. And I have only recently begun to say it after knowing him and his work for 4 years. And hope to help him prove more of this by funding a needed double blind, placebo controlled clinical study. I hope it will prove conclusively that this entire cluster of symptoms is caused by a single underlying dysfunction. Sounds simple! It is, but it actually isn't.

The fire that is lighting fires all over the body is caused by a very complex cascade of dysfunctions resulting in one basic problem. It is confounded in that only about 25% of the population have a genotype that will be affected. And even that is not simple. There is one basic genotype with about 12 subtypes. Those 12 make up a spectrum that determines just how badly you will be sick, And getting sick depends on how much exposure you have to a very specific type of toxin made by a number of organisms. The most common is mold. The kind of mold you find in homes and building with water damage. A dysfunctional immune response to mold toxin is the most common cause of fatiguing illness.

When I recently saw Dr. Shoemaker again in late May, I knew he had made tremendous progress, but I was not prepared for what he said to me. "After 14 years of chasing every rabbit trail, and learning many things to help people, I have finally started to use a word I never really expected to use...CURE".

Now you would have to know Shoemaker to understand how significant a statement that is. He is a "by the book" doc, with a healthy skepticism. He also suffers from this dysfunction. In fact, he has the exact genotype as I do which puts us in the worst 3% on the spectrum of biotoxin illness. It also means he and I are related! More in the next post.

A CFS Cure? - Part 2

July 20, 2009

When I saw Dr. Shoemaker four years ago he was just beginning to narrow in on the answer to fatigue related illness. In virtually all of the 4,000+ patients he had seen there were a host of inflammatory, regulatory chemicals and hormones that were totally out of whack. He was never taught at Duke Med school to even look for these markers but his research made him chase the rabbits where they led. And the data he was getting contradicted much of what he was taught. He told me then, "I had to learn when the data contradicts what I was taught, the data is always right!" That makes him more scientist than doctor. And it makes him rare. Most docs only believe what they were taught in med school. Even new, well documented discoveries remain a mystery to them because they don't have time to read their own journals. The only time most of them learn anything new is when a pharma rep takes them to Tahiti. Sad but true most of the time.

At the time there were two little known hormones that were showing up as "dead low" in virtually all of his patients. One was MSH, Melanocyte Stimulating Hormone. The other was VIP, Vasoactive Intestinal Peptide. Ritchie was excited but frustrated with this finding. While he could measure them and see that they were low, he had no way of supplementing them. Neither were FDA approved and thus not available to him to use. They were available for researchers only for use in lab animals but not humans. Both are incredibly important and potent. MSH still is not available but VIP is available experimentally but only to docs who know about it and they are very few.

Shoemaker first got started chasing these rabbits 14 years ago when a group of about 25 of his patients suddenly all came down with the same cluster of symptoms. They were very fatigued, had terrible diarrhea, headaches, achy joints and muscles, sensitivity to light, and had cognitive/memory issues and a host of other symptoms. Ritchie was stumped. They did not have the flu or anything else he could diagnose. One lady had diarrhea so bad she was basically dying. He tried every

med he could. Nothing stopped it. Out of desperation, he thought of an old medication, Cholestyramine, used to lower cholesterol. It had a side effect of terrible constipation. He thought maybe this would help her. It did. When he saw her at her next follow she reported that not only did it stop her diarrhea it got rid of ALL her symptoms. This totally perplexed Ritchie. He saw absolutely no way this med could have stopped all her symptoms. He gave the med to the rest of his sick patients. They all got well. Made no sense to him.

He called them all into his office where he tried to determine just what they all had in common. After quite sometime, it was determined they all had only one thing in common. Each had been in the Pokomoke river when there was a major bloom of an algae called pfiesteria. Shoemaker learned that this algae produced a fat-soluble toxin that attacked the nervous system of fish and killed them. This explained why cholestyramine helped each patient. It bound to cholesterol in the bowel and prevented it from being reabsorbed. The toxin was bound to cholesterol. So the toxin was carried out of the system.

But this did not explain everything. These people were not the only people who had been in the river. Why hadn't everyone gotten sick?? That question started Ritchie down every rabbit trail where it led him. He learned that there was genetic component to CFS. Virtually all the CFS patients he saw had a genotype where their immune system failed to recognize this type of toxin as a toxin. So it did not remove the toxin. About 25% of the population has one of the 12 or so subtypes of this major genotype. He learned that the primary exposure to this type of toxin was mold. Mold found in Sick Buildings and homes where water damage had taken place. This is a very common occurrence. The 12 genotypes represent a "spectrum" of extremely bad (the dreaded genotype) to somewhat bad. Depending on your genotype you would either get really sick or only somewhat sick. Or you would not get sick at all if you did not have the genotype.

Basically, the toxin kicks off a strong immune response that starts an inflammatory cascade that never gets turned off because the toxin is still there. CFS and all other fatiguing illnesses are basically like getting the

flu but the flu symptoms never leave. The inflammation cascade wrecks havoc systemically. It is like having a smoldering fire that is constantly starting brush fires all over the body. Most docs go after the brush fires but are unaware of the underlying fire. Put that out and all the brush fires go out.

When this fire continues for many years, damage to the body can and does happen. The most serious of which is what happens to the brain. Particularly the hypothalamus. It controls and regulates many functions in the body. When it is not working, lots of things stop working well. It is also where most of our VIP and MSH are made or are regulated. In chronic conditions like CFS these are always "dead low".

While MSH cannot currently be replaced, there is a pharmaceutical company doing a LOT of work on it. But VIP can and it helps put out the fire and even restores some of the functions of MSH.

How is VIP doing for me?

July 20, 2009

I now have had the opportunity to try VIP. I am in the final week before I have labs drawn to see what my "mold" numbers are now. I have been on a schedule of 4 times per day which is 50mcg's per nasal spray. I drop down to 2 per day for a month and then get tested again.

I have had partial relief of muscle soreness that was with me pretty much most of the time. My recovery from exercise is better. It seems I am also able to focus somewhat better. Hard to say. My hair grew back. Haha. VIP may have done some good things for me. But I think my expectations were way too high and now I am somewhat disappointed. Before VIP I said that I felt I was pretty much 80-85%. Now I might be 85-90%. Overall, that is very good and welcome! Just not the 100% I had hoped.

The real test will be my objective numbers. Before VIP, my C4a was about 2.5 times high and my TGFb1 was about 3 times high. Other numbers were also either high or low but I won't go into those. Those 2 numbers are what Dr. Shoemaker hones in on the most. Both are inflammatory markers indicating an overactive immune function. VIP has an influence on both, keeping them in check. All part of the "deranged physiology" that Dr. Shoemaker said I, and other mold patients have.

He also once told me "you should be much sicker than you are." I attribute that to many things I learned to do along the way. The most significant of which, in my mind, is my use of low dose cortisol replacement. I write about that here.

Dr. Shoemaker is not a fan of cortisol replacement but I don't agree with him on that one. One of his findings in almost all of his patients are abnormally low levels of cortisol AND ACTH. ACTH is the pituitary hormone that tells the adrenals to make cortisol. To many docs this is a hallmark of adrenal insufficiency or adrenal fatigue. Or, more likely, it is a sign of a non working hypothalamus since it is the organ that tells the pituitary to tell the adrenals "hey, make some cortisol". When cortisol levels get high enough the hypothalamus says "Whoa, that's enough for now." I believe that in mold illness or CFS+ the hypothalamus is simply not working. It seems to be the main part of the brain that takes the brunt of the inflammatory cascade. Damage is likely when someone has been sick a long time. Dr. Shoemaker and others find that with CFS+ patients, usually everything that is dependent on the hypothalamus is off. VIP and MSH both are made or controlled primarily by the hypothalamus.

So supplementing my cortisol with "physiological" as opposed to "pharmacological" doses has been a huge help to me for well over a decade. Whenever I try to wean myself off I eventually crash!! People replace thyroid, testosterone, estrogen, progesterone, HGH all the time but for some reason docs are afraid of cortisol. This is due to their experience with pharmacological uses of cortisone as in prednisone etc.

But the body makes between 30 and 40 mgs per day and much more when stressed. If a mold/CFS patient is unable to make this much it makes total sense to supplement this most critical hormone!! But enough about that.

How can you learn if you have mold related illness

August 10, 2009

I have had a few people email me and say, "Alright already, tell us the answer." I will attempt to do so in this post and the next. How can you learn if you have a mold related illness?

Based on everything I know now here is what I would do in this order:

1. Don't laugh, but measure the wingspan of your arms from fingertip to fingertip. If your wingspan is longer than you are tall you have a very high probability of having a genotype that is mold susceptible, especially if you are from Northern European descent.
2. Go and take the online VCS test. It costs \$20 to take the initial test and is well worth it. On the VCS test DON'T guess. If you can't see the contrasts hit the "I don't know button." We all want to pass tests and we were taught to guess if we don't know the answer. That can mean you pass this test when you actually are sick. The VCS test works because the optic nerve goes directly into the brain. Mold toxins are neurotoxic and often affect the eyes first. A high score here is HIGHLY indicative that you are sick from mold exposure.
3. Get your genotype tested. Through your doc where you might get reimbursed by insurance, but you have to convince your doc to give you a test he knows little about. The test is available from LabCorp. The test is called an HLA test. The Test # is 012542. The DX codes for the test are 279.10, 377.34, 279.8. OR you can order your own test from a few sources that sell LabCorp tests.

4. When you get your test results back, download HLA Test Results to figure out what your genotype is. The document has 2 pages. It can be a little complicated but you can figure it out. You can either have one or two bad alleles. When you translate it refer to the 2nd page of the document to see if your genotype is on the list. The 2 worst genotypes (Shoemakers "dreaded genotypes" are 4-3-53, 11(12)-3-52B. People with Chronic Lyme Disease tend to have 15-6-51 or 16-5-51.

5. While you are at it you might also want to test your VIP and MSH levels. Those are the two I would probably test as they will confirm that you are feeling bad because both of these powerful peptides are either very low or can't even be detected (as they were in me.) If you want to run all the tests and have a doc willing to work with you, search for New_Biotoxin_Lab_Order_List_rev3 which lists ALL the tests that Dr. Shoemaker runs.

