

Diabesity: What You Don't Know Can Kill You

by Dr. Mark Hyman

ONE OF EVERY TWO of you have a deadly disease that's making you fat, sick and will kill you and 90% of you don't even know you have it.

What's worse is your doctor is not trained how to find it and they are not even looking for it. This problem will cost us \$3.5 trillion over the next 10 years. It is bankrupting our economy. In 30 years, 100% of our federal budget will be needed to pay for Medicare and Medicaid, leaving nothing for education, defense, agriculture, roads or even social security. So what am I talking about?

I'm talking about diabesity—the number one cause of obesity, heart disease, cancer, dementia and of course type 2 diabetes.

You might hear many terms used to describe this one basic phenomenon—a new epidemic of disordered biology and disease. It is the continuum of abnormal biology that ranges from mild insulin resistance to full-blown diabetes. We call it by many names. See if you recognize any of them:

- ❖ Insulin resistance
- ❖ Prediabetes
- ❖ Metabolic syndrome
- ❖ Obesity
- ❖ Syndrome X
- ❖ Adult-onset diabetes
- ❖ Type 2 diabetes.

In truth, these are ALL essentially one problem with varying degrees of severity. The diagnosis and treatment of the underlying causes that drive all these conditions are actually the same.

That is why I use a more comprehensive term to describe these conditions—diabesity. Diabesity describes a continuum of disease from optimal blood sugar balance to insulin sensitivity to full-blown diabetes. This biological imbalance is our modern plague. It affects 1 in 2 Americans and is the leading cause of most chronic disease in this country including type 2 diabetes, heart disease, stroke, dementia, and cancer, not to mention its leading role in weight gain and obesity.

Despite this fact, there are no national recommendations from the gov-

ernment or key organizations to advise screening and treatment of it, and most doctors don't know how to properly diagnose it. The result is that 90 percent of the people who suffer from diabesity are left undiagnosed and untreated.

The instances of diabesity are increasing at an astonishing rate. 20 years ago when I started practicing medicine, not a single state in the nation had an obesity rate over 20 percent. Today, not a single state in the nation has an obesity rate under 20 percent. The prevalence of type 2 diabetes has tripled since the 1980s. There are now 27 million diabetics in this country.

The question is, "Why?" Why are we facing a diabesity pandemic? Why are our current treatment approaches failing so miserably? And why is conventional medicine floundering when it comes to diagnosing the biggest health threat of our time?

Conventional Medicine Misunderstands the Fundamental Laws of Biology

Modern industrial medicine treats disease with medication or surgery. That's what it is designed to do, and when it comes to emergency interventions it is still the best medicine in the world. When someone comes into the emergency room with a severed leg, conventional medicine treats the problem with incredible efficacy. But when it comes to chronic illness, this approach simply doesn't work.

Here's why conventional medicine tends to break down in the face of chronic illnesses like diabesity:

Most medicine today is based on clear-cut, on-or-off, yes-or-no diagnoses that often miss the underlying causes and more subtle manifestations of illness. Most conventional doctors are taught that you have a disease or you don't; you have diabetes or you don't. There are no gray areas.

Practicing medicine this way is extremely misguided because it misses one of the most fundamental

laws of physiology, biology, and disease: The continuum concept. There is a continuum from optimal health to hidden imbalance to serious dysfunction to disease. Anywhere along that continuum, we can intervene and reverse the process. The sooner we address it, the better.

For example, when it comes to diabesity most doctors just follow blood sugar, which actually rises very late in the disease process. If your blood sugar is 90 or 110, you don't have diabetes. If it's over 126, you do have diabetes. But these distinctions are completely arbitrary, and they do nothing to help treat impending problems. I remember one patient, Daren, who came to see me with mildly elevated blood sugar. I asked Daren if he had seen his doctor about this. He said yes. I then asked, "What did your doctor say?" Daren's doctor had told him, "We are going to wait and watch until your blood sugar is more elevated, and then we are going to treat you with medication for diabetes."

This attitude is absurd and harmful in the face of what we know about the problems that occur even in the absence of full-blown diabetes. Science is now showing us that many people with prediabetes never get diabetes, but they are at severe risk just the same. Prediabetes actually isn't pre-anything, it's a serious health condition and needs to be treated as early as possible.

More to the point, this approach completely ignores more subtle clues from symptoms and signs of disease, which may highlight underlying metabolic imbalances (especially when complemented by further testing). These imbalances may be remedied by the appropriate treatment—that is not focused on some disease, but instead works to remove those things that alter or damage our functioning, and provides those things that enhance, optimize, and normalize our functioning by balancing the system rather than treating the symptom. We need to treat the system, not the symptom; the patient, not



the disease.

Consider the man in the emergency room with the severed leg again for a moment. For that person, identifying what severed the leg isn't likely to make the difference between life and death. The symptom—the severed leg—must be treated if he is going to survive. But that paradigm simply doesn't hold true for health conditions like diabesity. This mechanistic model can be applied in some health crises, but it doesn't work when it comes to chronic disease.

Navigating the Terrain of Disease: Identifying the Causes

To effectively treat diabesity we must shift our focus away from the symptoms or risk factors of the disease and begin taking a hard look at the causes. All of our attention is on treatments that lower blood sugar (diabetes drugs and insulin), lower high blood pressure (anti-hypertensive drugs), improve cholesterol (statins), and thin the blood (aspirin). But we never ever ask the most important question:

Why is your blood sugar, blood pressure, or blood cholesterol too high and why is your blood too sticky and likely to clot?

Put another way:

What are the root causes of diabesity? Answering that question must be the focus of our diagnosis and treatment of the disease if we are going to solve this global epidemic.

The good news is that the answer is shockingly simple. But first, I want to explain the real causes of diabesity and then I will provide 8 steps you can take to reverse this disease starting today.

The Real Causes of Diabesity

The entire spectrum of diabesity including all of its complications—diabetes, elevated blood sugar, blood pressure, and cholesterol—are simply downstream symptoms that result from problems with diet, lifestyle, and environmental toxins interacting with our unique genetic susceptibilities. Those are the real causes of diabesity.

