

## Fluoridation Battlegrounds

By **Mary Budinger**

A citizens' war to stop artificial fluoride from flowing into tap water marched into city hall in two key communities in September.

Phoenix, Arizona is the largest city in the United States so far to consider ending fluoridation, and Portland, Oregon is the largest city that had yet to approve adding fluoride to the city tap water in the name of cavity prevention. Neither city put the question to a public vote.

On September 12, Portland's city council voted to begin fluoridation, and on September 11, a Phoenix city council subcommittee agreed to continue their 22-year long practice of fluoridation.

Nationally, about 73 percent of the U.S. population drinks water treated with fluoride. In Oregon the rate is less than 25 percent, and in Arizona it is about 57 percent.

### Portland, Oregon

Portland voters three times have rejected fluoridation. Recently, proponents of fluoridation convinced the mayor and a city councilman to take up the issue again. On September 12, the Portland City Council unanimously passed an ordinance to start fluoridation. Citizens

opposed to fluoridation brought signs calling for the issue to come to a public ballot: "public water, public vote." City employees estimated it will cost \$5 million to build a plant and five years to get the fluoride flowing. But Councilman Randy Leonard, who led the charge for fluoridation, is pushing the engineering department to get the job done in 18 months, which would be March, 2014, two months before a possible public vote.

Oregon Citizens for Safe Drinking Water, a grassroots organization, is pursuing a ballot measure to amend the city charter to ban all additives to the water that are a by-product of any industrial waste process which exceed maximum contaminant level goals set by the environmental Protection Agency (EPA). The fluoride mixture commonly added to city water is a hazardous waste by-product of the phosphate fertilizer industry, a man-made hexafluorosilicic acid that contains lead and arsenic contaminants. According to the EPA, the safe amount of lead and arsenic is zero so this ballot measure would effectively cancel out the city's ability to use the common agent of municipal fluoridation, hexafluorosilicic acid. Chlorine would be okay to add, but not fluoride.

The ballot item would come up for a public vote in May 2014 - two months after the city is scheduled to have begun fluoridation.

"All of sudden, out of the blue, there is a 'dental crisis' declared in Portland," said Kimberly Kaminski, executive director of Oregon Citizens for Safe Drinking water and Clean Water Portland. "They have been trying to pass this at the state level for years and it hasn't worked. We don't need more fluoride exposure. When you look at Portland's rates of cavities, we have some of the best figures in the country, according to the Oregon Dental Association's Smiles Survey. This is not about dental health. This is about power, money, liabilities, politics. We were railroaded and we're going to fight it."

### Phoenix, Arizona

The City of Phoenix, Arizona's capital and the sixth largest city in the United States with more than 1.4 million residents, began fluoridation in 1990. The City Council Subcommittee on Transportation and Infrastructure agreed September 11 to continue fluoridation, rather than pass the issue on to the full city council for a vote.

Councilman Tom



Simplot originally raised the issue months earlier of whether the city should continue to spend \$582,000 a year to fluoridate. "Science evolves, and if we haven't studied this for 20 years, we should to make sure science hasn't passed us by," Simplot told the Arizona Republic. "In light of our budget issues, let's take the time to see if it's a good, continued, wise investment."

Many residents felt the city council subcommittee's handling of the issue was a rush to judgment. The subcommittee scheduled two presentations, both pro-fluoridation. Anti-fluoridation residents had to forfeit their two minutes of public comment to make time for a presentation by Dr. William Hirzy, former senior scientist at the EPA, who testified

*"Fluoridation"...cont'd pg 3*

## Future Olympic Champion Battling Lyme for 17 Years Rebounds to Adult Vibrance After 3 Months Use of Scalar Wave Technology

By **Karen Reifinger, B.F.A., LMT, Energy Enhancement System Owner, Huna Mua Wellness Center**

In December 2010, 28 year-old Sarah began a series of EESystem™ sessions at my wellness center to counter the effects of Lyme disease and associated symptoms that had increasingly deteriorated her quality of life since she was 10 years old. Here is her story, as told to me over a 12-week period during her EESystem™ sessions.

By the age of 10, Sarah was a trained semi-professional athlete preparing for the Olympics, regularly performing for audiences of up to 30,000 people. She developed fatigue, depression and body aches. Lyme was only considered a possible cause of her shift from a vibrant and active adolescent with a brilliant

future as an Olympic champion to a young girl riddled with a malaise she didn't understand or know how to express. She tested negative for Lyme which prompted traditional medical and psychiatric professionals to treat her for fibromyalgia, lupus, psycho-somatic disorders and "growing pains."

Her symptoms of fatigue and body aches continued and her athletic performance diminished. Another Lyme test was run with positive results. Sarah was now only 11 years old. She received a regime of antibiotics and over time, six medications for depression and mood disorders. Her symptoms were managed with medication until she was 19 years old. Her life rapidly changed to one of disability. She forced herself constantly to manage life and work, feeling sick and tired every day. She felt no one understood that she had

to physically push herself twice as much as anyone else to meet her responsibilities at work and in life. In addition to the symptoms of Lyme, she experienced deeper depression, frustration and nightmares. She alienated herself from friends and activities. Her diet changed from vegetables, fish and poultry to one of predominantly sugar - or no food consumption for days.

When Sarah arrived for her first session in December 2010, her treatment plan included Effexor, Ambien and two acupuncture sessions per month. Locating a medical professional to administer effective treatment or prescribe antibiotics was increasingly difficult. She had applied for state disability and struggled with minimal medication and no antibiotics for 2 years. Effexor was the only medication she received. Lyme symptoms returned

full force. She moved in with family because her condition prevented her from maintaining employment and self-care. Nightmares returned and were partially subdued with sleeping pills. She preferred to stay in bed more so due to the depression rather than the body aches and pains. Social interaction was challenging, so thus avoided. Cognitive function and memory were impaired. She also received tremendous benefits from meditation and positive thought in the past, but discarded alternative practices due to increasing difficulty with focus and lack of motivation.

