

JOURNAL OF THE JANMA

***Why Are Our Jaws Getting Smaller As
Compared To Our Ancestors
By: Minaxi Mirkal BDS BBS BCND***

7

***Agmatine - A Nutraceutical for
Neuropathies
By: Gad M. Gilad Ph.D***

20

***Your Key To Success: Membership
With American Naturopathic Medical
Association***

43



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CONTENT:

The President's Corner	4-5
Hidden Causes and Effects of Dysfunction: History and evaluation procedures that every conservative care provider should consider	
By: Dr. Christopher Murray ND DC DABCI CME	7-15
Why are our Jaws getting smaller as compared to our Ancestors	
By: Minaxi Mirkal BDS DDS BCND	16-18
Agmatine – A Nutraceutical for Neuropathies	
By: Gad M. Gilad. Ph.D.	20-22
A Tale of Two Pandemics	
Dr. Bob Lund	23-39
Your Key To Success: Membership with American Naturopathic Medical Association	43-44
Recap of the 2019 ANMA Convention	45

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Editors:

Hayleigh Hayhurst
Crystal Coombs

Science Editor:

Dr. David J. Pesek

Medical Advisor:

Richard Harris, N.M.D.

Typesetting, Layout, & Advertising:

Hayleigh Hayhurst
Crystal Coombs

Contributors:

Dr. Neville W. Cramer, Dr. David J. Pesek

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The President's Corner

Dr. Filippos Diamantis PT, Ph.D, NMD

These are uncertain times and I hope you are healthy! This too shall pass. ANMA is moving forward with convention plans and hope everyone can attend. American Naturopathic Medical Association (ANMA) has joined forces and welcome Society of Complementary, Alternative, and Holistic Practitioners (SCAHP) as strategic partners in the field of natural health care. Working together to protect natural therapies availability to the public and the practitioners right to provide this valuable information to the public. What does this mean to current ANMA members? Current ANMA members have been receiving their beautiful new SCAHP membership certificates and many have also been certified with the title Advanced Complementary Alternative Holistic Practitioner – ACAHP.

Quickly approaching is the 39th annual ANMA convention and educational seminar. This is the easiest way to get your needed CEU's! ANMA provides 23 credits in one fabulous 3 day weekend August 28-30 2020 in Las Vegas. Those of you who attended previously expressed your excitement for the speakers on the main lecture schedule as well as the workshops provided. Many appreciated the awards luncheon gala that celebrated their accomplishments. And everyone agreed the ANMA annual convention is a great venue providing one on one meetings with industry experts. I urge you to support the association that supports YOU and I hope to see you Las Vegas.

As far as legislation for 2020 ANMA forced legislation in VA into a study group, successfully stopped legislation WY, MS, & NY, while still keeping a watchful eye on MI and WI. Congratulations to all the members, ANMA couldn't do this without you. As 2020 proceeds ANMA will keep all members informed of ANMA legislative efforts.

Come early to the 2020 ANMA annual conference and enjoy a powerful trio of classes. These workshop are being offered by the International Institute of Natural Wellness Education. Found online at KnowYourWellness.org this school has proven themselves as a leader in Traditional Naturopathy education. Among the many reasons to come to these workshops is that tuition to these workshops includes full admission into the 2020 ANMA annual convention. Each workshop also includes a spiral bound workbook and online modules and materials that you will complete prior to attending the live workshop. You can attend one or all three of these empowering workshops designed to give naturopaths useful tools that they can apply in their practice right away.

Come join us for these 2 amazing classes taught by Know Your Wellness.

Each one-day class is \$295 or enroll in both for \$495. Class registration includes convention registration. CEUs available. Enroll online at <http://knowyourwellness.org> or call the office at 208-899-2712.

Traditional Herbal Remedy Making, Wednesday, August 26, 9 am - 5:30 pm

One of our most sought after lectures is during the Traditional Herbology term. In this lecture you will feel like a historic herbalist as you lose yourself in the art of making traditional herbal remedies. You will learn how to select, process and produce all types of herbal products such as; tinctures, infusions, decoctions, poultices, salves, balms, lotions, washes, baths, fomentations, therapeutic oils and much more. Regardless of whether you produce these products for your clients or not, learning how to produce them gives you invaluable insight into true herbalism that can't be gained any other way than getting your hands dirty and learning this historic art.

Homeopathy for Naturopaths, Thursday, August 27, 9 am - 5:30 pm

In this lecture you will build upon the basic understanding of homeopathy that naturopaths have as you work toward a more targeted approach to homeopathy in action. You will learn to use proper reference material to identify homeopathic remedies that have been proven for a given imbalance. You will learn the practice of homeoprophylaxis that is used as a method of educating the body's own immune response. Homeoprophylaxis is used internationally as an alternative to the practice of modern immunizations. In short, in this lecture you will learn how to apply homeopathy & homeoprophylaxis fluidly into your naturopathic practice.

2 day prep class for ANMCB certification exam (scheduled Aug 28th 2020) is also offered by Know Your Wellness Aug 26, 27, 2020 Enroll online at <http://knowyourwellness.org> or call the office at 208-899-2712.

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Hidden Causes and Effects of Dysfunction: History and evaluation procedures that every conservative care provider should consider

**By: Dr. Christopher Murray, ND DC DABCI CME
Murray Natural Health & Chiropractic, LLC**

As I started in practice I felt overwhelmed at times, often feeling ill prepared to deal with the complex problems with which my patients presented. A decade of practice has taught me a few things. I've learned that more often than not the most expensive and invasive testing is overutilized and the simplest evaluation tools often yield the best overall results. A good history and exam/evaluation is a must. It will by far out perform the newest investigational lab test or procedures in terms of overall efficacy and efficiency if implemented consistently and correctly.

There is a tendency to start first with the most expensive lab test or tool to evaluate the health status of individuals who seek our help. This leaves the simple to perform exam/evaluation procedures underappreciated and underutilized. Many providers fail to use easy to perform, non-invasive tests. Because of this, in my opinion, many serious health problems are inadequately addressed, and/or undergo costly procedures that would have been otherwise unnecessary .

It is for this reason that I write this informative article for the conservative provider. It is my hope that the case studies, review of basic and underappreciated exam/evaluation procedures, and natural health information is an encouragement and motivation to be bold and step out of comfort zones and preconceived professional expectations. I assert that my highest purpose is bringing health and healing to a sick and diseased world.

This paper has far grander goals than to repeat or present information to support the title of this article mentioned above. The true purpose here is to impart a more fully realized understanding by the conservative

care provider of this truth: We save lives! There is no disputing this fact. There is no sound argument against it. Throughout this article it is my hope that this understanding is clearly presented in each paragraph, reinforcing the facts and the necessity of conservative care providers in the greater healthcare arena.

The Law of 75

To set the tone for this article and the breadth of the topics it explores let's first address the preventative aspect of conservative care. The "apple a day keeps the doctor away" adage is overly simplistic, but obviously contains a significant element of truth. Conservative care providers, through the use of their many interventions and treatments most certainly are a portal of entry to the realm of prevention services. During lay lectures I commonly ask men in the audience if they would rather prevent or treat it prostate cancer. I have yet to hear one member of the audience answer the latter. Everyone obviously would rather first prevent any malady or condition from ever occurring.

This brings me to the Law of 75 and the fact that every provider should be intimately and intensely interested in aggressively preventing disease and dysfunction. The Law of 75 says basically this: 75% of all life threatening chronic degenerative conditions can be prevented. This isn't a hard fast number, and in some cases the estimates are far ranging depending on the organization reporting this and the specific diseases or conditions in question. But let me mention just a few statistics. The American Stroke Association advises that 80% of all strokes are preventable (1). The CDC advises that about 80% of deaths from coronary artery disease are preventable (2). More than 80% of all type II diabetes cases are preventable (3). The National Cancer Institute advises

that around 75% of all cancers are related to environmental/dietary factors (4). Many other studies point to the reality that around 80% of cancers are preventable. Around 90% of all COPD is preventable (5).

I could go on, and perhaps I should. It honestly seems at times that conservative providers sell themselves short, thinking themselves to be technicians or second thoughts on the health care spectrum. However, the reality is that around 75% of cancer, diabetes, stroke, cardiovascular disease, and even pulmonary problems such as COPD are preventable. Conservative providers must take their place at the table of health care and truly do just that, provide Real Health Care. Of course, we know that not all conditions are preventable. We live in a fallen world and we all have an expiration date. However, the statistics reported by prominent organizations are overwhelming. Prevention practices and their positive effects on serious disorders and conditions are real! Conservative care providers, and any providers for that matter, must absolutely first be concerned about true prevention for those that whom serve. Through aggressive prevention strategies (diet, exercise, and lifestyle management) there is no doubt that conservative care providers save lives. We save lives!

A comprehensive history

When I teach continuing education classes it is my recommendation and encouragement to student/doctors that they use the easiest and least invasive means of obtaining the correct assessment. Yes, more extensive testing is often needed, but without the foundation of a good thorough health history one may never arrive at the right conclusion. Multiple studies reveal that a correct diagnosis, protocol, and remedy is preceded by a good health history. Up to 90% of the time taking a good and thorough health history will yield the correct assessment (6,7,8). For this matter, spending time reviewing the chief complaint, onset, aggravating and mitigating factors, are all important, but are really just the beginning.

The reality is, questions regarding lifestyle, diet, work environment, level of stress, exercise, alcohol usage, and smoking patterns, hormone cycling, family history, digestive patterns, foods consumed, sleep patterns (to include snoring, daytime sleepiness, etc), medications and supplements used, and many more are imperative to a well conducted consultation and health history. Reviewing in detail the history elements noted above,

and so much more, is especially crucial to the conservative provider who is interested in addressing the “whole health” of any given patient. In addition to question regarding the chief complaint, the “whole health” questions truly get to the “why” of the condition to begin with. If we truly want to have the most impact on chronic degenerative conditions we must be concerned with this line of comprehensive questioning.

Time in a doctor’s office is a precious commodity. However, to truly be effective change agents we must take the time to assess all the above factors affecting health, understanding the time commitment involved. From a good comprehensive history other evaluation procedures and tests may be recommended, providing a clear clinical picture and direction for the care of those we serve. A comprehensive history taking is not only critically important, but is the simplest of any of the services we provide and, quite frankly, is of paramount importance.

