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# Vitamin D's Protective Effects on both *Colds and Influenza*

By: Mayer Eisenstein, MD, JD

The reason why public health officials are worried about influenza pandemics<sup>1</sup>, is the fear that there will be a recurrence of the great flu outbreak of 1918 which killed millions of people. It is this fear that prompted them to come out with a swine flu/H1N1 vaccine in 2009. This novel flu vaccine was not been properly tested for safety or efficacy, contained dangerous preservatives such as thimerosal,<sup>2</sup> and also may have contained dangerous adjuvants<sup>3</sup> such as MF59 which contains Squalene<sup>4</sup>. So confident are they in this ineffective, toxic vaccine that they are also recommending it to pregnant women and children. How ironic, in March of 2001, the Food & Drug Administration (FDA) issued a statement warning pregnant women and young children not to eat fish containing high levels of mercury because it causes neurological problems in children. Yet, the Centers for Disease Control and Prevention (CDC) now recommends that these same women and young children should get seasonal and H1N1 influenza vaccines. Many seasonal influenza vaccines, as well

as the H1N1 vaccine, contain mercury, from the preservative thimerosal, in amounts exceeding the Environmental Protection Agency (EPA) recommended safe levels.

## **Low Vitamin D Levels Linked to Increased Colds and Flu**

In the Archives of Internal Medicine Dr. Adit Ginde, et al., of the University of Colorado, Denver, Division of Emergency Medicine, found an important role for Vitamin D in prevention of common respiratory infections, such as colds and the flu. He found that at least 50 percent of people in the new study, which included nearly 19,000 people 12 and older, whose levels of Vitamin D were less than 30ng/ml were at increased risk for respiratory tract infection. Individuals with common lung diseases, such as asthma or emphysema, may be particularly susceptible to respiratory infections from Vitamin D deficiency.<sup>5</sup>

There is data from studies by John Jacob Cannell, M.D.

[practicing physician and Executive Director of the outstanding organization "VitaminDCouncil.org"] showing that that Vitamin D is protective against seasonal flu. Dr. Cannell authored a paper which shows the winter increase in colds and flu is attributed to low seasonal Vitamin D levels.<sup>6</sup>

He also found compelling epidemiological evidence indicating that Vitamin D deficiency may be the seasonal stimulus [to activate influenza virus].<sup>7</sup>

Additional data from Dr. Norris Glick, M.D.\* and Dr. Ellie Campbell, D.O.\*\* corroborates this very compelling evidence that Vitamin D was also highly protective for H1N1 Swine flu in 2009.

Furthermore, recent evidence confirms that lower respiratory tract infections are more frequent [in patients receiving less than 2,000 IU of Vitamin D3 daily], sometimes



dramatically so, in those with low 25 (OH) D levels.

In September 2009, I received the following information from John Cannell, M.D. that he had received from Norris Glick, M.D., a medical school classmate of mine, a Board Certified Pediatrician and a staff member of the Central Wisconsin Center. \*Dr Glick reported the following:

“Central Wisconsin Center is a long-term care facility for people with developmental disabilities, home for approx. 275 people with approx. 800 staff. Serum 25-OHD has been monitored in virtually all residents for several years and patients supplemented with Vitamin D.

In June, 2009, at the time of the well-publicized Wisconsin spike in H1N1 cases, two residents developed influenza-like illness (ILI) and had positive tests for H1N1: one was a long-term resident; the other, a child, was transferred to us with what was later proven to be H1N1. On the other hand, 60 staff members developed ILI or were

documented to have H1N1: of 17 tested for ILI, eight were positive. An additional 43 staff members called in sick with ILI. (Approx. 11-12 staff developed ILI after working on the unit where the child was given care, several of whom had positive H1N1 tests.) So, it is rather remarkable that only two residents of 275 developed ILI, one of which did not develop it here, while 103 of 800 staff members had ILI. It appears that the spread of H1N1 was not from staff-to-resident but from resident-to-staff (most obvious in the imported case) and between staff, implying that staff were susceptible and our residents protected”.

At the same time Dr. Cannell sent me information from: \*\*Dr Ellie Campbell, (Ellie Campbell, DO, Campbell Family Medicine, GA) who reported the following:

“Thanks for your update about the hospital in Wisconsin. I have had similar anecdotal evidence from my medical practice here in Georgia. We are one of the 5 states with



widespread H1N1 outbreaks. I share an office with another family physician. I aggressively measure Vitamin D and supplement if necessary. He does not. He is seeing one to 10 cases per week of influenza-like illness. In my practice, I have had zero cases. My patients are universally on 2000-5000 IU to maintain serum levels 50-80 ng/ml.”

The reports from Drs. Cannell, Glick, Campbell and Ginde, and the facts from 1918, are very compelling evidence that Vitamin D can be quite protective against colds and seasonal influenza. What a relief not to have to inject our pregnant women, children and adults with ineffective and dangerous flu vaccines (<http://tinyurl.com/yezaks5>).

None of these benefits can be realized unless we have adequate blood levels of Vitamin D.

### **Dr. Eisenstein's Daily Vitamin D Recommendations**

Vitamin D, Probiotics and Chicken soup have been effective in the past in combating viral infections like Flu .

1. Get a Vitamin D blood test 25(OH)D
2. Make sure your whole family has adequate blood levels of Vitamin D this flu season (>50 80ng/ml).

### **There are also some facts suggesting that Vitamin D was protective against the flu of 1918:**

1. The mass of deaths in the Northern hemisphere occurred when Vitamin D levels were low (fall and winter).
2. While infection rates were similar for sailors and troops on infected troop transport ships, the sailors had 1/4 the mortality of the troops. One has to assume the 25(OH)D of sailors aboard 1918 troop transport ships was higher than the troops inside.
3. Underground coal miners in North America had the highest mortality of any occupation.
4. The incidence of influenza in the French army was much higher in troops away from the front (assumably in barracks) than in front line troops.
5. Open air hospitals in North America allegedly had lower mortalities than regular hospitals.
6. Mortality for sailors at sea was markedly lower than sailors ashore, despite the crowded conditions on board.
7. In the Western Front, the 1918 flu disappeared in August (when 25(OH)D levels reach their peak) only to return in September, when 25(OH)D levels fall rapidly.

Most children and adults Vitamin D blood level is <30ng/ml.

3. Adult (and children >100lbs) maintenance ..... 10,000 IU daily.
4. Children's maintenance: <100lbs.. ..... 5,000 IU daily.
5. At the first symptoms of a cold or flu 1,000IU/ lb. daily for 7 days.

#### Examples:

50 lb	50,000IU daily.
100 lb daily	100,000IU daily.
150 lb daily	150,000IU daily.
200 lb daily	200,000 IU daily.

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**We do have a serious epidemic of Vitamin D deficiency. About 70 percent of U.S. children have low levels of Vitamin D,<sup>9</sup> and 75% of U.S. teens and adults are deficient in Vitamin D.<sup>10</sup>**

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6. And of course Chicken Soup In the Journal of the Canadian Medical Association, Dr. Abraham Ohry, MD, et al., studied...

#### Is Chicken Soup an Essential Drug?

and concluded...

We feel certain that, despite the absence of significantly statistical evidence from scientific studies, chicken soup is here to stay as part of the armamentarium of traditional effective remedies. In answer to the question, whether it be a drug or not, chicken soup is ... essential.<sup>8</sup>

We do have a serious epidemic of Vitamin D deficiency. About 70 percent of U.S. children have low levels of Vitamin D,<sup>9</sup> and 75% of U.S. teens and adults are deficient in Vitamin D.<sup>10</sup>

Millions of American children and adults are deficient in Vitamin D. The 35 year campaign by doctors to keep people out of the sun (it takes only 10-15 minutes in the summer midday sun with approximately 40% body exposure to get 10,000 - 15,000IU of Vitamin D), the use of sunscreens, the contamination of our fish (one of the main sources of Vitamin D) with toxic heavy metals, the inadequate amounts of Vitamin D in milk (approximately 200IU per 8 oz) and the inadequate recommendation for Vitamin D supplementation (400IU per day) has led to this serious condition.

At the same time that doctors are discrediting the value of vitamins, minerals and supplements, more and more scientific studies are coming out about their medical and therapeutic values. No vitamin has had more scientific studies recently published than the rediscovered "Sunshine Vitamin" - Vitamin D.

By raising your Vitamin D level above 40-60ng/ml you may be able to have less chronic pain, live longer, have less cancer, less chronic illness, less colds, and even less seasonal and swine flu.

## References

1 An illness "occurring over a wide geographic area and affecting an exceptionally high proportion of the population" Merriam Webster Online Dictionary

2 Thimerosal, is an organomercury compound (approximately 49% mercury by weight) used as an antiseptic and antifungal agent. Thimerosal is very toxic by inhalation, ingestion, and in contact with skin, with a danger of cumulative effects. It is also very toxic to aquatic organisms [the reason the fish have mercury] and may cause long term adverse effects in aquatic environments. Few studies of the toxicity of thiomersal in humans have been performed. Animal experiments suggest that thiomersal targets the central nervous system and the kidneys frequently causing lack of motor coordination. Similar signs and symptoms have been observed in accidental human poisonings.