Sarah found partial relief from acupuncture treatments twice a month, however, the acupuncturist found the liver meridians hardening and more difficult to access. Sarah sensed the heavy regime of antibiotics had interfered with healthy

liver function so she stopped taking antibiotics.

While in the EESystem™ for her first session, she stated she slept briefly and had pleasant dreams for the first time in many years. She felt more energetic and alive. Her eyes were balanced and facial skin was pink and flushed - much different than before the session.

Sarah received EESystem™ sessions on an average of 2 sessions per week, 2 hours per session over a 12 week period. During the first 2 weeks she experienced symptoms of detoxification similar to what she experienced after acupuncture treatments - headache, fatigue, increased muscle aches, increased mood swings, increased night sweats, facial acne. She welcomed the change. Her energy level increased and stabilized for longer periods

*"Scalar"...cont'd pg 6*

# Solution to Cancer: Part 1



By Dr. Rashid A. Buttar, D.O.

Have you needed access to treatment for cancer but were either logistically or financially unable to afford it? I believe I have the solution! The purpose of this article is to introduce you to a protocol that I believe will turn cancer off more definitively than anything else previously introduced.

The reason I say that, having been a physician for 21 years, I have been involved with this type of medicine in my private practice The Center for Advanced Medicine and Clinical Research since 1996. So, we are at 16 years now in private practice and over that term, I have been blessed to have been taught by some of the greatest physicians and researchers, many of whom are no longer with us. Over that time period, I have also accumulated many various weapons that I have put into my arsenal to fight this thing we call cancer.

I would like to share my discoveries with you, however, it is important to also understand that this process we are going to be talking about (the weapons

in my arsenal that we are going to be talking about), they are not something that just came to us today. Some of these things we have been using for 16 years. Some of these things are relatively new or have just been introduced. These things, for whatever reason, have been placed in my lap and that is a blessing to me because some of these things will shick you at how effective they are.

Obviously there is an educational component here that I need everybody to be aware of because I do have mixed feelings about introducing this protocol. This protocol that we are going to be releasing is going to be a remote protocol which means that you don't need a doctor! Now that's a huge thing. Why do I have mixed feelings about it? Because very simply, the toxicity issue will not be able to be addressed with this protocol. To address toxicity effectively, I don't know of any other way to do it but to do it using various intravenous therapies and various other types of therapeutics that have been proven in my clinic to be successful in addressing the toxicity issue. So I know that this remote protocol is not going to be effectively addressing all the issues with toxicity. There will be certain things that can be done to address the toxicity issues and the protocol will instruct those who choose to use it on how to address the toxicity issues. But we will not be able to address all the issues of toxicity and therein lies my dichotomy within me, the conflict that I have that I am going to be releasing this protocol that I believe will turn a cancer off in 90 days.

Now, lets get right to the common characteristics of cancer first, then we can go into some commonalities of cancer and some other basic information that some of you may already know.

Cancer has certain common characteristics. All cancers have these common characteristics. These common characteristics are specific only to the oncogenic process which is specific only to cancer. That doesn't mean that there are not other chronic disease that may have one or two of these characteristics but when you put all of these common characteristics together, that is what is considered as the oncogenic process or what we commonly refer to as cancer. Whether it is solid tumors, blood dyscrasia tumors, or whatever type of tumor it is, these are the common characteristics generally found. I am only going to cover a couple of them so that you understand how we approach cancer.

For example, cancer hates oxygen. So, if you can increase the oxygenation in your body that is good because the cancer doesn't like oxygen. Those of you that may have experienced IRRs or hyperbarics or even exercise have experienced increases in oxygenation. Cancer is an obligate anaerobic metabolizer, which essentially means that cancer does not tolerate oxygen very well.

Another common characteristic of cancer would be that cancer is an obligate glucose metabolizer. Cancer needs sugar to survive. Without sugar, cancer has no fuel. Another organ that is similar to that is the brain. The brain needs sugar

to survive. Without sugar the brain can't function. So this is something that even though the medical profession knows that cancer needs sugar to survive the medical profession has virtually ignored that common component. When patients go into the hospital and they are being treated, what do we give the patient for nourishment? We give them Ensure. Ensure may taste good but you are basically taking gasoline and pouring it on a fire. So it is clearly one of the worst things to do. These are simple components.

Now, from a medical treatment prospective, I look for the commonalities and how I can intervene and disrupt these commonalities in cancer. An example would be apoptosis. In cancer there is a suppression of apoptosis. So for those of you who do not know what apoptosis is, apoptosis is programmed cell suicide or programmed cell death. The normal cells have this program that is running in the background and as soon as something becomes abnormal within the cell, the cell will self-destruct. It will commit suicide and kill itself in order to protect the rest of the whole. However in cancer there is a suppression of that program. That suicide program is pushed down. It is no longer working like it is supposed to be working and is essentially suppressed. And so, instead of the abnormal cancer cell killing itself, it is now allowed to continue to propagate. That essentially is cancer because it is an abnormal cell that is not killing itself.

*"Cancer" ...cont'd pg 4*

# The Faith Factor: Harvest



by Joan Vetter

The furious winds and unrelenting rain pelted our sweet corn just a week or so away from harvest. The previous year, our crop was weak and practically nonexistent due to our lack of knowledge on how to pre-

pare the ground and keep the weeds out. So this year I was thrilled with our corn stalks, taller than our oldest son who is six foot tall. My parents were coming from Florida to Ohio for a visit, which was planned around our corn and tomato harvest.

You can imagine how I felt when I looked out and saw all the corn stalks lying on the ground after the storm blew through. But I wasn't willing to give up - that promise of fresh, buttered corn. It compelled me to do something!

Therefore, I chose to kneel in the muddy ground and scoop up handfuls of the mud to pack around each stalk until it stood upright again. It was still slightly raining but I felt such a compelling desire to get them

straight again before any harm was done. We probably had half an acre of corn, so it was quite a task. But what a sense of satisfaction I had to save them.