6. Now keep in mind that most doctors won't know what most of the tests are since they have not commonly used them. But these are all tests that are available from the Labs listed. Your insurance company won't recognize most of them either.

7. Find out where you are being exposed to mold. Thankfully you don't have to tear walls down etc to find mold. There is a great new test (ERMI, Environmental Relative Mold Index, developed by the EPA.) where a sample of dust is collected from your carpets, drapes and furniture. Now it is possible to buy this test online, collect the sample and send it to an ERMI lab yourself. I chose not to do this. The more I learned I felt that getting the test done right was more important than perhaps saving a few dollars. By googling "ERMI" and "Mold" you will find local mold companies. Be careful! Not all the companies found will even know what the ERMI test is much less know how to do it. You want to find someone who KNOWS the test, and uses it regularly. In Phoenix I have a good company that I work with and recommend. They did a great job, charged \$500 and I could tell they really knew what they were doing. They also did a bit of remediation and used a process using concentrated Hydrogen Peroxide fog that hopefully killed what little mold my house did have. I have a vacation home in Flagstaff and could

not find a mold company who knew about the ERMI test. But one of them knew a professor at NAU who managed all the buildings on campus who regularly used the ERMI test. I contacted him and for \$600 I had the test done for that house. Thankfully it was VERY clean. I also had Jigsaw Health's office checked (pretty moldy!) and one of my daughters houses as well. (Also moldy)

8. One thing to keep in mind is that if you have a bad genotype, your children have a 1 in 4 chance of having that same gene. If you have two, they definitely have one or both of yours.

Next post I will tell you what you can do to begin to get well.

Beginning to get well from Mold Illness

August 12 & 27, 2009

I believe that most "fatiguing" illness is caused by mold toxins. These include the obvious, Chronic Fatigue and Fibromyalgia. But there are many other labels that are being put on people by doctors who have to quickly diagnose someone and try to do something to help them. Epstein Barr, Cytomegalovirus, Depression, ADD, ADHD, Generalized Anxiety Disorder, Irritable Bowel, Migraines, Rheumatoid Arthritis, Hypothyroidism, Candida, Mercury Poisoning, Allergies, MS, ALS, Lyme, Autoimmune conditions are labels that can be placed on you for a diagnosis when mostly, the real cause is actually mold toxins. Mold toxins that affect people with genetically impaired immune systems that fail to recognize the toxin as a toxin.

Some of the conditions I mentioned above could actually ALSO be present. Some of them were in me. But it turned out with me that mold, and the systemic damage it caused was the big underlying cause. I also believe that a Traumatic Brain Injury (TBI) I sustained as a Soph in college was a confounding, co-morbid condition that makes the mold illness worse or more difficult to treat. I ALSO believe that it was a VERY good thing that I recognized in 1987 that having 12 mercury

leaching dental amalgam fillings in my mouth probably was not a good thing. My health definitely became better when I had them out. But they were NOT my main problem. I consistently talk to people who think Mercury is their main problem who end up having a severe mold problem. They should still deal with the mercury but MOLD is likely the bigger problem. The problem really is the total body burden of toxins, mold being a particularly bad one for certain genotypes.

In the last update, I gave you the basics on how to determine if you have a mold problem and how to learn where you are being exposed. Now let's deal with some basics of how to get well. I am not going to go into depth because to really get well requires a doctor who knows what he is doing. Unfortunately there are not many right now. The need is so great my next venture may well be to start a network of clinics to focus on nothing but this. It has actually been something I have been thinking about for over 6 years.

This is NOT medical advice! I am not a doctor. I just play one on TV and I have stayed at a Holiday Inn Express!

1. Get away from the mold! Easier said than done! If you work in a moldy building and cannot work from home you have a major problem. If you live in a home that is moldy, it is not easy to move. Stay out as much as you can. Sleep outside if you can. Move if you can. I know of people where most of the family was sick from a very moldy house where they simply left the house with not much else other than the clothes on their back.

If you can gather enough medical data and are willing to spend the money you can sue your employer and the building owner but most of the time this is a total waste of time. If a bunch of people where you work are sick, a class action suit, or the threat might get some attention to the problem. You would have to have a medical expert on mold and there are only a few and they typically get involved only in big cases. Mold is just not yet widely recognized in health and science circles as being something that serious. This is due to the fact that 75% of people don't have a problem with any level of exposure to mold.

2. Re-mediate if possible. If you have a severe problem with mold this can be impossible. Mold is NOT killed by bleach as many believe. In fact, there is some science that suggests bleach can make things a lot worse! Small amounts may be eradicated by the using highly concentrated fogging with hydrogen peroxide. I have not proven this. I am only trying it because my mold guy convinced me he has great success with it. We will see when I redo an ERMI test in my home. (I don't have a big mold problem in the house.) Read Leviticus 14. If this isn't a description of a mold problem and what to do about it I don't know what is. When mold takes over, it cannot be remediated. It can only be torn to the ground and burned. If you can find that it is isolated, you can tear out all the drywall, studs and replace them. That is what I had to do in the home I lived in for 13 years in Scottsdale. It cost a lot to do but fixed the problem.

3. Become a Mold Warrior. Get Dr. Shoemaker's book called "The Mold Warriors" and read it. It is not an easy read and not very well written but the chapter on the Biotoxin Pathway is great. There is a LOT of info there but you will get a much better picture of what you are dealing with. It is somewhat outdated as Shoemaker is always learning many new things. You will also find my book "Wellness Piece by Piece" useful even though I don't cover mold there. I did not know about my mold problem when I wrote it. But when I first worked with Dr. Shoemaker 4 years ago he said to me, "You have a very deranged physiology and you should be a whole lot sicker than you are." He attributed it to all that I had learned about nutrition, exercise and other things that helped. Recently he said to me, "The people that come in here who take 30 different supplements are always better than the ones who don't. I just don't know which things help and which things don't." I will make some suggestions on these below.

4. Take Cholestyramine (CSM). This is an old med that is not used much anymore. You should be able to find a doc who will give it to you even though they won't likely understand or agree with you about mold. The type of toxin mold (and some other organisms) produces is fat soluble. It is carried throughout the body and brain by cholesterol.

Cholesterol is considered very valuable so the body has a mechanism for reabsorbing it before it passes in feces. So the toxin simply keeps being recirculated. CSM will clear most, if not all of the toxin in 3-5 weeks.

I don't like the standard Rx for CSM as it has aspartame in it. CSM can also be harsh on the GI and may even cause gallbladder problems so be very careful. I use a compounded version of CSM from Hopkington Pharmacy at 508-435-4441. Your doc can order it. Often insurance won't cover the compounded version unless you make a big stink about it. Tell them you are allergic to aspartame. Since it is a neurotoxin you actually are! CSM is hard enough to tolerate compounded, but it is much better than the the off the shelf version. Two side effects. Constipation and Acid reflux. Very important: Add psyllium husk to your CSM. It will help dramatically with the side effects and studies show it actually dramatically improves the the effectiveness of CSM. I also take extra Jigsaw Magnesium and Tums if I get some acid reflux. That works for me but may not work for you. You need to try to get 3-4 doses down on a relatively empty stomach. If you have GI trouble take less fewer times and see if you can build up gradually. It is possible to get a little worse for a few days before you start feeling better. Usually, 4-6 weeks is enough and you can retake the VCS test to see if CSM helped. If you get REALLY, REALLY worse STOP! It could mean you really have Lyme disease. Lyme produces the same kind of toxin but before you use CSM you need to use a med called Actos to bring your C3a levels down first.

5. Treat your worst symptoms. This will go against the grain for a lot of people. It did for me for many years. But once I understood what was going on inside of me was physiological, and I was not crazy or in some weird spiritual battle, I felt better about doing something real about my symptoms. It is far better to treat the underlying causes and if you stick with it, you can with most mold illnesses. But in the meantime, you NEED some relief. Very common in CFS+ mold illness is insomnia, weird anxiety, ADD and depression. Get HELP for these. If I break my leg I use a crutch until it heals. Until you fix the damage done by mold, especially if you have been sick a long time, you need help until repair can be accomplished, if it can.

Sleep is critical. You HAVE to know you can sleep without worrying about it. You can try natural things like Valerian, 5HTP, melatonin etc. They did nothing for me but may for you. I like the recommendations of Dr. Paul Cheney. Cheney talks about the benefits of Klonopin for CFS patients here. Klonopin does many things for moldy people. It protects the brain from much of the inflammation cascade. It blocks glutamate which gets released in high quantities with the cascade causing lots of symptoms and damage. It helps you sleep. It calms the weird, sense of doom and anxiety that is common. For me it was a life saver! (Be aware that for some, Klonopin has sexual side effects that can be very bothersome. Xanax or Ativan can be good replacements in that case.)

For sleep it is best to take small amounts of a few things rather than a lot of one thing. It keeps side effects and dependency down. I would recommend you use whatever it takes to get 8-10 hours of sleep. It is absolutely CRITICAL that you SLEEP every night no matter what it takes. Klonopin, Trazadone, Ambien, Lunesta, Seroquel are some to try. The 3 that worked for me are Klonopin 1mg, Trazadone 100-200mg and Seroquel 50-100mg.

.5mg of Klonopin twice during the day was great for anxiety and I used Pristiq for depression. It worked great too. Vyvanse is the new standard for ADD. I don't take this currently but I liked it when I did. I work with Dr. Charles Parker with my meds. He uses NeuroScience testing to track progress. He mixes Amino Acid therapy with meds which works much better than meds or amino acids alone. There are a lot of advantages with this approach. Google it.

Basically, what I am saying is, don't limit yourself by suffering with these symptoms when you don't have to. You can drop the meds as you get better. Some people recover just from using CSM so you may not need the meds at all. But most don't fully recover just from CSM. The key is to get as FUNCTIONAL as you possibly can while you work to understand all the things mold has broken and find ways to fix them.