Without any additional testing or further evaluation, it is a fact that doctors can address those preventative factors spoken about previously to at least some real extent. Just addressing diet, lifestyle, and exercise, can have a profound impact on virtually everyone’s health. Yes, additional procedures are often necessary, but individual state law and proficiency/training of the provider most certainly have an enormous impact on the amount of additional evaluation procedures they can employ. For this reason, I remind all conservative care providers that the most important thing is that we do all we can to helpfully intervene in a patient’s life. We have so much to offer those who seek our help, with or without additional testing modalities. A comprehensive history is perhaps the most important step in our being able to step into an individual’s life, bridge the gap, and make recommendations and administer remedies that will impact and save lives. The importance of the comprehensive history must not be underestimated.

Start with the easiest procedures

It may seem simplistic to use the acronym KISS (“keep it simple stupid”), but in reality most of the time the simplest procedures are the ones that will get used the most often by the largest number of doctors. There are exceptions, but most of the time these are also ones that are often the most documented and validated. Unfortunately, it is sometimes the simplest of evaluation

procedures that get forgotten, relegated to antiques, under appreciated and under utilized. I will next briefly describe several exam/evaluation procedures from arguably the easiest to the most complex. As mentioned above, all providers are impacted by their respective scopes of practice. Some doctors may or may not be able to perform certain procedures. It is my opinion that many of the procedures listed below are well accepted and easy to perform. In the case of lab procedures, some conservative providers may or may not be able to perform these themselves, but understanding the importance of evaluating such information either from a referral or other source is crucial.

Visual inspection

What we see with our eyes upon visual inspection is arguably the best first way to assess a patient’s condition, aside from obtaining a good history. Often times providers routinely dismiss a thorough exam, which of course involves a visual inspection. Below are certain presentations that, in my opinion, are often overlooked or at least under appreciated assessments of a patient’s overall condition or status. Obviously the following list of presentations is not exhaustive. The select few represented here should be reminders to all of us that we must be willing to take the time and look at the outward expressions of health, through their visual presentation. It is just so important for all providers to be reminded of important visual cues of health status so an accurate clinical picture is obtained, and ultimately a proper health plan can be created.

It should also be said that a presentation noted on visual inspection may or may not absolutely reflect some health status change. These visual cues are just indicators of possible, and in some cases probable, health status changes. Presentations noted on visual inspection should be correlated to health history. It is the combined influence of a proper patient intake, with a thorough and comprehensive health history and visual inspection, that more detailed examination procedures may be deemed necessary to find the cause of a patient’s underlying dysfunction.

Acanthosis Nigricans

The darkened skin surrounding transitional areas of the body is almost jokingly thought by some patients to be a dirty or soiled area of the skin that is difficult to get

clean. There are many hormonal changes that can explain these visual observations. Specifically, blood sugar deregulation is commonly present with this presentation (9).



Tenia Pedis

Many factors contribute to experiencing toe nail fungus. However, it is good to note research also links this common unsightly presentation to cardiovascular disease and a weakened immune system (10).



Alopecia Hair loss

Many can quickly identify the significance of hair loss in certain areas of the body. A loss of the lateral 1/3rd of the eyebrow has been noted to accompany many cases of hypothyroidism. And a loss of hair in the lower extremities is often related to reduced vascularization and circulation related to peripheral vascular disease.

Pursed Lipped Breathing

By the time this presentation and other signs of dyspnea present, respiratory dysfunction has usually been present for some time. Eighty percent of all cases of dyspnea, or difficulty breathing, can be found with those with a history of a pulmonary disorder. So chances are if you have patients with dyspnea they may have some serious levels of respiratory dysfunction that most certainly could be affecting their ability to heal, regulate their blood sugar, and/or generally prevent them from living with optimal health.



Skin color

Cyanosis and ashen gray or bluing in the face, hands, feet, and around the lips may certainly be related to hypoxic and low circulation conditions.

Skin tags

Similar in some ways to anthrosis nigricans, these can be multi-factorial in cause but many studies do suggest their presence is being related to changes in hormone status and diabetes.



Peripheral edema

Unilateral edema in the ankle could be of a systemic/visceral etiology but in general it is most likely of a proximal origin. Whereas, bilateral pitting edema is more likely related to cardiac congestion, liver, and/or renal impairment. Either way, edema is not normal and should be evaluated routinely.

Basic Exam Procedures Proven To Be Simple And Effective

Height and weight- Simple and often under appreciated, but is a standard part of any basic exam, is measuring and assessing height and weight. Acute loss of weight in the absence of dietary and lifestyle changes may certainly be related to cancer and/or some other wasting disorder. The reality is, changes in height and weight give great insight into the metabolic status and/or general health status of an individual. Just noting changes in weight may be related to thyroid and hormone dysfunction, pregnancy status, and even psychological health.

Pulse- Evaluation of an individual's pulse is extremely

important. Not only is the presence of a pulse rate imperative, but it's rhythm and comparing it to previous recorded pulse rates can be quite revealing. Changes of pulse, even though within normal ranges, may certainly be related to endocrine and/or cardiac dysfunction. Pulse elevation is also noted with hypoxic conditions as well. A good assessment of pulse and monitoring it can also be of utility in evaluation of certain allergies and sensitivities. Taking an individual's pulse is so basic, and yet can truly indicate some very important things.

Blood Pressure- One of etiologies of cardiovascular disease, including cerebrovascular disease and stroke, is hypertension. While there is a general tendency for blood pressure to increase as we age, and there is controversy about the ever increasing emphasis on lowering one's blood pressure to below 120/80, there is overwhelming evidence that too high is just that, dangerously too high. Changing of one's blood sugar status and lifestyle/exercise most certain can have a dramatic impact on blood pressure. Hormone status, infection, sleep disturbance, and countless other disorders can produce notable changes in pulse and blood pressure. Pre and post blood pressure testing is easy, well accepted by the greater healthcare community, expected by patients, and is a fundamental component of evaluating patients.

Pulsed Oximeter- We all have heard the saying, "You can live without eating for weeks, without drinking for days, and only a few minutes without breathing." Oxygen exchange is one of the most vital things our bodies do daily. So assessing for oxygen status level, which is very simple and non-invasive, has to be at the top of a conservative care provider's tool box. Checking oxygen saturation levels, which can be prone toward false readings, is still an important screening for a multitude of very important conditions. Hypoxia (low oxygen status) can be an indication of respiratory dysfunction like COPD and even sleep apnea. However, lower levels may also be related to smoking and other more serious cardiopulmonary disorders. If one's oxygen levels are low they most certainly will be less likely to heal, repair, and self-regulate from any number of serious and benign conditions.

More Advanced Evaluation Procedures To Be Considered

Urinalysis- In order of progression of ease and non-

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Because of the history of smoking, apparent pulmonary findings on evaluation, and noted RBC/differential findings, an additional blood laboratory test for carbon monoxide was ordered, as well as a spirometer test. Carbon monoxide elevations were noted (as our office finds in any patient who smokes more than 1/2 a pack a day), and an obvious reduction in lung function was found as well. The patient was placed on dietary changes and lifestyle modifications to include smoking cessation. He commented that he knew he needed to quit smoking and other providers had made similar recommendations in the past. However, after seeing the testing performed in our office and having it explained in detail he now felt motivated to quit smoking.

Conclusion

History and examination procedures can be very extensive, time consuming, and potentially expensive to the patient. All relevant testing procedures are too numerous to list be listed here, and this article is not intended to be exhaustive by any means. My purpose here was to create a framework from least complicated to most complicated procedures that most conservative providers have within their scope of practice.

The case studies presented above highlight many of the examination procedures and diagnostic tests discussed. It should be noted the primary intervention in each one of these case studies was related to diet and lifestyle prescriptions. The majority of the prescriptive changes present in each case study could have been suggested without any laboratory testing. Smoking cessation, basic diet, and exercise recommendations are the staple of most conservative providers' treatment regimen. So, for those providers who are unable to perform additional diagnostic/laboratory testing for whatever reason, we know (going back to the Law of 75%) that the preventative services we provide save lives. However, additional laboratory and diagnostic testing does increase the accuracy of our findings and tailors our treatment plans to account for hidden areas of dysfunction that could not have been identified in any other way. Additional laboratory and diagnostic testing also provides an often necessary element of protection to our patients, and helps us validate the results of our treatment.

Our sick society needs aggressive prevention services now more than ever. Conservative provider treatment approaches are being validated daily. Our life saving

and health optimizing treatment protocols are safe, non-invasive, and support the body by encouraging it to heal, repair, and self-regulate. As conservative providers we must continue focusing on foundational history and examination procedures. This historically has and will continue to assist the studious clinician in finding the elusive causes and effects of bodily system dysfunction.

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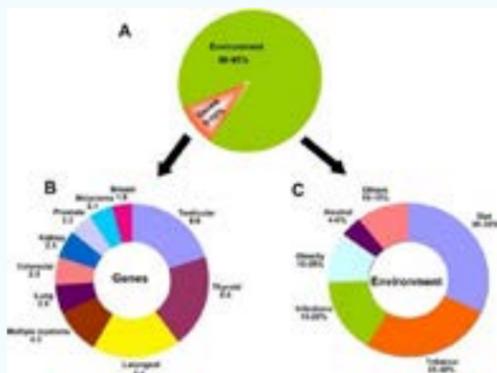
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Why are our Jaws getting smaller as compared to our Ancestors

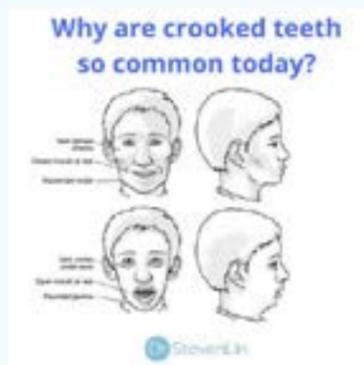
By: Minaxi Mirkal, BDS DDS BCND

We have all know someone in the present times who needed extraction of their wisdom teeth, right? Pretty common? The reason given is “Well third molars are non-functional teeth and are most commonly associated with cysts or other benign growths. Or something like your tooth seems impacted and is causing infection in your jaws. Well we need to dig deeper and ask WHY?”

The reason most wisdom need to come out is not because they are non-functional teeth but because there is no room for them in our Jaws. Our ancestors had perfectly fully erupted third molars and at least 10mm of space behind them while In my clinical practice I struggle to see fully erupted third molar in proper alignment anymore. I see kids with crowded teeth in primary dentition(baby teeth-where there should be spaces). Teens with their second molars out of alignments. The conventional thinking so far holds parent’s genetic information in regards to tooth size and arch length discrepancy as the causative factor in this manner. But that is far from the truth because we are not just genetic information from our parents but from that of their parents and our great grand parents and possibly more. Also the elephant in the room is Epigenetics and what role that plays in which genes are getting expressed. Epigenetic plays a crucial role in craniofacial development. Our Genes are constantly eavesdropping on the information they receive form their surroundings.



