Natural and time-honored paths to the best health possible: An overview

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Agenda:

- Talk for 50 minutes. (This includes a few patient videos.)
- Questions/answers for last 10 minutes.
  - Please hold your questions until the end.
  - Can email me your questions as well. Email will be provided at end of talk.

Biography:

- Received doctorate in natural medicine from Bastyr University in 2003.
- Have been practicing in Kent since 2003.
- Received bachelor's in EE (electrical engineering) from U.W. in 1992. Specialized in Bio-medical instrumentation. Prior to pursuing medicine, worked as an engineer for Microsoft.
- Currently, finishing up a 2 year sub-specialty program in Homeopathy through the New England School of Homeopathy.

Biography:

- An Affiliate Clinical Faculty at Bastyr University, mentoring numerous students at my clinic.
- Teach a class on “Biotherapeutic Drainage” at Bastyr University.
- Area of interest: Autoimmune disease

Who are NDs (Naturopathic Doctors)?

NDs (naturopathic doctors) are licensed PCPs (primary care physicians) who use mostly natural therapies instead of pharmaceutical drugs.

Disclaimer:

- This material is intended for information only and is not medical advice.
- Please consult with your ND (naturopathic doctor) about specific supplements you might be taking.

Research articles used for this talk:

- Most of the research articles used in this presentation were obtained from PubMed- One of the largest medical databases in the world. You can google “pubmed” to find the exact website address of this incredible database. Once in Pubmed, you can enter the subject you are interested in, and press the “search” button. For example, I entered “Myositis and Vitamins” or “Myositis and minerals”, “Myositis and viruses”, “myositis 2007”, “myositis and cancer” (“myositis and cancer” gave the largest number of articles amongst the topics above, 1859 as of Sept 4, 07), etc., to find the majority of the articles sited here. Most articles is this database make their abstract available. The abstract is the summary of the article. For all practical purposes, you do not actually need the article itself, just the abstract will give you the overview of the research.

Research articles used for this talk:

- I might have reviewed close to 1000 research articles through the Pubmed to prepare for this talk.
- There were numerous on myositis and vitamins/minerals. Unfortunately, of all these articles, there was only one article on myositis and herbs.

Other sources:

- "Treatment of Cancer, Dysbiosis and Autoimmune Diseases" by Dr. MiKhael Adams, ND.

  This book can not be obtained through bookstores. It was a seminar book.

  I use Dr. Adams' protocol for treating dysbiosis, but have not actually used his book for preparation of this talk.

Definition of medical terms used in this talk:

- Autoimmune disease: Your own immune system attacks yourself.
- Dysbiosis: Imbalance of microorganisms (or microbes) or unhealthy composition of microbes in the intestine (too many unfriendly organisms and not enough friendly ones- acidophilus)
- Germs: Germs (or microbes) are various types of micro-organisms such as bacteria, viruses, parasites, and yeasts. Germs are also known as infectious agents because they can cause infection.
- GALT (or gut-associated lymphoid tissue): Lymphoid tissue in the gut.
- Lymphocytes: A particular type of WBCs. There are two types of lymphocytes:
  - B cells and T cells.

Definitions- Continued:

- Lysosomes: Small organelles (structures within the cell) that help digest “things” inside the cell.
- Oxidative stress (by free radicals). Free radicals damage our tissues, and anti-oxidants are required to help with damage secondary to these free radicals.
- Mitochondria: Small structures in every cell in the body. Mitochondria give us energy (or ATP).
- Probiotics: Friendly bacteria such as Lactobacillus acidophilus which reside in the small intestine.
- TNF-alpha: TNF-alpha is a type of cytokine (which are for signaling between cells)
- WBC (white blood cells): The cells of the immune system

What is Autoimmune disease?

- Autoimmune diseases are characterized by an alteration of the body's defense mechanism, designed for protection against infections and toxic injuries, which attacks and destroys normal tissue.
- There are numerous types of autoimmune diseases. Myositis is only one type of autoimmune disease.

What are B cells?

- B cells are a type of white blood cells that are born in the bone marrow.
- We need to make 100 million different B cells that can be selected, when needed, to protect us against all possible invaders.

What is GALT?

- GALT is “gut-associated lymphoid tissue”, and is located in the small intestine.
- The GALT is comprised of several times more *immune cell elements* than the bone marrow, spleen, and lymph nodes combined.
- Therefore, your small intestine plays an incredibly significant role in your immunity. This is KEY to today’s talk.

Examples of AI diseases:

AI CONDITION	**Target tissue**
Hashimoto's thyroiditis	Thyroid
Diabetes type I	Pancreas
Grave's disease	Thyroid
RA (rheumatoid arthritis)	Joints
Myositis	**Muscles and skin**
Raynaud's Disease or phenomenon	Fingers
Scleroderma	Skin & organs
MS (Multiple sclerosis)	Nerves
Psoriasis	Skin
Psoriatic arthritis	Joints and skin
Sarcoidosis	Skin & organs
Sjogren's	Tear & salivary glands
Lupus	Joints & organs
IgA kidney	Kidneys
IBD (Crohn's disease and Ulcerative colitis)	Intestines
Fibromyalgia	Muscles

Principles of natural medicine:

- 1) First, Do No Harm
- 2) Work with the Healing Power of Nature
- 3) ***Treat the cause*** (versus symptom alleviation)
- 4) Treat the ***whole person***
- 5) Doctor is Teacher
- 6) Practice ***prevention***

Treat the whole person…

- All “time-honored” paths to healing, be it naturopathic medicine, homeopathy, Chinese Medicine, Ayervedic Medicine, etc., believe in a “wholistic approach” to healing. What does this mean?
- This means that in order to solve a person’s ailment(s), you must consider the entire body, not just on one or two parts. As a results, when you treat a person naturally, many (or all) of their symptoms will be treated at the same time. It is rather difficult (sometimes impossible) in natural medicine to treat just one or two symptoms- you treat the whole person.

Treat the cause- The main principle in natural medicine...

- Another principle in all time-honored paths to healing is the idea of finding and treating the "cause(s)", not just the superficial symptoms. For example, the root cause of all AI (autoimmune) diseases appears to be centered in the intestines. Therefore, in order to eliminate the symptoms of AI diseases, you logically have to address the problem at the root- in the intestines. (More on this later...)

Treat the cause....

- *The main idea in natural medicine is NOT in using supplements (vitamins & minerals, or herbs, etc.) versus drugs. The main idea is in **treating the CAUSE** of disease and healing it instead of only focusing on and eliminating the by-products (otherwise known as symptoms) of the disease.*

Example of “treat the cause”:

- Based on a research article: “Our results suggest that mitochondrial dysfunction may be present in patients with inflammatory myositis.” Some of these “patients had ***defects*** of respiratory chain ***enzyme complexes***.”*
- But WHY are the mitochondria in myositis patients getting damaged? (Remember the main principle in natural medicine- find the cause...)

*: Respiratory chain enzyme defects in patients with idiopathic inflammatory myopathy. Ann Rheum Dis. 1995 Jun;54(6):491-3.
Research Unit, Hospital Doce de Octubre, Madrid, Spain.

Example of “treat the cause”:

- And, WHY should the enzyme systems be dysfunctional? Is the defect genetically inherited, or is it induced by some outside influences? So, let’s see if we can find the cause(s) for these problems.

One proposed mechanism for mitochondrial damage in AI:

- "TNF-alpha induces *oxidative stress which can cause mitochondrial damage and death*." *
- So TNF-alpha (a cytokine) appears to have something to do with mitochondrial damage in myositis patients. But WHY do we even get TNF-alpha? Where does IT come from?