I can't help but relate this to the God who longs for all his children to thrive and be productive. Recently I stumbled upon a man's story on Facebook, which led me to his website. His name is Danny Wallace, and he told of being horrifically abused growing up by his own father. However God healed his heart and soul, and now he has an awesome ministry to those who have been abused. This is his quote: "In every opportunity of life there is the choice to stand against or stand for. We either choose to stand and point at the dirt or we place

anointed hands deep into the dirt to unearth the precious treasure of God that is in "all" lives. Jesus put it this way: "I did not come to condemn the world. I came to save it" It is very unfortunate when we choose to invoke the name of one so loving and merciful to continue in a religious heart that would not rest until it nailed LOVE to a tree. There is a high road and a low road. The high road is very easy to spot. Few footprints are found behind the footprints of our Lord of no condemnation."

Yes, I had to get down on my knees and get my hands dirty to "save" my corn, but it was so worth it! How much more satisfaction to participate in seeing a life transformed! *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.

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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](http://www.publichealthalert.org)

#### e-mail:

[editor@publichealthalert.org](mailto:editor@publichealthalert.org)

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[editor@publichealthalert.org](mailto:editor@publichealthalert.org)  
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## “Fluoridation” ...cont'd from pg 1

about health effects, costs, and the toxic make-up of the chemical mixture used to fluoridate.

"Subcommittee Chair Thelda Williams told me months ago she believes fluoridation is as American as apple pie - end of story," said Phoenix resident Jody Clute who marshaled the anti-fluoridation effort. "And it was clear from Councilman Michael Johnson's question at the September 11 hearing that he does not understand the toxicities of the chemical mixture the city is using. It's disturbing that elected officials in the sixth largest city in the United States can make a decision like this without performing their due diligence."

### Natural Fluoride Versus HFSA

Most cities' drinking water already contains naturally occurring fluoride. The American Dental Association (ADA) says, "Fluoridation of community water supplies is simply the precise adjustment of the existing naturally occurring fluoride levels in drinking water to an optimal fluoride level." But chemists say there is a problem here of comparing apples to oranges.

While fluoride is a naturally occurring mineral, the fluoride that is added to many municipal water systems is hydrofluosilicic acid, a waste byproduct of the phosphate fertilizer industry. Fluoride found naturally is generally calcium fluoride, created when water erodes rocks. Calcium fluoride is more tightly bound which means there's less free fluoride ions to accumulate and cause damage in the human body. Hydrofluosilicic acid frees up more fluoride ions than calcium fluoride.

According to the American Water Works Association, hydrofluosilicic acid contains a list of contaminants including antimony, arsenic, barium, beryllium, cadmium, copper, lead, mercury, selenium, thallium, radionuclides, radium 226 and 228, and uranium. To date, however, none of the roughly 50 companies that provide hydrofluosilicic acid to cities have made this data available for review. In the EPA's response to the Congressional Investigation on Fluoride in 2000, the EPA replied it was not able to identify even one toxicological study on the continued use of the silicofluorides, including hydrofluosilicic acid.

Cities would have no reason to purposely add arsenic or lead to the water supply. But the conundrum is that cities do add a fluoride solution containing those contaminants and more.

Fluoride is more toxic than lead and just slightly less toxic than arsenic. Fluoride's toxicity, be it natural or man-made, was first

recognized at the beginning of the Industrial Revolution in the 1800s, when iron and copper factories discharged it into the air and poisoned plants, animals, and people.

### Health Issues

Although many medical and public health organizations stand behind the safety of fluoridation, there is universal agreement now that infants should not be exposed to fluoride. The Centers for Disease Control and the ADA warn that infants less than six months of age should not receive fluoride.

Because approximately 60 percent of parents use baby formula, it is impossible to avoid dosing infants with a quantity of fluoride that is perhaps 200 times more than what breast milk provides. The highest doses of fluoride go to bottle-fed babies because of their sole reliance on liquids for food. The ADA, the most ardent institutional proponent of water fluoridation, distributed a November 2006 email alert to its members recommending that parents be advised that formula should be made with "low or no-fluoride water."

The EPA describes fluoride as a chemical "with substantial evidence of developmental neurotoxicity." There are 23 human studies and 100 animal studies that link fluoride to brain damage, particularly lowered IQ.

Fluoride is not required for any bodily processes. It is listed as toxic element in clinical toxicology journals. It is known to be an endocrine disrupter, and it robs the thyroid gland of necessary iodine. In other words, ingested fluoride slowly poisons the thyroid gland which controls our hormones and our metabolism.

A study published in the journal Cancer Causes and Control in 2006 found that exposure to large amounts of fluoridated water made seven-year-old boys four times more likely to develop a rare bone cancer known as childhood osteosarcoma.

The ADA and many dentists argue that water with added artificial fluoride is similar to fortifying milk with vitamin D and orange juice with vitamin C. However, vitamins D and C are necessary nutrients for the human body and fluoride is not. Vitamins D and C are protective against cancer and other health problems. Fluoride is an endocrine disrupter, an enzymatic poison, and recent studies suggest it is carcinogenic.

### Preventing Cavities

The addition of fluoride to drinking water has been portrayed in the U.S. as one of the greatest public health achievements of the 20th century. But with the passage of time, that por-

trayal is showing some serious cracks.

In 1984, the Journal of the American Dental Association reported: "It is estimated that 84% of the caries experienced in the 5 to 17 year-old population involves tooth surfaces with pits and fissures. Although fluorides cannot be expected appreciably to reduce our incidence of caries on these surfaces, sealants can."

The Dental Health Foundation reported: "Fluoride primarily protects the smooth surfaces of teeth, and sealants protect the pits and fissures (grooves), primarily on the chewing surfaces of the back teeth.

Although pit and fissure tooth surfaces only comprise about 15% of all permanent tooth surfaces, they were the site of 83% of tooth decay in U.S. children in 1986-87."

So, the pits and fissures - the grooves of the molars - are where more than 3 out of 4 cavities occur, and fluoride doesn't do the job of stopping those cavities. Dental sealants do.

It is estimated that 99 percent of city water is not drunk. It goes down the drain - in the shower, washing dishes and clothes, watering the lawn.