6. Fix your hormones - Because the immune and inflammation cascade hits the hypothalamus really hard your hormones will be off. Check

your sex hormones and supplement all of them to bring them to normal levels. Creams and pellets work the best. Check your cortisol, DHEA and ACTH. They are probably all low. For me this was a really big deal as I have written about before here. I am hypo-adrenal. I don't make enough cortisol. So I supplement in very low doses. 20-30mg's of hydrocortisone (NOT Prednisone etc.) which is less than the body normally makes on it's own. Thyroid is a biggie too. Get the book "Stop the Thyroid Madness". It does a great job of covering BOTH thyroid and adrenals. They are tightly related. This can help you big time!

7. Allergies - I hate allergies cause they are always something I like to eat. For me, milk is the biggie.

8. Supplements that can help (short version. For more info on these use Google) It's the inflammation stupid! Since you are dealing with an inflammatory cascade, supplements that help with controlling inflammation will help. My favorites are Vitamin C 3-6 grams in a sustained release formula. Curcumin. Broad spectrum Vitamin E with tocotrienols 400-800 IU. Geronova's Na RALA 600mg. DHEA 20-40mgs. High dose Fish Oil. 2-3 grams of concentrated, purified (from mercury) fish oil. I prefer high or even pure DHA for both brain and anti-inflammatory reasons. I also like Borage Oil to get DGL. Magnesium with Sustained Release Technology. Sustained release Mag is very calming to the muscles, to inflammation and to the brain. Ginkgo 200-300mg. Vinpocetine 20-40mg. Pycnogenol 200mg. These help many things in the brain and blood flow as well as being protective to the brain and blood vessels. Ubiquinol 100mg. Vitamin B in the active forms with Sustained Release Technology. Glycine Propionyl L-Carnitine (GlycoCarn) 2 grams.

9. Exercise - A lot of people are so sick they can't even think about this. But if you can, it will help you a lot. I like to do intervals. Jog, walk, sprint, walk, sprint, jog for about 30 minutes 3-5 times per week. Walk slowly if that is all you can do.

10. Other Meds - Now it gets even more tricky. To really deal totally with the effects of the immune and inflammation cascade there are a number of possible interventions that Dr. Shoemaker has studied. I have talked about VIP which he is studying now. VIP has many effects in the body. I take it and it helps but it is not a magic bullet for me unfortunately. There are others like Procrit, Tadalafil, Cozaar, Actos. All used off label. I would not recommend any of these without working with a doc who is open minded and will learn what you are trying to accomplish and why. The studies on the first two are on Shoemakers site. Cozaar is a BP med that works minimally to bring down BP but it is GREAT at bringing down TGFb1 which is a killer cytokine.

For the brave at heart, all these meds can be bought as either brand or generics without an Rx if you research them long and hard enough. But I ain't telling you where. I don't recommend you do it, I only wanted you to know you could. It is legal in the US to import meds for your personal use. If you are desperate and willing it is up to you. Sometimes it simply is impossible to find a doc who will treat you. Personally there are a number of things I don't agree with Shoemaker about regarding his often painfully slow process that means you might suffer for many more months before you ever get to something that will actually help you. He should not do this when he knows what he can do to help. But it is his process and he refuses to vary from it. Perhaps for most that is a good thing. For me, sorry, I have suffered long enough to serve as a lab rat! Hopefully, there will be good alternatives in the near future.

I fire a lot of bullets at my problem and it works for me. My blood markers for mold illness are all improving. I intend to keep at it till they are as normal as they can be. Maybe then I will know what it is like to feel totally normal again. I am close. You can be too. Get after it!

Why I no longer recommend Dr. Shoemaker

September 22, 2009

I am not retracting anything I said previously, in fact I could amplify but won't. But there could be a few reasons to still go see Dr. Shoemaker.

First, if you need a doctor to help you get disability he could be very helpful at doing this.

Second, if you need an expert witness in litigation of a mold case you likely could not find a better advocate than Dr. Shoemaker. I recently read a 47 page letter to an opposing lawyer written by Shoemaker and it is a brilliant piece of work. and will help you understand your own illness better.

Third, if you do go see him you will have a much better appreciation of your illness and understanding of your physiology. Now it is possible to do much/most of this on your own, but it is not easy. And you need to go into it understanding that you may well end up primarily as his lab rat but you will learn a lot in the process. But a lot of it you can act on on your own.

Also, you should read his book "The Mold Warriors". Though now outdated and poorly organized, you will have a MUCH better understanding of your illness.

I wish it were not true but I have come to the conclusion that I can no longer recommend people see Dr. Shoemaker. I still believe that he is totally brilliant. I believe he has unraveled much of the mystery surrounding Fatigue illness. I still believe he ought to win a Nobel Prize.

There is a whole lot more to this story that I will not write about here. And Shoemaker would definitely have a different side to tell.

In my opinion, I don't like the way he treats patients. I have been a patient for over 4 years and my fiance has been a patient (sort of) for the past 6 months. I learned to walk on eggshells around him and around his staff because they are very easy to offend and will openly get mad at

you. If you ask the wrong questions, if you step a little out of their standard, methodical rituals, they will jump down your throat. I once was forced to write an apology to Ritchie and his entire staff for canceling an appointment. He made me feel like I had murdered someone. I was simply too sick to travel 2,300 miles to see him. But that did not matter. I had offended him. So in order to stay in his good graces I wrote the apology.

There is more to the story but my girlfriend was forced to wait 3 months before he would bother to talk to her on the phone after he had her blood results and her required history and paperwork, which they demanded she do TWICE. And then, essentially he would not treat her except very minimally even though she has the "dreaded genotype". He made her and me feel like asses in the process to boot.

I finally got fed up and true to my nature I blew up at him with several harsh email exchanges. Needless to say, I am not going to fund the study he wants to do on VIP. I believe this study has a whole lot of problems with it and could have significant problems being approved anyway for reasons I won't go into here.

Yesterday, out of the blue, I got a call from a man I did not know, who was a patient of Shoemaker who told me the horror story of how he has been treated. He said, "he is brilliant but does he always have to be an ass?" He had been made to feel like dirt and had not been helped after 9 months of "treatment". It was a very sad story and prompted me to finally report here on my view.

Shoemaker's terrible bedside manner is not my main beef with him. I stomached his terrible behavior for years. But it was my feeling that he was not really treating patients in order to get them well that pushed me over the edge. Shoemaker is primarily a researcher, and God bless him for the research and discoveries he has made. The problem is his patients end up being his lab rats in my view. Whatever he is currently studying, that is what you are likely to get. He knows many things that could dramatically help a patient RIGHT NOW. But you generally won't get those things. That would mess up his research.

Most of the time he uses 1 thing at a time and that is usually the one thing he is currently researching. Patients can go for many months, even years, paying for office visits and repeated blood tests because he wants DATA about what that 1 thing does. And if you ask for the "good stuff" you are generally refused and may well offend him if you push it at all. I certainly did. It is not unusual for him to "fire" patients who piss him off. I think he would have fired me a long time ago if there were not the potential I would give him money for a clinical study.

The problem is that he is really one of a few docs who knows what he knows. He knows that too. I think he feels he can treat people poorly because where else are they going to go? That was my attitude. I would bite my tongue because where else was I going to go? I have since learned that there are others who may well be further down the road than he and are not as myopic in their view of what causes CFS+. Mold is just one thing. There are other toxic chemicals, infections, brain trauma's and heavy metals that can kick off the same cytokine storm. Shoe seems to only recognize mold for the most part.

But I realized that I did not need him. His work is published for the most part. It is out there if you look for it. The meds he uses. What they do. Clinical tests he has run. The Lab tests he uses. Virtually everything is out there. Yes, it can be very difficult to find a doctor who will take this info and work with you on it. But those docs can be found.

Also, almost all of the labs, and the meds he uses are available for purchase without a prescription. Most people who have been studying CFS and Mold etc have more knowledge and expertise than 99.9% of the doctors that are out there. I have grown very used to researching something in depth, going to a friendly, open, doc and telling him what I want to do. In most cases the doc would agree to work with me simply because he recognized I knew what I was talking about and had data to back me up.

More and more though. I simply do it myself. I order my own tests (read the posts below where I tell you where and what), and often I order my own meds from either Canada or overseas. Meds are cheaper and so

far have proven to be as good. It is legal to import medicines for personal use. Many people do it. They are true generics and have been approved for use in at least one country, often many countries. Many of these will never come to the US because it simply is too expensive to get through our FDA. A problem in and of itself. I was doing well before but have since experienced additional significant improvements.

I know. I am a risk taker and many people won't be willing to do this and I would never try to convince you that you should. But I have decided that where I have to, I will take things into my own hands, research very carefully and take a risk. Fact is, we take risks with anything a doctor gives to us anyway. The statistics are not great on Doc's giving the right meds all the time. So that is me. You have to decide what to do for you.

It does not make me happy that I can no longer recommend Dr. Shoemaker to anyone. But I just don't think it is worth the time, trouble, money and frustration. And I don't believe he gets a high percentage of people well. Shame is, I think he knows how. He just won't do it. It turns out that he is a typical allopathic doctor who, for the most part, wants one drug for one disease. Shoemaker's hope was that VIP (Aviptadil) was a one med cure. Trust me, it isn't IMO! I have used it for 90 days and at best, it offers subtle help. Worse, in me and others, our biomarkers actually got worse on VIP. Shoemaker did NOT like me asking him why and WOULD NOT even offer an explanation other than to suggest I must have some exposure to mold. I have taken huge steps to make sure that is not true. And if I were, other markers that would move with re-exposure actually got better. So it made no sense and he would not even try to explain. I am not sure he knows the answer and that is why he is still researching. I appreciate the research. I do. And I don't even mind being a lab rat if he would tell me that I was one. Often I got the sense he actually could answer my question but either could not be bothered or was too busy.

I take a functional medicine view of chronic illness. You measure everything you can measure and you try to fix as many of those things as you can ALL AT THE SAME TIME within reason. Then measure again.

You won't know exactly which things helped, but in most cases you will feel much better and hopefully be on the way to getting well. CFS+ is a multi-systemic illness. You have to attack it from several angles. The sooner the better. The more the better.