What are some of the repercussions of smaller Jaws?



For one smaller jaws are associated with not enough room for tongue in our jaws leading to a low tongue posture which is a compensation for smaller jaws. The tongue compensates to lie low in the mouth so it can slide back into the airway for the lack of space versus rest on the palate which is its parking spot. Complete tongue to palate seal with lips closed, opens up the airway, turns on our parasympathetic receptors, aids nasal breathing and also encourages upper jaw to grow to our full genetic potential. The tongue is the nature’s orthodontic expander for the upper jaw, if the tongue rested in the palate correctly no one needed braces.

Low tongue posture leads to :

- Obstructive sleep apnea,
- Sleep disordered Breathing
- Sinusitis, Seasonal Allergies,
- Mouth Breathing.
- Tonsil and Adenoid swelling
- Recurrent ear infections.

Its it is like a Domino effect one thing leads to another. Form precedes function -This refers to architecture issue, where things have not grown to the full genetic potential. This leads to a vicious cycle where a low tongue posture encourages mouth breathing and mouth breathing further creates gut issues, sympathetic activation, adrenal fatigue symptoms



Muscle function influences how and where our jaws grows. The dynamic interplay of the tongue, cheek, lip, neck muscles determine the shape and growth of our jaws. It is possible to move teeth in a desired (straight) position but what is difficult is to have them stay there. We all know someone who did not wear their orthodontic retainer and hence their teeth shifted back to their original position. Why did that happen? Because the root cause of the problem is improper muscle function. Teeth are crowded because of improper muscle function, mainly low tongue posture. Muscles exert enormous amount of force through their repeated actions. How our lips rest, purse, how we swallow, do we prefer to chew one side over other etc are all factors that determine where our teeth and jaw grow and stay in three dimension. This is Postural Orthodontics. Our jaws are affected by our myofunctional habits and postural habits. Throughout times all cultures have given importance to posture in the way you sit, eat, daily chores, and all form of classical dance. Indigenous people intuitively knew this and suffered less from the modern day problems like crowded teeth, scoliosis, TMJ pain, Seasonal allergies, sinusitis, Sleep disordered Breathing etc.

What are some recommendations we make to ensure optimal growth and function of our Jaws?

Breast feeding- Babies are born necessitating nasal breathing while breast feeding. After every suckle cycle, the tongue rests on the palate. This is where we learn the resting tongue posture. Babies who cannot breast feed or have challenges with breast feeding due to tethered oral tissues, tend to suck their thumbs to compensate for the pacifying action of the tongue on the palate.

Proper Baby lead weaning- As much as possible stay away soft mushy food in pouches. Baby need to explore proper baby lead weaning which improves their gross motor and sensory skills and hand to mouth coordination.

Avoid Spoon feeding before 18 months- Until the baby first molar teeth do not erupt which is usually around 16-18 months. The infantile swallow transitions to an adult swallow once the upper baby molars have erupted in the mouth, the tongue now braces these corner teeth to activate the palatoglossus muscle to swallow the bolus of food. This is Adult swallow and this is very different from infantile swallow which requires the tongue to stick out of the mouth , go under the mothers breast or bottle and press against the palate to express milk. When babies are spoon fed before they are ready for the upper molar have arrived, they use the lip and cheek muscles to compensate and swallow the food. This is adult swallow.

Body work and craniosacral therapy- Body work for infants and children has been an integral part of baby care of all ancient cultures as it optimizes form and hence function. Emphasis on posture again influences form.

Hard Textures Foods- Proper hard textured food and food of different texture are important stimulation for jaw development. Our hunter gather ancestors had bigger jaws because they ate tough fibrous foods. Which is uncommon in the modern lifestyle we lead.

Tropic Premise- If the tongue rests on the palate with the teeth lightly touching and the lips sealed for a minimum of 6 hours during the days and completely during sleep, then we would have ideal facial, dental development which is a RARE in industrialized societies.-Prof John Mew 1981

Reference:

- The Dental Diet- Dr Steven Lin
- The Jaws- Dr Sandra Kahn
- Essentials of Facial Growth- Dr Enlow.
- Epigenetic Orthodontics in Adults-Dr Dave Singh.

Thank you

Minaxi Mirkal BDS DDS BCND



Dr. Mirkal is a Board Certified Biological Dentist, Naturopathic Doctor, and a Mother and values health focused approach towards Dentistry. She was born and raised in Mumbai, India. She graduated with BDS degree from Dental school in India in 2002. Following Graduation, Dr. Mirkal

practiced with an Oral surgeon for over five years mounting to her proficiency in Surgical Dentistry and Oral cancer screening.

After moving to the States in 2007, Dr. Mirkal graduated from University of Michigan, Ann Arbor in 2012 with D.D.S degree. She was actively involved in Student Research Organization at Michigan. She served in public health services and helped the under served communities of western

Massachusetts Hampshire county for over two years, While she worked there she emphasized on prevention program for kids. Following the birth of her daughter Dr Mirkal set on a quest for safe, minimalistic options for health issues. This lead her introduction to Holistic/Biological Dentistry. Since then she has undergone rigorous training to become a Board Certified Biological Dentist. She is one of the very few dentists here in DFW who practice safe Biological Dentistry. In 2019, Dr Mirkal earned Board Certification in Naturopathic Medicine through the ANMA. She is also the recipient of the prestigious High Achievement Award. Dr. Mirkal has spent several hours getting Continuing Education above and beyond state requirements. She is an active member of several coveted organizations. Dr Mirkal is SMART certified, Protection protocol certified and an environmental friendly Dentist and an Airway Mouth Doctor. Dr Mirkal runs a private practice, Prime Integrative Dentistry in North Dallas Texas.



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Agmatine – A Nutraceutical for Neuropathies

By: Gad M. Gilad, Ph.D.

Research, Gilad&Gilad LLC, Henderson, NV

Neuropathies are disfunctions of the nervous system resulting from nerve damage, typically manifested in sensory (e.g., pain and numbness), autonomic and motor malfunctions. Various traumatic insults result in nerve damage, including: nerve compression-induced neuropathies [e.g., lumbar (sciatica) and cervical radiculopathies, and Carpal tunnel syndrome], traumatic injuries-associated neuropathies, metabolic diseases (e.g., diabetic neuropathy), drug toxicity (e.g., chemotherapy-induced neuropathies), infections (e.g., post herpetic neuralgia), trigeminal neuralgia, fibromyalgia and other peripheral and even central (e.g., multiple sclerosis- and stroke-associated neuropathic pain) neuropathies. It is estimated that more than 20 million people in the United States alone suffer from neuropathy of various causes (NIH, NINDS, 2018).¹

Nerve damage sets in motion a ‘cellular stress response’ within the affected nerve cells, comprised of a series of destructive processes which are countered by constructive molecular reactions. Inability to mount an effective constructive reaction and to downregulate destructive processes results in neuronal malfunctions, failure of regeneration and may eventually lead to cell death. While numerous neuroprotective therapies aimed at preventing this molecular imbalance were proposed, they have failed in clinical development.²

Effective treatment for neuropathy remains elusive despite decades of research. Existing drug treatments are of limited efficacy and have serious adverse effects. Current treatments do not address the various underlying molecular processes which are triggered

by nerve damage and do not afford neuroprotection.²

In theory, a single agent capable of modulating, potentially synergistically, multiple molecular targets - acting like a ‘molecular shotgun’ - would prove an effective treatment for neuropathy. Naturally occurring neuroprotective molecules offer tangible opportunity for developing effective therapeutics with minimal side effects (e.g., Rountree, 2015).³ Based on our discovery that agmatine is endowed with robust neuroprotective effect, we have proposed that agmatine might constitute such a candidate.

Agmatine [(NH₂(CH₂)₄NH₂C(NH=)NH)], discovered by Albrecht Kossel in 1910, is a ubiquitous naturally occurring molecule biosynthesized by decarboxylation of the amino acid arginine. Ample studies using animal models implicate agmatine in a spectrum of diseases with unmet therapeutic needs, including: diabetes mellitus, neurotrauma (e.g., stroke, brain and spinal cord injury, glaucoma), neuropathies and neuropathic pain, opioid analgesia and addiction, neurodegenerative diseases (e.g., Parkinson's disease) and mood (e.g., anxiety, depression) and cognitive disorders. The few reported clinical studies, provide evidence for agmatine effectiveness in treating neuropathies.⁴

Multiple molecular targets are implicated in agmatine mechanisms of action, including: (A) modulation of several neurotransmitter receptors and receptor ionophores; (B) blockade of key ionic channels; (C) inhibition of membrane transporters; (D) modulation of nitric oxide (NO) formation; (E) modulation of polyamine metabolism; (F) inhibition

of protein ADP-ribosylation and thus, interfering with cell signaling; (G) inhibition of matrix metalloproteases (MMPs), enzymes implicated in nerve cell death and neuropathic pain; and (H) inhibition of advanced glycation end (AGE)-product formation, a process involved in the pathology of diabetes and neurodegenerative diseases.⁴ We have therefore, postulated that to exerts its beneficial neuroprotective effects agmatine interacts, potentially synergistically, with multiple mechanisms, like a ‘molecular shotgun’ hitting multiple targets critical for nerve functions.

Agmatine supply and metabolism. While agmatine is synthesized in the body, it is also acquired from the diet where it is found in low amounts in a wide variety of plant-, fish- and animal-derived foodstuff (Galvano et al., 2012).⁵ Many gastrointestinal (GI) bacteria produce agmatine and the significant concentrations of agmatine in the mammalian GI tract implicate microbial production as the main source of systemic agmatine.⁵ Agmatine sulfate, the commonly used salt of agmatine, is absorbed in the GI tract and rapidly (within minutes) distributed throughout the body; it is eliminated unmetabolized by the kidneys with an apparent blood half-life of about 2 hours.⁴ In the body, agmatine is principally metabolized into urea and putrescine, the diamine precursor of polyamines, which are essential for viability of nerve cells (Gilad and Gilad, 2003).⁶ Additionally, agmatine can also be oxidized in peripheral tissues resulting in agmatine-aldehyde, which may be toxic and is secreted by the kidneys.⁴

Human clinical trials have shown that long-term (years) treatment with high doses of dietary agmatine sulfate (1,335 to 3,560 mg/day) is safe, lacking adverse effects.^{7,8} In a controlled randomized trial (ClinicalTrials.gov Identifier: NCT00405041) designed to assess the effectiveness of agmatine in herniated lumbar disc-associated radiculopathy, commonly termed sciatica, patients treated with agmatine (2.67 g per day for 14 days) as an add-on to conventional treatments, have experienced significantly greater pain relief and improved quality of life, as compared to placebo-treated patients.⁷

Sciatica affects approximately 1% to 2% of the population. In many patients, the symptoms can be treated with physical therapy, rest and the use of medications, including nonsteroidal anti-inflammatory drugs. For many others, pain can be a lingering and debilitating problem. It is theorized that this pain is caused by pressure on nerve roots, which may result in nerve cell degeneration. The clinical trial indicates that as compared to conventional therapeutics, agmatine presents a superior solution for a safe and effective treatment for sciatica.