### The Studies

As opponents of fluoridation go up against ADA representatives at city council meetings across the country, city officials are often presented with a plethora of conflicting studies that give everyone something to cite to support their viewpoint.

In Phoenix, Dr. William Hirzy acknowledged the issue of conflicting studies to council members. He encouraged them to look at the direction in which opinions are shifting. "It's a shift in one direction. People who were pro-fluoride are jumping ship and coming to the anti-fluoride side. You never see an anti-fluoride person jump ship. It's only the pro-fluoride people who switch because the arguments are less and less sustainable with time. Just as we got rid of lead, the day will come we will get rid of fluoride."

Dr. Hardy Limeback is a classic example of that shift. Dr. Limeback had been the president of the Canadian Association of Dental Research and a long time vocal supporter of adding fluoride to city water. Then, in 1998, he changed his mind. He pointed out that Vancouver, which had never been fluoridated, had a lower cavity rate than Toronto, which had been fluoridated for nearly 40 years. "The CDC is basing its position on data that is 50 years old, and questionable at best."

In 1999, Dr. Limeback addressed his faculty and students at the University of Toronto, Department of Dentistry. In a memorable meeting, he apologized to those gathered before him:

"Speaking as the head

of preventive dentistry, I told them that I had unintentionally misled my colleagues and my students. For the past 15 years, I had refused to study the toxicology information that is readily available to anyone. Poisoning our children was the furthest thing from my mind. The truth was a bitter pill to swallow. But swallow it I did."

In Europe, fluoride is rarely added to water supplies. In Britain, only about 10% of the population has fluoridated water. It has been a controversial issue there, with critics arguing people shouldn't have "medical treatment" forced on them. Sweden does not fluoridate its water, nor does Japan or China.

### Federal Govt Calls For Less Fluoride

What Dr. Hirzy calls the first big chink to come loose in the American wall fell in January 2011 when the federal Department of Health and Human Services suggested lowering the optimal recommended amount of fluoride in drinking water nationwide from 1.2 ppm (parts per million) to 0.7 ppm. The agency did this largely because the landmark 2010 Beltran-Aguilar study showed kids are getting so much fluoride these days from a number of sources, that they are overdosed. The government study showed that 41% of children aged 12-15 had some level of fluorosis - discoloration of the teeth and pitting of the enamel, changes caused by ingestion of fluoride during the time teeth are forming.

Once you start looking, fluoride is almost everywhere: The chemical is put in toothpaste and mouthwash. Fluoride is also found in some bottled water and most soda. A study reported in 1999 in the Journal of American Dental Association found that 71 percent of more than 300 soft drinks contained 0.6 ppm fluoride. Gerber Spring Water was found to have a fluoride level of 0.71 ppm, according to a 2003 study. Some children also receive fluoride supplements.

In the field, fruits, vegetables, and grains are often grown with fluorinated water. Food processing tends to concentrate fluoride; a study found that cereals processed in a fluoridated area had fluoride concentrations ranging from 3.8 ppm to 6.3 ppm. The fluoride content of tea has been found to average about 3.0 ppm.

Teflon is coated with fluoride. Fluoride is also in drugs, especially antidepressants like Prozac and antibiotics.

### Cities Taking It Out or Putting It In

Fluoridation represents a tug-of-war that has played out in cities and counties across the nation

for decades. Here's a sampling:

Wichita, Kansas - Citizens vote in the November 6, 2012 general election whether to start adding fluoride to that city's water supply.

Santa Fe, New Mexico, July 2012 - City council voted 6 to 1 to stop adding fluoride and to rely on the naturally occurring levels that are between 0.2 ppm and 0.4 ppm. However, councilors rescinded their vote after the city attorney said there were technical problems with the public hearing notice. Then one councilor proposed that the city stop fluoridating in three years, while other councilors who favored an immediate halt want the matter put to a public vote at the next municipal election which is in 2014.

Milwaukee, Wisconsin, July 2012 - Alderman Jim Bohl called water fluoridation obsolete, unhealthy, and a waste of money. He was not successful in getting the city to stop fluoridation. However, he was successful in getting a mandatory health advisory to citizens included in annual water quality reports, posted on water and health department websites and facilities. This advisory warns of the risk fluoridated water poses to babies under six months of age. The state of New Hampshire recently imposed a somewhat similar requirement.

Albuquerque, New Mexico, April 2012 - Stopped adding fluoride to city water supplies because the naturally occurring level of fluoride is about at the EPA's new lower recommended level of 0.7 parts per million. "We're going to err on the side of caution," David Morris of the Water Authority told KOB-TV.

Pinellas County, Florida, October, 2011 - County Commissioners voted 4-3 to halt fluoridation to about 700,000 residents of the west coast county and most Pinellas cities. Pinellas County began adding fluoride to its water in 2004. Before that, it was the largest water supplier in the eastern United States that did not fluoridate its water.

Commissioner Norm Roche, who voted to end fluoridation, told the St. Petersburg Times it was a "social sort of program" the county should avoid.

Fairbanks, Alaska, July 2011 - Several years prior, the city council created a task force to look into fluoridation and recommend whether to continue. Experts in chemistry, geochemistry, microbiology, medicine, and dentistry concluded that artificial water fluoridation puts the health of the population at risk and stopped the practice. Voters in Juneau, Alaska stopped fluoridation in 2007.

Anchorage, Alaska, the state's most populated city, is one of the few cities with

*"fluoridation" cont'd pg 6*

## Contemplative Techniques for Stress Management



by Bert Mathieson,  
ND, RD, LD, CDE

At the risk of sounding cliché, chronic illness can be viewed as an opportunity for personal growth. The stress we experience is partially created by how we react to current situations. One person thrives at a stress level which would completely sink another person. What accounts for these differences in how we respond to stress? We all know people (or at least we have heard of them!) who seem to maintain a healthy, positive attitude through some of the worst stressors that life can throw their way.

