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The grass always looks greener!

As I travel across the country with the ACA-CDID DABCI functional medicine/ holistic approach to healthcare, I talk to a variety of physicians; DCs, MDs, DOs, etc. They all have one thing in common. They think other disciplines have it better than they do.

Over the years we have routinely had a medical doctor on board in our clinic. We like the multi discipline approach for our patients. Our medical doctors have each been functional medicine thinking physicians who understand the importance of non-invasive measures whenever possible. I remember one of our MD colleagues saying to Dr. Kessinger one time, ‘The thing I find fascinating about the chiropractic profession is they work together for the good of their profession. The medical profession is always in a turf battle of some kind.” That was our laugh for the day……after our MD friend left the room.

Since my roots are much deeper in the chiropractic profession, I take more notes and observations there.

Many DCs are discouraged by parity issues. If they see a patient for the same diagnosis as their counterpart MD or DO, the reimbursement is much less through insurance claims. I agree that this is a discrimination issue but my approach to fixing that is different than most of the DCs I talk with. So many DCs have chosen to go back to school and work toward their MD or NP degrees. They are tired of fighting the “system”.

I can see the frustration but I can also see the pitfalls. If you have a DO, MD or NP behind your name, the protocols are etched in stone. If a patient walks through your door with cancer, they are given a choice of chemotherapy, surgery or radiation. If they have a pain in their chest, they are usually referred to a cardiologist.

In a DC or holistic physicians clinic, routine bloodwork will be ordered. This usually determines the course of treatment for the patient. Other diagnostic testing and labs are performed as the doctor deems necessary. The wellness plan is established and the patients healthcare strategy is in place.

Our functional care DC physicians are at liberty to decide how to help a patient reach their maximum health status. They can use their own set of protocols or adjust them as they need to. To me, that is a definite advantage for DCs to help their patients navigate health issues without snooper-vision.

This all changes when the DC decides to add the DO, MD or NP to their title. Their rule book is now etched in stone!

My idea for solving this problem would take a lot of teamwork. Of course, we all know how well the chiropractic profession works together. Just ask our MD friend!

If the DC community would get politically involved in their local, state and national organizations and get a seat at the political table, many good things would happen. Dr. Jack used to say, “It is much harder to kick from the outside in. So….get inside and kick out.” When people get to know you (and respect what you do), reasonable decisions are made. This is definitely not a quick fix but it is a suggestion for keeping the chiropractic profession intact and viable as its own entity.

Chiropractors need to educate the public and other disciplines in the healthcare industry as to who they are, the extent of the educational background they have and exactly what they do.

I am amazed at the perception. The majority of the population does not realize that before entering chiropractic college, one has to have four years of pre-med. Then there is at least four more years in chiropractic college. And for DCs who choose to become chiropractic internists, there is another 26 months of training and extra boards to sit for.

The Internist Diplomate (DABCI) is where I meet the brightest minds in the profession. It saddens me when they feel the need to switch their identity for a path they may not enjoy at the end of their journey. Just Saying……◆
## 300 HOUR DABCI DIPLOMATE PROGRAM

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$425 per Weekend*
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Chiropractic Students* $199
DABCI Doctors* $250
Growing up chiropractic was a great experience; however, it often left me baffled as to why there continued to be such ignorance of the wonders to be held within the scope of its acceptance. Healing and health are such natural occurrence and consequence of good living that sickness and disease should be exceptions to the rule rather than the accepted normal. From all the anecdotal stories told around the dinner table and other family affairs spoken in my presence, I could see people were unnecessarily staying away from and even ignorantly criticizing chiropractic. That was a conundrum of the age that I sought a plausible answer for.

I’m a fourth generation chiropractor. As a child I saw my Great-Granddad adjust my Granddad atop two chairs. I saw my Granddad adjust my Dad on a spring-loaded Zenith Hi-Low. I was adjusted a lot when I was a child, especially if I felt crummy and really didn’t want to be messed with much. I was probably about 10 before I realized that receiving an adjustment wasn’t a game where I was supposed to resist at the most inopportune moment. Such resistance forced my Dad, Granddad, Uncle, Great Uncle, or Aunt to spend more time with me, for sure. Later I did notice it was a lot better without so much tension and effort on my part. I still hold that mindset as I am able to provide chiropractic adjustments to all of those I have the privilege to serve. The patient allows the adjustment (correction) to be made and my job as the chiropractic adjuster is to provide the direction of the needed correction.

After completing the premed college accreditation necessary to enroll into a chiropractic doctoral institution I definitely had some preconceptions. I thought all doctors of chiropractic were alike in their efforts to use diet, nutrition, lifestyle and adjusting to attain, and then, maintain optimal health.