And the reason these dietary and lifestyle factors lead to diabesity is because they create a condition known as insulin resistance. Contrary to what most people think, type 2 diabetes is a disease of too much, not too little, insulin. Insulin is the real driver of problems with diabesity.

When your diet is full of empty calories and an abundance of quickly

"Diabesity" ...cont'd pg 4

www.helpelizabeth.net

There is an option to contribute online via Pay Pal, Credit Cards, or by electronic check.

Elizabeth Chalker
c/o Dr. Corey Cameron
6292 La Costa Drive, Suite D
Boca Raton, Florida 33433

ecdonaions@mindspring.com

The Hills Ahead...

Perks From the Pistol Packin' Grandma



By Harriet Bishop

In those wee dark hours when you can't sleep, do you ever find yourself worrying about something in the future...something that hasn't happened yet?

I thought so. Most of us do. Yet a wise man once said that 99% of the things we worry about never come to pass. They never even happen! And we have spent sleepless nights in frantic worry.

How much better if we

had picked up a good book...or written a long overdue letter...or watched on TV one of those educational channels until blessed sleep had finally come.

"But", you say, "What about the 1% that does happen?"

I grew up in a small tree-shaded frame house in the Arizona desert where a good shallow water well tapped into what the University of Arizona experts told us was an icy cold underground river running along the base of the mountain range a mile away, allowing us to create an oasis of greenery. With our sandy acres of alfalfa, corn, strawberries, cantaloupes, carrots, apricots, plumcots, and almonds, we could feed ourselves as well as our milk cow and poultry.

The original core of the house was sturdy, built in a "shotgun" style, so named because a gun could be shot through the front door, go through all 3 rooms and come out the back. But as

our family grew from two to seven, my parents added on every which way, closing in porches so that my bedroom wall had once been wooden siding of the original house. I curtained over an interior window into the front room which was now our extensive library containing among others The Harvard Classics, Book of Knowledge, fifteen years' worth of Book of the Month Club offerings, as well as a nicely bound religious set called "The Book of Life", a Christian education series.

On the wall over my metal cot hung an ornately framed picture of pink cherubs tucked in among green ivy branches with a poem centered behind the glass. I always read it before I crawled between the cool sheets on a chilly desert night after a blistering hot day.

"The Hills Ahead" read the title in fancy gold lettering across the top. I've long since forgotten the author, so I regret that I cannot give him or her appropri-

ate credit. It went something like this:

"The hills ahead are far and steep and high, and often we behold them with a sigh.

But as we near them, level grows the road, and easier goes the way.

And so it is with troubles... though they seem so great that men complain and fear and hesitate,

As we near them, level grows the road, and easier goes the way."

So next time you find yourself worrying deep into the night, remember that worrying over lack of sleep is often what keeps us awake!

Remember that 99% of things we worry about never occur. And when the 1% looms, remember that if you take it day by day doing only what is necessary to cope that day, you'll gain the strength you need to go on another day.

"Level grows the road, and easier goes the way." *pha*

Public Health Alert

The PHA is committed to researching and investigating Lyme Disease and other chronic illnesses in the United States. We have joined our forces with local and nationwide support group leaders. These groups include the chronic illnesses of Multiple Sclerosis, Lou Gehrig's Disease (ALS), Lupus, Chronic Fatigue, Fibromyalgia, Heart Disease, Cancer and various other illnesses of unknown origins.

PHA seeks to bring information and awareness about these illnesses to the public's attention. We seek to make sure that anyone struggling with these diseases has proper support emotionally, physically, spiritually and medically.

PHA Staff

Editor: Dawn Irons
 Assistant Editor: Susan Williams
 Advertising Manager: Laura Zeller
 Asst. Advertising Mgr: Tami Conner
 Editorial Calendar Manager:
 Linda Heming
 Dottie Ianni
 Distribution: Randi Dumont,

Contributors:

Tina J. Garcia, Mary Budinger, Laura Zeller, Bryan Rosner, Kathleen Liporace, Paul Callahan, Scott Forsgren, Dr. Virginia Sherr, Dr. Robert Bransfield, Tami Duncan, Harriet Bishop, Lisa Copen, Joan Vetter, Jennifer Allton, Linnette R. Mullin.

Website:

www.publichealthalert.org

e-mail:

editor@publichealthalert.org

Donations:

If you would like to make a donation to PHA, you may do so through Paypal. Please send the donations to the following address:

donations@publichealthalert.org

We cannot accept credit card payments. Donations should be sent from a VERIFIED PayPal account.

You may mail your donation to:

Public Health Alert
 295 Belle Street
 Bedford, TX 76022

PHA is a free monthly publication. We function on the sale of advertising space and donations from the public.

We have nationwide distribution.

We are a privately-owned business and have the right to refuse publication of articles or advertising we deem inappropriate.

Disclaimer: This newspaper is for informational and educational purposes only. The owners, staff, writers and contributors of this group are not doctors (unless identified as such in their title). Articles in this newspaper are not intended to prevent, diagnose, treat or cure disease. The opinions in the articles are that of the author and not necessarily those of the PHA Editor or other PHA staff members.

Letters to the Editor

You may send letters to the editor:
editor@publichealthalert.org
 or by postal mail to:

PHA
 295 Belle Street
 Bedford, TX 76022

All letters to the editor must be signed, and include name, address, and phone number. Letters will be printed as space permits.

Order Bulk Copies for your Support Group, Medical Practice or Special Event

www.publichealthalert.org

Click "Bulk Copies"
 Fill out the online form.
 Send us your payment for postage.
 Your bulk copies will arrive within 2-3 days of receiving your payment.

Texas Lyme Disease Association



Giving Lyme the Boot!

Q: Which one has Lyme Disease?



A: They both do!

But the child is far less likely to receive proper diagnosis and treatment from a knowledgeable doctor.