Small Fiber neuropathy (SFN), characterized by neuropathic pain as well as autonomic dysfunctions, is a common pathology underlying various types of peripheral neuropathy, including diabetic, chemotherapy-induced, and cryptogenic (idiopathic) neuropathies. Current medications are often not effective and can cause serious side effects. A recent open-label case series study was set to evaluate the effectiveness of agmatine sulfate in patients diagnosed with painful SFN and autonomic dysfunctions (ClinicalTrials.gov Identifier: NCT01524666). Patients treated with 2.67 g/day agmatine (AgmaSet® capsules containing G-Agmatine® brand

of agmatine sulfate) for 2 months as an add-on to conventional treatments, have experienced a highly significant reduction in neuropathic pain. This study indicates that dietary agmatine sulfate has a significant effect in reducing neuropathic pain intensity associated with painful SFN resistant to treatment with conventional neuropathic pain medications.⁹

In summary, the evidence strongly supports the utility of agmatine as a safe and effective nutraceutical treatment, superior to existing therapeutics for people suffering from neuropathies.

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Gad M. Gilad received his Ph.D. in neurobiology and behavior from Cornell University. His research focus is the response of the nervous system to stress, neurotrauma and neurodegenerative diseases (molecular mechanisms of nerve cell survival and death, and neuroplasticity), and the development of new therapeutics. His collaboration with Varda H. Gilad while working at several academic centers, including the National Institutes of Health, Weizmann Institute of Science and Harvard University, resulted in over 100 peer reviewed scientific papers and several patents. One of their main discoveries is the neuroprotective properties of agmatine. He is the cofounder and CEO of Gilad&Gilad LLC, a health science company based in Henderson (Las Vegas), Nevada. The Company manufactures and markets G-Agmatine®-containing nutraceutical supplements.

Address: Research, Gilad&Gilad LLC

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A Tale of Two Pandemics

COVID-19 and The Global Pandemic No One is Talking about: A Rise of Chronic and Degenerative Disease over the Last 150 Years, with an Explosion of Such in the Last 40 Years; How do We actually Get to the Root(s)? Are we Majoring on the Minors and Minor on the Majors?

Dr. Bob Lund

Summary: On March 11, 2020 the World Health Organization declared COVID-19 to be a global pandemic, due largely to the virulent nature of the virus. Since the latter part of the 19th century we have seen the origin and rise of various chronic and degenerative diseases (CDDs) such as heart disease, cancer, diabetes, age-related macular degeneration (AMD), and scores of others. The Global Burden of Disease study seems to indicate that up to 11 million people a year die due to consuming toxic and/or processed food. Some believe that up to 11 million were killed during the holocaust. This means that we experience the equivalent of a holocaust every year from CDDs. Is this not a pandemic? If so, why no media attention? If it is, why is there so much government and media attention on say, COVID-19 and not on the CDD pandemic? Further, the World Health Organization says that CDDs are the main causes of death and disability worldwide. The rate of disease from these conditions is "accelerating globally, advancing across every region and pervading all socioeconomic classes." As Richard Lear has pointed out, there are over 36 diseases that have doubled since 1990, and of those, 20 that have tripled and 16 that have quadrupled. These have no infectious germs involved and there are no recognized cures. Around 1960, less than 5% of adults in the U.S. were considered obese. Today a staggering 42% are considered obese. Overweight alone, with its range of deleterious health effects should be declared a pandemic IMHO! More than 65% of all U.S. Adults use prescription medication. Most of the people over 40 who come to see me are on some kind of

pharmaceutical drug. And most know that while those drugs are providing some relief, they are often making things worse in the long run. To our chagrin, even in the alternative, natural and holistic (ANH) practitioner community, many people have a cupboard full of vitamins and other pills, most of which they are not even sure are working. In 1965 only 4% of the U.S. population had a CDD. Today, according to the CDC, 60% of Americans have at least one CDD; four out of ten have more than one! While western medical systems scramble with the same crazy-making methods (surgery, chemo, radiation, vaccines, etc.), many ANH practitioners search for the magic anti-oxidant pill, a cosmic charm to wear on a wrist, the next super vitamin, etc. Often, neither system, TWM or ANH do not actually get to the heart of CDDs. Herein, I pose a number of questions that are aimed to provoke us to actually come up with root cause protocols to address the meteoric rise of CDDs, to arm ourselves against the present COVID-19 threat, and to major on the major health-protecting factors and minor on the minor ones.

Introduction

The reader will notice that the abstract for this paper is similar to, and a quiz-like follow-up to, what was published in the fall 2019 edition of JANMA. Refer to that paper for more detail on the 9 Bandits, ideal diet, etc. You will find many answers in my previous paper to questions asked throughout this present work. And

yes, this is partly a conspiracy to have you dig, study, research, and learn, as well as making some stops and starts in your plan to live longer stronger. I am sticking closely to the same theme largely because the rise and subsequent tsunami of CDDs is the 10,000 pound "elephant" standing in the living room, that very, very few are actually addressing effectively. Do not be alarmed as I plagiarize my own work (LOL). The freight-train of CDDs is roaring down the track; no doubt, even you yourself, dear reader, have been touched with direct or indirect effects of sugar overload, mineral dysregulation, non-native electro-magnetic fields (NNEMFs), glyphosate, metal toxicity, etc. Most of these health bandits are various manifestations of how many humans have become disconnected from the nature-context that God created so that humans and animals might thrive. While this paper will contain a few cites and references, consider it to be more like a fireside, heart-to-heart, chat than a peer-reviewed, scientific proof. While our heart has a hard time accepting what the mind rejects, I'm asking you to give your heart permission to hear the gravity of this theme, and to begin to ask the right questions with regard to the true pandemic that is needing our earnest and unified attention. Of course, none of us wants to be infected with COVID-19, but it would be crazy to focus on this virus, to the neglect of the steady march of CDDs that we are all going to be victims of, if we are not vigilant. We must come up with actual root-cause protocols, that also address lifestyle, environment, and dietary factors that will turn the tide of the CDDs that threaten the viability of the human race.

The current traditional western medical system (TWM) focuses on managing disease, not curing it, or even considering what the root cause(s) might be. Is the root cause of me succumbing to an illness due to an airborne virus or the fact that my immune system is constantly being worn down by a myriad of health bandits. Methinks it is more the latter. Since it is not possible to have an epidemic of a genetic disease, something else is going on here... For the vast majority of cases, contrary to current TWM thought, cancer, diabetes, heart disease, AMD, and most other CDDs are not genetic; they are epigenetic. They are conceived and promoted by various lifestyle, environment and diet issues. It is time that ANH practitioners teach people how to take back their health and get to the bottom of what is causing the

tsunami of CDDs that plague us today; i.e. get to root cause. Thereby, if my immune system is robust, then inhaling some new viruses will not take me down. Most of the CDDs that result from the health bandits below have oxidative stress and inflammation at their roots, with one molecule, peroxynitrite, implicated in virtually all of them. Have you read Richard Lear's works?

The time, energy, and money that is presently being poured into addressing COVID-19 is astonishing! While it is a tragedy that tens of thousands die from various viruses each year and many thousands have died globally thus far by mid-March 2020, pause for a moment and think of 11 million dying this year from totally preventable CDDs! Say it to yourself slowly: E-l-e-v-e-n m-i-l-l-i-o-n. Simple math would tell us that over 30,100 EACH DAY are dying from CDDs! Totally preventable CDDs! The TWM system of healthcare has too much hubris and internal resistance to radically alter an economic machine that rewards everyone (but the patient) by managing, not curing these diseases. We ANH practitioners need to act, and act now. We must settle for nothing less than root cause(s) and aim to empower our clients, to actually take their health back for themselves. At a minimum we must eschew any practices that reflect the current TWM tradition of pill-for-the-ill-drug-for-the-bug; we must press on to root cause(s). And we must resolve ourselves to actually teach and train patients to measure, monitor and maximize their own health as reflected in robust adaptive capacity which consists of metabolic balance and vital reserves. They especially need to learn to start asking the right questions. To wit: Better to ask, "What things have set the stage and even triggered my CDD in my lifestyle, environment and diet?" Rather than asking, "What supplements can I take to quell pain, fatigue, poor libido, etc.?"

Have we considered the role that all parts of LED have played in the rise of CDDs?

LED: Lifestyle, Environment, Diet (the acronym more commonly stands for Light Emitting Diode lightbulbs... I assure you a morbid coincidence!).

Lifestyle

All mammals, excepting nocturnally-created ones, go down with the sun and get up with the sun. How can we

expect to have great health if we work night shift? Or swing shift? Our bodies heal when we sleep... and sleep deeply, in concert with many earthly and heavenly factors, most notably the 24-hour sun cycle. Are we getting to root cause when we try to administer various herbal remedies to solve a sleep problem, when it could more effectively be addressed by moving to day work versus night?

When we park our bed or easy-chair right behind a smart-meter or circuit-breaker panel, are we subjecting our physiology to non-native electromagnetic frequencies which are proven to be harmful? Are we really going to solve the root problem for the myriad of diseases that appear due to NNEMF exposure, when we suggest homeopathic medications, for example?

Does prescribing Bio-Identical Hormone Replacement Therapy (BIHRT) deal with the underlying organ dysfunction (e.g. "what would possess her ovaries to stop producing the needed estrogen hormone")? Or does BIHRT often give a "hall pass" to various organs to simply stop producing hormones?

Should we not ask the question, "What would cause my thyroid to not produce adequate triiodothyronine?" Are we really going to the root by providing even "natural" thyroid (e.g. Nature Throid) and not provide even a small amount of iodine and tyrosine?

If humans were created by a loving (and really smart!) God, barefoot in a garden, what are the implications for our lives and health today? How does the ½ inch of insulation between my foot and earth impact my health? Is the sole of my footwear an insulator or mild conductor? How many minutes a day do I electrically connect my body to the abundant anti-oxidant electrons derived from the ground beneath? When my ancestors slept, walked, and worked, were they insulated electrically from the earth or connected? Is leather, when slightly moist, an insulator or conductor? When was the last time I read the classic book, Earthing?