*: to "AIDS Wasting Syndrome as an Entero-Metabolic Disorder: The Gut Hypothesis" by Mitchell Kaminski, Jr., MD; Steven Weil, DN, Jeffrey Bland, PhD; and Pat Jan, PA-C. Journal: "Alternative Medicine Review", Volume 3, Number 1. Publisher, Thorne Research, Inc. 1998.

One proposed mechanism for mitochondrial damage in AI:

- "When the body is invaded by a ***foreign organism (such as bacteria or yeasts in the gut)***, an immune response is activated which, in turn, is mediated by ***cytokines*** (such as Interleukin-1 and TNF-alpha (tumor necrosis factor-alpha).
- ***TNF-alpha*** has a prominent role in initiating the immune response. While it is normally beneficial to the host (person), in situations of overproduction , TNF-alpha itself can kill the host." *

*: to "AIDS Wasting Syndrome as an Entero-Metabolic Disorder: The Gut Hypothesis" by Mitchell Kaminski, Jr., MD; Steven Weil, DN, Jeffrey Bland, PhD; and Pat Jan, PA-C. Journal: "Alternative Medicine Review", Volume 3, Number 1. Publisher, Thorne Research, Inc. 1998.

TNF-alpha and myositis:

- “TNF-alpha (specifically TNF-308A and -1031T alleles) is a significant risk factor in the IIMs (idiopathic inflammatory myopathies).”

Tumour necrosis factor-{alpha} single nucleotide polymorphisms are not independent of HLA class I in UK Caucasians with adult onset idiopathic inflammatory myopathies.
Rheumatology (Oxford). 2007 Sep;46(9):1411-6. Epub 2007 Jun 22.
The University of Manchester, Rheumatic Diseases Centre, Hope Hospital, Salford, M6 8HD.
robert.g.cooper@manchester.ac.uk.

TNF-alpha

- “The concept of biological therapy arises from the specific targeting of a factor, e.g. a cytokine, involved in the inflammatory cascade. Thus, biologicals disrupt the complex network of autoimmune-inflammatory events.”
- “Anti-tumor necrosis factor-alpha (TNF-alpha) agents play a central role in biological therapy as these agents have been successfully tried in most of these diseases.”

Biological therapy of arthritis and systemic autoimmune diseases
Orv Hetil. 2007 Apr 8;148 Suppl 1:63-70. Review. Hungarian.

Anti-T cell versus Anti-B cell biological agents for treatment of AI diseases:

- "Some mostly T-cell mediated diseases, such as rheumatoid arthritis, ankylosing spondylitis, psoriasis, polymyositis, polyarticular juvenile arthritis respond well to ***anti-TNF agents and T cell targeting***, while others, such as lupus, Sjogren's syndrome, dermatomyositis may rather respond to ***anti-B cell*** biologicals." *

Biological therapy of arthritis and systemic autoimmune diseases
Orv Hetil. 2007 Apr 8;148 Suppl 1:63-70. Review. Hungarian.

So, address the root cause of mitochondrial damage...

- So, in order to stop the mitochondrial damage, doesn't it make sense to go back to the root cause which is the foreign organisms (germs) in the gut? (More on this later...)

Natural treatment approach to ALL autoimmune diseases is similar...

- Various natural therapies for myositis are discussed in this presentation. However, the fundamental approach to treatment of all AI (autoimmune diseases) is the same because the root cause of all AI diseases is the same.

Testimonial Videos from patients with various AI conditions:

- Dermatomyositis
- Sarcoidosis
- Hashimoto's thyroiditis
- Lupus

Common Natural Therapies available for Myositis:

- Diet:
  - Food and spices (such as turmeric) that reduce inflammation
- Nutritional supplementations such as Vitamin D, Creatine, anti-oxidants (including Vitamins C, E, and Selenium) and minerals (including oligotherapies or gammadyns)
- Herbs
- Mind-body or “energy” medicine (meditation, relaxation, homeopathy, etc.)

Optimal Diet for Myositis family of disorders:

- Dysbiosis diet (or the “candida” diet)
  - This diet mainly emphasizes the avoidance of sugar, sweet foods (including natural sweet foods such as fruit juices, honey, maple syrup, etc.), avoidance of alcohol and eating plenty of vegetables instead. Meats of various kinds are allowed. Whole grains are fine as well.
  - Avoidance or at least reduction of coffee (even decaf, and ideally all caffeinated beverages) is highly recommended.

Optimal Diet for Myositis family of disorders:

- Fish is great for you due to the EFA (essential fatty acid) content. However, due to mercury toxicity in fish, I would not recommend frequent consumption of fish. I am not certain what a “safe” limit of mercury in the body is. However, I would suspect a healthy person might be OK eating fish once a week, but not much more frequently than that. Avoid farm-raised fish at all costs- eat wild fish. Avoid bottom eating fish as mercury is heavy and can sink to the bottom of the ocean/sea. Best solution is to supplement with high quality fish oil, and eat wild fish (such as salmon) infrequently.

Caffeine → IMB?

A random research article I found on caffeine and myositis:

- "Caffeine stimulates amyloid beta-peptide release from beta-amyloid precursor protein-transfected HEK293 cells.
- Extracellular amyloid beta-peptide (A beta) deposition is a pathological feature of Alzheimer's disease and the aging brain. Intracellular A beta accumulation is observed in the human muscle disease, IBM (inclusion body myositis)."
- I recommend that patients avoid drinking coffee (even decaf) all together, and consume no more than 1-2 cups of caffeinated tea (black or green). Non-caffeinated herbal teas (such as mint tea, chamomile, etc.) are safe to drink.

“Possibly” helpful supplements for Myositis:

Why “Possibly”? Because not everyone will respond to these natural therapies.

- Vitamin D
- Vitamin E
- Vitamin C
- Selenium
- Minerals, such as calcium
- EFA’s (or Essential Fatty Acids): Fish oil or Flax oil
- L-carnitine
- Creatin
- Acidophilus (Probiotics): “Friendly” bacteria in the gut.

Vitamin D (a fat-soluble vitamin)

- “Vitamin D inadequacy is pandemic among rehabilitation patients in both inpatient and outpatient settings.”*

*: Vitamin d and rehabilitation: improving functional outcomes. Nutr Clin Pract. 2007 Jun;22(3):297-304.

Spaulding Rehabilitation Hospital, Boston, MA, USA.

Vitamin D

- "Vitamin D deficiency and osteomalacia should be considered in the differential diagnosis of patients with musculoskeletal pain, fibromyalgia, chronic fatigue syndrome, or ***myositis***. There is a need for better education of health professionals and the general public regarding the optimization of vitamin D status in the care of rehabilitation patients."*

*: Vitamin d and rehabilitation: improving functional outcomes. Nutr Clin Pract. 2007 Jun;22(3):297-304.
Spaulding Rehabilitation Hospital, Boston, MA, USA.

Vitamin D and cancer:

- "Thousands of cases of breast and colon cancers might be averted each year if people in colder climates raised their vitamin D levels, researchers estimate in a new report. A number of studies have suggested that vitamin D may be important in cancer risk. Much of this research is based on cancer rates at different latitudes of the globe; rates of breast, colon and ovarian cancer, for example, are lower in sunnier regions of the world than in Northern climates where cold winters limit people's sun exposure."*
- ***And, since myositis, being an AI disease, may predispose to cancer, it is wise to at least have your Vitamin D levels tested.***

*: Reuters; Sept 4, 2007.