Upon entering chiropractic college I noticed that there were so many adjusting techniques far different than I’d ever seen, and I thought I’d seen them all from my well rounded influences: Great-Granddad, Dr. Jess Butler was a Palmer graduate; Granddad, Dr. A J Kessinger was a Missouri Chiropractic Institute graduate; Dad, Dr. Jack Kessinger was a Cleveland Chiropractic College graduate. Though their education foundations were varied the intent and purpose was uniform, and their adjusting styles were so similar that I had always thought they were the same. Upon inquiry concerning my practicing chiropractic, Granddad told me, “Find what works, make sure it works for you, and then add to it. Never take away from it!”

Incidentally, my brother, Dr. Robert Kessinger, and I graduated from Logan and my sister-in-law graduated from Life University.

I’ve always known there is more to chiropractic than the ‘adjustment.’ Diet, exercise, and sleep are integral parts of holistic healthy living. Dr. R M Cessna exemplified the fact that diet/nutrition is of more importance than the ‘adjustment.’ To prove this he challenged anyone in his classes to take an even number of patients and adjust them with whatever technique they chose. On the other hand he would not adjust any of his patients, just feed them. After three months you’d see which set of the patients were healthiest. Dr. Jack Kessinger said, “The adjustment is what got us to the dance and it is our profession’s foundation, but never it’s ceiling.”

Examination is the key to being able to diagnose/determine the level of health each of the patients we treat. Diagnosis is a quality all physicians have the ability to determine; however, not all diagnosticians are created equal. The inequality lies in the depth and understanding of the examination provided. All physicians are equally responsible to guide their patients in the direction of correction; therefore the examination provided must enable the doctor to determine the effectiveness of their intervention.

After thorough review I have come to the conclusion that all doctors of chiropractic are alike in our efforts to educate and enlighten the health consuming public into a healthy paradigm shift in thinking from a pill for every ill/mad about every fad/amazed to try every craze, to the foundational understanding that the intelligence that made the body is the only thing that can heal the body. ◆
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**Herbal Products for the Treatment of Chronic Lyme Disease**

by: Ronald P. Bouffard, BS, DC, DABCI, DACBN

**Abstract:**
Lyme Disease is an ever-present diagnosis that is becoming more and more common in the United States. Each year, approximately 30,000 cases of Lyme disease are reported to CDC by state health departments and the District of Columbia. However, this number does not reflect every case of Lyme disease that is diagnosed in the United States every year. Standard national surveillance is only one way that public health officials can track where a disease is occurring and with what frequency. Recent estimates using other methods suggest that approximately 300,000 people may get Lyme disease each year in the United States. Its occurrence was considered only limited to the geographic region of the Northeast, but current data from the CDC demonstrates that it has been detected in every state except for Hawaii. Current treatment protocols are limited to acute antibiotic therapies and treatment for symptoms (pain, inflammation, depression, fatigue) with minimal result. There is an increasing pool of evidence that herbal/botanical intervention may prove to be a better treatment solution with better long-term outcomes.

**Introduction:**
Lyme disease is an ever-increasing problem in the United States, especially in the Northeast quadrant of the United States. Treatment protocols established by conventional medicine are geared towards acute infection of Borrelia Burgdorferi with antibiotic therapies with subsequent symptom treatment for recurring flareups of Chronic Lyme Disease (CLD) using anti-inflammatories, pain relievers, narcotics and antidepressants. Patients with CLD can become debilitated and disabled if the infection is not controlled or eradicated. The repeated use of antibiotics creates microbial resistance towards that therapy and further weakens the immune response. Studies have shown that prolonged courses of IV antibiotics in particular, do not substantially improve long-term outcome for patients with a diagnosis of chronic Lyme disease and can result in serious harm, including death.  

I am convinced that the medical model of treatment for CLD falls short of reasonable, and there are many proven treatments that are not considered. There is much literature which indicates that the use of herbal/botanical intervention can help resolve the symptoms and progression of CLD. It is my desire to offer a small sampling of some well-studied and proven effective treatments for your consideration when treating patients with CLD.

**Discussion:**
Borrelia can be considered a “stealth microbe”. It is spread primarily by ticks. The acute infection is noted with low grade fever, occasional chills, fatigue, stiff neck and transient muscle aches. The “bulls eye rash” is not always present. The tick saliva contains substances with Immunomodulatory activities capable of inhibiting host defense reactions (hemostasis, inflammation and immunity reactions), give Borrelia enough time in the bloodstream to find tissue, usually collagen filled tissues like cartilage and brain, to penetrate deeply and shield itself from immune system function and antibiotics. When under extreme assault from the immune system or antibiotics, Borrelia progressively shifts from its spirochete form to round form (cyst) making it unaffected by the immune assault. This gives it the “stealth” nomenclature.