A typical mold patient

January 19, 2010

I get emails like this a lot. I thought his questions and my answer could be useful...

Dear Pat,

I'm a former X who lives in Y. I will keep this brief.

My health has been declining for 4 years. Problems with digestive system, nervous system, lungs and sinuses. Doctors were unable to find the cause. Recently, a testing company discovered mold growth behind the walls of my home office where I've worked for the past six years. The office had severe water intrusion problems during this time.

I've since moved out and have disposed of just about all of my personal belongings. What's left is sealed and in storage. Unfortunately, I'm unable to be near it at this time.

I went to Dr. Shoemaker for diagnosis and treatment. All tests verified mold illness: double genotype (not the dreaded, thank goodness), MSH of 8, VIP of 10, C4a over 10,000, etc.

I've been on the cholestyramine for 7 months. Some problems have improved such as ADD, confusion, leg and foot cramping and twitching and severe burning in my spine. - however, I'm still experiencing dehydration, fatigue, depression, brain fog and severe burning sensation in my neck and head. It's miserable and I'm unable to work. I've lost everything - health, finances and property. Shoemaker will not give me Actos or VIP replacement because my biomarkers have not improved in

the 9 months he's been treating me. In fact, my c4a has doubled from 5,000. to 10,000. I need help.

I'm renting a room in a house. All vents have heppa filters in them and I have a large heppa air cleaner in my room. I ERMI tested the house though I spend 95% of my time in the sealed room. The results were 5.28. Not sure what that means. Is this still too high?

I can't live like this any more. Can you recommend any other doctors or treatments. And most importantly, can you tell me what companies are researching MSH replacement and possibly how close they are to doing human studies?

I'm feeling like it may be my only hope of recovering from this. I want my life back.

Thanks for your time.

XXXX

Dear _____,

An ERMI of 5.2 is very high actually and means you are still being exposed to mold.

I know this is a very discouraging thing you have been going through for a long time but you can get well. As you know, while I love Shoemaker's research I don't have much respect for the way he treats, and fails to treat patients.

What is your situation? You say your finances have been drained but do you have some money to see a new doc or buy meds from overseas even if you cannot find a good doc to work with?

Actos, Losartan, a good antidepressant, anti-anxiety med, ADD med, hormone replacement would all help you manage your illness. But these are not cheap.

VIP would not help you much IMO. I have never talked to a single person on VIP that it helped. In fact, in most cases it caused markers to ALL be worse.

aMSH appears to be a long way off. CLinuvel in Aus is doing trials on it but for conditions not for inflammation etc. It is unclear when they will get approval, and whether it would benefit us. So I simply assume it won't be a help and focus on things I can do.

Regarding C4a, I am not at all sure it means a lot. There is actually extremely little research about it from anyone other than Shoe,. It appears to be a marker that moves around a lot for no apparent reason, and often does not relate to symptoms at all though Shoe claims it does. There is only one lab that tests for it and it is a very sketchy lab in my opinion. I think TGFb1 is a better marker with tons of research about it. This is also a marker where commercial labs are not yet testing for it. So I am not even sure it can be tracked effectively. But at least it is being widely researched and the what it does in the body is far more understood, and the things that can control it are far more understood.

I personally have experienced GREAT relief in bringing it down to normal levels.

Pat

What I do to get and stay well from mold damage.

June 17, 2011

It has been way too long since I added to my blog here. I am sorry I haven't but my interests are elsewhere AND for the most part I feel great! So I don't research as much. I still get lots of hits on the blog and am glad people find the info useful in their recovery from chronic illness. I recently received an email that asked great questions and my answer to it seemed blog worthy. The two emails are long so you have

to wade through them. I have changed some things in the email to me just to hide the identity. Hope you learn something useful!

Hi Pat,

I was reading your blog last night but couldn't not find any recent entries (past 09'). Are there any? I'm also a patient of Shoemakers (started in) and have been on the CSM for 2 1/2 weeks. I would totally agree with your remarks on his bedside manner (which doesn't exist). It is most certainly his way or the highway. I have the dreaded genotype 11/3/52B and low msh-6 (I sleep OK, but it's a very non-restorative sleep), low vip-7, and ADH and Osmo are out of sync causing the constant dehydration. My TGF-B1 is slightly elevated @ 3320 but my C4a and C3a are good-as are VEGF and MMP-9. Shoemaker mentioned patients buying MSH and taking it. Are you aware of this or have you had any experience with it?

The CSM was starting to work pretty well but then I went back to drinking a couple cups of coffee per day and today feel most of my symptoms back. Of course I will stop the coffee pronto but I think I would feel a lot better if I could raise my MSH level which Shoemaker said will not happen with my genotype. Guess he doesn't believe in a positive attitude.

I got the ERMI test back on my house and it's at 7.21-not so good. I just moved last Oct and do not want to move again. I've been dealing with these symptoms for years but only recently put it all together. Do you know if infrared saunas help to detox the biotoxins? I wanted to see if you had any personal experience with the infrared saunas.

I exercise as much as possible as I think it can only help. I'm in pretty good shape. Shoemaker thinks that has helped me otherwise he said I would be worse. Thanks for all the helpful info you have posted and if you have any more recent updates or answers to my questions I would really appreciate any and all help and info. Did you find VIP helpful? I

don't know if Shoemaker will perscribe that for me before I get house remediated. All the best...

XXXX

Dear _____,

No I have not added anything since then to the blog. I basically got tired of writing for it and had other things to do. I have thought about it though so that should count for something! :-)

I am aware that some are taking MSH under the name Melanotan 1 and 2. Not sure which they take. I took Melonotan 1 for awhile a few years back and all I got was very tan. My moles all turned black and my dermatologist had a fit! I wonder if Shoe knows what people are taking and if he thinks it helps? There are a few threads on the Melanotan forum about Shoes stuff but nobody says it helped them.

With you constantly being exposed to mold with a very high ERMI you definitely are in a tough spot. The number one thing you can do is get away from the mold! Can it be remediated? The other thing is to invest in great air filters. I use the IQAir. Costs \$899. I have 3 of them in the house. That would help lower the load! But as long as you are being exposed to the mold it is a serious problem!

I have used Far Infrared Saunas and have one in my house. It is a great detox for lots of things including heavy metals. Not sure if it gets rid of mold toxins though.

Exercise is BIG help for lots of reasons! Good that you are doing that!

The things I do though are some things that Shoe occasionally recommends and some other things I just think help a lot. I take losartan 50mg and pioglitazone 30mg everyday. I am not recommending these as I am not a doctor. I am just telling you what I do. I get them through PharmacyEscrow.com w/o an Rx. They are very potent anti-inflammatories for most of the markers Shoe tracks and a few he doesn't track. Losartan will lower TGFb1. It will lower Blood

Pressure a bit and that is a problem as most mold/CFS/FM people have low BP already. Sometimes you can take Licorice Root to raise the BP back to normal. You have to figure out your right dose though so you have to have a BP monitor. Anyone who has low BP ought to do what is needed to get their BP to normal as they will feel better with normal BP.

I believe the most significant thing you can do for BP and many other conditions is to make sure you are making enough cortisol. Most people think cortisol is bad but without enough of it we would die! Many people with chronic illness have low cortisol. It is called hypoadrenal or adrenal insufficiency. On a good day without much stress your adrenals make around 40 mgs. On very stressful days they can make over a 100 mgs. If you don't make enough you will suffer because of it. Here are two good articles on it. [ADrenal insufficiency](#) and [Dr. Doyle](#). Hypoadrenal is the main reason people with mold illness (and many other illnesses too) have low blood pressure, are fatigued, dizzy, depressed etc. Their body simply does not make enough cortisol. I take low dose hydrocortisone 20-30mg per day in 4 doses which mimics the way the body produces it. I take more if I feel I am coming down with the flu or a cold or something. Or if I am under a lot of stress. Don't be confused, I am NOT talking about prednisone or anything like that. Hydrocortisone is the exact same hormone the body makes. If you are hypoadrenal you will feel a LOT better taking cortisol! We are talking about taking physiological doses NOT pharmacological doses. It is the later which can become very dangerous!

The Hypothalamus in most moldy patients does not work well and the HPA axis simply has lost control of a lot of hormones ala your issues with ADH. I would check ALL your hormones using the ZRT Labs full kit. If I was low on anything I would supplement it! You basically have to try to compensate for a hormone system that is out of whack, probably permanently. Most mold patients are Hypo everything!

Regarding Losartan and Pioglitazone, both of these have helped me feel better. They removed a ton of soreness when I exercise. Go to PubMed and just do searches on both and you will see all the amazing properties

they possess for many systems in the body MAINLY because they STOP much of the inflammatory cascade that Shoe talks about.

I also use Curcumin 500mg twice per day. It also is an extremely potent inflammatory. CoQ10, and of course Jigsaw Magnesium and Vitamin C in as high a doses I can take without getting the runs.

The other thing I do is to address the very common symptoms of depression, anxiety and insomnia. Sometimes natural means can help a lot with these. Things like l-Theanine, 5-HTP, St. John's Wort, SAME etc can help I used to just tough it out. But I finally realized real damage had been done to my neurotransmitter systems and it was stupid to try to just tolerate it. Google Dr. Cheney and read his stuff.

Basically I take the approach of trying to feel as good as I possibly can given the circumstances that basically are out of control due to damage mold has done. I take 3mg of Intuniv which greatly increases blood flow to the pre-frontal cortex which almost is ALWAYS needed for mold patients who consistently show low blood flow to this critical region of the brain. It is the Executive Center of the Brain!

I run about 5 miles every 3-4 days. That is a great stress reliever and produces endorphins.

Another thing to research and decide if it sounds useful is to google LDN (low dose naltrexone). I have tried it but it interfered with my sleep. I hope to do it at a lower dose later on. Autoimmune conditions often co-exist with mold issues. LDN seems a promising thing to consider.

And to your final question, no, VIP did not help me or about 8 other of Shoe's patients who took it. He claims it is fantastic but I have only talked to one person who believes it helped them somewhat but it was hard to tell. So it is no miracle cure as yet unfortunately.

I hope this helps.