3 Adjuvants in immunology are often used to modify or augment the effects of a vaccine by stimulating the immune system to respond to the vaccine more vigorously, and thus providing increased immunity to a particular disease

4 E NEWS FROM THE NATIONAL VACCINE INFORMATION CENTER

Vienna, Virginia <http://www.nvic.org>

The vaccine adjuvant, MF59, that NIH proposes to add to flu vaccine [and now to the H1N1 vaccine] given to the frail elderly, is not licensed in the U.S. as safe for human use. MF59 contains squalene, which can cause autoimmunity. Some ill Gulf War veterans, who were given anthrax vaccine and other experimental vaccines, have tested positive for squalene antibodies even though the U.S. Department of Defense denies putting the adjuvant MF59 in anthrax and other vaccines given to soldiers.

The tragic consequences of experimenting on America's elderly population by giving them annual flu vaccinations laced with MF59 will be that, when they develop lupus, rheumatoid arthritis, asthma or die, it will be written off as old age and unrelated to the squalene injected into their bodies via flu vaccines. The suggestion that the notoriously ineffective flu vaccine be made more toxic by adding squalene to a brew that already contains mercury is nothing more than a callous disregard for human life. If Americans do not understand what is being done to them in the name of disease control and take action, they will be forced one day to be injected with squalene containing flu vaccines whenever the Secretary of Health declares an emergency.

5 Archives of Internal Medicine, Feb. 23, 2009; vol 169: pp 384 390.

6 [Epidemiological Infection 134: 1129 40, Dec. 2006]

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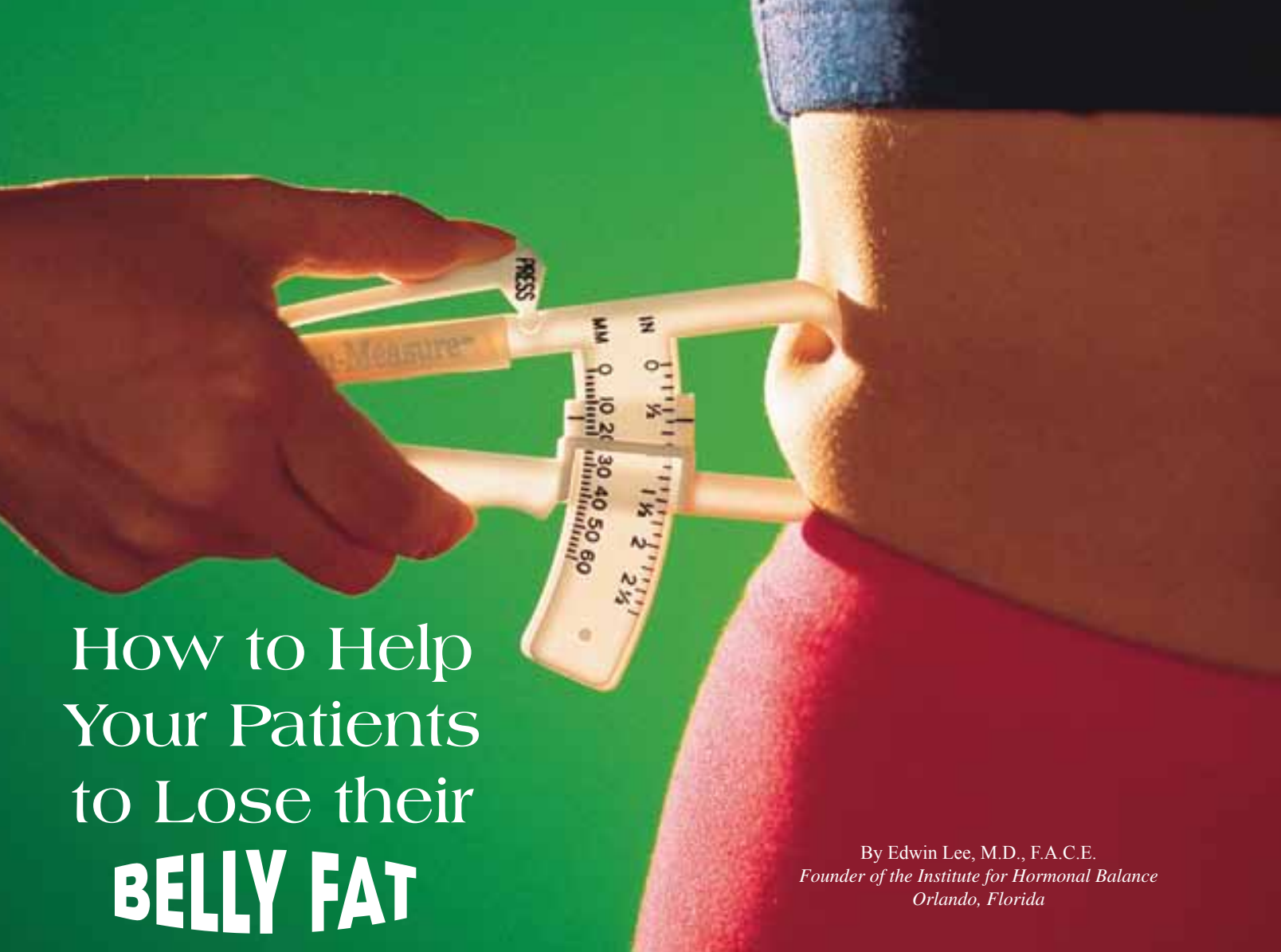


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# How to Help Your Patients to Lose their **BELLY FAT**

By Edwin Lee, M.D., F.A.C.E.  
*Founder of the Institute for Hormonal Balance  
Orlando, Florida*

**I**n my current practice of Functional Endocrinology, I hear the same old question: "How can I lose my belly fat?" It does not matter what nationality they are, whether they are Asian, Caucasian, Indian, Middle Eastern - nor does their age matter - I can help reduce their belly fat through education (reducing insulin resistance) and encouraging an active life style. But the patient has to be motivated and willing to change their lifestyle, and also will need to embrace a healthy diet. Remember one cannot drink their wine and eat cake and expect to lose their belly fat since both the cake and the wine will spike their insulin levels, which will cause weight gain. The bottom line is that high

insulin levels causes belly fat. High levels of insulin is a lethal disease that is associated with Alzheimer's disease, impotence, heart disease, infertility, polycystic ovary syndrome, endothelial dysfunction (early blood vessel disease where the blood vessel becomes stiff), stroke, cancer, autoimmune disease, shorter longevity and diabetes.<sup>1</sup> The most important advise we can do as health care providers is to educate our patients on the benefits of a plant based diet (with lean meats and healthy fats) and low on refined sugars filled with regular exercise at least 3 times a week for 90 minutes a week. The second most important point is that we also have to practice what we preach. I see so many

health care providers that are just walking time bombs.

In the past 40 years Americans have gotten fatter and we are failing as a society. The impact of being overweight is estimated to cost 150 billion dollars in unnecessary health expenses. With the recent passage of the new health bill, I think the bigger issue is that we need to overcome obesity and especially to instill this to the younger generation. About 190 million Americans are overweight and that is about two out of every three Americans. How many of us can run a mile or bike three miles without getting short of breath? Another depressing fact is that childhood obesity has tripled. I



strongly believe that terrorism will not destroy our country but its our future generation of overweight children that will die earlier of heart disease or cancer. Sadly, it is now being said that we might outlive our children.

According to the world health organization (WHO) defines overweight to be a BMI of equal or greater than 25 and “obesity” to be a BMI of equal or greater than 30. At least 20 million children under the age of five years are overweight globally in 2005. The future projections of 2015 are shocking and that is 2.3 billion adults will be overweight and more than 700 million will be obese.<sup>2</sup>

When it comes to determining at what point obesity begins for you, a simple chart that’s used around the world is the body mass index (BMI). With the chart, your BMI is determined by taking your weight in kilograms and dividing it by the square of your height in meters. A BMI of 25 or more is considered overweight, while a BMI over 30 is considered obese. However, a high BMI for someone who is physically fit, with low body fat, may falsely determine that person to be obese. An example would be if you have two people who both weigh 250 pounds, have the same height and thus have the same BMI of over 30 - which determines them to be obese. However, if one of them is a body builder with much muscle and very little body fat, then that body builder’s BMI will falsely label them as obese. Therefore, although BMI is good as a commonly used screening tool, it is not the gold standard test to see if one is really obese or overweight. For that, the most important number to know is how much body fat you have because, as you lose pounds, you want to

lose body fat and keep the muscle. Ideally, women should have body fat less than 25 percent; but, for some of my women patients, I am happy if they are less than 30 percent. As for men, it should be less than 20 percent. However, if one starts at 45 percent and then achieves a body fat of 25 percent, then that is a wonderful achievement. Just remember that body fat is relative to where you start, but the key is to reduce it. A quick warning about measuring body fat with calipers and your home scales: these only estimate your body fat and are usually way off. Instead, one should be measured with a DXA (Dual Energy X-Ray Absorptiometry) machine, which is the gold standard in measuring body fat. In fact, the television show, Biggest Loser, measures body fat with a DXA machine.