See
www.txlda.org
 for more info

Download Dr. Burrascano's
 Lyme Protocol FREE at:
www.PublicHealthAlert.org

Salute': Beth Rosati



by Dottie Ianni

Welcome to our latest edition of "Salute" where every month we will be spotlighting an advocate/activist for their contributions in bringing awareness to chronic disease and helping others.

Salute' became the title for several reasons. The first being, in my Sicilian heritage, Salute' literally means, "To your Health" and the second reason is the person we highlight has put so much time and effort into helping others they deserve a 21 gun SALUTE' for all their dedication and hard work.

We believe anyone who tries to bring awareness to chronic disease by any mode of communication deserves an award and bundles of praise. So if you would like to see someone highlighted here, please submit their name and contact information to:

Tix_Suck@yahoo.com and put "PLEASE SALUTE [YOUR SUBMISSION'S NAME] in the subject line. All submissions will be considered.

Please help me by giving a big SALUTE' to Beth Rosati of Agawam, Massachusetts!

Beth is an independent medical social worker. She has worked in various Alzheimer's and dementia facilities and has acquired national certification as a Dementia Practitioner. Her role in these facilities was to develop individual care plans for mood, behavior, and psychosocial issues along with referring to psyche when needed. She presently is an independent contractor for the state of MA providing guardian services for those deemed incompetent by the state of MA and making medical decisions for them.

Beth's ordeal with Lyme and co-infections began in the winter of 2008 when she began getting really fatigued at work. Thinking it was Fibromyalgia or putting the blame on her busy work load she continued working until the spring of 2009 which at that time she began her guardianship work. Not being able to function anymore she thought there is something drastically wrong with me and decided to go to a Fibro/Fatigue clinic and seek diagnosis.

At this particular clinic in CT they tested Beth thru IGenex labs of California who specialize in pre-1994 recommendations for Lyme disease and other co-infections.

If those of you who are not familiar with this lab and why it is 'not recommended' by anyone but us sick folks, I will give you a brief history on the two meetings held in 1994 for Lyme testing.

June, 1994, a FDA Meeting occurred in which it was discussed how OspA or (LYMERix) vaccines would be assessed. Dr. Raymond Dattwyler tells the FDA committee "seronegative Lyme victims are the sickest," and that "serial or sequential Western Blots would be optimum (which was already the CDC standard at the time), no ELISA was required."

The Second meeting held in Dearborn Michigan October 27-29, 1994. The Association of State and Territorial Public Health Laboratory Directors, CDC, the Food and Drug Administration, the National Institutes of Health, the Council of State and Territorial Epidemiologists, and the National Committee for Clinical Laboratory Standards cosponsored the Second National Conference on Serologic Diagnosis of Lyme Disease.

The attendees to this conference are witness to "substantial changes in the recommended tests and their interpretation for the serodiagnosis of LD" who has set the standard so high, rarely people test positive. OspA (band 31 and also the LYMERix vaccine) and OspB (band 34) were omitted from the diagnostic standard for "Lyme disease", which we have in place today.

Just take a moment and think about this-- the standard has remained the same since the year 1994 and the CDC has admitted for years now this 2-testing hogwash misses 9 out of 10 of the actual positive cases. Since this "recommendation" was introduced, 18 years have passed and thousands have gone undiagnosed and died from a direct result of the testing change. So the CDC should be held responsible for changing it back to the testing before, wouldn't one think?

For the next 14 months, Beth underwent holistic treatment for borrelia burgdorferi, babesiosis, and Mycoplasma via weekly IV consisting of B4/B12/ glutathione, she also used detoxification and cleanses. She would herx so bad to the point of being bedridden and Angela, her 17 year-old daughter, had to hold her head up to eat.

She was so very sick. Angela's friends at school were razzing Angela about her wanting to run home after school to help her mom, instead of hanging around with them. But Angela with her heart of gold would run home to help mom, because she knew she was very sick. Angela crawled into bed with her mom and asked, "are you going to die?" and Beth replied, "Not today hunnie." and she managed to make a smile.

Beth was no beginner when it came to diagnosis and treatment of chronic disease. When her 22 month-old child's eye did not look right, she decided to take her in to have it looked at. Upon the completion of a CT scan (catscan) Carla was given a diagnosis of an endodermal sinus tumor which has wrapped itself around her optic nerve. No wonder the little girl's eye did not look right-- it was under the stress of a tumor pushing her eye out.

Beth was 8 1/2 months pregnant with their second child while she took Carla to the endless series of operations, where they entered the corner of the child's eye to remove the tumor. She endured two of these procedures ending in a craniotomy for removal of the tumor. After the tumor was removed then began the long days taking Carla to chemotherapy in an eight month span.

On October 14, 1991 Beth gave birth to a beautiful baby girl. While this wonderful miracle was taking place her other child Carla was having surgery for the tumor that was choking off her eye and brain. The new baby was given the name Angela, for she was the Angel that was delivered that day. One of the nurses commented to Beth, "you're dealing with birth and death all in one day", wow, how surreal.

Carla had been diagnosed with an Endodermal sinus tumor and it was only the 6th case in the whole world. To undergo radiation, they had to develop the Boston Children's Head Frame to hold her head in place, and she was the very first pediatric patient in the whole world to receive Stereotactic Radiation treatment. She was the 6th case in the medical journals.

Beth said during the months of Chemo there was always a looming effect hanging over them. You never knew from day to day, they were all different because some days Carla would not eat and was sick from the side effects. Beth said she had a lot of help thru different organizations like the Red Sock and Jimmy Fund helping her cope thru all the trauma of this ordeal.

One day while still in Boston with Carla, Beth was at her favorite social worker's office and she looked over to her and said, "Can you get up from your desk so I can sit there because one day I want to do what you do." With that they laughed and she sat in her chair. "Oh, feels good," she said as she nodded yes. Little did she know that when she wrote that proverbial junior high school paper, entitled "What I want to do when I grow up" would she ever think it would come true. Her paper was entitled, "I want to be a Hairstylist and I Want to Help Others." Isn't it crazy that before she became a medical social worker, her line of business was hairstyling?