What about Stress?

Modern life has increased the variety of stressors over that of our ancestors. Admittedly, it would be very

stressful having your city besieged by barbarians, or fearing wild animals could take one of your kids. But what about these stressors: mortgage debt, NNEMFs battering our physiology 24/7, toxic water, Franken-food (GMOs), road-raging drivers, divorce rates never seen before, infertility rates in the U.S. like never before, toxic metals all around and in us, risk of electrical black or brown outs, agenda-driven nightly news... shall I go on?

Consider what Jesus said in the book of Matthew,

"For this reason I say to you, do not be worried about your life, as to what you will eat or what you will drink; nor for your body, as to what you will put on. Is not life more than food, and the body more than clothing? Look at the birds of the air, that they do not sow, nor reap nor gather into barns, and yet your heavenly Father feeds them. Are you not worth much more than they? And who of you by being worried can add a single hour to his life? And why are you worried about clothing? Observe how the lilies of the field grow; they do not toil nor do they spin, yet I say to you that not even Solomon in all his glory clothed himself like one of these. But if God so clothes the grass of the field, which is alive today and tomorrow is thrown into the furnace, will He not much more clothe you? You of little faith! Do not worry then, saying, 'What will we eat?' or 'What will we drink?' or 'What will we wear for clothing?' For the Gentiles eagerly seek all these things; for your heavenly Father knows that you need all these things. But seek first His kingdom and His righteousness, and all these things will be added to you. So do not worry about tomorrow; for tomorrow will care for itself. Each day has enough trouble of its own.

If we take Zoloft for depression, are we really going to the root? If we take St. Johns Wort for depression, are we really going to the root? How much are our anxiety disorders, depression, hopelessness, despair, and discouragement due to simply not trusting our God who by love, with love and because of love created us to be reflections of who He is? If we try to fight depression without leaning into God's will, wisdom, and ways and trusting His admonition in the above Matthew passage, are we really going to the root?

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fearing wild animals could take one of your kids. But what about these stressors: mortgage debt, NNEMFs battering our physiology 24/7, toxic water, Franken-food (GMOs), road-raging drivers, divorce rates never seen before, infertility rates in the U.S. like never before, toxic metals all around and in us, risk of electrical black or brown outs, agenda-driven nightly news... shall I go on?

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Environment

God created humans and animals naked, bare-foot and in a garden-like context.

Did that mean our feet would need to be intentionally immersed in microbial-laden soil, just like other mammals? What is our created relationship to bacteria, fungi, viruses, parasites? Are all bacteria “bad?” Are any “bad?” In our gut, science is uncovering the fact that all these microbes operate synergistically. By adding anti-biotics to this gut “microbial rain forest” do we disrupt their global function in keeping me healthy? ALL mammals’ skin, toes, hair, gut, sinus cavities, and ears have virtual civilizations of microbes that symbiotically provide for the well-being of each. When we disinfect our skin, mouth, and toes (often many times daily), how does this impact our health?

Clearly, Genesis chapter one was a different world than today. But, if our really, really smart Creator created a context of thrive for all creatures (including us), how far can we stray from that context before we suffer?

Are we really going to the root when we prescribe endless contraptions, pills, potions, and lotions to suffering clients when many of them just need to recreate as many of the elements of Genesis chapter one in their homes? Some examples would be: Non-GMO and organic food, minimal NNEMFs, removing toxin-laden carpet and health care products, barefoot on soil or grass as much as possible, limiting blue light exposure in the evening, getting as much sun as skin-type would allow, etc.

Recently one of my favorite mentors and friend, Dr. Gundry, speaking on a YouTube video regarding the recent COVID-19 outbreak shocked us when asked if we should use hand sanitizer. He responded in a way that no one has yet. In effect he said the microbes that live in our gut and on our skin, in part, protect us from such viruses. By killing our skin microbes with Purell, e.g., we eliminate one of our best defenses. It's analogous to using oral antibiotics to root out a bacterial infection. While we might nuke an out-of-balance microbe (say Staph), we typically decimate the hundreds of other bacterial species that we must have for optimal health... Clearly, if any of us accidentally put our hand on some sputum from a COVID-19 person, we know

what to do!

Since humans were created in an environment with a certain amount of light and dark, depending on the season, how do we best cooperate with that cycle? Is the amount and ratio of blue light, compared to red light (emitted by the sun), at 9 AM versus 1 PM versus 6 PM an important factor in human health? Could the epidemic of sleeplessness (hint: melatonin production) be impacted by the blizzard of blue light in the evening by our LED lightbulbs, tablets and TVs? Magda Havas found that mitigating dirty electricity (DE) from an environment had incredible mitigating effects on MS and diabetes. Since DE is nearly ubiquitous (especially in solar/inverted AC environments) in modern homes and offices, could we be chasing CDD symptoms endlessly by not removing DE as one root cause?

Is it not interesting that Wuhan, China, where the COVID-19 outbreak started, reportedly has a large concentration of 5G antennas (perhaps one of the largest in the world)? Dr. Martin Pall has published papers regarding 5G (and WIFI in general) health effects, and especially its ability to weaken our immunity and physiology. Is there a connection?

Surely none of us would disagree that GMO, refined, iron-enriched, copper-poor, and glyphosate saturated food can be part of root cause. But is there more? Can we really dismiss the effects of our lifestyle and environment on the rise of CDDs?

Diet

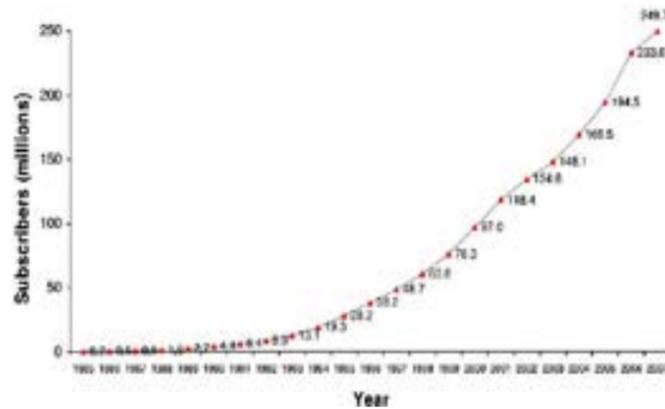
What actually is in what’s on the end of my fork?

Dr. Mark Hyman stated (based on a study) that there is more glyphosate in Cheerios than Vitamin D that is added. Dr. Zach Bush (my number one health mentor, hero and friend) has stated (based on his lab’s work), that there is enough glyphosate in one slice of pizza to cause my gut cell tight junctions to separate, thereby exposing my “interior” to foreign elements that could provoke an autoimmune storm. How do I know how much glyphosate is in my food? Prior to 1994 or so, there existed in the medical literature celiac disease. But I knew no one with it or anything resembling gluten intolerance or “leaky gut.” Autoimmune diseases were very rare. But what happened in 1992 when the FDA approved spraying glyphosate directly on our crops?

How would a food server look at you if you asked for gluten-free pizza in 1997?

Dr. Chris Knobbe, author of a must-get book on how to use diet to prevent and treat macular degeneration, provides irrefutable evidence that four things in our food supply conspired together to bring an onslaught of CDDs, AMD being one of them. His book is a must-have treasure; buy it yesterday. Refined grains, sugar, trans-fats (hydrogenated fats), and vegetable oils (polyunsaturated fatty acids [PUFAS]) are the smoking guns in his argument. I repeat: this book is a must-get! How pervasive are these in our diet? By reading labels on nearly any box food, salad dressing bottle, or any other processed food, how possible is it to avoid any of the above four?

What else happened in the early 1990s that could have triggered a more precipitous rise in CDDs? How many cell phone subscriptions per person in the U.S. were there in 1990? How many in each subsequent year? How about today?



When one of my recently adopted heroes submitted his summary of over 8,000 published studies, that implicate a single "smoking gun" molecule in the rise of over 36 CDDs (since 1990) to news agencies, some members of congress, the president (Obama at that time), etc., he got a big, fat ZERO response!

Why?

Really! Take a serious pause break and ask "Why?"

As an ANH practitioner, I am fiercely dedicated to helping people get to the root of their health problems. But as noble as that sounds, it is not as easy as it might appear. It is far too simple to treat a pain in an elbow or daily headaches, without considering underlying, systemic causes of such which is what most of my TWM colleagues are often forced to do. And the glorious crescendo of that "medical" visit: The prescription.

That can be done in eight minutes; going to the root takes way more time.

Time Magazine, way back in 2004, gave the world its first look at implicating an underlying common denominator of nearly all chronic disease: inflammation. The question is, however, how do we specifically address what the average person needs to stop and start doing in order to actually get to the root of inflammation?

Inflammation is just a fancy term for, and could result from, the following: aggravate, pressure, starve, overload, insult, or bruise. Therefore, how do the following collectively contribute to oxidative stress/inflammation in my body? HOHUM (Heated, and/or Oxidized, and/or Hydrogenated, and/or, Un-Metabolizable) PUFAS, 3G/4G/5G, glyphosate, artificial sole shoes, iron enriched food, lack of iodine, overload of blue spectrum light, lack of sunlight, out-of-balance microbiome, mercury in my teeth, GMO food, and dirty electricity

The Nine Bandits at the Root of the Yearly Holocaust/Pandemic

Below is a brief description of the top nine health bandits that we face in early 2020. Taken together they represent the collective and potential roots of our global pandemic that eclipses probably the worst that COVID-19 will ever be. Refer to my paper in the July 2019 issue of JANMA for much more detail on the following. Remember, I am posing lots of questions to provoke you to read my previous paper and many other resources. The time is now for us to be rigorous not only in our quest for health truth, but for LED, health action. Some of these set the stage for CDDs, while others might be thought of as a triggers or catalysts.

Some important questions to ask about the following nine:

1) Toxins/Toxicity – How many chemicals (the vast majority will always be considered toxic to human physiology) were invented/produced last year? How much glyphosate is in my urine? Ever been tested for such? Men: Have you realized that war has been declared upon your testicles? Have you watched Dr. Tracy Gapin's YouTube presentation and NOT have your jaw drop? Could Dr. Gapin be correct in his clinical observation that plastics and other toxic compounds are at the root of the avalanche of endocrine disruption for both men and women? Are you familiar with various studies that showed male frogs were turned into female frogs (that actually lay eggs and reproduce) just by low exposure to the weed killer Atrazine? Are you aware that municipal water systems do not filter this herbicide out? How many micrograms of antibiotics, birth control pills, statins, etc. are in your drinking water? How could you find out? Men: Did you know you are on birth control? One hundred million women worldwide are on estradiol, the main component of birth control pills; do you know how effectively it is filtered out of your water? Guess! Women: Are you aware of the effects of these chemicals on your health? What about the GMO soybeans with high phytoestrogen? How does this affect testosterone levels in both men and women? When was the last time you visited www.ewg.org? Have you printed out their dirty dozen and clean 15 and taped it to your frig door? If not, why not? Have you thought about what role the toxins in carpet, car upholstery, paint, and personal hygiene products have in your health? Have you considered the cost savings of buying toxin-laden food, over years, taking into consideration health, productivity, money, etc. versus buying organic/non-GMO food?