Biochemistry of Vitamin D:

Vit D2/D3 from food and sun gets into the blood (from skin and intestines). The liver has to convert these to Vit D, 25-hydroxy, and then the kidneys have to convert this to Vit D, 1-25 dihydroxy.

- Can test for:
  - Vit D, 25-hydroxy (inactive form of Vit D)
  - Vit D, 1-25 dihydroxy (active form of Vit D)

Can you have too much or too little Vit D?

- Yes. You can have too little or too much Vit D, 25-hydroxy, while having too much or too little of the other form, Vit D, 1-25 dihydroxy.
- So, if you have too little Vit D, 25-hydroxy, but too much Vit D, 1-25 dihydroxy, what should you do? What about the reverse situation?

Dr. Marshall Protocol on Vit D:

- To illustrate the intricate balance of vitamins in the body, let’s discuss Dr. Marshall Protocol.
- Dr. Marshall has developed a treatment protocol for patients with low Vit D called the 'Marshall Protocol' (MP), which is being implemented by physicians around the world.

Dr. Marshall Protocol on Vit D:

- "There has been a lot of confusion in recent years as to how much vitamin D should be taken, particularly since many studies have based their recommendations on measuring levels of the inactive precursor form of vitamin D (25 D). This may be seriously misleading, because recent data shows that one may have a low inactive vitamin D and still have elevated levels of the active vitamin D hormone (1,25 D; for example, see Issue 7 of *CISRA's Synergy Health Newsletter*)."*

*: Issue 8, 2005 -- Marshall Protocol: Conference, Update, Corrections; by J. C. Waterhouse, Ph.D.

Dr. Marshall Protocol on Vit D:

- "There are also differences in the subjective experience of the effect of vitamin D level increase or decrease. According to Dr. Trevor Marshall's work on TH1 diseases, some people may feel temporarily better with higher levels of vitamin D and sunlight, despite it doing them harm in the long run. In this view, those with sarcoidosis and certain other inflammatory diseases may feel temporarily better with higher vitamin D from sun exposure or supplements because an elevated level of active vitamin D may inhibit the immune system from killing cell wall deficient (CWD) bacteria. In a sense, the high *vitamin D may be acting in an immune suppressing manner somewhat analogous to steroid drugs*. In other words, the elevated active vitamin D hormone serves to inhibit the symptom-provoking Herxheimer reactions that occurs when antibiotics or the immune system kill bacteria."

Dr. Marshall Protocol on Vit D:

- "Dr. Marshall finds that some people even report being on vitamin D for months or even a year or two and they may think they are improving from taking the vitamin D. But, in the long run, the *experience with sarcoidosis patients is that this elevated vitamin D will allow the bacteria to continue to increase* and eventually the patient will relapse. According to Dr. Marshall, evidence suggests that this is likely to be the case with other TH1 diseases with similar vitamin D patterns, like CFS and Chronic Lyme Disease."

Dr. Marshall Protocol on Vit D:

- "In contrast, Dr. Marshall finds that *other patients will feel significantly better when they lower vitamin D* and sunlight due to lower symptoms of hypervitaminosis D (which means elevated vit D levels in the blood). So, the overall message is that it appears to be better to base one's judgments on the vitamin D test results, done and interpreted properly, and including both inactive (25 D) and active (1,25 D)."

More on Marshall Protocol...

- "It also should be noted that in some cases, the vitamin D levels in the serum may not adequately reflect the levels in the ***local tissues***, if the most inflamed areas do not get as much blood flow (e.g., the skin, the nervous system and the joints). In these cases, the total clinical picture can be used to determine whether the Marshall Protocol (MP), which includes temporarily ***minimizing vitamin D***, is appropriate."

Treat the root cause of vit D abnormalities...

- Since the balance of Vit D appears to be so intricate (and the small intestine, liver and kidneys are all involved), isn't it more reasonable to focus on correcting organ function (more on this later) versus taking Vit D in a blind-folded fashion, or even minimizing Vit D in your blood by force?

Vitamin C (an anti-oxidant)

- “Based on our findings, high-dose vitamin C therapy is considered to be effective in some cases of IBM (Inclusion body myositis).”*

*: High-dose vitamin C therapy for inclusion body myositis. Fukuoka Igaku Zasshi. 2001 Apr;92(4):99-104.
Department of Neurology, Neurological Institute, Graduate School of Medical Sciences, Kyushu University, Fukuoka 812-8582, Japan. yamada@neuro.med.kyushu-u.ac.jp

Vitamin C

- “This acute human inflammatory model strongly suggests that vitamin C and NAC supplementation immediately post-injury, transiently increases tissue damage and oxidative stress.”*

*: Supplementation with vitamin C and N-acetyl-cysteine increases oxidative stress in humans after an acute muscle injury induced by eccentric exercise.
Free Radic Biol Med. 2001 Sep 15;31(6):745-53.
Biochemistry of Aging Laboratory, Center for Exercice Science, College of Human Performance, University of Florida, Gainesville, FL 32611, USA.

Vitamin E (an anti-oxidant)

- “Since vitamin E is a physiologic stabilizer of cellular and lysosomal membranes, and since some autoimmune diseases respond to vitamin E, we suggest that a relative deficiency of vitamin E damages lysosomal membranes, thus initiating the autoimmune process.”*

*: Is vitamin E involved in the autoimmune mechanism? Cutis. 1978 Mar;21(3):321-5.

Vitamin E

- “It was concluded that treatment with high doses of vitamin E (3200 IUs) was responsible for the arrest of the usually progressive neuropathy and myopathy.”

Arrest of neuropathy and myopathy in abetalipoproteinemia with high-dose vitamin E therapy. Can Med Assoc J. 1985 Jan 1;132(1):41-4.

Vitamin E

- “A 70-year-old woman with polymyositis was treated with three different immunosuppressive drugs. Her condition deteriorated over a three-month period until she became totally helpless. She then made a dramatic improvement when large doses of vitamin E (d, alpha-tocopheryl acetate) were administered.”

Polymyositis: response to vitamin E.
South Med J. 1976 Oct;69(10):1372-4.

EFAs (Essential fatty acids) and L-Carnitine:

- “In contrast with the reported clinical improvement with high doses of essential fatty acids, our patients' clinical condition did not improve after three months of L-carnitine therapy.”

Chronic fatigue syndrome: studies on skeletal muscle. Clin Neuropathol. 1992 Nov-Dec;11(6):329-32.
Department of Internal Medicine, Hospital Clínic i Provincial, Barcelona, Spain.

L-Carnitine:

- “Abnormal distribution of muscle carnitine is present in patients with inflammatory myopathies and could impair muscle function. Coexistent mitochondrial dysfunction may contribute to carnitine insufficiency. “
- So, should you supplement with L-carnitine, or should you help the mitochondrial dysfunction? Why mitochondrial dysfunction?

Abnormal carnitine distribution in the muscles of patients with idiopathic inflammatory myopathy. Arthritis Rheum. 1996 Nov;39(11):1869-74.

Hospital Doce de Octubre, Madrid, Spain.

L-carnitine:

- Carnitine deficiency syndromes can be classified into two groups: primary carnitine deficiency and secondary carnitine deficiency syndromes. A lipid storage myopathy with carnitine deficiency following an immunosuppressive therapy is described in a young man suffering from a possible polymyositis. After treatment with L-carnitine both biochemical and morphological features recovered. A secondary carnitine deficiency syndrome due to an immunosuppressive therapy is supposed.

  Secondary muscular carnitine deficiency following immunosuppressive treatment] Psychiatr Neurol Med Psychol (Leipz). 1989 Oct;41(10):614-20. German.