Beth turned the most unthinkable negative childhood trauma experience and turned it into the positives and stayed remarkably strong. Between 2009 and 2011 Beth was bitten at least 4 more times by ticks on the childhood land where she grew up and the same place where they live today. By July 2011 all her symptoms returned. She started cocktails of combined antibiotics and the ACT program, which was very effective for her. Together with these methods, her last tests about 2 weeks ago were, "all systems go" and she is on her way to wellness.

During Beth's own childhood she was always sick and they never could pin point why. "Now that I look back and I had time to think about the whole cycle when I was bedridden from Lyme, I could see that all my childhood sicknesses were ALL related to Lyme and the co-infections I had."

During her battle with Lyme, she would educate her primary care personnel and in her personal life she would educate all her friends. A co-worker even came to her seeking help for their child and Beth put them on the right track for treatment. "I am obligated by my profession both ethically and morally to address the need for education towards Lyme and other chronic infections." When I looked in my area for a support group to attend I could not locate one and the nearest one was 40 miles away.

So this past fall she started, "Western MA Lyme Alliance"! Meetings are held at the Agawam Senior Center, located at 954 Main Street, Agawam, MA 01030 and they meet the last Monday of every month from 6:30 to 8:30 pm. They have a facebook page so you can find our more information there.

I was lucky enough to have met Beth about 2 years ago when she wrote me a small letter on facebook and

thanked me for all the past work I have done with educating about Lyme and co-infections. She told me at that time, when she gets better she wants to have a group in her area because she knows people are so sick now. I thought to myself the very first time we spoke on the phone, she will make a great educator because she has the passion and she cared enough to pay thanks.

In closing, Beth knew her Angela was infected with Lyme or maybe a co-infection from the moment she found out it could be passed down in vitro. So for months she prompted her daughter to get the testing done. Angela was afraid because she saw what her mom had gone thru. But now since Beth is getting better, I am happy to say Angela got the test, and yes it was positive for borrelia....BUT she has one strong mom to help her thru anything.

I asked Beth if there was something she wanted to leave our readers with. She replied to me, "Everyone please remember, there is a difference between a syndrome and a disease. A syndrome is only a cluster of symptoms, and a disease can be measured. It appears that syndromes such as fibromyalgia are often due to a disease process. I have had a calling since my daughter's cancer and I am compelled to truly stay involved as a survivor and to keep educating because I have seen the bureaucracy from within. Isn't your life worth the \$250.00 for the proper test?"

Hats off to you Beth and your new group! If anything, the bureaucrats should be scared of you with all your education....they might learn a tad or two! You will be stellar! *pha*

References:
1) www.lymecrime.com/
No_Elisa.pdf Center For Disease Control
MMWR Report Oct. 19, 1990

2) http://www.illinoislyme.com/
lymecrime/DEARBORN_AIO.pdf CDC
Packet from the 1994 conference

Strategies for Sleep Enhancement

Wellness and Nutrition Challenge Series



by Bert Mathieson, ND, RD, LD, CDE

In our last article we discussed the importance of sleep and how it can become an obstacle to healing. So many people have sleep disturbances that it deserves more in-depth discussion. People with chronic Lyme disease (or other chronic diseases) often have hypothalamic dysfunction that alters circadian rhythms and disrupts sleep. The hypothalamus is a part of the brain that initiates communication with the endocrine glands (like the ovaries, testes, thyroid and adrenal glands.) One of the functions of the hypothalamus is to sense the levels of various neurotransmitters and hormones in the body. It should act kind of like a "thermostat" and turn up (or down) the "heat" if there are inadequate hormone/neurotransmitter levels.

In chronic disease (often because of the systemic inflammation it causes) the hypothalamus loses its sensitivity and hormone/neurotransmitter levels fluctuate out of control. This can cause all sorts of problems including sleep

disruption. Hypothalamic dysfunction can be treated from a holistic perspective including detoxification, nutrient replenishment, and bioidentical hormone replacement if needed. The details of the above therapies are beyond the scope of this article but there are many good references available on these topics. People with chronic Lyme disease should work with a Lyme-literate doctor familiar with the above therapies. In my opinion a holistic approach (including all of the above types of therapies) must be adopted to bring chronic Lyme patients back to health.

In my experience sleep disturbances can be difficult to treat. However there are several natural therapies that can help. The first thing to do is to begin practicing good "sleep hygiene" as discussed in last month's article. This includes such lifestyle factors as using dim light for several hours before bed, avoiding computers and TV at night, lowering caffeine intake, avoiding alcohol (which is known to disrupt sleep), avoiding exercise at night, trying to establish a regular bedtime, and eating properly to avoid reactive hypoglycemia (if you have this condition.) There are many other lifestyle habits that can enhance sleep and they can be found in any book on "sleep hygiene."

Various nutritional and herbal products can enhance sleep. It is often necessary to "stack" several natural substances. Since

everyone is different I often find it helpful to do urine/salivary neurotransmitter testing. This helps me tailor my treatment approach to each patient's unique biochemical imbalances. For example, due to hypothalamic-pituitary-adrenal gland communication problems, some people will "spike" a high cortisol level at night. Since cortisol is a "get up and go" hormone it

of these substances to your regime (especially if you are on multiple medications.)

- ❖ Tryptophan (or the metabolite 5-HTP). Tryptophan is converted into serotonin in the body. Serotonin is one of the major inhibitory neurotransmitters that calms us down and helps us sleep.

- ❖ Taurine. Taurine is an amino acid that enhances the activity of GABA (another inhibitory neurotransmitter) at its receptors in the brain.

- ❖ GABA. This neurotransmitter can be taken a dietary supplement. There is a modified version of GABA (known as Phenibut) that crosses the blood-brain barrier more effectively than regular GABA.

- ❖ Theanine. An extract from green tea that blocks the action of Glutamate (an excitatory neurotransmitter) at its receptors and enhances GABA levels in the brain.