2) NNEMFs - Non-Native Electromagnetic Fields (Frequencies) – Which EMFs are made by God? Which ones are manmade? What are the EMFs that the sun, universe, and earth produce that are necessary for life on earth? What are the negative health effects of not having proper exposure to God-made ("Native") EMFs?

Clearly all things electrical/electromagnetic are of enormous convenience. But at what cost? At what level does the benefit produced outweigh the growing cost to our health? Are you familiar with Dr. Martin Pall's work

(cited throughout this paper)? Could we be at a crossroads in human health with the 5G rollout? Are you familiar with the many studies which point to a potential tipping-point with this issue? When does the correlation between many of the CDDs and NNEMFs cross over into causation? How do you intuitively feel about the connection of the unbridled use of NNEMFs negatively affecting human health?

How aware are you of the research showing that the EMFs used for things like smart meters, cell phones, and even an electric clock radio are harmful? What role does your overall physiology, vital reserves, and metabolic balance play in how NNEMFs affect your health? Did you know the cord for your nightstand light, even if the light is not turned on, still radiates dangerous electric fields? Would that hold true for an extension cord with nothing plugged into it? What happens to your body when you walk into the electromagnetically-radiated field of refrigerators, lights, and clock radios? Do you "feel" it? How about being in a room with the long fluorescent tube lights (or CFLs)? Ever experience headache or eye-strain from such? Just because you don't manifest a strong headache or other pain, does this mean that EMFs are NOT affecting your health in some way? Quiz: How many studies did Dr. Pall compile outlining the eight areas of NNEMFs physiological damage/disruption, including DNA, fertility, neurology, apoptosis, oxidative stress, endocrine/hormones, intracellular calcium, and cancer?

What is EMF "vomit?" Do you measure the dirty electricity (DE) level in your home? How can you block this vile EMF? When did you last visit www.greenwavefilters.com? Are you aware of some of the demonstrated, negative health effects of DE (see Magda Havas cited herein). Have you tried to use a blue light blocker app on your phone or PC and then tried not using it? Does the blue light hurt your eyes and head, like it does me? What does this tell us? What are some of the negative health effects of blue light when it is out of proportion with the other sister spectrums (red, etc.)?

Are you aware of how much LESS radiation you experience just by a little more distance, say, from your cell phone? Could you put a timer on your home WIFI during night hours to help make your sleep time more protected from NNEMFs? How about turning off the circuit breaker to your bedroom? Is there a smart meter

on your home? Your neighbors? Are you aware that you can put up some inexpensive shielding to help mitigate such? How many WIFI connections in your home, from surrounding businesses and neighbors? Should you move? Are you aware of Lloyd Burrell's work at www.electricsense.com? Or how about Dana Ashlie's awesome YouTube Channel? Some would say our most powerful Faraday Cage (look it up!) that God gave us to protect us from some NNEMFs is our SKIN! Is your skin properly grounded? Do you use a grounding pad or sheet in your bed? When was the last time you visited www.earthinginstitute.net? How many times a week do you walk/trek/stand barefoot on the dirt or grass? How is your program to toughen up your feet by trail trekking, barefoot coming along? □

3) Key Nutrient Deficiencies; Sugar and Carb Overload – How can our food be our medicine if grown in depleted soils, along with glyphosate (which blocks a plant's ability to make key amino acids and promotes inflammation, among many other nefarious things)? Are you familiar with Dr. Joe Wallach's work "Dead Doctor's don't Lie?" How many essential amino acids, vitamins and minerals do we need... that our body can't make? Are there any studies showing that GMO food promotes health? Does a carrot grown in soil devoid of trace minerals and given only N, P, and K nutrients provide the same nutrition as that of my ancestors? If there is little to no iodine, selenium, or copper in the commercial vegetables I eat, how well will my organs that must have these trace elements fare?

Are you aware of the 1992 study by Weglicki and Phillips that demonstrated creating a magnesium deficiency in rodents induced dramatic increased levels of cytokine and neurogenic inflammation? Have you ever been on a wild-goose symptom chase with a doctor, due to underlying inflammation, but then when given proper magnesium, symptoms vanished? Why not try it?

What essential minerals, vitamins, amino acids, and fats could you be deficient in? How can you find out? Does it really matter? Have you narrowed down what foods your body needs and does not need? Are you aware of the difference between synthetic vitamins and minerals and bio-available ones found in whole foods?

In short, have you determined an ideal diet that will help you reach your living longer stronger goals?

While some people may thrive on a carnivore diet, especially as they are trying to recover from some CDDs, the human body's physiology seems to mirror that more of vegetarian mammals. As such, do you:

- Eat mostly plants, while avoiding the Suspect Foods (below) and all other refined grains?
 - Try to have some high-quality, organic protein derived from fish, meat, eggs, cheese, poultry with each meal? Though it is possible, I have seen very few 100% vegans have stellar health...
 - Eat 1 to 2 meals per day? Take all food within an 8-hour period?
 - Have NO snacks? Fast often? Are you aware of the extraordinary healing benefits of fasting?
 - Never overeat?
 - Avoid all fats and oils except olive, coconut, MCT, macadamia, avocado, and possibly butter/ghee?
 - Especially avoid all so-called vegetable oils? Extra-especially avoiding HOHUM PUFAS?
 - Avoid as many fungi (some mushrooms excepted) and their mycotoxins as possible? You recall that antibiotics are fungi toxins, and beer and wine are yeast urine, right?
 - Drink plenty of natural, mineral spring/well water devoid of nasty metals and bugs: green tea, organic coffee (fungi-free!), natural lemon with stevia?
 - Recall that fruit juice is on the permanent "naughty" list?
 - Consider leaning towards a highly ketogenic (majority of calories from fat) diet initially and then modify?
 - Eat many servings per day of non-starchy vegetables (for your carbs) and limit all fruit and berries, excepting avocado, green apples and an occasional orange for whole vitamin C?
 - Try green bananas, plantains, and pressure-cooked beans for great sources of resistant starch?
- 4) Chronic and Acute Deficiencies of "Vitamins" G, N, S, W, and X - Never heard of these "vitamins?" Have you gotten adequate levels of these? Refer to my

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aforementioned paper.

Context connectedness describes how created beings thrive in their living environment. How long does a fish out of water live? How long would a polar bear live in a desert? Similarly, how does a human thrive who spends most of its sleeping hours isolated from earth in a sheetrock box, immersed in an ocean of NNEMFs, is disconnected from its context, fueled by devitalized/processed food, and fostering a lifestyle of fight, freeze, flight, and fright?

If Humans were created by God, barefoot, naked and in a garden surrounded by a nutrient-laden and microbially-rich, sun-filled, earth-grounded outdoor environment and then removed from that context and placed into a sunless, ubiquitously-toxic, sterile, and artificial indoor one, could humanity thrive? Are many of us simply like that fish out of water?

When was the last time you were barefoot, outside on dirt or grass or sand for any length of time (be honest!)? What are the reasons you feel so awesome when barefoot, in the sun, on a sandy, saltwater beach? How long would it take for your gut microbiome to repopulate by sitting under a bush and reading a book, as you breathe in countless microbes? Have you done Shinrin Yoku? How many minerals do you think your ancestors received by bathing in streams, ponds, lakes and the ocean? Did you get your 15 minutes of sun (each side!) on your bare body today? Does not your “gut instinct” tell you that you cannot have great health without intentionally moving your body (walking, swimming, cycling, etc.)? Surely you have mastered getting adequate hydration with filtered water, right?

5) Magnesium, Iron, Copper, and Mineral Dysregulation – How many hours have you spent studying the www.rcp123.org site? Last year I wrote the following in the July 2019 JANMA, “Stunning research has concluded that one of the biggest culprits at the root of nearly all CDDs has to do with misplaced or overloaded iron and copper deficiency, along with a few other key nutrients, especially magnesium. Added iron to our food supply is literally poisoning us.” Nearly nine months later, after much clinical time with clients, I am even more convinced that we have missed the boat with respect to mainstream mineral savvy. I deep dove into the Root Cause Protocol at the www.rcp123.org site. All I can

say is that ANH practitioners (TWM ones as well!) should go there and compare their clinical outcomes with that of practitioners that prescribe the Root Cause Protocol!

Here are some salient questions to help us help patients and even ourselves (you will find answers at the www.rcp123.org site):

- What happens to our magnesium reserves when we experience stress?
- How does our body deal with even a little excess iron?
- What happens to our body’s level of inflammation without adequate copper to support ceruloplasmin? (you really must find the answer to this question!)
- What is the best source of bio-available copper?
- What does your gut tell you about the “reference” range on blood lab reports for serum ferritin levels being 20-380?
- If you prescribed iron to a client whose ferritin was 20, without considering other factors, could this be unwittingly inducing more inflammation?
- Have you read either of the books Dumping Iron by P.D. Mangan or Iron: The Most Toxic Metal by Jym Moon?
- Do you have mercury fillings in your teeth? Have you researched the possible effects of such?
- About how many chemical reactions is magnesium involved with in your body?

•Isn’t it about time to go research www.rcp123.org?

•If you are a man over 18 or a post-menopause woman, do you have a good reason why you should not donate blood every 56 days?

•When did you last have blood labs run?

6) Suspect Foods that Clearly Contribute to the Rise of CDDs. In the last paper I wrote on this topic I said: “Many of these foods have been considered healthy in the past. And some might be just fine for you. They will be exposed for what they really do to contribute to obesity, autoimmunity, CVD, diabetes, etc. Many of

these so-called “natural” foods are our arch-enemies! Perhaps this wasn’t the case in the distant past, but clearly we live in a very different world than just a hundred years ago. In fact, when I was growing up in the 60’s and 70’s, I ate Wonder bread with Oscar Meyer bologna and Miracle Whip sandwiches (gross and repulsive, by my healthy standards today). In my day there was no gluten sensitivity or ADHD; there might have been one autistic child in my entire school district. Peanuts and strawberries were eaten by all kids, except a rare few. An overweight kid in my grade was the exception. I want to emphasize that if you have any CDD, unless you have a lot of money for expensive tests, then stop these now and don’t start them up until” you start making progress away from your CDD(s).