It should also be noted that Borrelia has no gene coding for toxins that can harm the host but survival of the microbe requires collagen. To access the nutrient collagen, Borrelia causes the manipulation of cytokines to cause tissue inflammation, which in turn breaks down the tissue of the surrounding collagen rich environment. Most symptoms associated with CLD originate in joints, brain, muscle, eyes and skin: the collagen dense areas of the body. Most symptoms are due to the inflammatory response of these cytokines. The release of proinflammatory mediators play contributory roles in the pathogenesis of Lyme disease.

Synthetic antibiotics are potent and are subject to bacterial resistance with continued use. They indiscriminately kill normal flora and disrupt the normal microbiome which can lead to negative impacts on wellness and health. Medicinal plants, however, contain a spectrum of hundreds, or even thousands, of chemicals designed to suppress microbial function without disrupting the normal flora and microbiome. Furthermore, 

(Continued on next page)
many support the immune function, have low toxicity and can be used continually for long durations without negative effects. Bacterial resistance is rare. 27

The following herbals are good options for treatment for CLD. Used synergistically, these herbals can work very efficiently to reduce inflammation of cytokines, provide strong antimicrobial function to suppress a variety of microbes that are hidden in your system and stimulate the healing systems of your body.

Resveratrol from Japanese Knotweed (Polygonum cuspidatum):
This herbal offers exceptional antimicrobial protection against a wide range of stealth microbes. It has been shown to be antibacterial, antifungal, antiviral and an anti-candida agent. It is a primary herbal antimicrobial for Lyme disease and Mycoplasma treatment. It protects the endothelial cells from Borrelial damage which stops the bacteria from penetrating deeper into the body and, over time, denies them the nutrients to survive and replicate. It significantly reduces the symptoms and reduces the amount of further damage to the body. 28 It also functions as an anti-inflammatory and supports immune function. 7,8,9

Andrographis (Andrographis paniculata):
Widely used in treatment of Lyme disease, this herbal is used as an antiviral, antibacterial and antiparasitic. Numerous clinical trials have demonstrated the ability to reduce the length and severity of chlamydia, dysentery and pathogenic strains of E. Coli and many common viral illnesses. It is active in treatment of parasitic diseases. 29 it also offers significant liver protection. It enhances natural killer cells (NK cells) and cell mediated immunity while reducing proinflammatory cytokines. 10,11,12,13

Cat’s Claw (Uncaria tomentosa):
Cat’s claw is considered an immunomodulator by reducing inflammation. It is commonly used for treatment of arthritis. It is known to inhibit the production of the pro-inflammatory cytokine TNF-alpha while augmenting the production of IL-1beta. It also has properties that demonstrate healing of the GI tract. 14,15

Chinese Skullcap (Scutellaria baicalensis):
Chinese Skullcap is known for it’s antiviral, antibacterial and antifungal properties. It is a great immunomodulator by reducing the cytokine cascade. It is a potent synergist for antimicrobial herbals. Used commonly for mycoplasma and Bartonella. When using for Lyme, it stops the inflammatory response which ultimately interferes with the pathogens’ ability to find and enter target cells, gather nutrients and reproduce. 30

Also known for its sedative properties, it is helpful in inducing sleep. It modulates both the Th1 and Th2 immune response. It also inhibits the Cox-2 expression. It has known anti-inflammatory properties. 16,17,18,20

Garlic with stabilized allicin (Allium sativum):
Garlic has long been known as a potent broad spectrum antibacterial as well as having antiviral, antifungal and antiparasitic properties. It has demonstrated strong activity against Borrelia 19 there is strong evidence that Allium has the function of antimycobacterial agents together with their cytotoxic, immunomodulatory, and hepatoprotective activities. 21 It has shown tremendous results particularly against methicillin-resistant Staphylococcus aureus. 22

Sarsaparilla (Smilax glabra, medica):
Sarsaparilla is commonly used in Lyme protocols. It is thought to bind exotoxins debris when pathogenic bacteria are killed off. It offers antibacterial and antifungal properties. It is more commonly used for treatment of psoriasis. It is a potent anti-inflammatory and has antioxidant properties. 23,24,25

Conclusion:
Clearly, this is just a small sampling of some of the most utilized and practical botanicals for your consideration when treating CLD. All have been studied and deemed appropriate for treatment when faced with a patient who has had less than satisfactory results with the traditional allopathic regimen. We should appreciate that Borrelia is considered a “stealth pathogen”, has tremendous potential to do damage, replicate freely and uninhibited, and leave many with serious disability. At the very least, using these options have far less side effects, have better long-term tolerance and better overall outcomes of symptom reduction. Managing the Borrelia cycles to ultimately reduce its capacity to continue to cause further damage is proven to be much better left to the botanical/herbal treatment protocols.