- ❖ Valerian root. This herb has a long history of use as a mild sedative. The exact mechanism of action is not clear but it may involve enhancement of the action of GABA.

- ❖ Kava kava (Piper methysticum): this mild sedative herb may also potentiate the action of GABA

- ❖ Magnesium: One of the most common mineral deficiencies in the western world is magnesium. Magnesium deficiency can cause insomnia. Restless leg syndrome can also be associated with lack of magnesium.

- ❖ Melatonin. The pineal gland (in the brain) produces this hormone in response to decreased light levels at night. Fast-release melatonin is helpful for sleep initiation and slow-release melatonin works better for keeping people from waking up during the night.

- ❖ Glycine: This sweet-tasting amino acid can also have a useful calming effect on some people. It will be best absorbed on an empty stomach due to competitive absorption of other amino acids in food.

pha

About the Author:

Dr. Bert Mathieson, ND, RD, LD, CDE is a naturopathic doctor, registered dietitian, certified diabetes educator, and he holds a certification in naturopathic acupuncture. Bert sees patients of all ages including children. He is a general family practitioner who sees patients with a wide range of conditions. Some common disorders that Dr. Mathieson treats include: allergies, asthma, infections, chronic fatigue, fibromyalgia, arthritis, hemorrhoids, irritable bowel syndrome, heartburn, Crohn's Disease, food allergies, back pain, autoimmune disorders, high blood pressure, diabetes, high cholesterol levels, migraines, eczema, psoriasis, premenstrual syndrome, hormonal imbalances, Lyme disease, cancer, and cardiovascular disease.

People with chronic Lyme disease (or other chronic diseases) often have hypothalamic dysfunction that alters circadian rhythms and disrupts sleep.

is helpful to have a higher cortisol level in the AM. High cortisol at night can make it harder to go to sleep. If you have sleep problems, try working with a practitioner who is familiar with this type of testing.

Below I have listed some of some of my favorite natural sleep-enhancement substances with a short description of how they function in the body. The bottom line is to find a plan that works for you (and that often includes a prescription sleep medication.) Make sure to work with a practitioner who is familiar with drug/nutrient/herbal interactions before you add any

"Diabetesity" ...cont'd from page 1

absorbed sugars, liquid calories, and carbohydrates (like bread, pasta, rice, and potatoes), your cells slowly become resistant to the effects of insulin and need more and more to do the same job of keeping your blood sugar even. Thus you develop insulin resistance. A high insulin level is the first sign of a problem. The higher your insulin levels are, the worse your insulin resistance. Your body starts to age and deteriorate. In fact, insulin resistance is the single most important phenomenon that leads to rapid and premature aging and all its resultant diseases, including heart disease, stroke, dementia, and cancer.

As your insulin levels increase it leads to an appetite that is out of control, increasing weight gain around the belly, more inflammation and oxidative stress, and myriad downstream effects including high blood pressure, high cholesterol, low HDL, high triglycerides, weight gain around the middle, thickening of the blood, and increased risk of cancer, Alzheimer's, and depression. These are all a

result of insulin resistance and too much insulin. Elevated blood sugar is not the source of the problem.

And because insulin resistance (and diabetesity) are a direct outcome of diet and lifestyle, the condition is 100 percent reversible in the vast majority of cases. Most people just need to eliminate the things that are sending their biology out of balance and include what's needed to help the body rebalance itself. For most, the interventions required are extremely simply and extraordinarily effective.

8 Steps to Reversing Diabetesity

In my new book, *The Blood Sugar Solution*, which comes out February 28, I outline a comprehensive 8-week plan for overcoming diabetesity in all its forms. Here is a sneak preview of the steps outlined in the book:

1. Get the right tests. Most doctors focus on fasting blood sugar. This is actually a poor indicator of diabetesity. The best test to tease

out the condition is an insulin response test where insulin levels are measured fasting and then 1 and 2 hours after a glucose drink. Demand this test from your doctor.

2. Get smart about nutrition. Despite the media hype and the seeming confusion amongst doctors, the basics of nutrition are extremely simple. Eliminate sugar and processed carbohydrates, include whole real foods like lean protein (chicken or fish), veggies, nuts, seeds, beans and whole grains.

3. Get the right supplements. There has recently been a frenzy of negative reports about supplements. Most of them are unfounded. Supplements are an essential part of treating diabetesity. A good multivitamin, vitamin D, fish oil, and special blood sugar balancing nutrients like alpha lipoic acid, chromium polynicotinate, biotin, cinnamon, green tea catechins, and glucomannan should also be included.

4. Get relaxed. Stress is a major unrecognized contributor to insulin resistance and blood sugar imbalance.

Push your pause button every day with deep breathing, visualization, yoga, and other relaxation techniques.

5. Get moving. Aside from changing your diet, exercise is probably the single best medication for diabetesity. Walk for at least 30 minutes every day. For some, 30-60 minutes of more vigorous aerobic exercise 4-6 times a week may be necessary.

6. Get clean and green. Environmental toxins also contribute to diabetesity. Filter your water, look for green cleaning products, and avoid plastics when you can.

7. Get personal. While the steps above will address 80 percent of the problems with diabetesity, some may need to take additional steps to optimize key areas of their biology. Remember, the medicine of the future is personal medicine. Seek out your own biological imbalances and look for ways to address them.

8. Get connected. Research is beginning to show that we get better more effectively when we get together. Invite your friends, families, and neighbors to

change their diets and lifestyle along with you. Together we can all take back our health.

And keep your eyes peeled for *The Blood Sugar Solution* due out on February 28th where I outline all of the social, economic, biological, and medical underpinnings of this health epidemic and provide an 8-week, step-by-step system that will allow you to dig deep into your own biology and heal even the most severe cases of diabetesity.

pha

For more on diabetesity, join us on www.drhyman.com.

Mark Hyman, M.D. is a practicing physician, founder of The Ultra-Wellness Center, a four-time New York Times best-selling author, and an international leader in the field of Functional Medicine. You can follow him on Twitter, connect with him on LinkedIn, watch his videos on YouTube, become a fan on Facebook, and subscribe to his newsletter.