**In the past 40 years Americans have gotten fatter and we are failing as a society. The impact of being overweight is estimated to cost 150 billion dollars in unnecessary health expenses.**

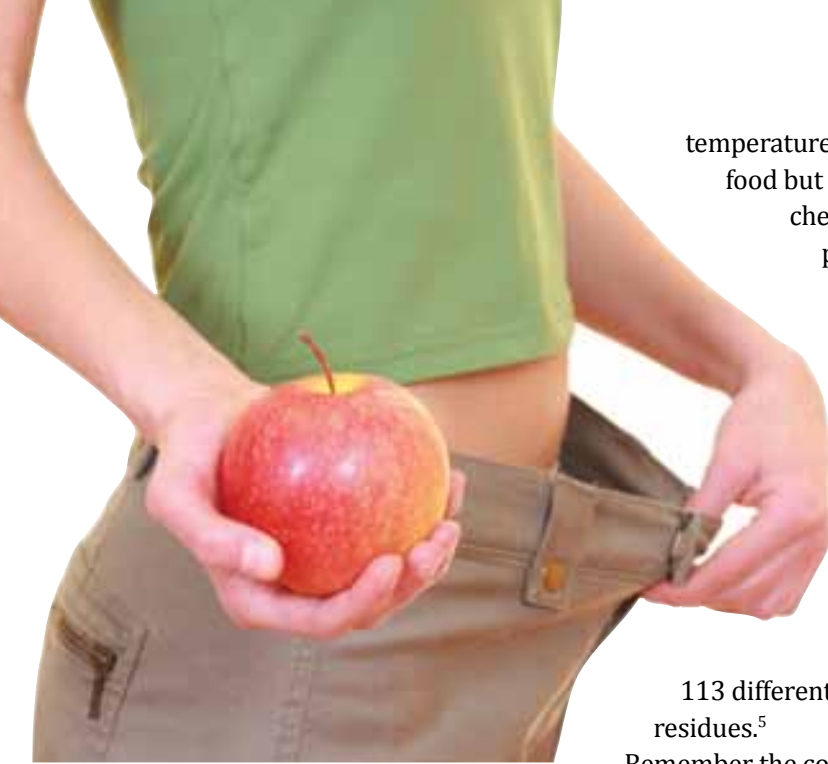
In a recent study called the Coronary Artery Risk Development in Young Adults (CARDIA), approximately 3,000 young adults, 18 to 30 years of age, were followed for 15 years. This study showed that people who ate fast food two or more times a week experienced an average of ten additional pounds of weight gain when compared to the people

who ate fast food less than once a week. It also showed that eating fast food increased the risk of increasing one’s insulin levels (remember, high insulin levels are not healthy), and increased the development of diabetes.<sup>3</sup>

Our government is also involved with this obesity crisis. Since President Nixon’s Secretary of Agriculture abolished production limits, corn farmers have been guaranteed a subsidy that provides cash to the corn farmers even if the market is flooded with corn. Corn is the basis of the fast food industry. The beef that are used in the fast food industry are fed corn grain instead of grass-fed, sodas are made from high fructose corn syrup and the fries are fried in corn oil.<sup>4</sup>

Also, chicken nuggets are almost made of 60 percent of corn. The US government encourages farmers to specialize in corn production with its federal subsidies. So instead of our government that encouraging healthy living and better health we have a system that feeds on itself. The food industry has a source of cheap food and inexpensive oils (corn oil or vegetable oil that has corn in it), sodas and burgers that are primarily fed by corn. Remember corn is high in carbohydrates or sugar that will raise your insulin levels and thus promote weight gain or belly fat.

If you ever wondered why it costs more to have salad and bottle water than to have a burger, fries and a soda with free refills, then there is something wrong with the system. By the way the heaviest place in the US is not in the south but a territory of the US called the American Samoa. Unfortunately they have abandoned their traditional foods for cheap processed foods. So when you think



temperature. Its not real food but filled with chemicals and preservatives.

According to the FDA Total diet study, it was found that fast food ham-burgers contain

113 different pesticide residues.<sup>5</sup>

Remember the corn that is the food source for the cattle? The corn has been treated with pesticides and preservatives. Also I would recommend watching the movie called King Corn to learn about the relationship between the corn industry and our health.

Another disturbing fact is that a chemical called bisphenol A (BPA) has been associated with insulin resistance. BPA is a synthetic chemical that is widely used in the lining of cans, drink packaging, and plastic consumer products (i.e., plastic water bottles). BPA is also classified as an endocrine disrupter since it has estrogen effects. It is also considered an environmental pollutant and has been found in just-born babies. A recent 2011 study showed that women of varying body weight from lean to obese that have polycystic ovary syndrome have been found to have high levels of BPA. The higher BPA levels have been shown in this study to have higher insulin levels, higher testosterone levels and insulin resistance.<sup>6</sup> BPA has been shown to be toxic to the pancreas, to disrupt insulin production, and to cause insulin resistance. Other

chemicals like phthalates and dioxins have been linked to insulin resistance.<sup>7</sup>

To learn more about the dangers of insulin resistance and to enjoy healthy recipes including many green smoothies, I would recommend the book called Your Best Investment (Secrets to a Healthy Body and Mind). One can get this book through [www.DrEdwinLee.com](http://www.DrEdwinLee.com).

A very important part of reversing insulin resistance is to become more active. Exercise is wonderful in helping the body to burn extra calories and also to help the body eliminate many toxins by sweating. I truly enjoy being outside to feel the wind, snow, wind or rain. I enjoy snowboarding, hiking, camping, swimming, cycling, running and also kayaking. The minimum

**Another disturbing fact is that a chemical called bisphenol A (BPA) has been associated with insulin resistance. .**

amount of exercise that one needs to do is 90 minutes a week and to later try to average 3 hours a week. My advice in exercising is to focus on five concepts. They include cardio with interval workouts, flexibility, strength training, balance exercises and core exercises. For many of my new patients I hear that they do one hour on the treadmill and can't lose any weight. Actually, you can do interval workouts in 20 to 30 minutes and accomplish more

of fast food another name is corn a billion dollar industry. The fast food industry says that it is the consumer's choice. But it's not a fair fight since the fast food industry depends on corn, which is heavily subsidized and in addition the billions of dollars in marketing. Who markets for the organic vegetables and grass-fed meats?

Another issue about fast foods is that it is filled with chemicals and preservatives. In my new office I often show to my patients the burger that I bought from a fast food place to show that it is has not degraded yet. The burger is two years old and it is hard as a rock but there is no signs of bacteria or fungal growth on this old burger. To learn more about the bionic burger I recommend watching the video on YouTube. The link is [www.youtube.com/watch?v=mYyDXH1amic](http://www.youtube.com/watch?v=mYyDXH1amic). If you don't believe me just buy fries and a burger at a fast food place and then a week later see if there is any decay. Have your kids do a science project and see what happens when the burger sits around in room

weight loss than doing long runs. If one needs help to exercise, or needs encouragement to exercise, then I would recommend hiring a personal trainer.

My hero that recently passed away at the age of 96 was Jack LaLanne. He was into fitness decades before most Americans realized the benefits of it. In 1936 he opened the first health club and medical community. Back then, people thought he was a “nut” and that weightlifting was harmful to your health - and to your sex drive. I am so glad he did not listen to the medical advice at that time. He is also amazing for his many insights on living healthy.

LaLanne summed up his philosophy about good nutrition and exercise this way: “Living is a pain in the butt. Dying is easy. Living is like an athletic event. You’ve got to train for it. You’ve got to eat right. You’ve got to exercise. Your health account, your bank account, they’re the same thing. The more you put in, the more you can take out. Exercise is king and nutrition is queen: together, you have a kingdom.” He also said, “In my mind, nothing on this earth is more addictive than refined sugar.” Bluntly, he has said that eating too much sugar will KILL you.

Educate your patients about the dangers of having too much insulin and their goal is to have a fasting level of less than 5 microIU/ml. Encourage 2 to 3 servings of vegetables with each meal including breakfast (most of my patients is willing to drink a green smoothie). Instill the importance of an active lifestyle that includes a work out 3 times a week for a minimum of 90 minutes a week and they will lose

their body fat. For great delicious and easy to follow recipes check out the book called *Your Best Investment (Secrets to a Healthy Body and Mind)* at [www.DrEdwinLee.com](http://www.DrEdwinLee.com)

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“Living is a pain in the butt. Dying is easy. Living is like an athletic event. You’ve got to train for it. You’ve got to eat right. You’ve got to exercise...”

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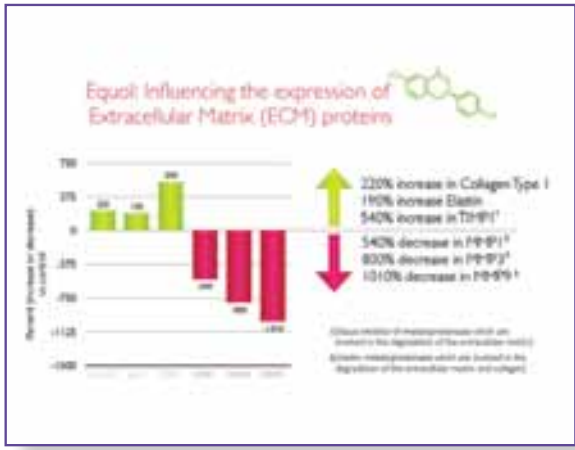
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5.