About the Author:
Dr Bouffard Received his Doctor of Chiropractic degree
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Go to: mossnutrition.com/sarco-success to view the video testimonial, “Life Changing!”
been used as a traditional herbal remedy for hundreds if not thousands of years. In “The neuroprotective effects of thymoquinone: A review” by Farkhondeh et al (Dose-Response, April-June 2018, pp. 1-11) the following is stated: “Nigella sativa (of the family Ranunculaceae) is commonly called black cumin, fennel flower, or nutmeg flower. Kalonji seeds and Ajaji, black caraway seed, and habbatu sawda are other names of N. sativa. It is considered as a medicinal herb with some religious usage, calling it ‘the remedy for all diseases except death’ (Prophetic hadith) and Habatul Baraka ‘the Blessed Seed.’”

In “Cumin (Cuminum cyminum) and black cumin (Nigella sativa) seeds: traditional uses, chemical constituents, and nutraceutical effects” by Srinivasan (Food Quality and Safety, published online ahead of print, 2018), the following historical information is provided: “In India, cumin seeds have been used for thousands of years as a traditional ingredient of innumerable dishes including kormas and soups and also in the form of an ingredient of several other spice blends. Besides food use, it has also many applications in traditional medicine. In the Ayurvedic system of medicine in India, cumin seeds have immense medicinal value, particularly for digestive disorders. They are used in chronic diarrhea and dyspepsia.”

What parts of the world is black cumin naturally found? Srinivasan states: “Black seed (also known as black cumin; Nigella sativa) is an annual flowering plant belonging to the family ranunculaceae and is a native of Southern Europe, North Africa, and Southwest Asia. Black cumin is cultivated in the Middle Eastern Mediterranean region, Southern Europe, Northern India, Pakistan, Syria, Turkey, Iran, and Saudi Arabia.”

THE BIOCHEMISTRY OF NIGELLA SATIVA
Black cumin seeds contain several different constituents. Srinivasan notes: “Cumin seeds are nutritionally rich; they provide high amounts of fat (especially monounsaturated fat), protein, and dietary fibre. Vitamins B and E and several dietary minerals, especially iron, are also considerable in cumin seeds.”

However, as suggested above, we are not so much interested in the nutritional aspects of black cumin as we are interested in the nutraceutical properties of the oil. Therefore, the constituents of black cumin need to be

“*N. sativa* seeds contain fixed oil, proteins, alkaloids, saponins, and essential oil.”

Black cumin seed oil is the “essential oil” of the black cumin seed. Why are we most interested in the “essential oil” portion of the seed? Because it is high in the substance mentioned above, thymoquinone. As noted by Amin and Hosseinzadeh in their paper “Black cumin (*Nigella sativa*) and its active constituent, thymoquinone: An overview on the analgesic and anti-inflammatory effects” (Amin B & Hosseinzadeh H. *Planta Med*, Vol. 82, pp. 8-16, 2016), the “essential oil” of the black cumin seed contains 18.4-24% thymoquinone.

**INFORMATION ON THYMOQUINONE**

As an introduction to this discussion, consider the following from the Farkhondeh et al paper:

“The black cumin oil consists of main medicinal components such as tocopherols, phytoesterols, polyunsaturated fatty acids, thymoquinone (TQ), p-cymene, carvacrol, t-anethole, and 4-terpineol. Thymoquinone (2-isopropyl-5-methyl benzo-1,4-quinone), the main ingredient of the *N. sativa* seeds, has been found in many medicinal plants such as several genera of the Lamiaceae family (Monarda) and the Cupressaceae family (Juniperus).”

What can specifically be stated about thymoquinone? The authors continue:

“Thymoquinone is the main ingredient of the plant, which is effective for treatment of various diseases such as neurodegenerative disorders, coronary artery diseases, and respiratory and urinary system diseases. Thymoquinone has also been indicated to possess antioxidant, anti-inflammatory, anti-cancer, antibacterial, antimutagenic, and antigenotoxic activities.”

Amin and Hosseinzadeh provide still more information on the clinical utility of thymoquinone: *N. sativa* and its main active constituent TQ have been attributed to numerous pharmacological activities. Up to now, cytotoxic, antioxidant, immune enhancement, gastroprotective, hepatoprotective, antitussive, hypolipidemia, and cardioprotective effects, increased milk production, hypoglycemic, hypotensive, and antimicrobial effects have been demonstrated.