Should You Admit Your Illness is Called 'Chronic'?



by Lisa Copen

I was sitting next to a woman waiting for my son to finish his karate class when she noticed something I was reading on chronic illness.

"Are you a nurse or something?" she asked.

"No," I replied. "I am an author and speaker. I am working on some plans for Invisible Illness Week."

"Oh? Why are you involved in something like that? You don't look like you have an illness to me."

"I have had rheumatoid arthritis for eighteen years," I said with a forced smile. "We do a lot to increase awareness about how most chronic illnesses are invisible."

"Oh, well!" she said tossing her hair, "I don't believe it's ever right to call something chronic. Words have power and calling it chronic just depresses peo-

ple and makes them believe they will never be cured. I think it should be called something like. . . oh, I don't know. . . intermediate illness."

I won't go into the rest of our conversation, (I am watching my blood pressure), but I found out a few days later she is a physical therapist. I wondered how many clients she has told to just rename their condition and then they would instantly begin to feel better.

Yes, words do have power. But if I started telling all of you who live with daily chronic pain to call it intermediate pain, would you feel all cheered up? Or completely invalidated? You know the saying, "If it walks like a duck, if it talks like a duck..."

When I see bios on web sites that people write, some of them list over 15 illnesses. I wonder, "Do they list them because they so identify with them and want people to know how much they suffer. . . or is it simply because they want people to know that all of these illness-

es really do exist in one body? I believe it is usually because they do live with all of these illnesses, their blog's purpose is to educate and encourage people on the illnesses, and hey, it's an added "search engine optimization" tool to reach people with those same conditions and spread around that encouragement.

Not everyone feels comfortable posting the name of their illness on the

diagnosis. That is okay. Not everyone must be an advocate.

But I believe there is power in knowing your diagnosis. There is power in saying it out loud and saying, "This is a part of me, but it is not the whole me. It will mold me and enhance me, but not define me. It will close some doors, but it will teach me to live a better life than most people ever get the chance to experience."

Understanding your body is power. Encouraging someone else who just discovered her illness and is scared is powerful. Being a good advocate for your best care when the doctor treats you with disregard is power.

Pretending your illness doesn't exist is to give your power away. To get stuck indefinitely in denial is to forfeit your chance to learn how to find power. To feel helpless, fearful, distracted because someone may find out about your illness is to give someone else your power. To say, "I am going to rename

my illness from 'chronic' to 'intermediate'" is to sacrifice yourself to feel like a walking contradiction.

Words are powerful. I have rheumatoid arthritis. I have fibromyalgia. I have an auto-immune disorder. I have a chronic invisible illness. And if God heals me on this side of heaven, I will consider it a blessing of healing of a chronic illness. I do...not....have...an intermediate illness.

By claiming my chronic illness, it gives me power of confidence. It gives me the responsibility of accountability. It gives my life texture.

What gives you power? If someone told you to just call your illness intermediate, would this make you feel more hopeful or as if you had forfeited your power? *pha*

I believe there is power in knowing your diagnosis. There is power in saying it out loud and saying, "This is a part of me, but it is not the whole me. It will mold me and enhance me, but not define me. It will close some doors, but it will teach me to live a better life than most people ever get the chance to experience."

Lisa Copen is the founder of <http://restministries.com>. Rest Ministries serves the chronically ill. She has authored many books on illness including <http://beyondcasseroles.com>. Beyond Casseroles: 505 Ways to Encourage a Chronically Ill Friend. Lisa is also the woman behind National Invisible Chronic Illness Awareness Week and thanks all of you who helped make it amazing in September.

GET A SECOND OPINION

F
I
G
H
T

Recorded CONSULTATIONS with Dr. Gordon for any health issue and begin your fight for health now.

Dr. Gordon is ready to assist your recovery from any health issue or just help you LIVE TO YOUR maximum intended useful lifespan enjoying optimal health Have Dr. Gordon Personalize his world famous F.I.G.H.T. PROGRAM for you.

You also have the OPTION of employing the latest breakthrough in ADVANCED GENE TESTING for an additional \$425- this costs up to \$ 2500 elsewhere.

Call today to schedule your consultation with Dr.Gordon or more information call Katie Isham ext: 134 at 800.580.7587 or 928.474.3684

www.gordonresearch.com



Advertise in the Public Health Alert

Does Advertising Work?

...It just did!

This ad caught your attention and you are now reading it. So will others!

Contact our advertising manager for ad sizes and rates.

Ask about our Spring Advertising Special!!

email:
publichealthalert@yahoo.com

for current rates and specials for the Spring!

We now average 135,000 hits per month on our website.

Contact us today!!

NATIONAL SUPPORT GROUPS

National Multiple Sclerosis Association:

www.nmss.org

Alabama

3840 Ridgeway Drive
Birmingham, AL 35209
Phone: (205) 879-8881
Phone: 1-800-FIGHT-MS
Email: alc@nmss.org
www.nationalmssociety.org/alc

Northern California

150 Grand, Oakland, CA 94612
Phone: 510-268-0572
toll-free: 1-800-FIGHT MS
Email:
info@msconnection.org
http://www.msconnection.org

Colorado

700 Broadway, Suite 808
Denver, CO 80203-3442
Phone: 303.831.0700
1.800.FIGHT.MS

Georgia

455 Abernathy Rd. NE,
Suite 210
Atlanta, GA 30328
Phone: 404-256-9700
Phone: 1-800-FIGHT-MS
mailbox@nmssga.org

Florida

2701 Maitland Center Pkwy,
Suite 100
Maitland, FL 32751
Phone: (407) 478-8880
Email: info@flc.nmss.org
www.nationalmssociety.org/flc

Texas

8111 N. Stadium Drive,
Suite 100
Houston, TX 77054
Phone: 713-526-8967

ALS Association DC / MD / VA

http://www.alsinfo.org/
7507 Standish Place
Rockville, MD 20855
(301) 978-9855
toll free: (866) 348-3257
fax: (301) 978-9854