In my view, there are many factors that affect how an individual responds to stress. One of the most important variables is our inner dialog. What do we say to ourselves regarding our life challenges? It is this

inner discourse that sends many of us spinning off into anxiety and a physiological stress response (increased cortisol release from the adrenal glands, increased blood pressure, increased blood sugar, etc.) that destroys health. Martin Liard in his wonderful book *"Into the Quiet Land: A Guide to the Christian Practice of Contemplation"* calls this "inner commentary." This is the stuff that really gets us. What are we saying to ourselves?

We are a "doing" society that values individualism and hard work. We are not so good at just "being." If we could slow down for a while each day and stop the constant train (train wreck?) of thoughts it would do many of us immense good. Have you ever tried to sit still for a minute and think of "nothing?" Not so easy, is it? My mind immediately goes to the 100 things on my "to do list" that have not been done (for several months now!) Wouldn't it be wonderful to stop the constant flow of thoughts- even for just 20 minutes a day?

I would like to introduce you to a simple technique that has benefited me immensely. This technique is called "Centering Prayer" and based in Christian beliefs (which I share.) I do not think one must share these exact beliefs to benefit

from this technique. One belief you WILL need to hold is that human beings can hear the voice of God quietly spoken into their inner being. This system is beautifully outlined in a book by Thomas Keating called *"Intimacy with God: An introduction to Centering Prayer."*

Since I am a doctor (and must get points across quickly and concisely to my patients) let me put this in a nut shell for you so you can use it right now. The process of centering prayer is simple:

1. Choose a prayer word
2. Sit quietly for at least 20 minutes with your eyes closed (put a do not disturb sign on your door?)
3. When thoughts come, do not follow them with inner commentary (even if they are pleasant thoughts.) Say your prayer word internally to focus your INTENTION on hearing from God.

Merton equates the practice of this technique with "divine therapy." He states that as you continue to practice this technique your subconscious will start to "unload" all the junk it holds from the past. The "junk" we retain from the past affects our present emotions and reactions to life. We

need to unload it. This is a cyclical process of coming back to a peaceful state, "evacuation of the subconscious" (which is often not peaceful), and then returning to the peaceful state. Liard suggests that you let the thoughts "float by like boats on a river." I have found this to be useful imagery in my own practice of the technique.

Centering prayer obviously has some similarities to forms of meditation. However there is one very significant difference that may at first appear to be splitting hairs (but this hair needs to be split.) Keating clarifies that in centering prayer we are interested in altering our INTENTION not our ATTENTION. Our goal is to alter the INTENTION of our hearts (which becomes to hear the voice of God speaking gently into our spirits.) In meditation the goal is to alter our ATTENTION (or the focus) of our minds.

The prayer word is used differently than the "mantra" common to many forms of meditation. The purpose of the prayer word is, as Liard explains, "to give your mind something to do." The mind will wander- that is what it does. Say the prayer word internally to remind yourself of your true INTENTION. Sometimes you will need to repeat it

more frequently. At other times a gentle nudge will be enough to bring your heart back to the INTENTION of this experience.

I have found that on some days it is much harder to practice this technique than on others. As I have persisted in this technique I have noted a gradual cultivation of inner silence. Some days it is possible to become profoundly and healingly "still." I have noted a progressive sense of healing from within (or from without?) Perhaps you will have the same experience.

Bert Mathieson,  
ND, RD, LD, CDE  
New Hampshire Natural  
Health Clinic  
304 Riverway Place  
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What do we say to ourselves regarding our life challenges? It is this inner discourse that sends many of us spinning off into anxiety and a physiological stress response ...

## "Cancer" ...cont'd from page 2

So in cancer there is a suppression of apoptosis.

Another example would be uncontrolled cellular proliferation which means uncontrolled growth. Again, if there is a suppression of apoptosis, meaning that the cancer will not kill itself or the cell will not kill itself once it has become abnormal. That in itself is the definition of cancer because now the cell is growing in an uncontrolled fashion.

The treatments we will discuss address these types of issues. The treatment as a whole, generally speaking from a global perspective, addresses these common characteristics and many other common characteristics. However, I am not going to go into all those details right now, although these are some of the common characteristics that we are dealing with.

If I have a specific kind of treatment that only works on one kind of cancer, to me I am not going to use that treatment because we really don't understand all the components of cancer right now. But we do understand from a commonality standpoint that if a cancer can start in one place, there is nothing to prevent it from starting in another place. We call that "metastatic" disease. So my goal as a physician is to stop the cancer not only from growing but prevent it from metastasizing and prevent it from coming

up in a different area. Some people may have gotten one type of cancer and had it treated so that goes away only to then find out that a different type of cancer is now in a different part of the body. Now in my philosophy and personal opinion, I question if there even is such a thing as metastasis.

Think of the body as field. A weed sprouts up in that field...that's the cancer. We now try to treat that weed but does that mean if that weed which sprouted out in that first place is addressed and we get rid of that weed, that it would prevent another weed coming up in a different part of that same field? Absolutely not. The weed could sprout out anywhere in that field and similarly, it could sprout out anywhere in the body. If the body is correct for the cancer to start, if it is optimum for the cancer to begin in once place, by definition the environment within the body is optimum for the cancer to develop anywhere and so there is always that potential of cancer (or weeds) unless the entire body (or field) is effectively treated.

So my philosophy is that I want to make sure that I deal with the common characteristics so that I can treat the entire field, the entire environment within the body, and do my best to prevent the weeds from coming up anywhere. I am not just concentrating in that one corner of the field where

that one weed came up. My goal is to concentrate on the whole field to prevent any of the weeds from coming up anywhere in the field.

Now if people understand what happens to a tree right before it dies, it may help to understand what's really going on within the body. The last thing that happens to a tree before it dies is that it rapidly pollinates. The last thing that a tree does is sheds its seeds in order to ensure the propagation of its progeny and it does that by shedding these seeds as wide as possible and then it dies. If you relate that analogy to the human biological physiology, the area where the cancer began originally was normal and then became abnormal, and that cell has changed or mutated or caused a DNA adduct to form. Wherever that point was where the first cancer cell developed, perhaps that is the same type of situation where the tree is trying in its last ditch effort to survive and it's last ditch effort is that it sheds and spreads its seed. Maybe that's what is happening at that point when cancer is starting in the body. That is a last ditch effort for that point in the body where the cancer is going to start, to try to survive. The cancer is nothing more than that survival mechanism. It is nothing more than what the tree does when it sheds its seeds. It is a last ditch effort to sustain itself. I believe at that

very point where cancer is starting it is either an unbelievable amount of burden as far as toxicity is concerned or there is a severe malnutrition at that point or there is a combination of both toxicity and malnutrition.