In addition, beneficial effects of *N. sativa* and thymoquinone on convulsions, depression, men’s infertility, memory improvement, nociception, and inflammation have been discussed.”

**RESEARCH ON KEY CLINICAL APPLICATIONS OF BLACK CUMIN SEED OIL AND THYMOQUINONE**

As was noted above, much has been published about properties of black cumin seed oil/thymoquinone that might have benefit clinically with our chronically ill patients. However, in this section, I wanted to feature five papers that highlight some applications that are particularly relevant to the clinical presentations we see most often in today’s chronically ill patient.

**Anti-microbial effects**

As we all know, one of our chief concerns today is gut health where microfloral imbalances or presence of outright pathogens are becoming increasingly prevalent. Because of this, we are continually searching for excellent natural anti-microbial substances. Of course, there are many, such as oil of oregano, berberine, etc.

We can now add black cumin seed oil/thymoquinone to that list, as noted by Forouzanfar et al in their paper “Black cumin (*Nigella sativa*) and its constituent (thymoquinone): a review on antimicrobial effects” (Forouzanfar F et al. *Iran J Basic Med*, Vol. 17, pp. 929-938, 2014):

“Focus on antimicrobial effects, different extracts of *N. sativa* as well as TQ, have a broad antimicrobial spectrum including Gram-negative, Gram-positive bacteria, viruses, parasites, Schistosoma and fungi.”

**Impact on biofilms**

As we try to more effectively address microbial imbalances in our patients, it has become increasingly apparent that one of the roadblocks to effective treatment is the biofilm that many microorganisms form to protect themselves against the effects of our anti-microbial regimens. Therefore, increasingly, substances that tend to break down biofilms have become part of our supplemental repertoire. To that repertoire you can add thymoquinone, as noted by Chaieb et al in their paper “Antibacterial activity of thymoquinone, an active principle of *Nigella sativa* and its potency to prevent bacterial biofilm formation” (Chaieb K et al. *BMC Complementary and Alternative Medicine*, Vol. 11, No. 29, 2011):

“Our results revealed that TQ efficiently kills staphylococci in suspension and prevents biofilm formation. This effect on biofilm formation was confirmed by microscopic analysis of strains grown on the surface of glass slide covers.”

(Continued on next page)
Hashimoto’s thyroiditis, this medicinal plant could be considered as a beneficial herbal supplement alongside with the disease-specific medications including Levothyroxine in management of Hashimoto’s thyroiditis-related metabolic abnormalities.

Then, in “The effects of Nigella sativa on thyroid function, serum vascular endothelial growth factor (VEGF) – 1, nesfatin-1 and anthropometric features in patients with Hashimoto’s thyroiditis: a randomized controlled trial by Farhangi et al (Farhangi MA et al. BMC Complementary and Alternative Medicine, Vol. 16, No. 471, 2016), the following is noted:

“Our data showed a potent beneficial effect of powdered Nigella sativa in improving thyroid status and anthropometric variables in patients with Hashimoto’s thyroiditis. Moreover, Nigella sativa significantly reduced serum VEGF concentrations in these patients. Considering observed health-promoting effects of this medicinal plant in ameliorating the disease severity, it can be regarded as a useful therapeutic approach in management of Hashimoto’s thyroiditis.”

SOME FINAL THOUGHTS
As we are all well aware, it is not getting any easier to address the chief complaints of today’s increasingly complicated chronically ill patients. Therefore, given this increased complexity, one of the best ways we can successfully intervene with these patients is to start with a wide variety of therapeutic options from which to pick and choose.

Based on feedback from more and more of you over the last year or so plus information from papers like those I have reviewed above, it is clear to me that black cumin seed oil deserves to be added to your therapeutic repertoire.
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How to Feed Your Brain with the Keto Diet

by: Robert G. Silverman, DC, DACBN, DCBCN, MS, CCN, CNS, CSCS, CIISN, CKTP, CES, HKC, FAKTR

Fat is your friend, not your foe—especially when it comes to feeding your brain. While this may seem anywhere from crazy to counterproductive to some, followers of the ketogenic diet have been supporting this claim for almost 100 years. And compared with the Standard American Diet (SAD), the keto diet is not only safe for helping overweight and obese people lose weight, it also supports those who want to improve their brain health.

A Closer Look at the Ketogenic Diet
The ketogenic diet, or keto diet, is based on the idea that eating mostly healthy fats, consuming high-quality protein in moderation, and restricting carbohydrates, provides your body with the fuel you need to lose body fat without hunger, weakness, and fatigue. The reduction in carb intake puts your body into a metabolic state called nutritional ketosis. During ketosis, your body no longer relies on glucose as a primary energy source. Instead, your liver converts fat into ketones—which are a great source of fuel for your brain.