Pat

Reply to a Shoemaker Patient

May 23, 2012

Well, I know I haven't posted in like, FOREVER. Fortunately for me I have felt really healthy for a long time and have moved on to other passions. Like doing my 3rd CRM startup. ACT! and SalesLogix were great but I think Contatta is going to be the best and biggest thing I have ever done. And for those of you interested, my supplement company Jigsaw Health is rocking!!

I was amazed when I just checked back into the blog here. I still get several hundred readers per day with over 350,000 readers since I started years ago. Pretty amazing to me. I hope you all continue to find pieces to your health puzzle here.

I thought I would post an email from and my reply to someone who wrote to me. Perhaps some of you would find it useful. Here it is:

Dear Pat,

I apologize in advance that this is so long, I tried to summarize but it is so hard to make this brief. I have been wanting to write you for a while now for advice, since you and I have so much in common, with the exception that you have solved your health problems. I am suffering poor health related to one, more or all of the following factors: mold exposure, candida, and amalgam fillings. I am also a frustrated Shoemaker patient and have the dreaded multisusceptible genetic type. I have never felt comfortable about ruling out lyme as a possible factor either as I live in an area where tick bites are common. The next four paragraphs are background information and then I want to ask you for some specific advice.

I have been suffering with increasing symptoms since Feb 2010, when we had water damage in our home I have all-over joint and muscle pain,

burning sensations in my sinuses and skin (neck/back mostly), a feeling of pressure in my head, stiff neck, brain fog, fatigue, mold and chemical sensitivity, a fungal rash all over my groin and anus, and psoriasis. I have also lost 65 pounds and have some serious gastrointestinal problems.

I believe mold exposure is the primary cause of all this, and I am committed to getting into a mold-safe environment but its been very difficult to do. We left the water-damaged home in August 2011 (after spending thousands trying to figure out where the mold was--and we never did) for a new home but made too many mistakes. Not being a Shoemaker patient at the time and not knowing about ERMI, I hired someone to mold test our new house who declared the house mold-free. But the house did have some issues in the basement and ductwork combined with not realizing how badly contaminated the things we brought with us really were, I have problems in the new house as well. We are selling again and still looking for a clean place to buy or rent and are going to leave everything behind. Thank God, my wife and two young daughters are not affected by mold. But I am so sensitive to mold and chemicals that every place we look at I have some type of reaction to.

I also am getting exposed to mold at work making things even worse. Things are tough at work because my health has left me unable to perform like I did in the past, and they are not sympathetic to my problems. I had to do a secret ERMI test because they would not allow me to do one and results show it is not a safe place (ERMI 8). Shoemaker has advised I find a new job, but now I basically need to replace everything (except my family) in my life: my house, all my belongings, and my job. Thank God I am still working at this time--it would be a disaster if I did lose my job because of all the money this is costing me to try to solve.

Like a lot of people I'm at an impasse with Shoemaker. I have done cholestyramine for quite some time but could never tell if its was helping me or not. He treated me for a MARCONS infection of the nose with Rifampin and oddly my head started to clear up, making me more

suspicious of my lyme theory, but I've tested negative for lyme multiple times and he doesn't buy into this theory. He wants to give me VIP but won't until my home is less than ERMI 2. Its only an ERMI 2.08 but I've again spent thousands trying to lower the mold, wherever it may be, and have been unsuccessful. Oddly most of the things he checks are all normal. MSH, VIP, VEGF, cortisol, all normal, and I passed my VCS test. The things that are abnormal are high TGF-B1 (ranging from 4,000 to 10,000), high C4A (ranging 4,000 to 8,000) and an abnormal mr spectroscopy. This makes me suspicious that perhaps mold exposure was not my biggest issue and that fungal infection/amalgams are a bigger issue but he has no interest in the effects of amalgam fillings and candida/fungal infections. I had six amalgam fillings in my mouth when this all started and had them removed in July 2011. My fungal rash started sometime in 2010 and has gotten worse and worse, and I know that I'm receiving a "mold exposure" from inside of me as well.

The specific advice I would like to ask:

1) I am so sensitive to mold, and becoming more sensitive, that so many places I go I can smell and react to mold. Will this improve after I get my fungal issues under control? Again I am committed to living (and working) in a mold-safe environment but so many places I go--friends and family houses, public places, restaurants, all smell so moldy to me and I hope this sensitivity will improve once I get everything under control.

2) I have tried every antifungal there is, natural (Pau D'Arco, Garlic, Oregano, Grapefruit Seed Extract, Caprylic Acid, etc.) and prescription (Nystatin, Diflucan, Lamisil, Ketoconazole, Sporanox). Diflcuan worked the very first time I took it but I did not realize that I would need to stay on it a long time and when I went off of it the fungus came back with a vengeance. Do you have advice for fighting candida? My rash in my groin area has always been my test if my candida was improving or not. Are there any tests that you know to quantify how bad a candida problem is? Is there a link between mold exposure, fungal infection, and the mold/multisusceptible genotype?

3) I had my amalgams removed but everytime I try to chelate with DMSA/Alpha Lipoic Acid, it flares my fungal problems so bad that I end up stopping. Any advice? Do you recommend any heavy metal tests to see how badly I need to chelate? I do go to an infrared sauna once or twice a week so I am at least getting this type of detox. I was also going for Vitamin C/glutathione IV's which always help but I had to cut back because of the cost.

4) I have the ZRT Lab test in my possession but haven't done it yet. I will be interested to see what it says considering most of things Shoemaker checked were normal. I also see that Losartan can help with TGF-B1 and Intuniv can help with blood flow to the brain--do you have sources for these? Do you know of any doctors in the Pennsylvania area that I could go to that might prescribe these?

Any help you can give me I would appreciate, I'm so glad you were able to regain your health and your life and I would love to do the same for the sake of my family. I have not ordered your book--but if it gives insight on any or all of these topics I will order it as well.

Thanks,

XXXXX

My reply:

Dear XXXXX,

It sucks being sick! I know the feeling so well and empathize with you. But you can get better! I assume you have read my book? And the 2 additional "chapters" on my blog?

What strikes me when I read this is that as I look back on my own journey I realize that there were times that I ASSUMED I knew what was wrong with me but even after a long effort of treating it in a way that OUGHT to have helped me, I wasn't helped. Whenever that happens one HAS to go back and assess whether or not the diagnosis is

correct? Could it be something else? Is there a better approach? Has there been some damage done that simply is permanent and nothing I do can fix it, but perhaps there is a way I could still feel better in spite of it? Unfortunately, there are VERY few docs who do this for you or even have the time or interest to do so. It pretty much is up to you. Pretty scary to be your own doc at times but you really have little choice with chronic issues. If you can find a doc who is good at this you are blessed!!

There are clues for sure in what you share. The fact that Diflucan "worked" is certainly a clue. And yes, I had to be on it a long time. But at the end of the day Candida seemed to be a sub-issue. Getting my amalgams out was a big deal and I think detoxing Hg over the long haul helped too, but I am not certain about that. Ongoing mold exposure is a big deal, but the fact that CSM does not seem to help at all is puzzling. It should help some! But you could be being exposed faster than you can detox so perhaps that is why it is no help. I had the same issue of mold at home and work. Fortunately, I was able to change both. BUT you have to keep working and changing jobs probably is hard in this economy. Shoemaker always just says change your job as though that is easy.

You say Vit C and Glutathione IV's help but are expensive. Indeed they are. Jigsaw's sustained release Vit C can be somewhat like an IV in that you can take pretty high doses w/o side effects and is pretty cheap. Transdermal Glutathione is also available from several places.

Lyme? If you have tested negative several times I would rule it out. It would be hard to get the needed Rx antibiotics prescribed and paid for with a negative test anyway.

Here are some thoughts:

Have you ever tried spending most of your time when you are at home outside? Like when you sleep? And take CSM during that time? Perhaps if you can shorten your time of exposure just enough you would

see some results from CSM? CSM helped me a lot. And still does if I ever take a "hit" of mold from some place.

How old are you? Have you been tested for testosterone levels? DHEA? Thyroid? The ZRT lab test is going to test what? All of these? Cortisol levels 4 times during the day? One blood test for cortisol is not conclusive of much. And typical Thyroid testing (TSH) is virtually meaningless. (See "stop the thyroid madness" book.) If you have been sick a long time, damage to the hypothalamus is likely and is usually permanent. This means that you would be hypo everything.

Supplementing cortisol, thyroid, testosterone, dhea could help a LOT! But with your MSH, VIP and VEGF levels normal it suggests the opposite however I have found those tests to be iffy. They go up and down a lot for no apparent reason. I would NOT take Shoemaker's VIP Rx if my level was normal. Only 1 person out of about 10 that I talked with (plus myself) who took his VIP, felt better with his VIP and ALL of them had tested with essentially 0 VIP. IMO it just does NOT work. Very expensive too. I could be wrong and hope there are a lot of people he is helping with his VIP, I have just not heard from them.

Shoemaker's tests for and diagnoses from markers that are pretty esoteric so I am just not sure I believe him. C4A and TGFb1 goes all over the place from people I have talked with and been tested repeatedly by Shoemaker. I know people who felt the best when their levels were off the charts and terrible when they were low! So I just don't know I trust his stuff. Plus, there is essentially only 1 lab that tests for these and that is experimental. Very unreliable in my opinion. I even know two people who have the "dreaded genotype" who have no symptoms at all!! So, I think Shoemaker definitely is seeing SOMETHING and has made some correct correlations, BUT I don't think he has unraveled this thing yet. Certainly from feedback I have from patients of his, he certainly does not make many of them feel better! Mostly they end up totally discouraged and some even just give up.

Having said that, high TGFb1 levels are absolutely known to be a big problem. Curcumin is proven to bring down TGFb1 levels dramatically as well as a host of other things that Shoemaker measures and talks

about. I take a gram per day. Losartan and Actos (both Rx but available internationally w/o an Rx) both can help a whole lot with most of the inflammatory issues from mold. Curcumin probably does just as much as both of them and certainly is safer and easier to obtain and is cheaper too (unless you can get an Rx for them and you have insurance.)