Now if you take that concept and you apply that to the tree and you start seeing the last thing that a tree does before it dies, then it would theoretically be possible that this is what is going on in the body when a person gets cancer. And that brings us to the point about what actually is cancer. When people say they don't really know what cancer is, that is a ridiculous statement. I will tell you that cancer is not the problem. The reason cancer becomes such a big problem is because of our own minds. We create this fear on how the media propagates it and how the medical profession has this association with cancer as being this unbelievably bad thing and it is going to end up changing and killing somebody. Yes cancer is devastating but we have to start looking at it from an objective perspective. I believe cancer is not the problem. Cancer is actually only the symptom of the problem. The causative factor is the toxicity, the malnutrition (yes, most of us are malnourished even though we don't think so), or a combination of both. But the problem itself has very little, if anything, to do with the

cancer. The cancer is just the symptom. It is the messenger. The cancer is the warning light, the flashing light on your dashboard that is saying "hey, something is wrong with my engine".

In the coming months, more details will be provided to the Public Health Alert readers regarding the remote protocol for cancer mentioned in this article. We will go into more details about the protocol and why I believe this protocol will turn a cancer off in 90 days. I make this statement because that is how confident we are about this protocol.

To listen to a recorded conference call I held a few months ago on this new remote protocol and further educate yourself on the source of Cancer, you can either wait for Part 2 to be published in the next issue OR you can go to [www.TruthOnCancer.com/call.php](http://www.TruthOnCancer.com/call.php) and listen to the entire recording right now. We will also be holding live seminars across the USA with special guest presenters such as Dr. Sherri Tenpenny, Dr. James Hawever and Robert Scott Bell. This remote protocol for cancer will be one of the many topics on the seminar agenda. To see when the seminar will be in a city near you, go to [www.AdvancedMedicineSeminars.com](http://www.AdvancedMedicineSeminars.com). *pha*

# Hydration 101

by **Kristi Mathieson**

Water is one of the most important components of our body. It not only composes approximately 60% of our full body weight and 75% of muscle and brain tissue, but it also takes care of many important body functions. Water acts to remove waste and toxins, transport nutrients and oxygen, control heart rate and blood pressure, regulate body temperature, lubricate joints, protect organs and tissues, and create saliva. A study published in the American Journal of Epidemiology found that those who drank more than 5 glasses of water a day were 41% less likely to die from a heart attack compared to those who drank less than two glasses (2). Dehydration (even minor) can cause headaches, dry skin, gastrointestinal issues (constipation). Related to the digestive system, drinking a healthy amount of water has also been found to reduce the risk of colon cancer by 45%. Drinking lots of water can also reduce the risk of bladder cancer by 50% and potentially reduce the risk of breast cancer (4).

Water intake is obviously important for health but it also helps with maintaining a healthy weight. It will many times replace a high-calorie drink like soda

or juice and is a great appetite suppressant. When we crave things, especially sweets, we are often dehydrated or just plain thirsty so try the water first! In one day, an adult loses about 10 cups of water through natural body functions, such as breathing, sweating, and going to the bathroom. Most people can replace that fluid through drinking and eating but many do not. The amount of fluid needed each day to stay hydrated can differ based the person's health and lifestyle but one basic rule of thumb is that your body needs half your body weight in ounces of fluid.

Other recommendations from the Food and Nutrition Board include that women consume 2.7 liters (91 oz) and men 3.7 liters (125 oz) daily through various beverages (80%) or in food (20%). While drinking water is the best source of hydration, other fluids can count (juice, decaffeinated tea and milk) as do high water-containing foods such as lettuce (95% water), watermelon (92% water), and broccoli (91% water). Soups, popsicles, and yogurt also have high water content (1).

These recommendations do not take into consideration that active individuals need even more flu-

ids, particularly if they're exercising in hot weather. In one hour of exercise the body can lose more than a quart of water, depending on exercise intensity and air temperature. If there is not enough water for the body to cool itself through perspiration, the body can enter a more dangerous state of dehydration. Are you properly hydrated? Here are a few simple ways to tell if you are properly hydrated:

**Urine:** Your urine should be clear or a very light yellow color. A dark yellow indicates dehydration, so you will need to drink more water. Also you should need to use the bathroom every couple of hours.

**Stool:** It should be easy to pass your stool. If you are straining a lot, this may be an indicator of dehydration. If you have consistently loose stools, this may be an indicator of over hydration. Your body may not be able to handle the amount of fluids you are taking in and it will not be absorbed.

**Skin:** Your skin is also a good indicator of hydration levels. If you pull up the skin on the back of your hand and let go, it should bounce back to its original position quickly. If not, you may be dehydrated. Also, dry skin or a dry

mouth may be indicators of dehydration.

**Thirst:** If you are thirsty, you are in need of more fluids for sure. If you never have thirst, it is still important to take in fluids and use the other tools to help determine your hydration levels.

Just like anything else, drinking enough water has to become a habit and one that is not easily accomplished if not focused on. Many patients tell me "I don't like to drink water", but I've found that as they start to drink water more consistently their taste for it grows and they will typically crave it after awhile. Here are a few tips to help you get into a more healthy water habit!

**Carry a bottle**

A lot of people find it useful to get a metal thermal water bottle so that their water can stay cold for longer. Fill it with water and ice before you leave for the day and continue to refill once you have finished it. Carry it with you throughout the day.

**Set a reminder or drink on a schedule**

Set your watch to beep at the top of each hour, or set a periodic computer reminder, so that you don't forget to drink water.