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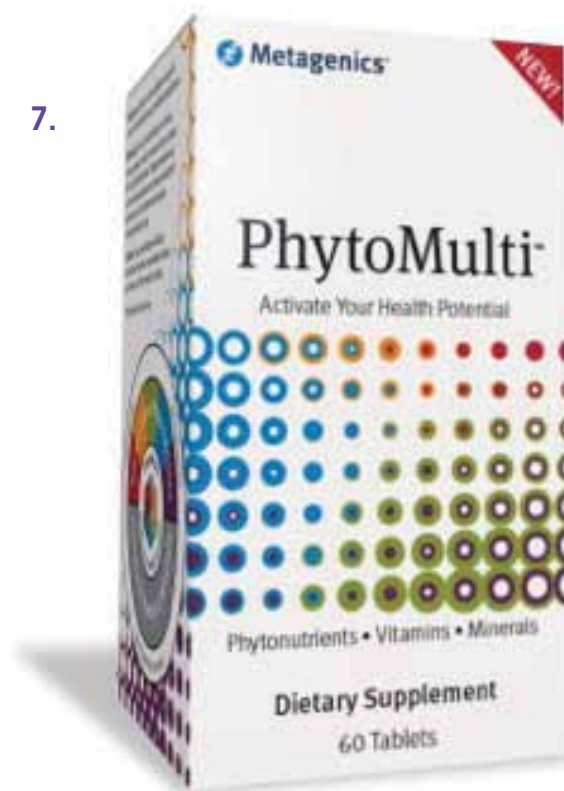
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**7.**



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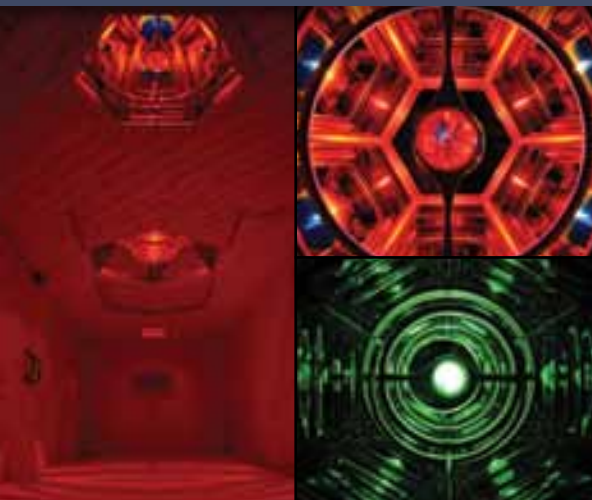
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# Evidence-based approach to the treatment of **Chronic Fatigue Syndrome & Fibromyalgia**

By **Kent Holtorf, MD**  
Holtorf Medical Group Affiliate Centers

When it comes to treating patients with chronic fatigue syndrome (CFS) and fibromyalgia (FM), doctors are often at a loss. Because they can't figure out what's wrong, many consider CFS and FM "waste basket" diagnoses. Others simply dismiss the symptoms as psychiatric in nature. 1-3 This certainly is a disservice to the estimated 4 percent to 7 percent of the population that suffers from these conditions. These disorders, which strike women four times as much as men, 1-3 are consistently associated with a unique set of physiologic abnormalities.<sup>4-71</sup>

Physicians need to employ a multi-system approach, instead of resorting to single-drug modalities for each symptom.<sup>12,16,72-87</sup> This comprehensive approach is largely becoming the standard of care and is effective in 80 percent of patients with these conditions.

## **What is Fibromyalgia?**

To be diagnosed with FM, patients must experience pain for at least three months. They also must feel pain upon palpation at 11 out of 18 tender points.<sup>88</sup> This criteria, however, is criticized for not

taking into account the essential elements of FM, such as fatigue, sleep disturbance and cognitive dysfunction.<sup>89-93</sup>

For a CFS diagnosis, patients must experience fatigue that doesn't improve with bed rest. This fatigue should impair average daily activity levels by more than 50 percent for at least six months. People also must experience four or more of the following symptoms: cognitive dysfunction, sore throat, joint pain, muscle pain, headaches, nonrefreshing sleep and post-exertional malaise.<sup>94</sup> The diagnostic

criteria for FM and CFS are limited. Furthermore, there's no accepted laboratory marker to define these conditions. Consequently, physicians have difficulty properly diagnosing FM and CFS. But despite different modes of diagnosis (physical exam vs. history), CFS and FM coexist 50 percent to 70 percent of the time, depending on the study. Therefore, from a clinical standpoint, we will consider these illnesses together. The range of symptoms in these conditions includes fatigue, sleep disturbances, muscle pain, cognitive dysfunction, gastrointestinal dysfunction, headaches and postexertional malaise.

Note that the unique physiologic hallmarks of CFS and FM don't exist in other fatiguing illnesses.<sup>4-71</sup> These syndromes are complicated, involving pituitary and hypothalamic dysfunction, immune dysfunction, sleep stage disorder, mitochondrial dysfunction, hormonal deficiencies, coagulation defects and chronic infections.

In addition, each physiologic abnormality can cascade into other problems. For example, chronic stress can produce hypothalamic, pituitary and immune dysfunction—signature signs of fibromyalgia. Immune dysfunction can reactivate viral and intracellular bacterial infections. This can further suppress hypothalamic and pituitary function, causing mitochondrial dysfunction and coagulation dysregulation.

The hypothalamic and pituitary dysfunction produces hormonal deficiencies. In a vicious cycle, the chronic infections can further suppress mitochondrial function and produce global cellular dysfunction and a subsequent

immune activation that causes a coagulation defect. This, in turn, worsens cellular function. This cascade produces multisystem illness that causes a broad range of often perplexing symptoms.

### The Multisystem Approach

CFS and FM diagnoses often frustrate physicians because there's no clear cause or treatment. Doctors typically treat the problem with NSAIDs, antidepressants and muscle relaxants. But these drugs are largely ineffective because they fail to address the underlying roots of the problem.<sup>95-109</sup> In addition, they have a high incidence of significant side effects, including anxiety and insomnia.<sup>95,69</sup> Muscle relaxants, too, can be addictive. Serotonin-norepinephrine reuptake inhibitors (SNRIs) and anticonvulsants may offer some benefit (Pregabalin is the first medication that is FDA approved to treat FM), but they're often ineffective. In addition, the majority of patients don't tolerate the medication well.<sup>108-110</sup> Given these facts, physicians should take the following multisystem approach to address both diagnoses.

**Component One: Stabilize the patient.** Physicians commonly address the pain and sleep disturbances of CFS and FM with medications. These drugs can help some patients, but the overwhelming majority needs further treatment. Sadly, this first stage of treatment is the only course many doctors prescribe.

**Component Two: Mitochondrial enhancement.** The mitochondria are the energy factories for the cells where sugar is burned and energy is produced in the form of adenosine-triphosphate (ATP). When the

mitochondria are not working properly, the cells and tissues of the body are starved for energy. This abnormality may be the common endpoint for all the dysfunctions in CFS and FM.

Not only do the reduced amounts of metabolized glucose produce weight gain, reduced aerobic energy production requires the body to rely on anaerobic metabolism. This causes fatigue, muscle pain, poor concentration, gastrointestinal dysfunction, headaches and postexertional malaise.

Mitochondria can be poisoned by numerous substances, including environmental toxins; pesticides; chronic bacterial, viral and fungal infections; neurotoxins; and nutritional and hormone deficiencies. Mitochondria dysfunction has the greatest impact on the most active tissues, including the hypothalamus, pituitary, muscle, nerve and immune cells. These are the major dysfunctions of these conditions and can significantly explain the symptoms of CFS/FM. Supplying mitochondrial intermediates and nutrients, such as magnesium, carnitine, D-ribose, CoQ10 and glutathione, can improve mitochondrial function and alleviate symptoms of CFS and FM.<sup>111-116</sup>

**Component Three: Balance the hormones.** An overwhelming amount of peer-reviewed medical literature documents pituitary and hypothalamic dysfunction in CFS and FM patients. As a result, patients often have multiple hormonal deficiencies,<sup>4-21</sup> including thyroid, growth hormone and cortisol. Physicians often miss these hormonal deficiencies because standard blood tests lack sufficient sensitivity to detect such

centrally mediated deficiencies.<sup>4,7,17-21</sup> However, they need to pay close attention to the following hormones:

**Thyroid.** Numerous studies have demonstrated that central hypothyroidism, as well as cellular resistance to thyroid hormone, exists in the overwhelming majority of patients with FM and CFS. This persists, despite patients having normal thyroid function tests (TFTs).<sup>6,11-16</sup> For instance, a study published in the *Journal of Rheumatology* looked at the incidence of central hypothyroidism in patients with FM.<sup>6</sup> Through thyrotropin releasing hormone (TRH) testing, all of the patients with FM had central hypothyroidism, despite having baseline TFTs in the normal range. More than 90 percent of the time, standard TSH and T4 testing misses central medicated hypothyroidism.<sup>117</sup>

Merging evidence, however, shows free T3/reverse T3 (rT3) ratios can be a useful indicator of tissue thyroid levels. This may, in fact, help physicians assess tissue thyroid effect with central hypothyroidism and chronic physiologic stress.<sup>118-120</sup> Instead of T4 normally converting intracellularly to the active T3 in peripheral tissue, T4 is preferentially converted to reverse T3. Therefore, increasing levels of rT3 and diminishing levels of T3 are indicators of low tissue thyroid effect. Free T3 and rT3 tests can be ordered at most major clinical laboratories. A free T3/rT3 ratio that's less than 2 pg/ng is consistent with low tissue thyroid activity.