Here is my list of the Suspect Foods (see the previous article for a fuller explanation of each):

- Corn
- Peanuts
- Gluten-laden foods
- Nightshade vegetables
- Eggs
- Dairy
- Refined Sugars and artificial sweeteners
- Soy
- Lectins

7) Sleep – If you are over 40, how is your sleep? Be honest. Are you one of about a third of Americans who suffer from sleep disorders? How many sleep disorders are there? When does our body heal? When we are running around? If you do not deeply sleep can you fully heal? If it is true that deep, restorative sleep is the ONLY way we heal, what are we doing when we take medications to “treat” a pain but do not fix our sleep? How many times do you get up to use the restroom in the middle of the night? Was that the case when you were twelve years old? You get to bed before 9:30, right? Since you read my last paper, you have been taping your mouth shut before bed, right (um, not kidding...)? You move heaven and earth to avoid blue

light or food for 4 hours prior to bed time, right? Do you sleep better when you turn your bedroom circuit breaker off? Any reason you can think of to NOT try this for a week? Of course, your cellphone and WIFI units are off when you sleep, right? Now that you have been sleeping with a grounding sheet, you will never go back to sleeping ungrounded, right?

8) Leaky and Dysbiotic Gut – In my last paper I wrote: “A number of factors over the last 40 years have contributed to our microbiome (gut buddies) being out of control. When we are not in synchrony with the other 90% of the genetic material that comprises US (microbes in our gut and all over our body), we suffer an increase in CDD. Nearly all allergies, sensitivities, and intolerances start here.”

How are your gut buddies (bacteria, fungi, viruses, parasites)? How many remain after all the antibiotics you have taken? How could you coax them back? Have you read Eat Dirt by Josh Axe? How about The Dirt Cure by Maya Shetreat-klein? Is your gut leaky? Is there a such thing as a bad microbe? How do they get out of balance and some species take over your intestines? Do you have leaky sinuses? Leaky brain? You have envisioned swallowing a tiny hand grenade when you swallow Ibuprofen, right? What is it called when our own immune system begins to attack our gut? What has been your experience with Sovereign Lab’s colostrum to heal your gut? What about L-Glutamine? Surely you have been restoring cell-to-cell communication with ION Gut Health (www.ionbiome.com)? How is your fermented veggies program going, along with eating more resistant starch foods?

9) Un-relenting Stressors – In my last paper I wrote: “All the health bandits listed above are stressors. Psycho-mental stress is at an all time high. Many of the modern stressors are a big reason why immune, neurological and endocrine systems weaken and fail. Stress threatens homeostasis and is provoked by physiological, emotional or external stressors; this process then fires up our sympathetic nervous system (SNS) and the hypothalamic-pituitary-adrenal (HPA) axis, and the cascade of events those entail. Multiple doors then open for diseases. According to recent research, chronic inflammation is one result of relentless stressors.”

Which one(s) of the above 8 bandits are your “kryptonite?” Why are you here (on earth)? Where are you at with respect to the flight-freeze-fight-fright cycle? Since one of life’s greatest stressors is a lack of purpose and lack of love, how are you combatting this stressor? Are you convinced God has you here on purpose and for a purpose? You are aware of His love for you, right? When you know that “God has your back,” because you have given Him your heart (gee, back for a heart, seems like a fair trade! ☐), is this not a complete game changer? With the One who has “Created the heavens and the earth” on His resume, who would not want to partner with Him? When you know you are loved and forgiven, then you can love and forgive all who betrayed you and stole from you, right? Is this not stress-relief? How can Prozac compete?

Conclusion

For nearly thirty years, since around 1990, the health of the U.S. population has been challenged like never before. Up to 1990, starting in the late 1800s, amidst a growing backdrop of key nutrient deficient, toxin-laden, and processed foods, increasingly toxic environment, a swarm of nefarious NNEMFs, a steady disconnect from nature in general, and the continual, legislated mandate of iron, et al, added to the food supply, the average middle-aged person has had a hard time just maintaining reasonable health. Getting a good night sleep became a challenge due to a rapid increase in new stressors, noxious light (fluorescent, CFL, LEDs), and a paucity of critical nutrients such as magnesium. Of course, the steady rise in prevalence of the two wicked cousins, fructose (sugars in general) and oxidized vegetable oils (HOHUM PUFAS), only poured “gasoline” on the chronic disease fires. After around 1990, the gates of biological hell were opened by allowing glyphosate to be sprayed directly on crops, personal-carry cellular phones increased, and antibiotics of every imaginable kind became ubiquitous. The human microbiome and physiology had reached a breaking point. One common pathway of all the above is electron banditry (AKA oxidative stress). There is really only one true underlying cause of disease: Cells that malfunction. Cells malfunction due to deficiency, toxicity, and miscommunication (disconnectedness). The above Nine Bandits all contribute directly or indirectly to cellular malfunction. Malfunctioning cells then manifest in any of the 12,500 disease symptoms that

people experience, due to our own unique biological individuality. This results in over 170 million Americans being affected with at least one of the CDDs that are germless and have no cure via the TWM system.

But have you done this math lately:

([increasing toxins, especially HOHUM PUFAS+glyphosate+atrazine] + NNEMFs - essential nutrients - [vitamins (G+S+N+W+X)] + [(Mg+Fe+Cu) dysregulation] + 9 Suspect Foods - restorative sleep - thriving microbiome + relentless stressors) = 36 CDDs that have doubled since 1990.

What is the yearly cost of neglecting the truth and reality of the above conclusion?

Say this number over and over: \$2.77 trillion dollars.

11 Million dead each year from PREVENTABLE causes.

Does this equate to a pandemic?

As I pen this on March 12, 2020, with the WHO declaring COVID-19 a pandemic, and President Trump declaring no more incoming travel from Europe, everyone is freaking out because of this virus. It is awful that tens of thousands will die due to COVID-19, and maybe a lot more. And we grieve for the more than 290,000 people worldwide who die each year from various flu viruses. But, again, I turn your attention to 11 million deaths per year from PREVENTABLE causes.

To what degree are we majoring on minors and minoring on majors?

One last time: Say it slowly to yourself, “eleven million deaths per year.”

The question that we must keep asking is, “What thing(s) changed in the course of the last 100 years to set the stage for the steady rise in CDDs and what things changed just a few recent decades that would trigger an exponential increase in the pandemic/plague of CDDs that no one is talking about?”

Have you identified which of the 9 Bandits are stage-setters and which are potential triggers in your health journey?

The human body was designed by God with unfathomable precision and love. It is therefore designed to operate, without ceasing, in order to maintain homeostatic and thriving vitality. In order experience this level of thrive, we must stop certain things and start others as a result of environmental stressors that have been introduced in the last 150 years or so.

What is your plan to live longer stronger?

•Does it include pure water, with minerals as your only beverage, and herbal teas and coffee (only if you don’t need it!)? If you cannot function without morning coffee, what is that telling you?

•Have you either eliminated all the Suspect Foods or proven which ones are not compatible with where your physiology is at?

•Do you have a serious plan to get mega-doses of “vitamin” G, N, S, W, and X?

•What are you going to do in order to eliminate/greatly reduce home toxin exposure?

•Have you listed at least six practical things you will do in order to create an NNEMF-proof environment?

•Is there, right now, in your frig and pantry ONLY non-GMO and organic food? C’mon, you can do it!

•Have you implemented your “Supplements from only Whole Food” program yet?

•Do you daily: Clarify, calibrate and rehearse your purpose for showing up on planet earth? Have you committed to memory Proverbs 3:5,6 in the Bible? I am persuaded that the truth of this passage will be our refuge in the coming years... are you?

•Have you done at least six things to experience and guard deep, restorative sleep?

•How is your declared war on iron/copper/mineral dysregulation coming? How many times have you donated blood since I nearly begged you to in July of 2019? How much time have you spent devouring the wisdom and practices of www.rcp123.org? You have downloaded and printed out and poured over the Root Cause Protocol, right?

•How is your intermittent fasting coming along? One

or two meals a day max, right?

•You are getting at least some quality protein every meal, right?

•How much have you gotten into nature and how much nature has gotten into you lately? Walks? Hikes? Hang-outs in forests and parks, under trees? Swimming in lakes and ponds? Of course, barefoot and as much skin showing to the sun, without offending the planet, gets extra Docbob points! Since July of 2019, you have made several batches of wild-fermented foods, like sauerkraut, right?

•And are you now persuaded that you have been created in God’s image and progressing greatly in refining your love relationship with God, your creator, architect and friend and learning more and more how to better love all people?

Do you want to live to 100 and be thriving to the end? These things are exactly what I am committed to for myself. As a clinician, these are exactly what I encourage my clients to do as well. If I focus on the foundational issues that cause human health to thrive, have huge adaptive capacity, adequate vital reserves, minimal toxic exposure, stellar metabolic balance, a robust immune system, I not only CDD-proof myself, but as an added bonus, I make myself Covid-19 proof!

Dr. Bob Lund (Docbob!), DNM, TN, CTH, is a board-certified doctor of natural medicine. Dr. Lund has been a blood and nutritional researcher for over 25 years and has authored and published medical journal papers. He is also a Certified Tribal Healer (First Nation Medical Board). Dr. Lund specializes in getting to the root of illness, focusing on how to be healthy, rather than managing disease symptoms. Specializing in epigenetics, Dr. Lund helps identify lifestyle and environmental elements that distract the body from health and vitality and trigger genetic-tendency health problems. He utilizes numerous modalities including blood lab analysis from a functional/holistic perspective, herbal medicine, metabolic balancing, Root Cause Protocol, live blood microscopy, earth grounding, “sick” building remediation (mold/toxins/EMFs), nutritional and vitamin/mineral therapy, and other traditional naturopathic healing techniques. Dr. Lund has authored a number of articles and books regarding

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computers and the proper functioning of the Church (The Way Church Ought to Be - 95 Propositions for a Return to Radical Christianity). Bob has a degree in Bible and Theology from Biola University. Applying his extensive experience in diverse engineering fields (software, electronics, radio-frequency engineering, mechanics) to human health, Dr. Lund helps people take back their health and restore their bodies to the "blueprint" that God intended in the original (engineered!) creation account in the book of Genesis. He is passionate about helping people experience all the energy and vitality they need in order to be all they can be and do all they can do to walk out God's plan for their lives... so that they can die "youthful" at a very old age! He can be reached at docbob333777@gmail.com.