What to Eat on the Keto Diet
On the keto diet, you’ll get most of your calories from healthy fats found in foods like avocados, grass-fed butter, olives, olive oil, coconut oil, nuts, and seeds. However, keep in mind that some nuts and seeds are better than others. You’ll want to choose those that are high in fats and lower in carbs; brazil nuts, almonds, walnuts, chia seeds and flaxseed are all good options.

You can also eat all of the non-starchy, leafy vegetables you want, as well as other low-carb vegetables like broccoli, peppers, cauliflower, green beans, asparagus, cucumber, and zucchini. In moderation, eat protein in the form of grass-fed meats, pasture-raised poultry, cage-free eggs, and wild-captured fish. Finally, if you want to reach for something sweet, 90% dark chocolate is your best option.

On the list of what not to eat? For starters, remember that the keto diet restricts the intake of carbohydrates to achieve a shift from glucose to ketones as a primary fuel source. In order to avoid food high in carbs, limit fruit consumption as it’s higher in sugar content—and forego fruit juice altogether. You should also avoid grains or starches such as rice or pasta; beans or legumes; root vegetables; and any low-fat or diet products, as they are typically highly-processed and high in carbs.

To support your central nervous system and brain function while you’re on the keto diet, I recommend these supplements:

**Turmeric:** Curcumin, the active ingredient in turmeric, can help increase your levels of the important growth hormone called brain-derived neurotrophic factor (BDNF), which helps new neurons in the brain to grow, strengthens the existing neurons, and helps build stronger connections among neurons. Curcumin also helps support working memory and has a calming effect. Turmeric capsules boost your BDNF.

**Exogenous Ketone Salts:** Exogenous ketones are ketones you get from a supplement in addition to the ketones your body makes. The most common ketone form found in ketone salts is beta-hydroxybutyrate. This ketone signals cells to release glutathione, the body’s master antioxidant, which positively impacts the brain. Beta-hydroxybutyrate is also helpful for improving focus and concentration. It can help improve your mood. These supplements work best on the brain if they’re early in the morning and again in mid-afternoon.

**Medium-Chain Triglycerides (MCTs):** These are fats that are easy for your body to break down and use. They’re found naturally in coconut oil, but to get them in large enough amounts to be helpful, you’ll need to take a supplements form (capsules or oil). Because MCTs are absorbed and turned into ketones quickly, they reach your brain quickly and contribute to producing BDNF.

**Omega-3 Fatty Acids:** You need plenty of omega-3 fatty acids from fish oil to give your cells strong, flexible membranes. Omega-3s are particularly important for the cell membranes of the neurons in your brain, helping improve memory, cognition and mood.

**Chromium:** A small amount of this mineral is helpful for improving memory and mood. It’s found most abundantly in whole grain food and milk and dairy products. These are foods that aren’t part of a ketogenic diet, so consider supplements to make sure you’re getting enough.

◆

THE ORIGINAL INTERNIST MARCH 2019 17
INGREDIENT FACTS

**Artichoke (Cynara scolymus)**
Extremely safe, well-studied nutrient that has antioxidant, choleretic, hepatoprotective, bile-enhancing and lipid-lowering effects.

**Dandelion (Taraxacum officianale)**
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**Taurine**
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**Glycine**
Essential amino acid that functions in the conjugation of bile acids and has been scientifically shown to increase portal blood flow, bile production, hepatic microcirculation and maintain cytochrome oxidase activity under conditions of hepatic injury.

INGREDIENT FACTS

**Activated Charcoal**
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**Aloe**
Aids in healing the lining of a damaged intestinal tract, healing and/or preventing leaky gut syndrome.

**Acacia Gum**
A prebiotic fiber that helps with constipation issues, as most binders can exacerbate these issues.

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Exosomes are tiny micro-vesicles (50-150µm) that are involved in cell to cell communication. They are the next revolution in patient therapy. These are the new frontier in regenerative medicine as it has been recently discovered that these vesicles are involved in direct cell signaling, while they were historically viewed as cellular waste.

Exosomes are obtained from bone marrow-derived mesenchymal stem cells (MSCs) and purified using a proprietary filtration process. The unique benefit to these exosomes is that they are bone marrow-derived and bring a wide array of cytokines to stimulate and modulate many processes within the healing cascade in a multitude of therapeutic applications. Exosomes are not cells but are micro-vesicles that contain no nucleus or DNA. They are regarded as one of the purest forms of cellular therapy available, because their function is to provide tissue and wound healing by directing the patient’s own regenerative cell response.