Because T4 to T3 conversion in these conditions is diminished, it's not surprising that T4

supplementation has little effect, but that treatment with T3 is significantly effective.<sup>16,121-123</sup> In a double-blinded, placebo-controlled trial by Lowe et al., T3 therapy was safe and effective for treating euthyroid (TFTs in the normal range). Patients reported a highly significant improvement in pain, fatigue, stiffness, headache, sleep disturbance, bowel disturbance, depression, cognitive dysfunction, anxiety, cold intolerance, paresthesias and exercise endurance. They noted no significant adverse effects, despite having TFTs that would normally indicate hyperthyroidism, with a suppressed TSH, low free T4 and high free T3 levels. No adverse effects were reported on heart, bone, muscle and liver function, which were monitored every two months for eight months.<sup>121</sup>

In a small, double-blinded, placebo-controlled crossover study of four patients, T3 was administered and withdrawn in two T3 phases and two placebo phases over nine months.<sup>118</sup> All patients had normal baseline TFTs. All significantly improved in the T3 phases and deteriorated during placebo phases. No adverse target tissue effects were seen and all patients chose to continue treatment after the study's end. This study did not demonstrate any adverse cardiac or bone effects.<sup>123</sup> T3 is available as the brand Cytomel or as a compounded timed-released preparation, which has the advantage over Cytomel in minimizing serum fluctuations of T3. Optimal doses can vary significantly among patients and should be slowly titrated with careful monitoring for signs of excess, such as palpitations, rapid heart rate and anxiety.

**Cortisol.** Most patients with CFS and FM suffer from clinically significant adrenocortical dysfunction due to hypothalamic and pituitary dysfunction. The hypothalamic and pituitary function

**When the mitochondria are not working properly, the cells and tissues of the body are starved for energy. This abnormality may be the common endpoint for all the dysfunctions in CFS and FM.**

in these conditions (potentially due to mitochondrial function) results in inadequate cortisol production.<sup>4</sup> All studies that have used central acting stimulation testing in CFS and FM have shown hypothalamic-pituitary-adrenal (HPA) axis dysfunction.<sup>4</sup> However, physicians often believe a normal serum cortisol level or ACTH stimulation test generally rules out significant HPA axis dysfunction. These tests are more useful for primary hypoadrenalism. They, however, lack sufficient sensitivity to detect the central HPA axis dysfunction.<sup>4</sup>

The current evidence supports using physiologic doses of cortisol as an appropriate component of

a multisystem treatment protocol for CFS and FM. Specialists should consider a therapeutic trial of cortisol in the majority of these patients, especially those with signs or symptoms consistent with



adrenal dysfunction, low blood pressure and/or serum levels that are low or in the low-normal range.

Physiologic replacement of cortisol at doses of 5 mg to 15 mg a day are safe, with little or no associated risk. Such physiologic doses don't carry the risk of adrenal and immune suppression or bone loss, which are well known risks of pharmacological doses of corticosteroids. Cortisol treatment carries significantly less risk and a greater potential for benefit than standard treatments, such as antidepressants, muscle relaxants, anticonvulsants and narcotics.<sup>4</sup>

**Growth hormone.** Studies also

show CFS and FM patients have diminished secretion of growth hormone, a single-chain polypeptide produced in the pituitary gland with a wide range of metabolic and cellular effects. Growth hormone stimulates the production of insulin-like growth factor-1 (IGF-1) in the liver. Both play an important role in regulating body composition, lipid profiles, tissue repair, cardiac and neuronal functioning and bone mineral density. A great deal of peer-reviewed research, including long-term randomized control trial data, has demonstrated that growth hormone replacement can improve energy, strength, cardiac function, cognitive function, immunity and psychological well-being. It also decreases body fat, increases lean muscle and improves quality of life. In addition, it significantly improves symptoms in these conditions with little or no side effects.<sup>7-21,124</sup>

Because of the pulsatile nature of growth hormone production and short half-life (20 to 50 minutes), routine serum growth hormone levels cannot be used to determine overall production. However, IGF-1 levels correlate with overall growth hormone production and are relatively stable in the serum. While a normal IGF-1 level doesn't rule out a significant growth hormone deficiency, the IGF-1 level is the best estimate of growth hormone production and effect. Low-normal IGF-1 levels are consistent with a relative growth hormone deficiency.

Titration of the dose of growth hormone to achieve IGF-1 levels in the upper limit of normal is safe, well tolerated and offers significant clinical benefits. Typical doses are 0.5-2 IU injected subcutaneously daily. Patients can start with a three-month therapeutic trial. We must

monitor for water retention, which can produce joint pain and carpal tunnel syndrome. Insulin sensitivity may temporarily decline as well. Such treatment is generally well tolerated and if such side effects do occur, they usually resolve with a reduction in dose.

Because of the synergistic nature of hormones, small doses of multiple hormones are generally superior to large doses of any one hormone. Each hormone, however, should be started one at a time so we can best monitor for potential side effects.

#### **Component Four: Treat the infectious components.**

A great deal of medical literature documents the multiple infections that may either cause or contribute to CFS and FM.<sup>39-48,125-128</sup> Likely, this is due to the immune dysfunction seen with these conditions, which allows opportunistic organisms and other infections to flourish. This includes a variety of viruses such as Epstein Barr (EBV), cytomegalovirus (CMV), human herpes virus 6 (HHV6) and intracellular bacterial infections, such as mycoplasma, Chlamydia pneumonia and Borrelia burgdorferi (Lyme disease). Various antimicrobial treatments directed at such infections are significantly beneficial.

**Component Five: Address unique etiologies.** Several cycles of dysfunction occur in these conditions that can produce unique pathological etiologies. For instance, chronic infections can cause an abnormal immune activation of coagulation. This produces a fibrin coating on the lumen of the vessel, causing impaired oxygen and nutrient transfer.<sup>2,57-62</sup>

If suspected, the diagnosis can be made by testing a coagulation panel of soluble fibrin monomer, thrombin-antithrombin complex, D-dimer and plasminogen activator-inhibitor-1.<sup>57-62</sup> Heparin can help such patients.<sup>12,58</sup>

Evidence also suggests that neurotoxins are a potential cause or contributing factor to CFS and FM symptoms.<sup>129-131</sup> Visual contrast sensitivity testing and serum C3(a) and C4(a) can help us assess the potential for such exposure.

### **Component Six: Maintenance.**

We need to adjust therapies and wean patients to minimal core treatments. With improvement, medications can be discontinued, generally one at a time. During this phase, patients can be seen less often. We generally wean patients off medications before supplements. We also can successfully take patients off narcotic pain relievers. Symptomatic improvement usually correlates with improved cortisol, growth hormone and thyroid levels. So we can adjust hormones as well. However, most patients feel better with the optimal supplemented thyroid levels. Continued thyroid supplementation also appears to prevent relapses.

## **Multisystem Efficacy**

A multisystem approach is becoming the standard of care for patients with CFS and FM. And studies are backing this approach. For example, Teitelbaum et al. performed a randomized, double-blinded, placebo-controlled, intent-to-treat study on 72 FM/CFS patients. The goal was to assess the effectiveness of an integrative treatment approach that simultaneously treated

the nutritional deficiencies, chronic infections and hormonal dysfunctions that exist with these conditions.<sup>72</sup> Overall, 90 percent of patients had significant improvements vs. placebo in visual analog scores ( $p < 0.0002$ ), the Fibromyalgia Impact Questionnaire ( $p < 0.0005$ ) the tender point index ( $p < 0.0001$ ) and overall response ( $p < 0.0001$ ) with no significant reported side effects.

The Journal of Chronic Fatigue Syndrome recently reported our center's novel use of a computerized symptom assessment that evaluated the multisystem treatment protocol for more than 500 consecutive patients with CFS and FM.<sup>4</sup> Ninety-four percent of patients had overall improvement by the fourth visit, with 75 percent noting significant overall improvement and 62 percent reporting substantial overall improvement. In subsequent visits, the majority of patients continued to improve. The average energy level more than doubled by the fourth visit, going from an average of 2.98 at baseline to 6.39, and then to 6.77 and 7.67 at the seventh and ninth visits, respectively.

The average sense of well-being more than doubled by the fourth visit, increasing from a baseline average of 3.03 then to 6.29, 7.45 and 6.83 on the fourth, seventh and ninth visit, respectively.

Subsequently, more than 40 physicians were trained to use a simplified treatment algorithm at 17 centers across the country. This multicenter study included more than 4,000 consecutive CFS and FM patients who were treated with this simplified algorithm and tracked via the same computerized patient assessment system. Eighty-five

percent of patients improved by the fourth visit. By the seventh visit, 62 percent of patients reported significant improvement, and 46 percent indicated substantial improvement.<sup>87</sup> By addressing the multiple physiologic abnormalities that occur with CFS and FM, we can give our patients hope for dealing with these debilitating disorders.