Creatin

- “Oral creatine supplements combined with home exercises improve functional performance without significant adverse effects in patients with polymyositis or dermatomyositis. They appear safe, effective, and inexpensive.”

Creatine supplements in patients with idiopathic inflammatory myopathies who are clinically weak after conventional pharmacologic treatment: Six-month, double-blind, randomized, placebo-controlled trial. Arthritis Rheum. 2007 May 15;57(4):694-702.

Selenium (an anti-oxidant)

- "Subsequent evaluations revealed undetectable (less than 0.02 microgram/ml) serum and urine Se levels in this patient. In addition, electromyographic evidence of ***myositis*** and nonspecific membrane irritability was documented. Therapy with oral *Selenium rapidly reversed her symptoms and normalized with serum creatine kinase* values over a 10-day period. Prolonged treatment with Se was required to achieve normal values of Se in the serum."

  Selenium responsive myositis during prolonged home total parenteral nutrition in cystic fibrosis.
  JPEN J Parenter Enteral Nutr. 1985 Jan-Feb;9(1):58-60.

Selenium...

- This study was done on a 19 year old cystic fibrosis patient who was dependent on total parenteral nutrition solutions. Therefore, a logical conclusion to draw here is to at least test selenium levels in a myositis patient, and rule out selenium deficiency. Regardless of the results, it might be helpful to supplement with selenium for at least some time.
- Note: Selenium helps the liver.

Calcium (a mineral, not vitamin)

- "Patients with JDM may be at risk for significant loss of bone mineral associated with decreased calcium absorption."

  Mineral metabolism in children with dermatomyositis. J Rheumatol. 1994 Dec;21(12):2364-9.
  Section of Pediatric Rheumatology, Baylor College of Medicine, Houston, TX.

- Why do IDM have decreased calcium absorption? Supplementation with calcium would probably be helpful, but more importantly we should find out why JDM patients have decreased calcium absorption? The answer is most likely due to ***dysbiosis*** (Refer to the "gut hypothesis section.)

What about other minerals (besides calcium)?

- Minerals are a fundamental component of nearly every biological enzyme reaction, and can be used to activate/stimulate these enzyme reactions. Therefore, they play a critical role in health/disease.

How to activate ***enzyme*** systems in the body? Use minerals

- Some of these minerals are considered trace minerals, and some of these trace minerals can not be obtained in a multivitamin/mineral supplement. Example: Gold, aluminum, cobalt, etc. These rare minerals can be obtained in oligotherapy form. (Refer to future slides.)

Various forms of minerals...

- Four forms of mineral dosing:
  - Pharmacological doses
  - Mineral supplementation (milligrams)
  - Homeopathic doses such as ferrum metallicum
  - Oligotherapies (or oligo elements, or gammadyns)

Why oligotherapy?

- Oligotherapy can be used in normalization of enzyme function.
- Oligotherapy uses small concentrations of minerals as opposed to the more common macro doses commonly used in nutritional supplements.

Why oligotherapy?

- The concentrations are exactly equal to the level required for enzymatic activity.
- The distribution of these elements in an ionic solution (~12x dilution) allows them to be absorbed directly into the bloodstream (sublingually), and to be used immediately for enzymatic/catalytic activity.

Why oligotherapy?

- If minerals are bound to a substrate upon entering the body, as with mineral supplementation, these reactions occur with much more difficulty.

CAUTION:

- Oligotherapies can cause side effects if you are not “prepared” to take them...
- The preparation process involves many steps that only few NDs (naturopathic doctors) in the are might be familiar with.

Why can oligotherapies cause side effects?

- One possible explanation: Since numerous chemical reactions in the body can be stimulated by these oligo-elements, your organs of elimination (liver and kidneys) can become overwhelmed even if your blood test for liver and kidneys are perfectly normal. Therefore, as significant as this therapy might be, you need to be under the supervision of a practitioner who is well versed in prescribing oligo-elements. Oligo-elements are widely used in Europe, but rarely prescribed in the U.S.

How much vitamins/minerals is not too much?

- Try to not use a much higher dose of any of the vitamins/minerals than the recommended daily allowances for each one.
- If you ever try a high dose of any vitamin/mineral, make certain it is under a doctor's supervision. Your physician might recommend a high dose regiment of various nutritional supplements, but these regiments are typically for a short-period of time, followed by a break.

How significant are the diet and supplements?

- Very significant. However, in many cases (in my experience), unless the person “optimizes” (I will discuss this later in this presentation) the health of the internal organs (liver, kidneys and intestines), nutritional supplementation and dietary changes might be of limited use, if any.

How significant are the diet and supplements? Continued...

- In my experience, without any other natural therapies such as herbs, homeopathic medicines and oligotherapies, diet and nutritional supplementation (vitamins, minerals, and fish oil, etc.) are often of limited use (or at least very slow) in treating autoimmune conditions (especially in the more advanced cases).

Is AI “caused” by poor nutritional status?

- Based on the above research, it appears that AI patients (myositis patients in particular) may benefit from certain nutritional supplementations. However, it does not appear that it is the low status of these nutrients that are “causing” AI. We have just found a “correlation”, versus a “cause and effect”. Therefore, supplementing with these nutrients, although perhaps helpful in some cases, is most likely not going to address the underlying cause of the imbalance. To cure AI, you need to look into AND beyond nutrition.

Beyond vitamins and minerals...

- To obtain more profound results in the treatment of myositis (as well as other AI patients), one needs to look at the underlying (or root) cause(s) of the condition(s) under question.

Other “causes” of myositis?

- So far we have discussed mitochondrial damage in myositis. So, is that the cause? No, that’s only one event in a chain of events. So, are there other “causes” or “contributing factors”?

NSAIDS (or NSAI) drugs causing myositis-like symptoms?

- “A dermatomyositis-like syndrome developed in a patient treated with a nonsteroidal anti-inflammatory agent (NSAI), niflumic acid, and regressed after the cessation of treatment. Previously an eruption had occurred under treatment with another NSAI, diclofenac. Our report shows that NSAI can induce not only lupus-like syndromes but also other connective tissue disorders.”

Dermatomyositis-like syndrome induced by nonsteroidal anti-inflammatory agents.
Dermatologica. 1989;178(1):58-9.
Hôpital Ste Marguerite, Marseille, France.

NSAIDS...

- Based on this study, if you take OTC (over-the-counter) NSAIDS (non-steroidal anti-inflammatory agents), such as tylenol, etc., for recurrent or chronic headaches and/or any other type of pain, fever, etc., you might develop symptoms of myositis or other connective tissue disorders. ***But why?*** Later on, we will discuss how NSAIDs can cause “dysbiosis” (and dysbiosis can cause AI), and that may be how NSAISDs can play a role in causing myositis.

Do not casually stop a fever unless it is life-threatening...

- Taking Tylenol can lower your fever. Sometimes, that is definitely necessary. However, lowering a fever can interfere with your immune system. Fever is your immune system's way of fighting with these infectious agents. You suppress the fever, and these infectious agents may stay in your muscles. All natural medicines healing modalities (modern naturopathic medicine, Chinese medicine, ayervedic (Indian) medicine, unani medicine, etc) welcome a fever! Be careful in infants, of course, due to possibility of febrile seizures.
- How high is considered high fever? This varies case by case. Consult with your physician. The adult body temperature can safely go up to 103 without causing any problems. Children can safely go up to 102 without causing any problems.

Fever...