Try drinking on

schedule if you have trouble remembering to drink water. For example drink water when you wake up, at breakfast, lunch and dinner and when you go to bed. Or drink a small glass of water at the top of each hour.

Start and end your day with a glass of water.

**Substitute water or add something to it**

If you would normally buy a soda or a beer get a glass of water instead. Try sparkling water instead of alcohol at social functions.

If plain water doesn't interest you as much try adding a slice of lemon or lime.

**Filter**

Invest in a filter at your home faucet to stay away from buying all the bottled water. Tune into our next month's article where we will recommend what filters are best to use. By investing in this, you not only save money but also the environment!

**Exercise**

When you exercise, you tend to drink more water. Sports drinks are not necessary unless you are exercising hard for over 60-90 minutes. Water is the best hydrator for most exercise. Plan ahead and drink 8-16 ounces up to an hour

before exercise and be sure to drink after as well.

**Track it**

It often helps, when forming a new habit, to keep track of it -- it increases awareness and helps you ensure that you're staying on track. Keep a little log (it can be done on an index card or a notebook), which can be as simple as a tick mark for each glass of water you drink.

*pha*

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**References**

- 1) <http://www.iom.edu/Reports/2004/Dietary-Reference-Intakes-Water-Potassium-Sodium-Chloride-and-Sulfate.aspx>
- 2) Water, Other Fluids, and Fatal Coronary Heart Disease. The Adventist Health Study. Chan, J; Knutsen, S; Blix, G; Lee, J; Fraser, G.
- 3) <http://www.webmd.com/fitness-exercise/rm-quiz-know-about-hydration>
- 4) <http://www.drdonnica.com/today/00007230.htm>

**By Kristi, Mathieson, MS,RD**

New Hampshire Natural Health Clinic

304 Riverway Place  
Bedford, NH

## “Scalar” ... cont’d from pg 1

of time. She found herself laughing and 'happy,' more social. After the 3rd week, her acupuncturist was able to insert the needles in the liver points. Gall bladder points also softened and were no longer painful. The acupuncturist noticed an overall better response to treatment.

Sarah shared with me that for as long as she remembered, she never was happy, never had fantasy dreams as most people do - she had only nightmares. The nightmares ceased after the 2nd week of EESystem™ sessions. She experienced dreams that felt 'good.' She began to consider the possibility of returning to work and related education. Her appetite increased as well as her desire for healthy food. She effortlessly drove 25 miles to my office for her EESystem™ session without fatigue, and met friends and socialized after the session.

She decided to discontinue Ambien after the 3rd week of EESystem™ sessions. She experienced only slight anxiety and was able to sleep without nightmares. She traveled to the local beach and then took the challenge to take on Disney World in Florida - something she thought she'd never be able to do again. She arranged all her travel plans without difficulty. She tired the same as her friends but felt 'normally' tired rather than exhausted. She started the project of sorting through papers and notes to reorganize the last 10 years of her life. She traveled to California, reconnected with old friends and made plans to resume her educational

pursuits.

Sarah's energy increased weekly. She created goals, looked forward to the future and maintained an overall good feeling. Her

**"The years lost in Lyme will never be replaced but at the very least, now I know I have a chance."**

energy level surprised her, mainly because it lasted through-out the day. She pursued activities such as walking to burn off the excess energy. She increased her walking time because she could now stand fully upright without any pain. After 10 sessions in the EESystem™, Sarah stated: *"My exhaustion used to be every day. Now it's about once every two weeks. It could be the 3 week cycle of Lyme or maybe the full moon. I expect to have some bad days because that's what Lyme does to you. I never thought I would find a way to feel better and go back to living my life. The years lost in Lyme will never be replaced but at the very least, now I know I have a chance."*

Sarah continued her program of sessions for 3 additional weeks. She moved to California, returned to

school and maintains her health and wellness through weekly EESystem™ sessions and Qi Gong with Dr. Effie Chow at East West Academy of Healing Arts, San Francisco, CA.

In June 2011, I received the following e-mail from Sarah:

*"A lot has changed since I last saw you. I moved to CA in April. I'm living in Sacramento. I've connected with Dr. Effie Chow and I have been driving to San Francisco about once a week to use the EES [Energy Enhancement System™]. I get 4 hours in while I'm there. Dr. Chow has inspired me to practice Qigong, which I have been doing for a few months now. My health and mental state have really improved- I'm even able to study for my veterinary technician board exam now! I'm hoping to return to work in the next few months. I saw Dr. Michael [Dr. Sandra Rose Michael, inventor of the Energy Enhancement System™] at the Qigong conference in San Francisco at the end of April, which was very exciting."*

*"I hope you are doing well. I think about you often. You really played a huge part in my recovery and helped me to have a better outlook on life in general..."*

#### ABOUT THE AUTHOR:

Karen Reifinger, B.A., LMT is founder and director of Huna Mua Wellness Center in Bethlehem, PA where she operates an 8-unit Energy Enhancement



System™. She is a national and state certified educator for massage and alternative/complementary wellness programs, licensed massage therapist and member of the American Association of Integrative Medicine. Well-known for creating wellness programs that transcend the ordinary healing experience, Karen blends the revered healing arts of Hawaii with quantum energy technology, offering innovative wellness options to keep mind, body and spirit at its peak. [www.hunamua.com](http://www.hunamua.com), or 610-360-2427. [www.eesystem.com](http://www.eesystem.com).

**"I've been running with energy like I haven't experienced for years! ... My health and mental state have really improved!"**

## “Fluoridation” ... cont’d from pg 3

no naturally occurring fluoride in its drinking water; the city has added it for the last 30 years. Grassroots efforts are underway to stop it.

San Diego, California, February 2011 - San Diego used to be the largest city not to fluoridate; citizens voted in a special election 60 years ago to ban treatment of city water with "any fluoride compound." However, San Diego began fluoridating in 2011 because a 1995 California law requires water agencies with more than 10,000 water service connections (which includes San Diego) to fluoridate if funding is provided by some outside source. San Diego's outside funding is the First Five Commission, which obtained grant funding from the

California Endowment and the Proposition 10 tobacco tax.