Testing for Candida is tough but the best might be an OATS test can be insightful in many ways. Arabinatol level is the key marker.

Have you ever taken a blow to your head as in a car accident or anything? Read my blog on that. It turned out to be the MOST significant issue for me and I did not learn of it until after I wrote my book. What psyche problems do you have? Depressed, anxiety, ADD-like, insomnia? These are very typical and we usually write them off as "situational". "If I could just get rid of Candida, Mold, Hg poisoning etc I would not feel so bad." But they often are NOT situational at all.

The fact you have low blood flow to the brain and are asking about Intuniv is interesting. I take guanfacine compounded as sustained release because Intuniv just costs too much and is nothing more than very cheap guanfacine. It is a very simple med and has helped me a lot. I had proven from a SPECT scan that I had very low cerebral blood flow to the pre-frontal cortex. Gingko helps here too. I fought psyche problems for decades before I finally quit my resistance to treating them with Rx meds after I learned I had sustained a traumatic brain injury (TBI) in a severe whiplash car accident I had back in college (37 years earlier). Once I got the mix right (not easy) I felt TONS better!! Do immune system problems from Candida, Hg, mold, cause one to not sleep well, or does not sleeping well cause the symptoms? Chicken or egg!

Basically, a combination of my TBI, amalgams, mold etc ALL worked together to cause damage to my hypothalamus that I could do little about. Certainly ALL the things I learned to do along the way definitely HELPED me, but they were mostly helping to control the issues, not

CURE them. So I have focused on doing many of those things (exercise, good food, supplements, detox, avoiding mold and lots of chemicals etc) but my main focus has been on supplementing ALL the things I learned I was hypo in AND I took a few Rx meds that helped me sleep much better, not feel depressed and anxious for no reason at all. It seems once you have sustained some significant "hits" to your various systems, there is simply damage and nothing is going to "cure" it short of a miracle. There is no miracle substance or med that will do it all. It is a multi pronged effort it seems. You certainly can get and FEEL a whole lot better!!! And you should try to do BOTH!!!

At the end of the day you HAVE to have help managing symptoms as best you can WHILE you try to unravel the real puzzle pieces. The 2 biggest things for me BEFORE I discovered my TBI was to take a med to almost totally relieve the weird anxiety I ALWAYS felt, and low dose hydrocortisone for my very low adrenal function. They were HUGE. Knowing I had some control over how I felt was liberating in and of itself. It gave me hope I could unravel more stuff. Shoemaker won't do either one. But you can find a doc who will if you look hard enough.

I wish there was a magic bullet I could tell you but there just isn't one. But there are bullets you can discover that can help you get better and feel better. Hope this helps some.

BONUS CHAPTER 2: BRAIN INJURY

A New Major Puzzle Piece - Background

April 2, 2007

First Installment:

I have been waiting to post something about a new puzzle piece I have found for my own health. I wanted to be sure that the recommended solution actually worked. The good news is it does! Extremely well. This is a likely one of the biggest underlying issues for me, if not THE underlying issue.

To review, I have considered only two pieces to my health puzzle as major puzzle pieces. It seemed that MOST of the other issues I have had were related to these two issues. The two issues are mercury from 14 mercury amalgams and strong sensitivity to mold. A number of symptoms I had simply vanished, or got better when I had my mercury amalgams removed in 1987. Also, I felt better than I ever had after going to see Dr. Ritchie Shoemaker a few years ago. From Dr. Shoemaker I found out 1.) I was very sensitive to mold. 2.) I had significant exposure to mold. 3.) When treated for mold I improved dramatically.

In fact, I came to believe that mold WAS the ultimate underlying issue for me. Even bigger than mercury. But this has proven to NOT be true. Mold is a very significant issue for me and I watch my exposure to mold very carefully. I plan to go see Dr. Shoemaker again within the next few months as his techniques and knowledge has grown significantly over the past years. I think he can help me even more.

In my search for health I came to believe that I needed to find "underlying issues", not just various symptoms that weren't caused by the underlying issue. I spent much time chasing symptoms, trying to deal with each one. But if I could find the underlying cause and deal with that I could then usually get rid of the symptoms. An example of this was a

heart arrhythmia. When I would exercise, my heart would keep beating for over an hour at about 110 beats per minute. I could have gone on several meds to try to treat this condition. Instead, when I had my mercury amalgams out, this symptom suddenly and permanently stopped. Several other symptoms either went away or got better with their removal as well.

I am happy to report that I believe I have found my main health issue.

Since uncovering mold as my most significant underlying issue, I thought I was cured. I actually went over 2 full years feeling really good. However, as I said in my book, "how do I know what normal is?" When you feel poorly for many years or decades, you lose the ability to remember what normal feels like.

Well... so here is what happened.

For a variety of reasons which I won't go into, last fall I was under a variety of stressors. Stressors can be anything. From less sleep to mold exposure. Anything that stresses the body or mind. Early December I started to feel "off". My sleep patterns changed and I had nights when I either had trouble falling asleep or I woke up and had a real hard time falling asleep. I have learned over the years that a change in my sleep pattern was usually significant and often foretold a coming "episode."

As December wore on, I could tell that I was getting a little worse every week. The things I begin to feel at the start of any episode was a strange anxiety, or sense of doom that just was there. Nothing real was behind the feelings and eventual thoughts, it was simply there. As it gets worse, it is there all the time. My sleep grows worse and with that I begin to feel depressed for no good reason other than I am not sleeping very well and I feel so anxious.

When these symptoms began to be really noticeable, I theorized that I must be being exposed to mold somewhere. I began to take CSM (cholestyramine) as prescribed by Dr. Shoemaker. A few times in the past when I thought I was feeling the early symptoms of an episode I would take CSM and the symptoms went away. But this time, it was not

mold. Even with CSM for a few weeks, the symptoms got stronger. I was totally perplexed. If it is NOT mold, what is it? I was doing everything I knew to do yet I was growing worse everyday. The anxiety grew stronger, my sleep got worse and I felt more depressed and tired. What the heck was going on?

Little did I know I was about to discover a brand new piece to my puzzle. One that actually started 35 years ago!!

I will continue this tomorrow.

A New Major Puzzle Piece - Brain Injury

April 3, 2007

Second Installment:

34 years ago I was a sophomore in College at Eastern Illinois U. I had just finished my second college soccer season. I was in great shape. I did not know only a few months later I would start a lifelong pattern of cyclical illness. I was home on Christmas break. I was on my way to go ice skating at Forrest Park in St. Louis with my girlfriend. My little sister and brother were in the back seat. We were in a Ford Torino. We stopped at a red light on Kingshighway. Suddenly, we were rear ended by an Olds 98. Me and my girlfriend ended up in the backseat. The front seats had totally collapsed upon impact. There were no head rests and I doubt we were wearing seat belts.

We were all very shook up but there was no blood or broken bones. A man and a woman were in the other car. She had a broken leg but the Olds had only little damage since it was built like a tank. The Torino was totaled. We did not go to the hospital. The police came and wrote tickets for the other guy and noted that there were no skid marks. They thought the guy was probably going about 30-40 mph and was drunk. Today, he would have been put in jail but this was before MADD.

The next few days we were all very sore but nothing else seemed wrong. Was I wrong!

Jan 2007, I sat talking with a Doctor at the Amen Clinic. I had just gone through 2 days of testing that included doing brain scans. Before showing my brain scans, he looked at me and asked "when were you in a car accident?" I was stunned. The past several years I had wondered about the accident and about the coincidence that it had occurred 2 months before my first episode that lasted the rest of my college career. I was amazed that it was so obvious to him.

I went to the Amen Clinic for two reasons. 1.) I was totally perplexed by the return of some of my cyclical symptoms which I had attributed to exposure to mold and felt I needed to take a totally different tack. 2.) I discovered them when I was studying about "bi-polar illness". I was helping a friend who had been diagnosed with this condition. I was very impressed with what they did. In the case of my friend, when I would talk with the psyche doc, I could tell they were only guessing about the meds they were prescribing. They would give one and see if it worked. When it didn't, they would try another. I found this very problematic and frustrating. They simply did not know what would work.

My research kept turning up the Amen Clinic located in Newport Beach, CA. They used something called SPECT (Single Photon Emission Computed Tomography) scans to image the activity of the brain. They could readily diagnose different types of ADD, depression, anxiety, bi-polar and other brain illnesses. They had done over 25,000 scans and could pinpoint what was wrong. I ended up sending my friend to Amen Clinic. They were able to pinpoint exactly what was wrong. They could say with near certainty exactly what meds and supplements would help. They could also say why other meds that had been tried did not work. My friend rapidly stabilized on the program they recommended. It was very impressive!!

The doc then showed me my brain scans. He described how he could tell that it was what he called a "closed head brain trauma." He also asked lots of questions wanting to know if I experienced other symptoms that

he felt I "ought" to have. I answered yes to almost all of his questions. He asked if I experienced these other symptoms even when I "thought I was well." I did. They did not seem all that troubling though compared to the really difficult symptoms I had when I was really sick.

He said "when I first looked at your brain scans, I said to myself that you would probably not be functioning very well when I met with you." He said that he was surprised to see how highly functioning I actually was. He said that obviously I had learned to "white knuckle" my way through my many episodes. I had developed strong "compensatory skills". He felt that other areas of my brain had developed to make up for much of the injury. He also said that it was very possible that playing soccer and football may have contributed to the injury. These two sports cause many brain trauma injuries they see.

I was sort of in shock. He said that the injury was really pretty serious. He explained how the two main areas (the pre-frontal cortex and the temporal lobes) that were damaged would cause many of my symptoms especially the cyclical nature of my issues. He also pointed out a pattern that they see with "environmental exposures" which he did not know where they came from in my case. Naturally I thought of mercury. I asked him, "So what is the prognosis?" Immediately, he replied "very good." "The meds and supplements today are so very good and specific with very few side effects that I am certain you will do very well", he said.

He then went on to describe the program he wanted to put me on.

I will continue that tomorrow.