- You can hold a fever from going up by applying cold water onto the legs or the rest of the body- that would be OK. Just don't eliminate a fever, or try to reduce it significantly by over-the-counter drugs unless the fever is "too" high.
- Remember that a high fever can be dangerous by itself, therefore, refer to a physician if you ever have a fever. Share your desire to want to avoid fever drugs, and find out if it is safe for you (or your children) to avoid the anti-fever drugs at the time you are being seen.

Other “causes”?
Statin drugs and myositis?

- “Statin-related skeletal muscle disorders range from benign myalgias--such as non-specific muscle aches or joint pains without elevated serum creatinine kinase (CK) concentration--to true myositis with >10-fold elevation of serum CK, to rhabdomyolysis and myoglobinuria.”

Genetic determinants of statin intolerance.

Lipids Health Dis. 2007 Mar 21;6:7

Schulich School of Medicine and Dentistry, University of Western Ontario and Vascular Biology Research Group, Robarts Research Institute, London, Ontario, Canada. jisun.oh@utoronto.ca

Rhabdomyolysis versus myositis:

- Rhabdomyolysis is a known potential side effect of statin drugs. Rhabdomyolysis is a serious type of myotoxicity (muscular toxicity), and should not be confused with “myositis”.

Statin drugs → myositis?

- "Statins, with or without fibrates, and ***liver*** and ***renal disease*** were significantly associated with increased myositis risk in an MCO (managed care organization) population."

Statin and statin-fibrate use was significantly associated with increased myositis risk in a managed care population.
J Clin Epidemiol. 2007 Aug;60(8):812-8. Epub 2007 Mar 26.
Clinical Research Unit, Kaiser Permanente Colorado, Denver, CO 80237-8066, USA.
david.1.mcclure@kp.org

Prevention is the key!

- Prevention is one of the most important fundamentals of natural and time-honored paths.
- Statin drugs are incredibly helpful in reducing cholesterol levels in the blood, thereby potentially reducing risk of cardiovascular events. However, if statin drugs are potentially dangerous for the health of the muscles, then perhaps we should explore alternative therapies for cholesterol management and control.

Another “cause”? Infections (germs or microbes) → myositis?

“The study of animal models has clearly shown that infections may trigger autoimmune diseases.”

Infections and autoimmune diseases.
J Autoimmun. 2005;25 Suppl:74-80. Epub 2005 Nov 8. Review.
Laboratoire d'Immunologie, Hôpital Necker, 161 rue de Sèvres, 75743 Paris Cedex 15, France.
bach@necker.fr

What are the various types of germs that can cause myositis? And, where do they cause havoc?

- These germs can be bacteria, yeasts, viruses, and parasites.
- It is proposed that these germs reside in the small intestine, and it in the gut that they start a series of undesirable events leading to AI disease. (Refer to the section on “the Gut Hypothesis”.)

How are these germs (or their toxic by-products) getting into our blood?

- Through the lining in our small intestine. (Refer to the slides on Dysbiosis, coming up later.)

Germs → myositis?

- "Although direct evidence for this association is still lacking, numerous data from animal models as well as from humans support the hypothesis of a direct contribution of pathogens to the induction of several autoimmune diseases. This review focused on the possible role of infectious agents as triggers of autoimmunity in polymyositis (PM) and dermatomyositis (DM)."

Polymyositis-dermatomyositis and infections.
Autoimmunity. 2006 May;39(3):191-6. Review.
University of Padova, Division of Rheumatology, Department of Clinical and Experimental Medicine, Italy.

Germs → myositis? But, what about "infectious myositis"?

- Various germs in the gut can disturb the immune system, and result in inflammation in the gut and AI (Refer to the section in this presentation on "the Gut Hypothesis".) However, this is ***not*** to be confused with "***infectious myositis***" where often the infectious agents are localized in the tissue- this can be very serious.

Germs → myositis?

- "Parasites and bacteria are associated with polymyositis. These include parasitic protozoa, cystodes and nematodes."
- "Some viruses have been proposed to be associated with various forms of myositis."

  – Source is unknown.

Viruses → myositis?

- Viruses are a type of germ.
- "We report a case of profound subacute polymyositis following serologically confirmed infection by respiratory syncytial virus (RSV)."

Steroid-responsive subacute polymyositis in an adult following respiratory syncytial virus infection.
Int J Clin Pract. 2006 Jan;60(1):93-4.
Department of Medicine, Poole Hospital, Dorset, UK.

Problems with the “germs leading to myositis” theory:

- Sometimes it is years after being exposed to an infectious agent that the person develops symptoms and/or gets diagnosed with myositis.
- A lot of these germs (infectious agents) are not totally known yet.

The Gut Hypothesis-Dysbiosis

- Based on research, we are finding out that AI disease is considered an Entero-Metabolic disorder (otherwise known as “dysbiosis” or “leaky gut”).
- In other words, an “immunocompromised” gut is thought to be at the root of the suppressed immune system in AI patients.

Dysbiosis- An imbalanced gut...

- Lack of proper intestinal health, meaning not having enough good & friendly bacteria (acidophilus or probiotics) and, instead, having too many unfriendly organisms (unfriendly and harmful bacteria, yeasts (candida), parasites and viruses).

Who is Dr. Russell Jaffe, MD, PhD?

- Dr. Russell Jaffe, MD, PhD, was named an ***International Scientist of the Year*** (2003) by the International Biographical Commission (IBC) of Cambridge, England. The IBC is the world's oldest and acclaimed "who's who" scientist recognition society. Dr. Jaffe is one of just 200 scientists in the world to receive this honor.
- Dr. Jaffe's work focuses on addressing the underlying, individual ***CAUSES*** rather than symptomatic relief.

More on Dr. Jaffe...

- “Russell Jaffe’s visionary advances in the fields of biochemistry and clinical immunology have revolutionized how physicians and health care professionals successfully treat autoimmune and immune dysfunction conditions,” said Dr. Robert Pumphrey, MD, Associate Clinical Lab Director of ELISA/ACT Biotechnologies LLC.
- Let’s examine Dr. Jaffe’s article.

Dr. Jaffe's article on Dysbiosis:

- "Maldigestion (incomplete of breakdown of food ingested) and dysbiosis (unhealthy composition of microorganisms in the intestine) can generate appreciable quantities of immune reactive and health-diminishing digestive remnants and pathogen products. These products can penetrate the intestinal mucosal barrier, particularly if it is more permeable due to cumulative repair deficits."

  Next slide...

*: "First line Comprehensive Care. Part I: Chronic Autoimmune Disease Management by Causes Rather than Symptomatic Consequences", by Dr. Russell Jaffe, MD, PhD.
(The references for this article are close to 200.)

Dr. Jaffe's article on Dysbiosis:

- "Immune reactive digestive remnants exceed the mucosal lymphoid tissues ability to trap them. Digestive remnants, as foreign (immune reactive) burdens, drain immune reserves, increase immune defense work, and delay or defer needed repair from routine "wear and tear" or injury. These immune reactive foreign "invaders" can enter systemic circulation where they provoke or make worse symptoms of ill health because of compromise and impairment in innate immune defense and repair mechanisms."
- "This renders us open to autoimmune or immune dysfunction conditions."
- Next slide...

*: "First line Comprehensive Care. Part I: Chronic Autoimmune Disease Management by Causes Rather than Symptomatic Consequences", by Dr. Russell Jaffe, MD, PhD.

Dr. Jaffe's article on Dysbiosis:

- "When our lines of defense are overwhelmed, excess immune reactive digestive debris or infectious agents may gain access to the lymphatic circulation. Subsequently, as the lymph fluid is returned to the flowing blood through the thoracic duct, immunoreactive materials may gain access to the systemic circulation."
- Next slide...