#### The Bigger Picture

Fluoride supporters and opponents usually agree that fluoridation alone won't solve dental problems. In that context, fluoridation is a controversial Band-Aid on a much larger problem.

"Americans are fluoride-overdosed and dentist-deficient," said Milwaukee Alderman Jim Bohl. "The lack of accessible, affordable dental care to many Milwaukee and Wisconsin residents has been widely reported."

That picture echoes across the nation. Many medical insurance plans do not include dental coverage,

and many dentists do not take Medicaid, a program funded jointly by the federal government and the states to cover the poor and disabled. In about half the states, Medicaid now covers dental care only for pain relief and emergencies, according to a recent report by the Kaiser Commission on Medicaid and the Uninsured.

Dental associations have fought efforts to let midlevel providers - dental therapists who are more skilled than a medical technician but not as skilled as a dentist - do common procedures like filling cavities and pulling teeth. In doctors' offices, for example, nurses can serve as mid-level providers. Currently, only Alaska and Minnesota allow dental therapists.

Both sides of the fluoride debate usually also agree that parents must stress proper hygiene and stop giving their children so much sugar. The American Heart Association found children as young as 1 to 3 years typically consume around 12 teaspoons of sugar a day - way more than the 4 teaspoons recommended. The bacteria s. mutans in the mouth feeds on sugar and secretes an acid which eats away at teeth, causing cavities.

You can learn about your utility's fluoridation program at the CDC webpage, My Water's Fluoride (<http://apps.nccd.cdc.gov/MWF/Index.asp>).

#### RESOURCES:

Environmental Working Group, [www.ewg.org/tap-water/whats-in-yourwater](http://www.ewg.org/tap-water/whats-in-yourwater)

Second Look, [www.slweb.org](http://www.slweb.org)

Fluoride Action Network, [www.fluoridealert.org](http://www.fluoridealert.org)

American Dental Association, [www.ada.org/sections/professionalResources/pdfs/fluoridation\\_facts.pdf](http://www.ada.org/sections/professionalResources/pdfs/fluoridation_facts.pdf)

**Mary Budinger is a Phoenix-based Emmy award-winning journalist who writes about integrative medicine. She can be reached at 602-494-1999.**

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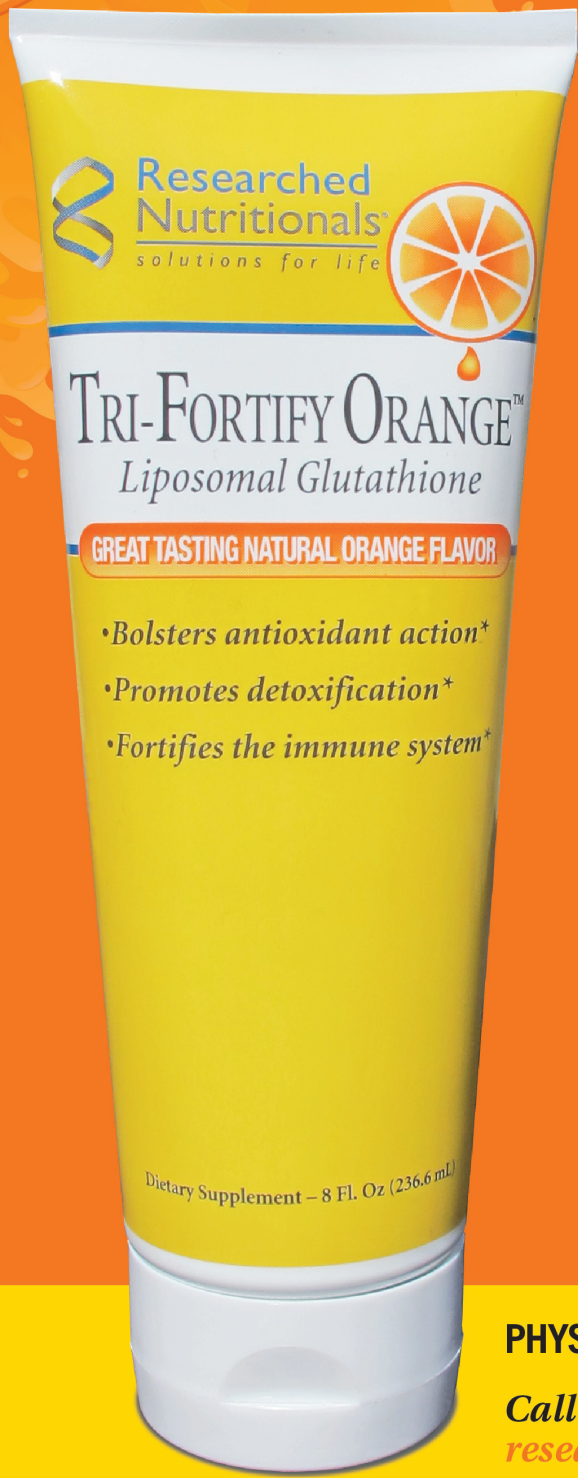
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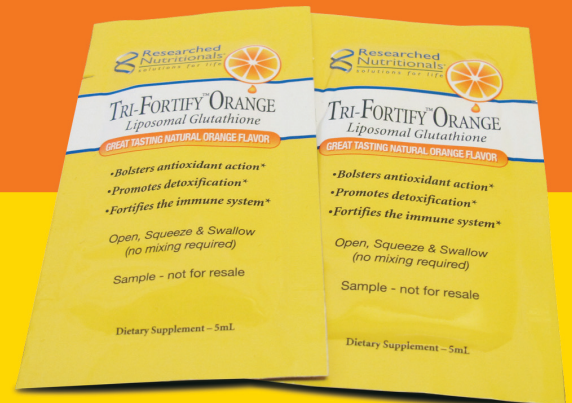
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The owners of NutraMedix have been involved in international Christian ministry since the 1980s. Prior to starting the company in 1993, our Founder and President was a missionary pilot serving tribal groups in Peru. The Kairos Foundation was created 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.



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