

JOURNAL OF THE JANMA

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American Naturopathic Medical Association

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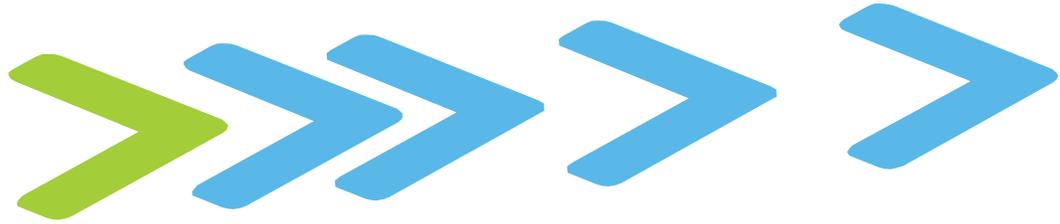
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The President's Corner

Dr. Filippos Diamantis PT, Ph.D, ND

Happy 2019 to all!

Time to be done with 2018 and move forward into 2019. This year American Naturopathic Medical Association (ANMA) will join 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 will receive automatic membership in the SCAHP and be automatically approved to get SCAHP certified with the title Advanced Complementary Alternative Holistic Practitioner – ACAHP. For details visit www.scahp.org.

Also this year for the first time ever ANMA is offering the ANMA Naturopathic Scholarship! This award of \$1000 will help students to complete their naturopathic education. This will be offered to students of every American Naturopathic Medical Accreditation Board (ANMAB) accredited school that offers a naturopathic title. Go to www.anmab.org to see if your school qualifies.

Quickly approaching is the 38th 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 Aug 23-25 2019 in Las Vegas. Those of you who are planning to attend have expressed your excitement for the speakers on the main lecture schedule as well as the workshops provided.

Many appreciate the awards luncheon gala that celebrates their accomplishments. And everyone agrees 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 in Las Vegas.

As far as wrapping up legislation for 2018 ANMA successfully fought legislation in OK, MI, WY, MS, NY, while keeping a watchful eye on NC and IN proposed study groups. Congratulations to all the members ANMA couldn't do this without you. As 2019 proceeds, ANMA will keep all members informed of ANMA legislative efforts.

Come early to the 2019 ANMA annual conference and enjoy a powerful trio of classes. This three day workshop lineup covers three different topics, with three different well-known instructors. They 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 2019 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. Tuition for these workshops is \$295 for one day long workshop or \$595 for all three amazing workshops. To enroll visit KnowYourWellness.org or call 208-899-2712.

Sound Wave Acu-point Therapies Tuesday Aug 20, 2019 from 9 AM - 5:30 PM

In this workshop you will be introduced to key acu-points from Traditional Chinese Medicine (TCM). These points are the same as those used in acupuncture; however, during this class you will learn how to use sound waves by applying specific tuning forks to stimulate a variety of responses. This technique of applying sound waves to TCM acu-points has proven to be a powerful tool for naturopaths all around the country. This provides an effective way to balance clients with a method that can be done through the clothing, eliminating the need to have clients disrobe. It is also considered a non-invasive therapy that can be applied ethically and safely in most states and practice settings. This lecture will be taught by Dr. Matthew Hollist, who is the Executive Director of KnowYourWellness.Org and full time educator of Traditional Naturopathy. Dr. Hollist is a Nationally Board Certified Naturopath with a second diplomat in Naprapathy. With his diplomat in Naprapathy, he ran several successful practices as a manual therapist where he incorporated naturopathic principles with the manual modality and tuning fork applications for chronic illness. He has taught the same to hundreds of students all around the country for many years

Traditional Herbal Remedy Making Wednesday Aug 21, 2019 from 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. This lecture will be taught by Professor Laurence Smith. Professor Smith has been a full time professional herbalist for over 25 years. He is renowned as an educator all across the U.S. and Canada. He is also a member of the Board of Directors for KnowYourWellness.org as well as Director of Clinical Advisement. Professor Smith also teaches our herbal wildcrafting workshops and is the Clinical Advisor for the Traditional Herbology term.

Homeopathy For Naturopaths Thursday Aug 22, 2019 from 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. This lecture is taught by Professor Neil Schultz. Professor Schultz is a Nationally Board Certified Naturopath and is also Nationally Certified in Homeoprophylaxis. He is a member of the Board of Directors for KnowYourWellness.org. Aside from his position on the board, he also teaches the Advanced Homeopathy/Homeoprophylaxis post graduate program. When he is not teaching, Professor Schultz is working in his practice with his library of nearly 2,500 different homeopathic remedies that he has painstakingly acquired from around the world.

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Treatment Strategies for Gut Health, the Microbiome, and Anorexia Nervosa

By: Jason Arnold, PhD NMD

Introduction

It is estimated that approximately 30 million people of all ages, genders, and backgrounds develop an eating disorder in the United State. According to the National Association of Anorexia Nervosa and Association Disorders (ANAD) every sixty-two minutes at least one person dies as a direct cause of an eating disorder. Despite what the public may know, eating disorders have the highest level of mortality than all other mental health issues (NADA, 2018).