*: "First line Comprehensive Care. Part I: Chronic Autoimmune Disease Management by Causes Rather than Symptomatic Consequences", by Dr. Russell Jaffe, MD, PhD.

Dysbiosis: (How does dysbiosis affect so many different AI diseases?)

- "From there, a tissue or organ with ***increased permeability*** (repair deficit; inflammation) may become the focus for delayed immune reactions and ***lymphocytic infiltration***. Consequences of this include swelling, pain, and ***autoimmune syndromes***."

*: "First line Comprehensive Care. Part I: Chronic Autoimmune Disease Management by Causes Rather than Symptomatic Consequences", by Dr. Russell Jaffe, MD, PhD.

Summary: Dysbiosis → All AI

- In other words, it appears that the root cause of AI disease (regardless of the site of disease- muscles and skin in myositis, nerves in MS, joints in arthritis, etc.) is in the intestines.
- ***Therefore, to cure AI disease, you must cure the dysbiosis. (Remember, treat the cause…)***
- There are potentially other factors that can cause AI disease, or at least contribute to worsening of the symptoms. However, based on my experience, treating the dysbiosis appears to be the most critical step in stopping and, in most cases, reversing the AI disease.

Another article on Dysbiosis:

- The Gut Hypothesis” by Mitchell Kaminski, Jr., MD; Jeffrey Bland, PhD.
- Read on…

Dr. Kaminski's article on dysbiosis...

- "It is in the ***small intestine*** that the majority of exchanges occur between intestinal contents, the mucoa, the lamina propria, and the gut-associated lymphoid tissue (***GALT***). The GALT is comprised of several times more immune cell elements than the bone marrow, spleen, and lymph nodes combined." *

*: to "AIDS Wasting Syndrome as an Entero-Metabolic Disorder: The Gut Hypothesis" by Mitchell Kaminski, Jr., MD; Steven Weil, DN, Jeffrey Bland, PhD; and Pat Jan, PA-C. Journal: "Alternative Medicine Review", Volume 3, Number 1. Publisher, Thorne Research, Inc. 1998.

Dr. Kaminski's article on dysbiosis...

- "Intestinal microbes are sampled in the Peyer's patch (lymphatic tissue in the intestinal wall) and inactivated by macrophages (a type of immune cells).
- Next, T cells identify the foreign organisms (germs) in the gut.
- This information is then passed to the B-cell lymphocytes.
- With this information for antibody (antibodies fight against foreign things in the body) production, the B-cells leave the Peyer's patch, become plasma cells, and migrate to various tissues throughout the body that have moist mucosal surfaces, and back to the intestinal lymphoid tissue."

Dr. Kaminski's article on dysbiosis...

- "From here, sIgA is secreted onto the mucosal surface to protect the mucosa from adhesion by specific microbes in the gut.
- If there is no adhesion (if the germs do not adhere to the gut mucosal surfaces), then there is no inflammation, and with no inflammation, there is no TNF (tumor necrosis factor) production or subsequent "leaky gut". (Therefore, adhesion of germs or their toxic by-products onto the mucosal surfaces can cause inflammation in the gut, leading to "leaky gut".)
- The antibody-antigen complex is eventually expelled from the GI tract.
- This precise immunologic activity is known as the specific immunity of the gut."

Dr. Kaminski's article on dysbiosis...

- "With the gut compromised, there is adhesion of previously harmless but potentially toxic organisms to the mucosa with ensuing inflammation." *
- What happens to the foreign organisms (or their toxic by-products) in the gut if they happen to successfully adhere to the mucosal surfaces?
- They cross into the circulation, and end up in various tissues (muscles/skin, etc.) and liver- Thus, overloading the liver.

*: to "AIDS Wasting Syndrome as an Entero-Metabolic Disorder: The Gut Hypothesis" by Mitchell Kaminski, Jr., MD; Steven Weil, DN, Jeffrey Bland, PhD; and Pat Jan, PA-C. Journal: "Alternative Medicine Review", Volume 3, Number 1. Publisher, Thorne Research, Inc. 1998.

Dysbiosis cascade

- Intestinal microbes → T cells → B cells → plasma cells → sIgA (if not sufficient → adhesion of microbes to the mucosal surfaces in gut → Inflammation → TNF-Alpha production → Leaky gut (dysbiosis) → AI disease

Where do you want to intervene in this cascade?

- Therapies can be directed at various points in this cascade of events. You can choose amongst these therapies:
  - I) Anti-microbials to eliminate the germs in the intestines (There are a number of natural antimicrobials we safely and effectively use for this purpose. There are no known drugs for treatment of dysbiosis.)
  - II) Anti-B or T cell drugs (No natural medicines, to my knowledge, can do this.)
  - III) Anti-TNF drugs (No natural medicines, to my knowledge, can do this.)
  - IV) Immunoglobulin therapies (No natural medicines for this)
  - V) Anti-inflammatory drugs or herbs (Of course, the drugs- steroids- are more powerful)

What are some other important potential contributing factors to AI?

- Disease in liver and kidneys, OR even
- Lack of optimal functioning of liver and kidneys (This is much more frequently the problem.)

Autoimmune Disease- A disorder of "***sub-optimal***" functioning internal organs?

- Our internal organs simply need a "tune up" just like an automobile does. We give a "tune up" to our automobile every three months or every 3000 miles. How often do we give ourselves a tune up? What does that even mean?

Role of the liver in the body...

- Intestinal toxins are detoxified by the Phase I (cytochrome p450) and Phase II pathways of the liver.
- The liver has several hundred functions in the body, one of the main functions being “detoxification”, and the next most important function is to process your digested foods (absorbed from your intestines which end up in your liver for processing).

A vicious cycle:

- Dysbiosis in the intestines can overwhelm the liver. And, liver being overwhelmed will, in turn, not support and can in fact harm a dysbiotic small intestine.

More on the connection between the liver and the gut:

- "Leaky gut syndrome (dysbiosis) puts an extra burden on the liver because it allows extra toxins to circulate through the bloodstream. And when the liver is bombarded by inflammatory irritants from incomplete digestion, it has less energy to neutralize chemical substances.
- Therefore, it is essential to help the liver in every way possible to reduce the total body load of toxins so that it can work efficiently and effectively." *
- There are numerous natural compounds/medicines that can help the liver with its day-to-day functions of detoxification and food processing.

* "Leaky Gut Syndrome" , Elizabeth Lipski, M.S., C.C.N.

Liver/kidney involvement in myositis?

- "Statins, with or without fibrates, and ***liver*** and ***renal disease*** were significantly associated with increased myositis risk in an MCO (managed care organization) population."

Statin and statin-fibrate use was significantly associated with increased myositis risk in a managed care population.
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Clinical Research Unit, Kaiser Permanente Colorado, Denver, CO 80237-8066, USA.
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Renal involvement in myositis?

- In the past (article below is from 1987), we used to believe that “Renal involvement is usually considered to be rare in dermatomyositis and polymyositis.”* However, over time, research appears to be showing a relationship between the kidneys and myositis (Refer to next slide.)

*: Renal manifestations in dermatomyositis and polymyositis]
Ann Med Interne (Paris). 1987;138(2):109-13. French.

Renal involvement in myositis?

- In 2005, researchers report:
- “We, therefore, concluded that renal involvement in PM/DM patients is not as uncommon as previously thought.”