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Stop right now, go to your Amazon account and do the one-click on Dr. Gundry's The Plant Paradox. He has un-masked this bandit for what it really is.

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Ephesians 2:10

Genesis 1:26 and John 3:16

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John 15:1-17

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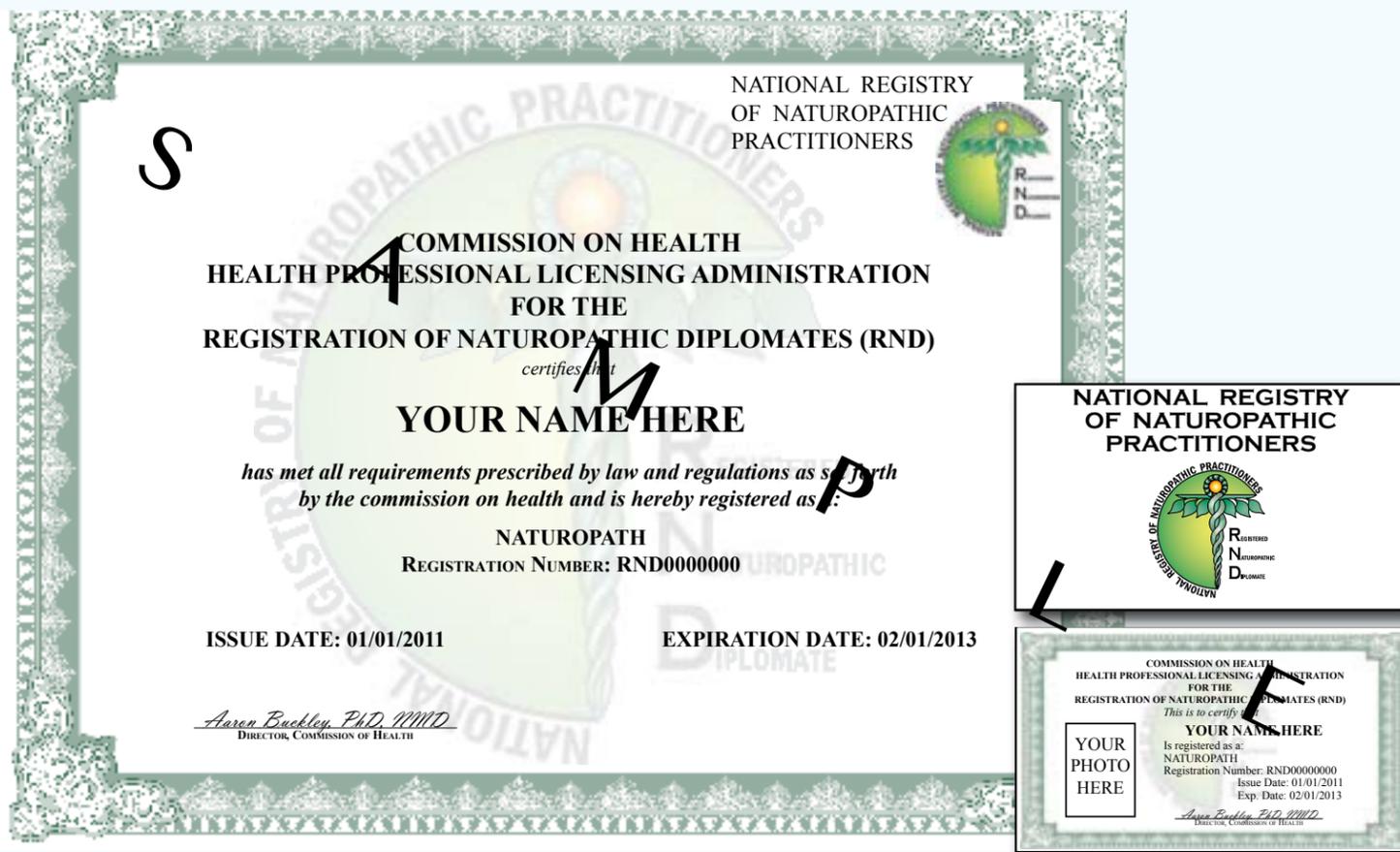
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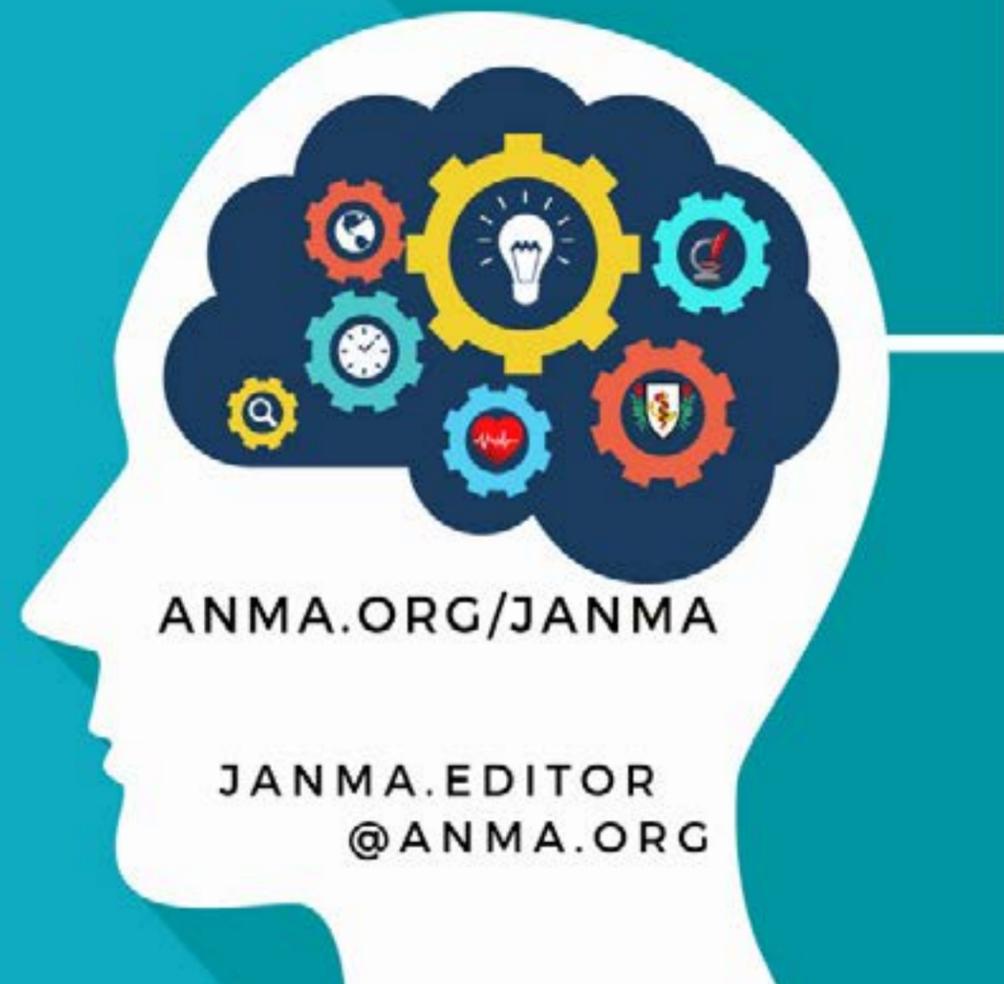
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ANMA believes that Naturopathy is strictly non-invasive Natural Health care and does not involve prescriptions, surgery, medical procedures or the claims to cure diseases. Our members include students, Naturopaths, Nutritionists, Herbalists, Holistic Health Practitioners, Natural Health Care Practitioners also MD/DC/DO/RN/DDS, with additional training in Naturopathy.

With a goal to fairly represent naturopaths and naturopathic physicians, ANMA fought for their rights, facing challenges and moving mountains along the way. From other organizations trying to hold down

naturopathic, to states questioning the power of ANMA, they fought to overcome these challenges to reach the top.

Since 1990 ANMA has supported fair legislation promoting the Naturopathic profession. ANMA is the only association that monitors legislation that would favor special interest groups and prevent members from practicing. ANMA is available to offer support to assist in understanding your State's Naturopathic laws and is proud to represent the majority of naturopathic and professionals in related fields throughout the US and worldwide.

ANMA continues to fight to maintain and improve standards and while expanding the field of natural healing by joining with ANMCB to offer comprehensive examination that is the standard in the professions. We encourage members to talk to legislatures to protect the rights for naturopaths to practice. Contact or meet with state legislators in person to

inform them about how practicing is a benefit to your community.

Since 1981, the ANMA has held an Annual Convention & Educational Seminar. The goal is to create an environment where members get exposed to ideas that they may have never known existed. With world renowned natural health speakers, an exhibit hall with cutting edge technology, products, and workshops, the seminar curates a relaxed, collaborative setting that encourages learning, all while earning continuing education credit.

ANMA continues to work hard to actively promote naturopathy while opposing legislation that would harm the field of naturopathy of ANMA members. With over 4,000 members in the United States, Canada, and hundreds more worldwide, ANMA is the largest and most active professional naturopathic medical association in America today. If you are new to naturopathy or familiar face, together, ANMA has the power to advance Naturopathy.

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 (that's SANMA "zero" R)




Recap of the 2019 ANMA Convention

American Naturopathic Medical Association (ANMA) hosted their 38th annual natural health convention August 23-25, 2019 at the Westgate Resort and Casino in Las Vegas, NV.



The event attracted people from all over the world in various fields of study, such as Medical Doctors, students and those who are eager to learn. This event brings them together to build strong, professional connections. All three days were filled with naturopathic leaders speaking about cutting edge topics and hosting workshops.



Topics at the well-attended conference included lectures about Restoring Liver and Gallbladder Functions Through Iridology and Nutrition - Ellen Jensen, Ph.D., D.Sc., CCII, A Naturopathic Approach To Acupoints - Matthew Hollist, ND., DTM, DN, How Light Therapy Is Transforming Lives -

Nancy Banks, Hi, EMP. Some of the many educational workshops included Gut Health with James Hall presented by Nature's Wellness Shop and Hands On / Artificial Intelligence In Chinese Medicine For Difficult Cases with Dr. Luke Cua presented by American Herbal Labs & Nano Herbs Light.

On the second day of the convention, ANMA honored those who inspire others in the field and strengthen the entire naturopathic profession by honoring them with an award.



ANMA provided an exhibit hall featuring exhibitors with cutting edge technology, products, and workshops. This is a rejuvenating weekend spent with the like-minded, educated, creative and interesting people that make up ANMA's membership.



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