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Cells by nature work to heal, repair, and restore the body. But, in some cases where there is a chronic abnormality, these cells fall into an inflammatory state, work in an unregulated capacity and inhibit healing.

The more than 200 growth factor proteins found to naturally occur in the product have shown to help stimulate and modulate the inflammatory healing process. This is accomplished by recruiting the patients’ own cells to the area, revascularizing the area and down-regulating inflammatory cell response once the task is completed.

**KEY POINTS**

**Main Functions of Exosomes**

- Stimulate recruitment of white blood cells - Immunity Function
- Stimulate revascularization of damaged tissue – Angiogenic Function
- Signal your stem cells to come to the area of need - Regenerative Function
- Reduce inflammation - Inflammation Function

**Exosomes**

- Naturally occurring micro-vesicles released from your cells.
- They have a complex composition of over 200 cytokine growth factors, nucleic acids, lipids and other metabolites
- They play a key role in intracellular paracrine signaling to direct healing with your own stem cells.
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COMBINATION OF SPINAL MANIPULATIVE THERAPY AND PHYSIOTHERAPY FOR SHOULDER IMPINGEMENT AS AN ALTERNATIVE TO SURGERY: A COMMENTARY OF THE AVAILABLE RESEARCH

by: Adrian Isaza, DC, DACBN, CCAP

Abstract
In 2015, a systematic review and meta-analysis of 7 randomized controlled trials showed moderate evidence that surgical treatment is not more effective than active exercises on reducing pain intensity caused by shoulder impingement. This commentary will evaluate the current evidence to determine if combining spinal manipulative therapy and physiotherapy can serve as an alternative to surgery for the treatment of shoulder impingement.

INTRODUCTION
In 2009, Dorrestijn, et al, carried out a systematic review of 4 randomized controlled trials which found no evidence for differences in pain and function between conservatively and surgically treated patients with sub-acromial impingement syndrome.1

In 2011, Gebremariam, et al, conducted a systematic review of 1 review and 5 randomized controlled trials evaluating the effectiveness of surgery for sub-acromial impingement syndrome. This study revealed that there was no evidence that surgical treatment is superior to conservative treatment or that one particular surgical technique is superior to another.2

In 2013, Tashjian performed a systematic review of 7 randomized controlled trials for the effectiveness of surgery in sub-acromial impingement syndrome. This study suggested that no technique is convincingly better than another or than conservative interventions.3

Finally, in 2015, Saltychev, et al, published a systematic review and meta-analysis of seven randomized controlled trials. This study indicated that there was moderate evidence that surgical treatment is not more effective than active exercises on reducing pain intensity caused by shoulder impingement. Moreover, this study recommended conservative treatment as a first choice of treatment of shoulder impingement in first or second grade.4 Manual therapy has been found to be effective for the treatment of shoulder pain in general.5

In 2009, Camarinos, et al, conducted a systematic review of seven articles in which five studies demonstrated benefits utilizing manual therapy for mobility, and four demonstrated a trend towards decreasing pain values for painful shoulder conditions.6

Two other studies took place in 2017 evaluating the efficacy of manual therapy for shoulder pain. The first study was by Steuri, et al, who carried out a systematic review and meta-analysis of the literature until 2017. In this study manual therapy was superior to placebo and when combined with exercise was superior to exercise alone, but only at the shortest follow-up.6 The second study was by Hawk, et al, who performed a systematic review of 25 systematic reviews and 44 randomized controlled trials. This study supported the use of manual therapies for shoulder impingement syndrome, rotator cuff-associated disorders, adhesive capsulitis, and nonspecific shoulder pain.7

SPINAL MANIPULATIVE THERAPY
Three studies will be mentioned for the effect of spinal manipulative therapy for shoulder pain.

In 2011, Brantingham, et al, published a systematic review of 35 articles until 2010 that found a level of B or fair evidence of manual and manipulative therapy for common shoulder pain and disorders.8

In 2014, Haik, designed a randomized controlled trial of 50 subjects with shoulder impingement symptoms.

(Continued on next page)
In this study shoulder pain in individuals with shoulder impingement symptoms immediately decreased after a thoracic spine manipulation.9

Finally, in 2015, Peek, et al, carried out a systematic review of three randomized controlled trials of participants who had non-specific shoulder pain including impingement syndrome and excluding cervical pain. In this study thoracic manual therapy accelerated recovery and reduced pain and disability immediately and for up to 52 weeks compared with usual care for non-specific shoulder pain.10

**Spinal manipulative therapy vs physiotherapy for shoulder pain:**
In 1997, Winters, et al, designed a single blind randomized controlled trial of 172 patients. In this study the shoulder girdle group duration of complaints was significantly shorter after manipulation compared with physiotherapy. Moreover, the number of patients reporting treatment failure was less with manipulation compared to physiotherapy.11