Renal involvement in patients with polymyositis and dermatomyositis.
Int J Clin Pract. 2005 Feb;59(2):188-93.
Department of Nephrology, Chang Gung Memorial Hospital, Taipei, Taiwan.

Renal involvement in myositis?

- “Dermatomyositis associated with genitourinary malignancies is not uncommon.”

Dermatomyositis associated with bilateral ureteral spontaneous rupture.
J Formos Med Assoc. 2007 Mar;106(3):251-4.

Department of Urology, National Taiwan University Hospital, Taipei, Taiwan.

Renal involvement in myositis?

- “Adult-onset dermatomyositis is often associated with internal malignancy. We report a case of dermatomyositis associated with an aggressive and fatal case of transitional cell carcinoma of the bladder.”

Fatal bladder cancer and dermatomyositis.
South Med J. 2000 May;93(5):492-3.
Department of Dermatology, Yale University School of Medicine, New Haven, Conn, USA.

Renal involvement in myositis?

- "The mechanism underlying the association between myositis and glomerulonephritis remains to be elucidated."

Polymyositis associated with focal mesangial proliferative glomerulonephritis with depositions of immune complexes.
Clin Rheumatol. 2007 May;26(5):792-6. Epub 2006 Mar 16.
Department of Allergy and Rheumatology, University of Tokyo, 7-3-1 Hongo, Tokyo, 113-8655, Japan.

Specific tests for AI:

A lot of AI diseases have a specific marker in the blood that can be tested for:

Examples:

Myositis: **CPK**

Rheumatoid Arthritis: RF

Important non-specific tests for AI:

- Blood tests: CBC, liver and kidney function tests, lipid (cholesterol) profile, vit D levels. ***IgG food allergy testing.***
- Urine test: A U/A (urinanalysis) test
- Salivary test: s-IgA (Secretory IgA) which is considered to be an indirect measurement of intestinal health. This is not a conventional test.
- Abdominal and kidney ultrasound (to look for abnormal benign masses and/or stones). Order CT/MRI if needed. Examples:
  - A benign mass in the kidneys- This indicates poor kidney function.
  - Papillary necrosis (in kidneys) is not normal, but not considered serious enough to be treated, so "watch and wait" is recommended.
  - Kidney stones- This indicates poor kidney function.
  - "sludge" or polyps in the gall bladder are usually considered insignificant and there is no drugs prescribed for these conditions, but these indicate poor liver function.
  - A benign mass in the liver- This indicates poor liver function.
  - Gall bladder stones- This indicates poor liver function.

(I routinely order all the above tests for ALL patients.)

Specific tests I look for in the blood for cues:

- Indicators for abnormal liver function:
  - Abnormal values for total protein, bilirubin, albumin, globulin, high or low cholesterol, high TGs, low Vit D levels, etc.
- Indicators for abnormal kidney function:
  - Abnormal values for BUN, Creatinine, and GFR.
  - Abnormal urine test results, including extremely low or high specific gravity, bacteria and WBC in the urine, protein or glucose in the urine, crystals/casts in the urine.

Does suboptimal liver show up on a blood test?

- Can the ***liver*** overload be detected on a blood test? Unless the patient has severe liver disturbance as in the case of hepatitis, alcoholism, etc, the blood liver function tests do not become abnormal. Therefore, this phenomenon can go totally undetected.
- There are times, when subtle abnormalities can be detected, but there are typically no drugs to address such issues. Example, slightly elevated bilirubin, albumin, liver enzymes, etc.

Symptoms pointing to sub-optimal functioning LIVER:

- Any and all GI symptoms, including:
  - Acid reflux (burping)
  - Abdominal discomfort/pain
  - Pain over liver/gall bladder area
  - Gas and bloating
  - Constipation or diarrhea
- Multiple chemical sensitivity
- Easy bruising
- Too many food allergies
- Itching, etc.

Symptoms pointing to sub-optimal functioning INTESTINES:

- Sometimes, no immediate GI (gastrointestinal) symptoms are present even in a suboptimally functioning intestinal tract.
- Any and all GI symptoms, including:
  - Acid reflux (burping and/or sensation of acid in esophagus)
  - Abdominal (intestinal) discomfort/pain
  - Pain over liver/gall bladder area
    - Liver imbalance can lead to intestinal imbalance and vice versa.
  - Gas and bloating
  - Constipation or diarrhea
- Too many food allergies

Symptoms pointing to sub-optimal functioning KIDNEYS:

- Frequent urination and burning with urination WITHOUT actually having a UTI (urinary tract infection)
- Acute UTI, or low-grade chronic UTI
- Active acute kidney stones, or history of it.
- Pain over kidneys
- Itching
- Abnormal skin color
- Edema (water retention)
- Etc.

Example on how to find the suboptimal organs using a regular blood &/or urine test...

- Please refer to the notes on "***how lab values can lead us to the suboptimal functioning organs?"***.

How do we treat dysbiosis?

Eliminating various germs in the gut using natural medicines and replacing them with probiotics (acidophilus) is absolutely critical in treating AI disease.

What else besides eradiation of the intestinal bugs? Apply castor oil pack over abdomen

- Rubbing castor oil over the gut on a daily basis can help enhance the health of the lymphatic tissue that is housed in the intestines. This can improve the gut-associated immunity, and thus help with the whole AI process.
- Castor oil is definitely a time-honored therapy. It has been around for thousands of years, and used medicinally in many cultures throughout the planet.
- Beyond healthy nutrition and lifestyle, castor oil packs might be the single most important natural medicine there is in helping with AI disease. The reason is that it appears that castor oil (when absorbed through the abdominal wall) helps with the health of the lymphatic tissue (peyer's patch) in the small intestine. This, in turn, appears to help in the healing of the leaky gut, therefore, reduce AI activity.

How to optimize liver function?

- Numerous natural medicines are available to “help” with liver function. Example: Nebulized glutathione therapy which helps the phase II detoxification pathways. This is a prescription natural medicine which can greatly benefit the liver.

How to prepare for dysbiosis therapy?

#1) Optimize liver and kidney health first. Then,

#2) Address the dysbiosis in the intestines. This process must be done in this order- liver/kidneys first, THEN intestines.

Why in this order?

Dysbiosis therapy can produce toxic byproducts which will end up in the liver and potentially kidneys. Therefore, it is important to optimize the health of your liver and kidneys prior to eradicating germs in the intestine.

Benefits of dysbiosis therapy:

1) Most foundational method of treating AI.
2) Dysbiosis therapy will result in better digestion/absorption of nutrients/food. In fact, with healthier internal organs, nutritional supplementation will “work” much better.

Let's go further... What **causes** dysbiosis (or leaky gut)?

- The most common cause of dysbiosis is use of ***antibiotics and over-the-counter pain meds***. Antibiotics change the balance of intestinal microbes. They simultaneously kill both harmful and helpful ("friendly") bacteria throughout our digestive system, leaving the territory to bacteria, parasites, viruses and fungi (yeasts) that are unaffected by the antibiotic.

Does inflammation “cause” AI disease?

- Inflammation is involved in AI disease. However, the problem is what CAUSES inflammation in the body? Dysbiosis.

Do anti-inflammatory medicines help AI?

- Yes. They help with the symptoms, but are not curative. Steroids are probably the most powerful anti-inflammatory drugs, but can not cure the root cause of AI. The same goes for anti-inflammatory herbs- they can help with the inflammation, but the root cause of inflammation needs to be addressed.

Anti-inflammatory herbs versus steroids?

- Steroids are definitely more powerful than anti-inflammatory herbs, but more likely to cause side effects.
- Do herbs have side effects? Usually not, but can if the root cause of disease in the person is NOT addressed. (We will discuss this later.)