### **Author Bio:**

Kent Holtorf, MD, is the Medical Director and CEO of the Holtorf Medical Group Affiliate Centers and Founder and Medical Director at National Academy of Hypothyroidism. He is an expert in treating chronic fatigue syndrome, fibromyalgia, complex endocrine dysfunction and chronic infections (including EBV, HHV6 and Lyme disease). Dr. Holtorf received his doctorate of medicine from St. Louis University with residency training at UCLA. He has personally trained numerous physicians across the country to effectively treat chronic fatigue syndrome, fibromyalgia and chronic infectious diseases.

*Disclosure: Dr. Holtorf indicates that he has no affiliations with any commercial entities, directly or indirectly referenced in this article.*

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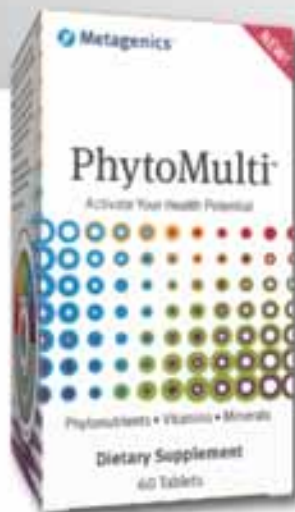
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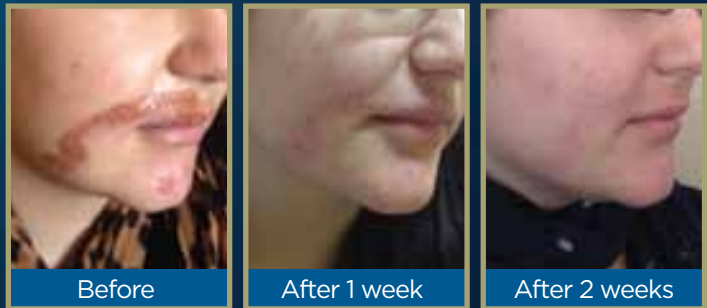
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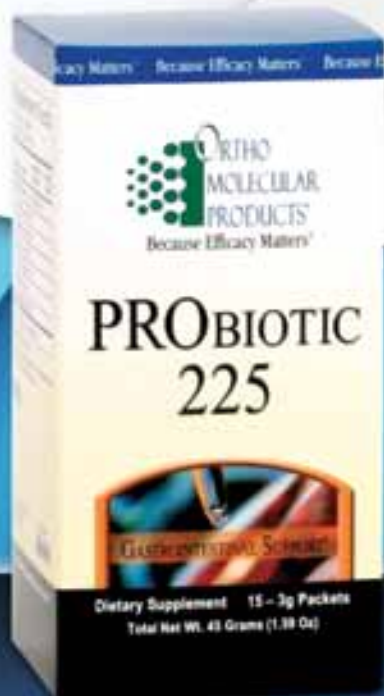
Each packet is guaranteed to have 225 billion CFUs at the time of expiration.

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Product # 470015 15 Packets

### Supplement Facts

Serving Size: 1 Packet  
Servings Per Container: 15

1 packet contains	Amount Per Serving	% Daily Value
<b>Proprietary Blend 225 billion CFU**</b>		
Lactobacillus plantarum		*
Lactobacillus acidophilus		*
Bifidobacterium lactis		*
Lactobacillus salivarius		*
Lactobacillus casei		*
Bifidobacterium bifidum		*

\* % Daily Value not established

\*\* Colony Forming Units

SUGGESTED USE: Mix 1 packet into 8 oz of a cold beverage of your choice or as recommended by your health care professional.

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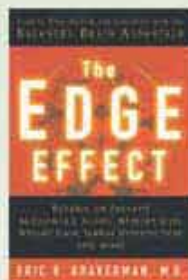


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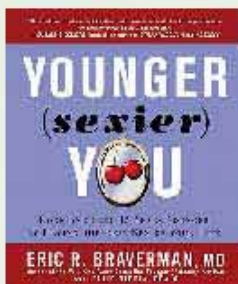
Dr. Braverman is a graduate of NYU Medical School. Now, director of integrative medicine at a local hospital, he is an acknowledged expert in brain-based medicine who lectures to and trains doctors internationally in anti-aging medicine.



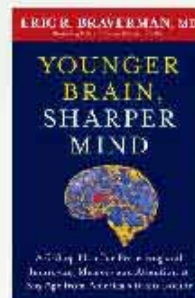
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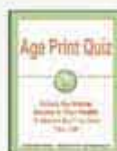
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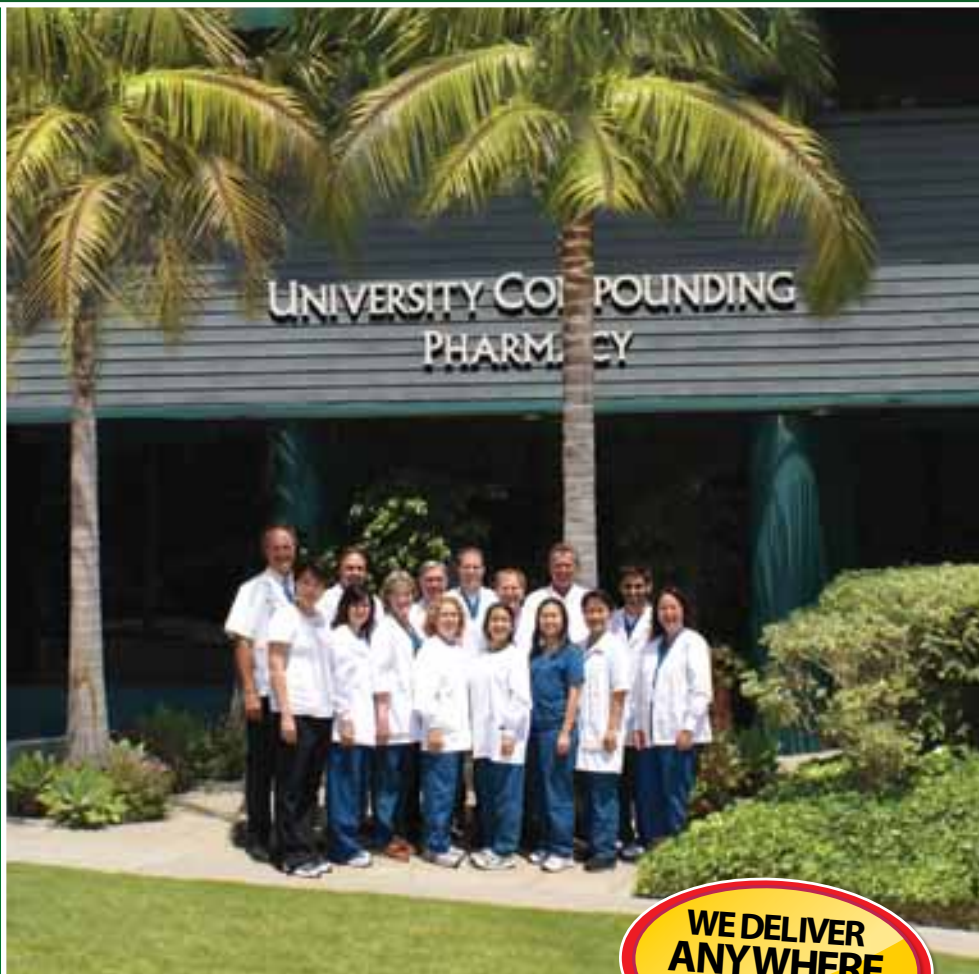
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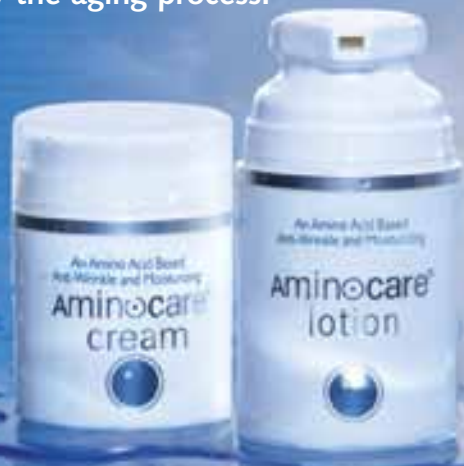
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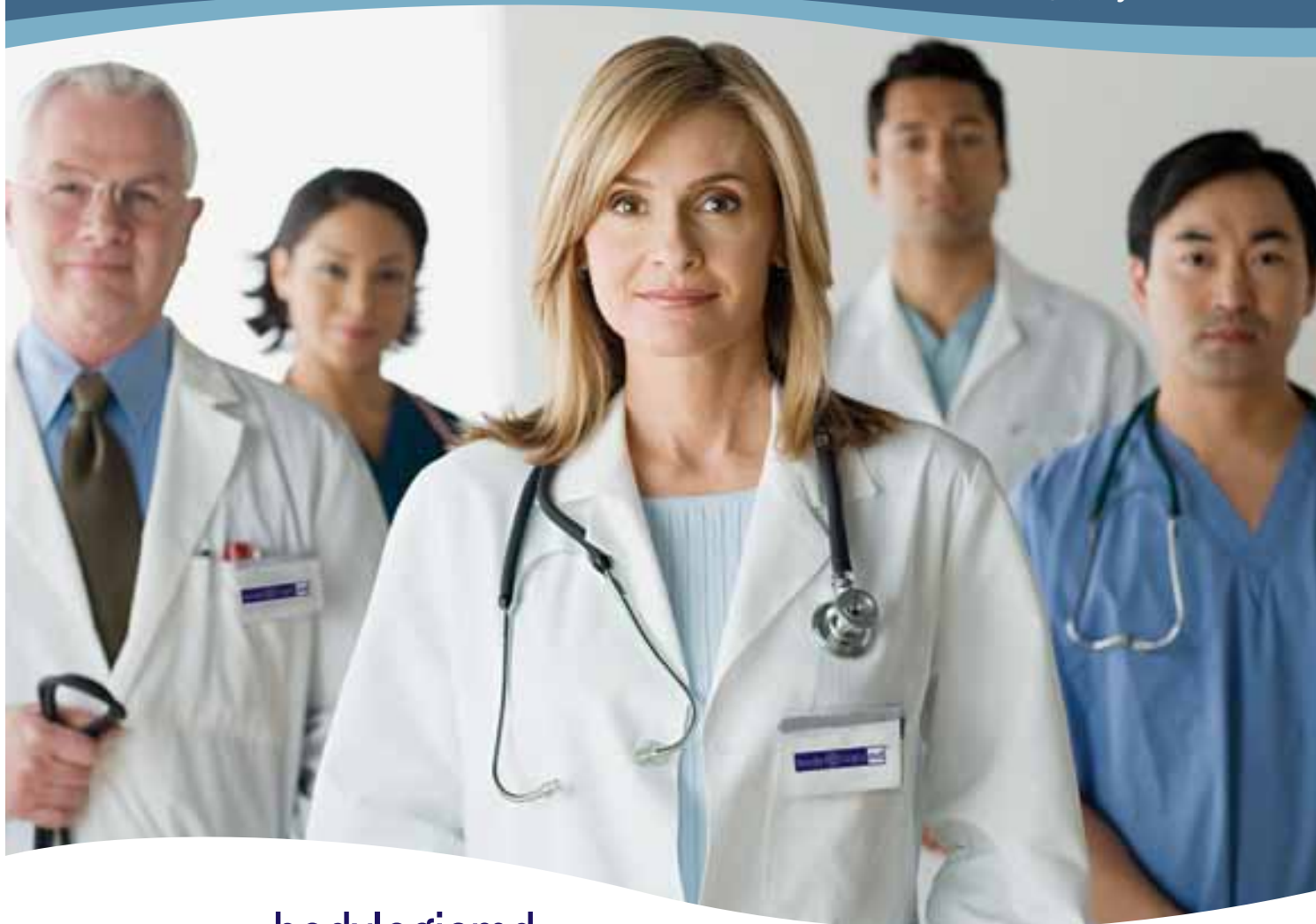
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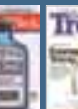
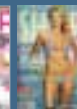
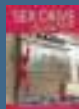