A New Major Puzzle Piece - Supplements

April 4, 2007

Third Installment:

The doctor said that my prognosis from my brain injury was very good. In fact, he felt the biggest problem I might experience would be feeling a bit weird when I would no longer have to rely on the "compensatory skills" I had developed over the years. He had seen this before where people actually felt like something was wrong because they felt so much better but were not doing all the things they had learned to do to stay balanced. I felt that would be a good trade! I've said over the years, "I wish I could get a new set of problems!"

Actually over the years, I did get rid of many symptoms and others definitely had improved. But the ones that ALWAYS showed up when I cycled into an "episode" always bothered me; really weird feelings of anxiety, insomnia and depression. Those I wanted to trade for sure.

The doc described how the auto accident had basically damaged areas of my brain that were now "under active." We needed to turn these areas back on.

He said that the first thing we needed to do was feed the brain nutrients and supplements to support the meds I would need. These supplements would not "fix" the problem but they would make everything else work that much better. He handed me a list of supplements. It included a few that were sort of exotic, like phosphatidyl serine and alpha lipoic acid. After scanning the list, I told him I was already taking every single supplement on the list, just not as much as he wanted me to take in most cases. He laughed and said, "why does that not surprise me?" I had pieced my puzzle together as best I could. I knew I had the symptoms the supplements could help but I did not know the reason why I had the symptoms. I did not know my brain had been injured and I needed Rx meds. The message here is that nutritional supplements and Rx meds can work hand in and, one supporting the other.

I say in my book, my website, and often here on this blog that I am not against pharmaceuticals and allopathic medicine. Most sites that sell nutritionals take a very harsh view of pharmaceuticals and mainstream

docs. Personally, I think there are really good things in both the Allopathic and Alternative worlds. People who are chronically ill should take advantage of everything available to them, exercising their discretion in the process. Everything an MD says is not automatically correct. I have proven that. Everything an alternative doc says is not automatically correct either. I have met really good and really bad doctors in both worlds.

Basically, he told me to take per day:

- 1.) a good multi vitamin
- 2.) between 6 and 10 grams of high DHA fish oil
- 3.) a broad spectrum B vitamin with good amounts of B6
- 4.) a good antioxidant with at least 250-500 mg's of vitamin C
- 5.) 100 mg Alpha Lipoic Acid 3 times a day
- 6.) 120mg Ginkgo Biloba twice per day
- 7.) 100mg Phosphatidyl Serine 3 times per day

The good thing was that Jigsaw Health could supply everything here except the amount of Alpha Lipoic Acid and a little more Vitamin C than is in our Antioxidant product. In fact, I could get everything he recommended to me in only 3 products from Jigsaw Health; Essential Packets, Brain Support, Liver Support.

As I looked more carefully at the formula for our Brain Support product I realized what a great product it really is. It has a Ginkgo Extract that is very pure and is the exact extract ratio that is typically used in all the studies done on Ginkgo. It also has:

150mg's of Phosphatidyl Serine which is a very expensive ingredient.

100mg's a Acetyl-L-Carnitine.

100mg's of pure DHA

25mgs of choline

25mgs Inositol

I was taking Brain Support but not even close to the amounts that the Amen Clinic recommended. As I increased the amount I began to experience an number of the benefits listed in the Database above. One of the problems I have had in the past has been thick blood. Sometimes when my blood would be drawn for a test, it would hardly come out. It was a real problem but no longer. Recently, I had to have several vials drawn and the blood came out readily and yet coagulates fine when I get a cut or scrape. Ginkgo dramatically helps to increase blood flow though out the body, especially the brain.

My experience with Ginkgo makes me wonder if studies on nutritional sometimes fail simply because they don't use enough or the version that they are using is simply poor. I think this may be more common than not.

Next Installment tomorrow will cover the Rx meds.

A New Major Puzzle Piece - Medications

April 7, 2007

Fourth Installment:

I used to think that psyche meds merely "masked" symptoms. The Amen Clinic, with over 25,000 brain scans have shown that many meds actually cause the brain to function differently and often, much better. Look here and see dozens of before and after pictures.

I was not terribly excited about taking Rx meds to turn on areas of my brain that had been damaged in an automobile accident 34 years ago. However, I was very interested to find out if they could help me feel better. I hoped they could end the cycle of "episodes" of poor health that

plagued me at least 25 times in the past 34 years. I am happy to report that they have worked wonders for me.

Normally, when I fall into "the pit" (as I have come to call my episodes) it takes me anywhere from 6-8 months to gradually work my way back out. I usually would then feel pretty well for a year or two. Now I wonder if my coming out of an episode was not merely my brain simply "cycling" on it's own. Seemed to cycle into and out of an episode on a fairly regular schedule. I believe that I have avoided cycles in the past by avoiding enough "stressors". And I think I came out of episodes by learning to stay in a relative stress free situation. When I felt bad I would withdraw, to a large degree, from things that I knew stressed me. That likely helped.

Well this time was entirely different. Within a few weeks of starting the new meds I began to feel much better. And within a month I felt I was entirely out of the pit. Now it has been almost 3 months and I can say I feel better than I remember ever feeling. I sleep soundly. The weird anxiety is totally gone, and I don't feel a bit depressed.

What worked this wonderful magic for me? The doctor at Amen Clinic recommended two meds to me immediately and one possible in the future. Both meds are used for what are called "off label" conditions. That means they are being used for something other than what they are approved by the FDA for. This is actually a very common practice. It takes many million\$ to get a drug approved for a specific condition. To add another condition requires many millions more. So many drug companies do not pursue more conditions once they have approval for one. They know that doctors become aware on their own that a med is also good for other conditions.

The first med prescribed for me is called Lamictal. It is approved to treat Bi-polar and Epilepsy. I don't have either of those. However, Amen Clinic has found that Lamictal works very well to stabilize and activate the Temporal Lobes which play a large role in "cyclical" conditions like

bi-polar and epilepsy for instance. The temporal lobes were one of the areas damaged in my auto accident.

A typical dosage range for this med is between 100mg's and 400mg's. I started to feel much better at 50 mg's and felt really great once I reached the target dosage for me which is 200 mg's. I have not had any of the possible side effects except it seemed to effect my sleep if I took it at night. So I take 150 mg's in the morning and 50 mg's at night. This works very well for me. I once forgot a dose and about 20 hours later I really felt the difference. Lamictal has a half life of around 15 hours. Once I took my next dose I felt fine again.

The other med is called Seroquel. It was prescribed to me for sleep as well as to help turn on other areas of my brain affected by the accident. Seroquel is normally used to treat Bi-polar and Schizophrenia. Again, neither of which I have. But as a sleep med it is awesome! I have tried all the other sleep meds like Ambien and Lunesta in the past and they did NOTHING for me. With Seroquel, I am out like a light within 20-30 mins. I almost never wake up in the night and if I do, I fall right back to sleep. I do feel a bit groggy in the morning at first, but once I am up that feeling goes away totally.

The typical dosage to treat Bi-Polar or Schizophrenia is 800-1200 mgs per day. I take 200 mg's once when I am ready for bed (which is very soon actually.) :-). This med worked day one and in the 3 months I have used it, it has not failed to work well for me.

The 3rd med that I might use down the road if it seems needed is Wellbutrin XL. It is approved to treat Depression. Amen clinic likes to use it for Depression but they also use it to treat Brain Trauma because it "tends to increase Dopamine in the Prefrontal Cortex." Dopamine is the neurotransmitter that gives us our "get up and go" motivation. The Prefrontal Cortex is another area of the brain that was damaged. The doc said this med may or may not be needed and to wait on it for a few months before determining if it is needed. As it stands right now, it may not be needed.

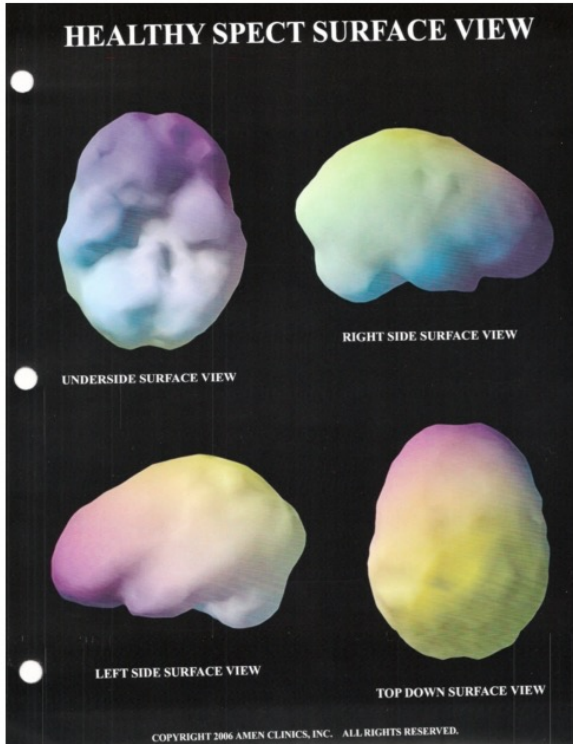
My intention is to go back to Amen Clinic at about the 9 month time frame. I want them to re-scan to see just how well the meds are working and then adjust my program if needed. After feeling so bad for so many years, I want to feel as good as I can the rest of my life.

Tomorrow I will post the actual scans of my brain. Now that is scary!!