Case) RA patient who did not respond well to herbal anti-inflammatories

- 50 yr old woman with severe RA (rheumatoid arthritis)
- S/S (signs and symptoms): Frequent urination (up to 20 per day) with normal blood tests.
- Became bedridden with anti-inflammatory herbs (after two weeks of use)
- Why?
- I had ignored to optimize the function of her kidneys (early in practice, and not learned the connection between the internal organs and AI)
- Optimizing health of her kidneys helped significantly with her RA. (In retrospect, I should have tested her urine and looked for abnormalities in her urine test, blood kidney function test, “kidney” ultrasound) even though she did not have any UTI symptoms.)

Variety of practitioners in natural medicine:

- Some “natural” medicine practitioners (including a good number of Naturopathic Doctors) prescribe anti-inflammatory herbs to help with symptoms of AI disease, and do not look for the “cause” of the AI – dysbiosis, and therefore, are not able to successfully treat AI. The idea of prescribing only anti-inflammatory herbs does not embrace principles of wholistic medicine. As a myositis patient, seek out natural medicine practitioners who emphasize the critical significance of the health of internal organs (digestive system, liver and kidneys).

Osteoporosis & myositis?

- Dysbiosis can cause mal-absorption of nutrients. Therefore, AI patients are at risk for poor calcium status even if they do not take steriods.
- So, myositis does not cause osteoporosis, but what causes myositis (dysbiosis) also puts you at risk for osteoporosis.
- If women, and post-menopausal, that is a secondary risk factor for low bone density.

Natural treatments for osteoporosis:

- ***Treat the dysbiosis***- maldigestion/malabsorption.
- Optimizing function of liver and kidneys since Vit D2/D3 from food and the sun is converted into Vit D, 25-OH in the liver, and subsequently into Vit D, 1-25 Dihydroxy in the kidneys.
- Take calcium daily. 1000 mg daily for men and non-menopausal women, and 1500 for menopausal women.

Natural treatments for osteoporosis:

- Vitamin D which helps absorption of calcium. (Cod liver oil is great because it contains essential fatty acids AND vit D. 1 Tbsp daily of cod liver oil is sufficient.) But, remember, some AI patients might do better without Vit D!
- Sometimes prescription Vit D (calcitriol) may be taken short-term to boost the Vit D status in the blood, if it ever tests below the normal levels.
- Weight bearing exercise.
- Many other natural therapies are available.

Mind-body Medicines and Approaches in treating disease:

- Yoga and Tai-chi
- Relaxation techniques such as biofeedback, meditation
- HOMEOPATHY

Is the mind important?!

- “You can not separate passion from pathology (study of diseases) any more than you can separate a person’s spirit from his body. The flesh is the spirit thickened.”

The book “Letters to a young doctor” by Richard Selzer.

Homeopathy:

- “Homeopathy is a branch of medical science based on the principle that disease can be cured by strengthening the body’s defense mechanism (immune system) with substances selected for their energy-giving properties.
- Homeopathic medicine aims to change the body’s energy levels which lie at the root of disease.” *

The science of homeoapthy, by George Vithoulkas.

“Constitutional” Homeopathic Remedy:

- Each person has a “constitutional” remedy which can ultimately help them more than any other natural medicine known.
- The “constitutional” homeopathic remedy is a perfect fit to the person like a lock and a key. It can help a person on the physical as well as mental/emotional level.
- A person’s constitutional remedy is ultimately required for curing their chronic disease(s).
- Constitutional remedies are in 200C or higher potencies that are not available over-the-counter.
- You need a professional homeopath in order to find this remedy for yourself. It is next to impossible to find this remedy on your own.

Example to illustrate the difference between conventional medicine and homeopathic medicine

Take sore throat as an example.

- The MD is more interested in which organism is causing the sore throat in order to select an antibiotic to kill it.
- The homeopath is looking for the substance in nature which can stimulate the person to heal himself.

Video testimonials for homeopathy:

- M’s video

Can you mix conventional drugs and natural therapies to treat AI?

- Absolutely. You can do both at the same time. As the patients feel healthier, they discuss the dose of their drugs with their MD, and usually, over a course of a few months to up to 1-2 years (or sometimes more), they will not need to continue taking any drugs at all. This is a decision that should be made under the MDs and my supervision.
- I work with medical doctors all the time in order to offer the best of what both systems of medicine can bring to the table.
- We can request records from you MDs office so that we do not have to repeat all the tests.

How long does it take to optimize the health of internal organs?

- Varies. This depends on how old the patient is, how long they have had their condition, what other conditions they might have, etc.
- Typically, it takes at least a few weeks to notice improvements. Usually, significant improvement in most (if not all) symptoms within a few (3-6) months.

Natural treatment protocol for myositis- a summary:

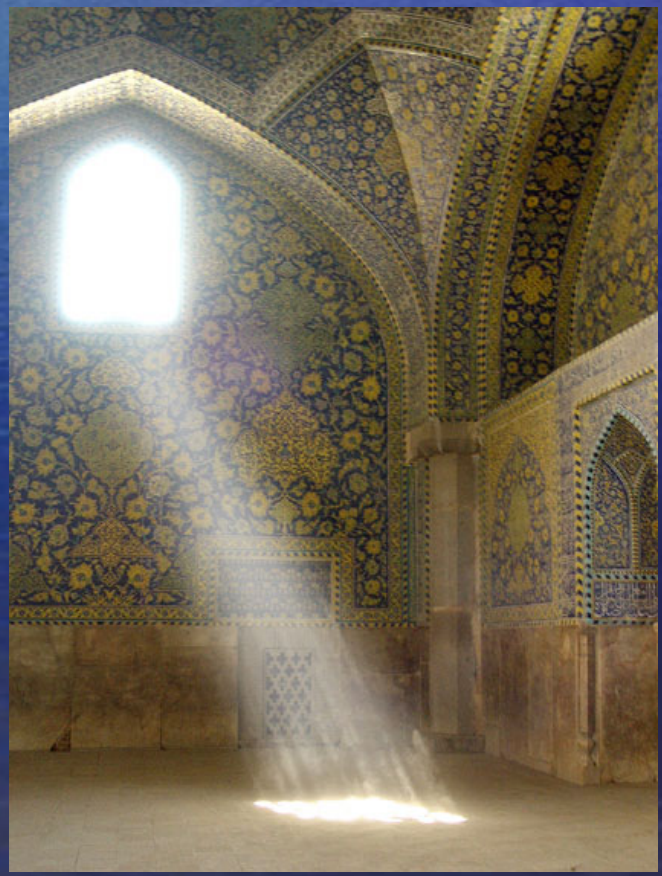
- Healthy diet & lifestyle
- Optimize health of your emotions using homeopathic medicines (“constitutional”)
- Optimize health of:
  - Liver
  - Kidneys
  - Intestines (dysbiosis therapy)

Note to practitioners...

- “Gaze long enough at your patients, and from even the driest husk there will fly upward a shower of sparks that, to him who gazes, will coalesce into a little flame.” “In the beginning you will love their wounds because they give you the occasion for virtue; later you will love the sick for their own sake. Rendered helpless by their afflictions, they cherish the memory of fertile lands and cool green glades and the company of love- all the stuff of their former selves. These people know something you and I do not yet know- what it is to live with the painful evidence of your mortality.”

Excerpt from the book “Letters to a young doctor” by Richard Selzer.

Bringing light into darkness (optimizing health instead of treating disease) is the key to cure…



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