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# Biological Effects of Pulsed Electromagnetic Field (PEMF) Therapy

By Keith R. Holden, M.D.

## Introduction

Pulsed electromagnetic field (PEMF) therapy is effective because time-varying or pulsed electromagnetic fields create microcurrents in the body's tissues. These microcurrents elicit specific biological responses depending on field parameters such as amplitude, frequency, and waveform.

The body contains multiple electromagnetic fields with each tissue and organ having a unique electromagnetic signature. Computerized Axial Tomography (CAT) scans and Magnetic Resonance Imaging (MRI) scans take advantage of these unique signatures to create a map of the body's tissues using pulsed electromagnetic fields. While the diagnostic benefits of PEMFs are accepted and widely used, medical practitioners are still realizing the therapeutic benefits of PEMFs.

In 1954, Japanese scientists first reported on the piezoelectric properties of bone. This finding led to further research showing

that damaged bone responded therapeutically to electric fields and pulsed electromagnetic fields. Then in 1995, scientists at the University of Kentucky found that each type of soft tissue responds favorably to specific electromagnetic frequencies.<sup>1</sup>

Since then, peer reviewed clinical research documenting the biological and therapeutic effects of PEMFs has increased dramatically. Despite this research contributing to the development of many types of effective PEMF devices, the Food and Drug Administration (FDA) has cleared relatively few of these devices for treating specific conditions. However, as clinical evidence continues to mount, and as patients drive the demand for effective but safer medical therapies, this will likely change. Since the FDA cleared the first therapeutic PEMF device over 30 years ago, there have been no postmarketing safety alerts issued for any of these devices. This reflects the overall safety of short sessions of therapeutic PEMFs.

The benefits of PEMF therapy have been documented in multiple peer-reviewed clinical studies for a wide range of medical conditions. Randomized double-blind, placebo controlled clinical trials using PEMF therapy have shown beneficial effects for chronic low back pain, fibromyalgia, cervical osteoarthritis, osteoarthritis of the knee, lateral epicondylitis, recovery from arthroscopic knee surgery, recovery from interbody lumbar fusions, persistent rotator cuff tendinitis, depression, and multiple sclerosis.<sup>2,3,4,5,6,7,8,9,10,11</sup>

## PEMF therapy and current FDA status

In 1979, the FDA cleared PEMF therapy in the form of electrical bone growth stimulators for use in treating non-union fractures. Subsequently, the FDA cleared PEMF therapy for failed joint fusion following arthrodesis, failed spinal fusion, and congenital pseudoarthrosis. In 1987, the FDA formally "grandfathered" 510(k) marketing clearance to a



high frequency PEMF device for adjunctive therapy in the palliative treatment of postoperative edema and pain in superficial soft tissue. A similar device was given FDA approval in 2008 to deliver what its company calls “targeted microcurrent therapy.”

Most recently, in October of 2008, the FDA cleared a PEMF device using repetitive transcranial magnetic stimulation (rTMS) for the treatment of Major Depressive Disorder in adult patients who failed to achieve satisfactory improvement from prior antidepressant medication. In a multicenter clinical trial, approximately half of the patients experienced significant improvement in depression symptoms, and approximately a third of the patients experienced complete symptom relief at the end of six weeks.<sup>12</sup>

### The future of PEMF therapy

The future of PEMF therapy is exciting given the findings of early research in a wide variety of health conditions. For example, preliminary data in clinical studies shows rTMS has promise in treating schizophrenia, post-traumatic stress disorder, obsessive-compulsive

disorder, Alzheimer’s disease, and Parkinson’s disease.<sup>13,14,15,16,17</sup>

In relation to cardiovascular disease, studies show how PEMF therapy may reduce blood glucose levels, blood viscosity, total cholesterol, and triglycerides, while raising high-density lipoprotein (HDL).<sup>18,19</sup> These studies will hopefully serve as an impetus for further investigation given that heart disease is the leading cause of death in the United States. Another study shows how PEMF therapy may accelerate the healing of damaged brain tissue following acute stroke.<sup>20</sup>

In light of the emergence of drug resistant bacteria, clinical studies show how PEMF therapy could one day become part of the standard of care in inhibiting *Staphylococcus aureus* infections and augmenting antibiotic therapy.<sup>21,22</sup>

Complicating the issue of antibiotic resistance are biofilms, dynamic mucous-like cities in which bacteria live and thrive. Biofilms protect bacteria and assist in bacterial cell-to-cell communication and in the exchange of genetic information. The same bacterium living outside a biofilm is less susceptible to antibiotics when living in a biofilm. Studies indicate PEMF therapy may effectively address this dangerous bacterial diversity.<sup>23,24</sup>

Studies also suggest that PEMF therapy may one day be used to treat cancer. Findings show PEMF therapy induces apoptosis of cancer cells, inhibits the growth of malignant tumors, modulates the immune system via cytokines as an anti-tumor effect, and may act

synergistically with chemotherapy and photodynamic therapy to combat tumor growth.<sup>25,26,27,28</sup>

### PEMF therapy and osteoporosis

The scientific evidence is accumulating regarding how PEMF therapy may one day gain FDA approval for the prevention and treatment of osteoporosis.<sup>29,30</sup> PEMF therapy improves bone mineral density, increase growth of osteoblasts, and positively influence bone remodeling via cytokines, prostaglandins and cell growth factors.<sup>31,32,33,34</sup>

In the clinical setting, it is important to document objective measures of improvement based on the therapy chosen. Bone density test scores are used to monitor the response to therapy for osteoporosis and osteopenia over the long term.



Over the short term, clinicians can use urine deoxypyridinoline (uDPD) levels to monitor response to therapy. Deoxypyridinoline cross links Type 1 collagen found in bone. In conditions where bone turnover is high, deoxypyridinoline spills into the urine in high levels. As bone turnover decreases, uDPD levels drop.