Great Philadelphia ALS Chapter

321 Norristown Road,
Suite 260
Ambler, PA 19002
Phone: 215-643-5434
Toll Free: 1-877-GEHRIG-1
(1-877-434-7441)
Fax: 215-643-9307
alsassoc@alsphiladelphia.org

Lyme Disease Support Arizona

Southern Arizona - Donna
Hoch: nanandbo@cox.net
520-393-1452

L.E.A.P. Arizona

Tina J. Garcia
Lyme Education Awareness
http://www.leaparizona.com
480-219-6869 Phone

Arkansas

Mary Alice Beer
(501) 884-3502
abeer@artelco.com

California

Dorothy Leland
website:
www.lymedisease.org
contact@lymedisease.org

Mid-Peninsula Lyme Disease Support Group

Mountain View, CA
2nd Tuesday each month:
6:30-8:30 PM
ldsg_scott@hotmail.com

Lyme Disease Support

Colorado

Mary Parker
303-447-1602
milehightick@yahoo.com

Connecticut

www.timeforlyme.org
914-738-2358
Meetings: first Thursday of
every month from 7-8:30 p.m.
at the Greenwich Town Hall

National Support:

truthaboutlymedisease.com/
Dana Floyd, director

LDA of Iowa

PO Box 86, Story City, IA
515-432-3628
ticktalk2@mchsi.com

Kansas

913-438-LYME
Lymefight@aol.com

Montana

bepickthorn@earthlink.com

Minnesota

Duluth/Superior Lyme
Support Group. Meets first
Tues. eachmonth at 7pm, St.
Lukes Hospital, 1000 East 1st
Street, Duluth, Mn. For more
information call Tom Grier at
218-728-3914 or Tom
Kurhajetz 218-372-3744.

North Carolina

Stephanie Tyndall
sdyndall@yahoo.com

South Carolina

Contact Kathleen at
(864) 704-2522
greenvillelyme@bellsouth.net

Lyme Disease Support

Illinois Lyme Disease Network

http://www.illinoislyme.com
Contact: 618-204-8084

New Mexico

Veronica Medina
(505)459-9858
vrmedina@comcast.net

Oklahoma

Janet Segreaves 405-359-9401
Janet@LDSG.org
www.LDSG.org

Portland, Oregon

Meets 2nd Sunday of each
month 2010 NW 22nd Street
Second Floor from 1-3 PM.
503-590-2528

TEXAS :

**Greater Austin Area Lyme
Council.** Teresa Jones
tmomintexas2@yahoo.com

Dallas/Ft Worth

John Quinn
Jquinn@dart.org
214-749-2845

Houston

Contact: Teresa Lucher
lucher@sbcglobal.net

League City/ ClearLake & NASA Area

Sandra Mannelli
smannelli@comcast.net

Washington State

Alexis Benkowski
WA-Lyme-owner@
yahogroups.com

Western Wisconsin Lyme Action Group

Marina Andrews
715-857-5953



Military Lyme Disease Support

Military Lyme Support is an
online source of information and
emotional support. This site is
for Military Members, Veterans,
and their family members who
suffer from Lyme and other vec-
tor-borne diseases. Members are
stationed in the United States
and abroad.

http://health.groups.yahoo.
com/group/MilitaryLyme/

Texas Lyme Disease Association



www.txlda.org

All donations are
tax exempt.
Donate online with PayPal:
donations@txlda.org

FINANCIAL ASSISTANCE AVAILABLE

"CONDENSED" COWDEN SUPPORT PROGRAM

- 4 dosing times per day as opposed to 8 dosing times per day
- Cost is 40% less than the full support program
- More effective than the full support program

**FINANCIAL ASSISTANCE IS AVAILABLE
FOR THE CONDENSED COWDEN SUPPORT PROGRAM
FOR ONE PATIENT OF A PRACTITIONER**

LIMITED AVAILABILITY – CONTACT US FOR MORE INFORMATION

NutraMedix

Providing Quality Natural Products Since 1993

info@nutramedix.com • www.nutramedix.com • Tel: 1-800-730-3130 1-561-745-2917 • Fax: 1-561-745-3017





Due to the efficacy and the science behind the products, these are my favorites
- Joseph J. Burrascano Jr. M.D.