A New Major Puzzle Piece - Pictures of My Brain

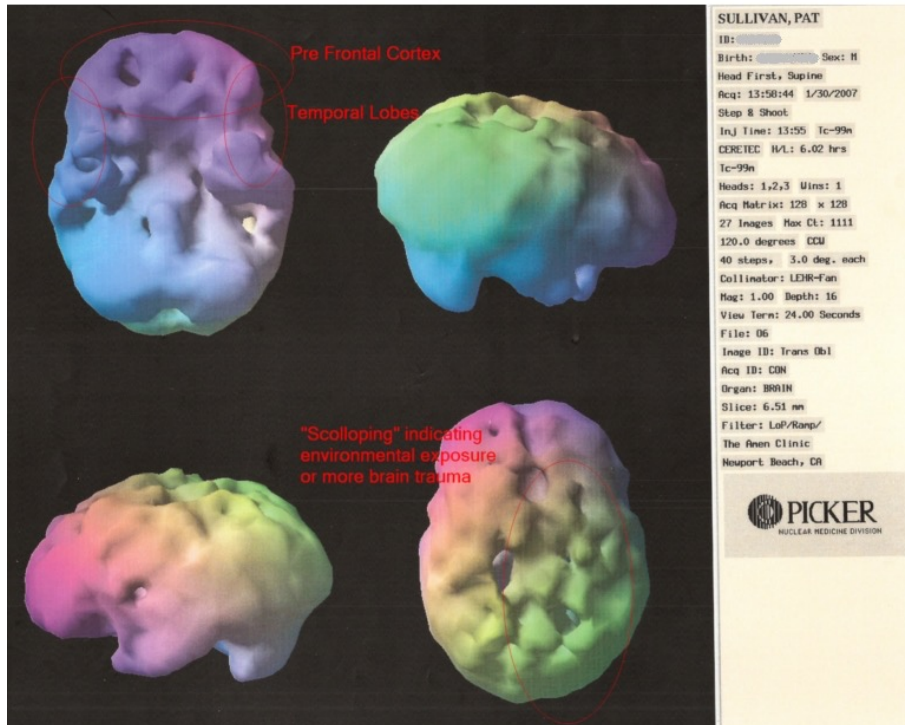
April 8, 2007

Fifth Installment:



This is what a normal brain without trauma and/or environmental exposure is supposed to look like.

This is what my brain looks like.



What exactly are you looking at? It is NOT a physical representation of my brain. Rather it is a picture of the blood flow and activity of the brain. A description from Amen Clinic's website says SPECT scanning "looks directly at cerebral blood flow and indirectly at brain activity (or metabolism). In this study, a radioactive isotope (which, as we will see, is akin to a myriad of beacons of energy or light) is bound to a substance that is readily taken up by the cells in the brain.

A small amount of this compound is injected into the patient's vein where it runs throughout the blood stream and is taken up by certain receptor sites in the brain. The patient then lies on a table for 14-16 minutes while a SPECT "gamma" camera rotates slowly around his head. The camera has special crystals that detect where the compound (signaled by the radioisotope acting like a beacon of light) has gone. A supercomputer then reconstructs 3-D images of brain activity levels. The elegant brain snapshots that result offer a sophisticated blood flow/metabolism brain map. With these maps, physicians have been able to identify certain patterns of brain activity that correlate with psychiatric and neurological illnesses."

The scans show damage particularly to the temporal lobes and the pre-frontal cortex. Also the "scalloping" is either "environmental toxin exposure" or simply "more brain trauma". It is possible that it shows my exposure to mercury but that is not certain.

It interested me that the day before I went to the Amen Clinic, I saw a Scottsdale psychiatrist who was a big fan of Amen Clinics. After listening to my history he said it sounded a lot like "bi-polar" because of the cyclical nature of my history. I saw this doc again the day after getting my diagnosis from the Amen Clinic. Without comment I gave him my brain scans. He looked at them for about 7 seconds. He then looked up at me and asked, "When did you have brain trauma?" It amazed me that it was so clear to him just like the doc at Amen. He was surprised since he had pretty well decided that I likely had bi-polar.

Had I not gone to the Clinic he would have begun treatment for "bi-polar". This is the value of SPECT brain scans. It is very specific and

doctors don't have to GUESS!! The pattern I had was not even close to bi-polar. Bi-polar shows lots of unusual activity in the brain. I had just the opposite. My brain showed lower activity due to the damage. The damage to the temporal lobes was the cause of the cycling that had experienced.

I have been thrilled with the results I have had in response to my new regimen of supplements and Rx meds which I have covered at length in the last two installments.

More thoughts on My Brain Injury

April 10, 2007

Sixth Installment:

It is wonderful when you have been sick a long time and you find a major reason why. Usually, chronic conditions are not caused by a single issue. There are usually a number of things at work. Injury, infection, nutritional deficiency, toxins, genetics. In my case, all have been factors.

Clearly, the brain injury I sustained while a sophomore in college was a major piece to my health puzzle. However, all the other things I learned along the way were important pieces as well. Mercury was really bothering me and several major problems I had either disappeared or improved by eliminating my constant exposure to this major neurotoxin. I am very sensitive to mold. Getting rid of the mold toxins in my body and the sources of mold had a dramatic effect on how I felt. I found numerous nutritional deficiencies, like magnesium, and as I corrected those I felt better. I have genetics that make me a bad excreter of heavy metals. I have genetics that mean I am very sensitive to mold. My hormone levels were generally really screwed up and getting these hormone levels balanced made dramatic differences. I had infections and as I dealt with these I felt better.

Had I stopped searching at any point, I would have missed additional pieces. I said in my book that you need to believe that there are answers to your problems. Keep searching! Can be terribly frustrating at times but don't give up!

Now after over 4 months on the full program outlined to me at Amen Clinics, I feel incredible. I said to my brother the other day that I have recently started to have feelings of well being that I remember from HS and early college. One day, suddenly I found myself wanting to play soccer again. It wasn't till I was reminded that this was NOT a good idea for my brain that I dropped the idea. I had already identified the league and team I wanted to play for!

The brain ultimately controls virtually everything in the body. To a large degree it does this without any thought on our part. If those brain areas are damaged, management of various systems of the body can easily go awry. We often then try to find ways to make the symptoms go away when we may well be able to address the problem by helping a damaged area of the brain work better. This is the case with me. I am seeing a variety of things that continually trouble me, begin to work a lot better. I cannot explain why, other than it seems getting my brain working better made symptoms in other areas simply go away. It is tremendous.

Finally, I have been asked often "how much did the Amen Clinic cost?" People are usually pleasantly surprised to learn that 3 days of testing and evaluation only costs \$3,100. You have to find a place to stay and you have to travel there. But is it worth it? In my case, absolutely. If you have ever sustained a brain trauma in some way AND you have chronic conditions, especially involving psyche or neurological issues I think it behooves you to take advantage of the technology available to you at the Amen Clinic. In 10 years I believe what they do will be the standard of care and available everywhere. Now you have to seek it out.

Hey, where have you been Pat?

May 21, 2013

It has been a long time since I posted here on my blog. My apologies but I have been very busy working on my new software startup. Plus I have been feeling really great so I just don't think about my health much, **KNOCK ON WOOD!!** It always amazes me when I check back in here and see that so many people are still reading some of the stuff I have written. I can't think of anything that I would change here based on my experiences the past few years.

But I do have some new things I want to share that I think could be really important for those of us who suffer or have suffered with chronic conditions. So I will just list them.

1. Iodine - I recently came across a book call "The Iodine Crisis." It is not particularly well written and is loosely a how to of a book on Iodine written by a Dr. Brownstein. I had no idea the info this book contains. I have been taking Armour Thyroid for years without much thought. There is nothing wrong with Armour but if you are deficient in Iodine that is more likely to be the cause of your thyroid problems. Women's issues like Fibroid tumors, Cysts in the breast and breast cancer all probably can be tied to a lack of iodine. Men can have issues with the prostate. Iodized salt doesn't even come close to doing it. It is tied to the toxins bromine and flouride as well since they mimic iodine and fit the receptors for iodine. High dose iodine will detox these toxins. I have been taking 50mg of Iodoral for about a month or so and feel even better. Energy very high. Sleep better. It is almost a **CERTAINTY** that you are deficient. Iodine is used in every cell in the body so is critical. Check it out.

2. Wheat. Not to be confused with gluten. Gluten is only the beginning and best known issue. I read "Wheat Belly". You can read it but you can watch videos by the author here for free. Basically the wheat we eat today is not the wheat eaten just 60-70 years ago. I won't get it exactly right but wheat used to have about 14 chromosomes and now it is like 60. This from memory so don't hold me to this exact please. It is just a totally different food with frankenstein proteins like gluten and gliadin, lectins that wreck havoc in our bodies. The genetic hybrid wheat was developed to solved World Hunger. And was effective. An acre today

yields about 10 times more wheat than it used to. A good thing. But with huge unintended consequences. Wheat can wreck your intestines (leaky gut). Its proteins bind to the opioid receptors in the brain causing us to overeat. People who eat wheat eat about 20% more food. Schizophrenics who were taken off wheat got much better and then regressed when put back on wheat. The Doc who wrote the book is a cardiologist. He was diabetic. Got off wheat and he is no longer diabetic. If he gets his patients off wheat their cardio numbers all normalize. If they are dieting and can't break through a plateau, they drop lots after getting off wheat. I stopped all wheat and my weight totally normalized. I eat everything else I want but my weight totally stays the same. I think I feel better too. (or is it the iodine? :)). Overall the whole thing makes a ton of sense.

3. Hydration. I usually walk when I play golf and I get sore for the walking and swinging of the club. I find if I focus on hydration with electrolytes I don't get sore much at all. It is a BIG help as I would really feel bad after 2 or 3 rounds. I use 2 things. Every morn I drink a very big glass of water first thing in the morning with ZipFizz in it. I know, it has some crap in it that some of you won't like but I like both the taste and the slight buzz instead of my morning cup of Joe. I also use Alacer's Electro Mix. It is like Gatorade without the sugar. I drink it when I play golf in the heat. Most of us are simply dehydrated with serious consequences. If you are thirsty you are already dehydrated.

4. Curcumin - Just go on PubMed and type in Curcumin. 5,693 studies!! Curcumin has so many amazing effects on our bodies. Inflammatory responses. Genetic expression of lots of bad stuff. Cancer, Alzheimers, Depression etc. etc. It is totally amazing. I have been taking curcumin for well over a year. I love it. Other than Magnesium and Vitamin C this would be the one supplement I would take if I could only take one. It is just totally amazing the breadth of positive effects. My company Jigsaw makes a really good one but there are a few good ones out there. Other than Jigsaw's I like anything with the BCM-95 ingredient. Absorption is total problem unless you take a good one. Naturally, you ought to be taking Mg and Vit C too for all the

reasons I have written about before. Lot's of them! Check out
GotMag.org.

Like Forrest said, "and that's all I have to say about that." Cheers!

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All Bible quotations are from the New American Standard Bible.

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