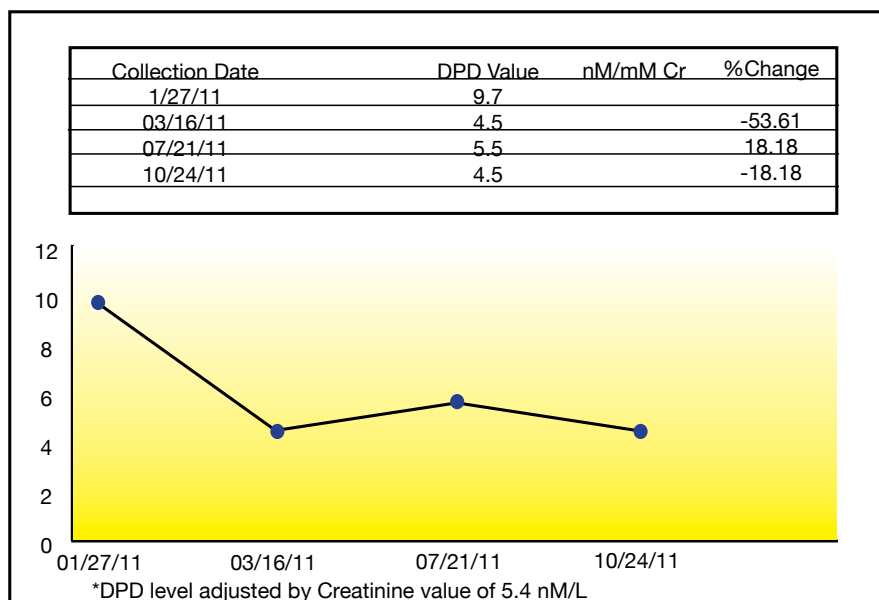
In my preliminary analyses, I find that PEMF therapy lowers uDPD in patients with osteoporosis. In one patient, uDPD decreased by 53% in

two months with weekly sessions, and the reduction was sustained with once-monthly sessions. If this finding is reproducible in a double-blind, placebo-controlled clinical trial, this would affirm the ability for PEMF therapy to positively impact bone remodeling in osteoporosis.<sup>Fig. 1</sup>

### Conclusion

As Abraham Liboff, Ph.D. has so aptly stated "... it is possible to view the living system as an electromagnetic entity, with the response of the system to a given electric or magnetic signal as an outcome expected on the basis of physical law." PEMF therapy has scientifically documented beneficial effects on multiple biological tissues ranging from bone to brain. The reason for these beneficial effects is because PEMF therapy triggers a cascade of biological processes that supports ailing tissues. Before any chemical or physiologic response

Figure 1



is elicited in a biological system, there is always an exchange of energy. The use of specific pulsed electromagnetic frequencies prompts this therapeutic exchange of energy in a safe and cost-effective manner.

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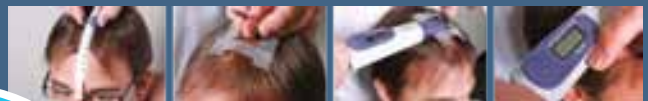
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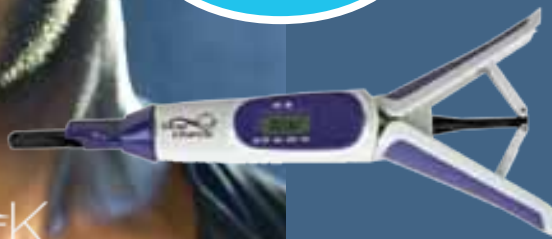
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**AESTHETIC MEDICAL TREATMENT**

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 Millennia Concepts

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 G-Tech  
 Haelan Research  
 Light Age  
 NBA Reasearch  
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 SaunaRay  
 Natural-Immunogenics Corp.  
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**ASSOCIATIONS / EDUCATION**

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 NBA Reasearch

**COMPOUNDING PHARMACIES**

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 Apothecure  
 APS Pharmacy  
 Bellevue  
 Central Drugs  
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### CyroProbe

Natural-Immunogenics Corp.

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Millennia Concepts

## DIAGNOSTIC SERVICE / LABORATORIES

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Age Diagnostic Labs

American Metabolic Labs

Biophysical

Cell Science Systems/ALCAT

Diagnos-Techs, Inc.

Drucker Lab

Fry's Lab

Genova

Haircheck

Health and Beauty Connection

Health Diagnostics Lab

**KMI Diagnostics**  
**Labrix Clinical Services**  
**Life Length**  
**MedLabs Diagnostics**  
**Meridian Valley Labs**  
**Metamatrix Clinical Lab**  
**PathMedical**  
**Pathway Genomics**  
**PhysioAge**  
**Signet Diagnostics**  
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**Hair Science**  
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- CardioNexus Corp.
- ChromoGenex
- Clear Mind
- Curamedix
- DEKA Medical
- Evoke Neuroscience
- Itamar
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- PEMF- Pulse 4 Life
- Quantum Medicine
- Renua Medical
- S&W Healthcare Corporation
- SleepImage
- Viora

- Nuskin
- Quantum Medicine
- Sciton

**MEDICAL PUBLICATIONS / DIRECTORIES**

- Elsevier Inc
- Living Younger

**MESOTHERAPY / HORMONE THERAPIES**

**MED SPA / EQUIPMENT**

- Biospace

- BodyLogic
- Global Life Rejuvenation
- Lab Dom
- Millennia Concepts

**MISC.**

Advanced Naturals  
DigiVision Media  
Everday Health  
Green Polka Dot Box  
Standard Process  
Travelers in the City, LLC  
Ultimate Aloe Skin Care

**NUTRACEUTICALS**

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American Biotech  
Aminocare  
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BioPharma Scientific  
Bio Protein Technologies  
Complementary Prescriptives  
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Neogenis  
NuMedica  
Nutritonal Frontiers  
Napa Valley Nutrionals  
Nordic Naturals  
OrthoMolecular  
Physician's Health and Diet  
Protocol for Life Balance  
Quicksilver  
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**Enzyme Science**

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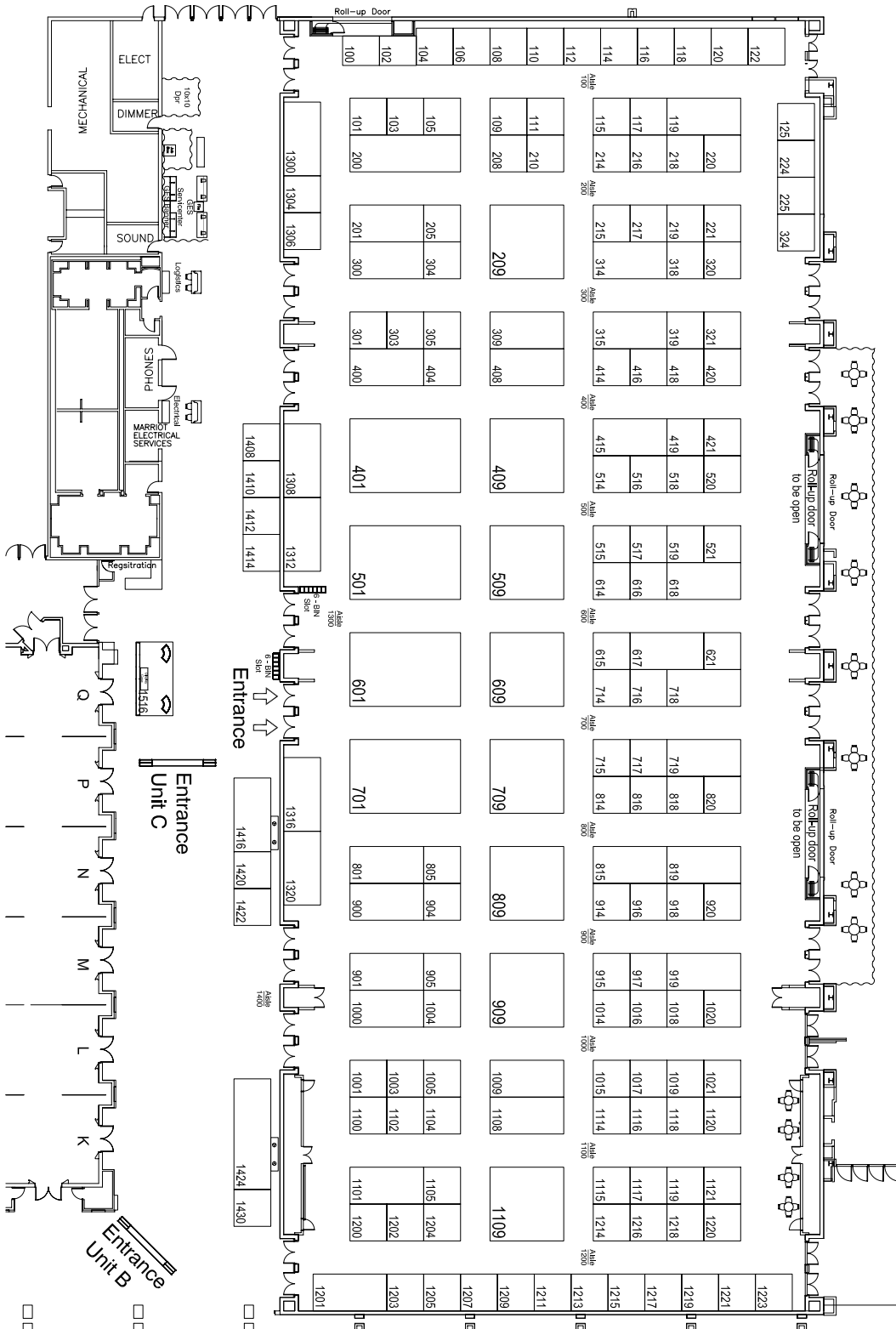
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