Immune & Detox SOLUTIONS



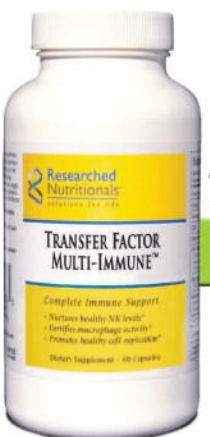
ARTEMISININ SOD™

Pure Artemisinin w/SOD Support



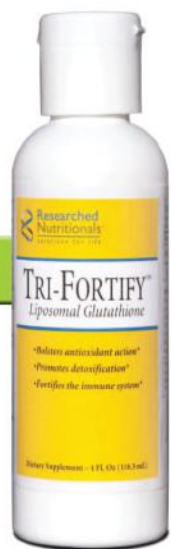
PRESCRIPT-ASSIST PRO™

Clinically Researched Probiotic



TRANSFER FACTOR MULTI-IMMUNE™

#1 Natural Killer Cell Formula



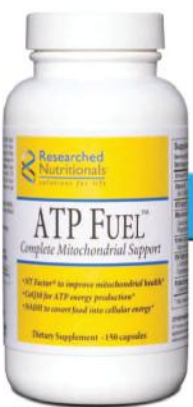
TRI-FORTIFY™

Liposomal Glutathione Detox

Product	Features/Benefits*	Who Benefits?*
Artemisinin SOD™	Features pure artemisinin for optimal immune support plus curcumin, quercetin, green tea, black walnut hull Promotes healthy SOD (super oxide dismutase) levels	Patients needing to promote healthy SOD levels Patients seeking the purest, high strength artemisinin available
Prescript-Assist Pro™	Clinically researched probiotic** Soil-based probiotic, providing beneficial flora the way nature intended – not from milk Contains no antibiotic or hormone residues No potential for lactose-intolerance side-effects Does not need to be refrigerated 100% vegetarian	Individuals searching for a clinically proven probiotic Anyone concerned with milk allergies or hormone-fed cows as the source of dairy sourced probiotics Patients on antibiotic treatment, which destroys both beneficial and harmful gut flora Travelers who want to maintain health while traveling
Transfer Factor Multi-Immune™	Potent, front-line immune system support Formulated with pure transfer factor and the most researched immune nutrients to promote healthy natural killer cell levels, fortify macrophage activity and healthy cell replication Clinically researched**	Those looking for the doctor's favorite immune support formulation Promotes healthy immune system for those dealing with ongoing health challenges, as well as individuals striving to maintain overall good health Travelers who want to maintain health while traveling
Tri-Fortify™	Preferred reduced L-glutathione, the major intracellular antioxidant essential for detoxification Offered in an absorbable liposomal delivery system (liquid) Bolsters antioxidant action Promotes detoxification Fortifies immune system	Doctors often prescribe to promote healthy detoxification among those with impacted detoxification systems Any individual seeking to supplement the body's detoxification process

**Research Available Online

Energy SOLUTIONS



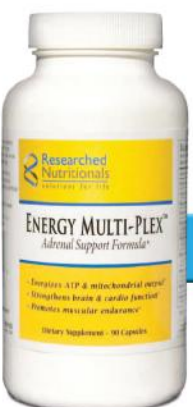
ATP FUEL™

NT Factor Energy™, NADH, CoQ10



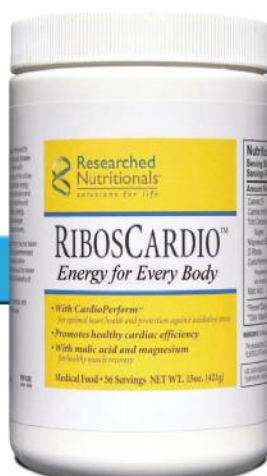
COQ10 POWER™

Recharging Antioxidant



ENERGY MULTI-PLEX™

Expert Adrenal Support



RIBOSCARDIO™

Speeds Up Energy Production

Product	Features/Benefits*	Who Benefits?*
ATP Fuel™	Optimized energy for serious mitochondrial needs Focuses on repairing mitochondrial membranes and increasing Krebs Cycle energy output Offers the top three energy nutrients and cofactors (NT Factor Energy™ phospholipid delivery system, CoQ10, and NADH) synergistically combined for maximum mitochondrial performance and energy production	Those with compromised mitochondrial function Patients with suboptimal energy levels Athletes undergoing significant physical stress
CoQ10 Power™ 400mg	Recharges the energy system in the heart and the mitochondria Potent antioxidant which promotes healthy cardiovascular and dental health Highest grade and strength in one absorbable softgel	Those with low CoQ10 levels Patients on statins (cholesterol lowering medications), because statins deplete the body's supply of CoQ10, leading to a reduction in energy levels
Energy Multi-Plex™	Non-glandular adrenal support formula, developed to support (but not to over stimulate) adrenals 14 researched nutrients synergistically combined into one formulation	Those needing to nutritionally support adrenals, a condition common among patients facing long-term health challenges
RibosCardio™	Opens ATP pathways to speed up energy production	Favorite of athletes who add it to their water bottles before and during exercise Patients seeking healthy energy levels and who prefer a powder to capsules

**Research Available Online



Toll Free: 800.755.3402 • Tel: 805.693.1802 • Fax: 805.693.1806

www.ResearchedNutritionals.com | Available only through healthcare professionals

*These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure or prevent any disease.

“CONDENSED” COWDEN SUPPORT PROGRAM



FINANCIAL ASSISTANCE IS AVAILABLE FOR THE CONDENSED COWDEN SUPPORT PROGRAM FOR ONE PATIENT OF A PRACTITIONER

LIMITED AVAILABILITY – CONTACT US FOR MORE INFORMATION

ABOUT THE COMPANY

NutraMedix was founded in 1993 and currently has facilities in Jupiter, Florida, USA and in Shannon, Ireland supplying highly bio-active nutritional supplements to health care professionals and consumers.

From the beginning, NutraMedix has operated with a unique business model. First, the owners and management work diligently to operate a company according to Biblical principles— with honesty, integrity, value and respect for all people. Its corporate environment is one that works to serve both its customers and its employees, producing one of the best customer service teams in the industry. Second, NutraMedix was founded with the goal of using a significant amount of its proceeds to support orphans, widows, Christian pastors and missionaries in economically distressed parts of the world. So as a customer, you are not just purchasing high quality nutritional supplements, you are helping us give back to people in need all around the globe.



ABOUT THE PRODUCTS

NutraMedix has made a significant investment to develop a novel, proprietary extraction and enhancement process used to manufacture its liquid extracts. The result is a highly bio-available whole plant, broad-spectrum extract that is also very cost effective. We were the first to introduce Samento, a rare chemo-type of Cat's Claw, which has remained one of our signature products. We have since developed a full line of liquid extracts utilizing the same proprietary extraction and enhancement process.

NutraMedix also conducts extensive research to procure the very highest quality raw materials for its powdered capsule products, many of which have been designed to enhance the effectiveness of the liquid extracts. We are committed expanding our line of natural products meeting the highest expectations of health care professionals and consumers.



ABOUT THE FOUNDATION

The owners of NutraMedix have been involved in international Christian ministry since the 1980s. Prior to starting the company in 1993, our Founder and President was a missionary pilot serving tribal groups in Peru. The Kairos Foundation was created in 1995 to fund projects that address both the physical and spiritual needs of people in some of the most disadvantaged areas of the world. The foundation provides ongoing financial support for organizations operating in Africa, Asia, Eastern Europe, North America and South America.



NutraMedix 

Providing Quality Natural Products Since 1993

info@nutramedix.com • www.nutramedix.com

Tel: 800-730-3130 561-745-2917 • Fax: 561-745-3017