**PHYSIOTHERAPY**
In 2012, Hanratty, et al, conducted a systematic review and meta-analysis 16 studies involving over 1100 subjects. This study concluded that physiotherapy exercises are effective in the management of subacromial impingement syndrome.12

**Physiotherapy vs surgery for shoulder impingement:**
Two studies will be referenced comparing physiotherapy to surgery for shoulder impingement symptoms. In 2005, Haahr, et al, designed a randomized controlled study of 84 patients. In this study surgery of rotator cuff syndrome with sub-acromial impingement was not superior to physiotherapy with training.13

In 2009, Kromer, et al, carried out a systematic review of 16 randomized controlled trials that showed that physio-therapist-led exercises and surgery were equally effective treatments for shoulder impingement syndrome in the long term.14

**Physiotherapy vs corticosteroid injection for shoulder impingement:**
In 2016, Burger, et al, performed a systematic review and meta-analysis of three randomized controlled trials comparing physiotherapy to steroid injections for the treatment of sub-acromial impingement syndrome.

In this study no evidence was found for the superiority of corticosteroid steroid injections compared with physiotherapy for pain, range of motion and function in the short- (1–3 months), mid- (6 months) and long term (12 months).15

**CONCLUSION**
Conservative treatment in the form of a combination between spinal manipulative therapy and physiotherapy as an alternative to surgery for shoulder impingement symptoms seems feasible. More studies evaluating the individual and combined effects of spinal manipulation and physiotherapy for shoulder impingement symptoms are warranted.

**About the author:**
Adrian Isaza is both a physician and an academic. As an academic he authored a chapter of the book “The Role of Functional Food Security in Global Health”. He also teaches at Everglades University for the Alternative Medicine degree program. He recently obtained his degree as a Doctor of Philosophy and practices medicine in Tampa, Florida. Dr. Isaza has published over 30 papers advocating the use of alternative medicine.

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What You Need To Know:

• A new study finds that some breast cancer drugs actually cause cancer to spread.

• Virtually all chemotherapy agents come with serious side effects.

• Many oncologists have grown so used to side effects that they feel it's a necessary part of cancer treatment.

• "Alternative" treatments aren't part of medical training and therefore are often criticized by professionals who have never studied or used them.

For years chemotherapy has been prescribed for the following types of cancer to include breast, prostate, and lung cancers, as well as chronic lymphocytic leukemia and non-Hodgkin's lymphoma.

So when I read the article in Natural News about the "bombshell" news reported in Science Translational Medicine about chemotherapy causing breast cancer to spread throughout the body, I have to say, I wasn't surprised.

According to the study, the chemotherapeutic drugs that were used caused changes at the cellular level which are always associated with metastasis, (the spreading of cancer beyond its place of origin).

This is horrible, but it's only news if you aren't in the cancer business. For those that are in it, however, this is predictable.

The side effects of the drugs were no secret. Secondary cancers were reported. Minuscule chances of recovery were the norm. Devastating the patients' immune systems was expected.

And the crazy thing is that doctors don’t even ask to hear about the side effects!

In fairness, it wasn't that they were being cold or callous. It was because they expected those kinds of side effects with oncology drugs. To them, that's just what happens when you treat cancer.

To me that would be a strange feeling when you realize you're in an industry where devastatingly adverse reactions are perceived as the expected cost to fight a disease. Or the very drugs you use to fight cancer are also causing cancer to spread, it's insanity.

Imagine if this is how it was with anything else in your life. What if the substance you put in your car engine to extend its life, also caused your engine to break down faster? Would you stand for that?

But that's "normal" life.

We're told that with medicine, it's much, much different. The complexity of disease is such that mere mortals can't comprehend why they must take a drug that spreads cancer while it supposedly fights cancer. But don't worry, the "experts" will make those decisions for you; and if anyone warns you against their recommendations, they're "quacks".

Diet, limiting fungal exposure and the sugar it feeds on, exercise, sleep, hydration, stress reduction, detoxification, and all other natural strategies aren't in the conventional medicine playbook. Medical professionals remain largely ignorant of the incredible power of these natural therapies. But even in their ignorance, they often protest you even using them.

Regard it as a friendly warning from someone who has seen what the oncology world has done to many patients and I can't stand the madness of some patients losing their lives in the name of trying to save them.

◆
from Palmer College of Chiropractic in Davenport Iowa in 1995. He is the only Board Certified Chiropractic Internist as well as the only Diplomate of the American Board of Clinical Nutrition in the State of Maine. He practices in Boothbay Harbor. When not working, helping people live healthy and well, he enjoys world travel and sailing.

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