Anorexia Nervosa, the intentional restriction of food and fluid intake with the intent to cause loss of weight and body fat, is also characterized by thought distortions regarding an individual's body shape, size, as well as the engagement in compensatory behaviors including excessive exercise and laxative abuse. The result from this disease is multiple including severe malnutrition, loss in bone density, bradycardia, cessation of menstrual periods in women, up to and can include the death of the individual (American Psychiatric Association, 2013). Anorexia is a serious illness that effect many women as well as men. It does not discriminate based on gender, race, or socioeconomic status.

Developing research has indicated that there is differences gut health in patients with Anorexia. The following paper will discuss the basic underpinnings of the gut, as well as research indicated that, with regard to Anorexia Nervosa, there appears to be different types and quantities of microbes in the upper small intestine. The "gut-brain axis" will also be examined. Treatment of gut health and repair in patients with Anorexia will be explored as well as strategies to achieve this goal. In

addition to a discussion on gut health, strategies in being able to treat comorbid psychiatric symptoms including depression and anxiety are included.

Understanding Anorexia Nervosa

According to the American Psychiatric Association (APA; 2013) Anorexia Nervosa (AN) is an eating disorder characterized by low weight, the far of gaining weight, body dysmorphia, and resulting food and fluid restriction. In patient with AN, there is a profound distortion of body weight, shape, and size. This is typically seen in patients who view themselves as overweight or obese when in reality, the patient may be very thin or, in some cases, very dangerously malnourished. Many patient will deny that they have a problem with their weight or that they have an eating disorder. Eating disordered behaviors associated with Anorexia can include the patient weighing themselves excessively, calorie-counting, weighing food to exacting proportions and food refusal (National Institutes of Health, (NIH; 2015). Those with this type of eating disorder may also engage in other behaviors to promote weight loss including over exercising, abusing laxative and diet pills, and in some instances may induce vomiting to prevent the body from digesting the food, and in the minds of those with Anorexia Nervosa, making them overweight or fat.

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM) (APA, 2013), in addition to these diagnostic features, to be diagnosed with AN,

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an individual must be significantly underweight. The severity of the disease and its severity is measured with respect to the Body Mass Index (BMI). Those with a low BMI centering on 17-16 are considered to have moderate to mild Anorexia. Those with a BMI of 15 or less are considered severe (APA, 2013). The patient's height and weight, as well as a history including growth charts are also considered when determining the appropriate application of a diagnosis of AN (NIH, 2015).

The Global Disease Injury Incidence Prevention Collaboration (2016) estimates that with respect to Anorexia Nervosa, this disease effects around 2.9 million people worldwide. It is suggested to occur in 0.9 to 4/3% of women and 0.2-0.3% in men in the United States and Great Britain. As a mental health diagnosis, Anorexia has the highest mortality rate than any other mental illness described in the DSM 5 (APA, 2013). Statistically, eating disorders increase a person's death by suicide (NIH, 2015; Smink, 2012). Additionally, those diagnosed with anorexia are likely to die from medically-related complications due to food and fluid restriction and compensatory behaviors with a rate of approximately 5 to 10% (Espie & Eisler, 2015).

Causes of Anorexia Nervosa.

Currently as of 2018, it remains unknown the precise cause for the development of Anorexia. According to research by Attia (2010) there is a suggestion that AN could have a genetic component. Studies exploring the prevalence of anorexia in twins has yielded interesting results. Monozygotic twins (identical) had a higher prevalence of sharing the disorder than dizygotic twins (fraternal). This suggests that there could be a hereditary component.

Social, cultural, and environmental factors appear to also play a role in the development of the disease. Cultures that value thinness have a higher rate of Anorexia (NIH, 2015). In addition, the prevalence of AN has also seen in sports that are considered to be aesthetic as opposed to high-contact sports such as football or basketball. Sports including swimming, gymnastics, and dancing also experience a high incidence of Anorexia due to the emphasis on a more thin body frame and lighter weight as opposed to other sports (APA, 2013).

There has also been a fair amount of criticism in the

media regarding its own culpability in the development of the disease. Constant exposure to media that presents body ideals may constitute a risk factor for body dissatisfaction and anorexia nervosa. The cultural ideal for body shape for men versus women continues to favor slender women and athletic, V-shaped muscular men. Research has indicated that in print media the role of perception of the promotion of body dissatisfaction in patients with Anorexia Nervosa is significant. The differences between magazines viewed by males versus females is also quite significant (Labre, 2002).

Treatment for Anorexia Nervosa.

There is no significant clinical evidence that suggests that one specific treatment is most effective for Anorexia Nervosa than. However, there are many types of treatments that have been shown to decrease symptoms in a meaningful way (Lock & Fitzpatrick, 2009). The three major areas of treatment are: 1.) maintaining a healthy and stable weight, 2.) treatment of psychological issues related to AN, and 3.) treatment and strategies to decrease symptoms and behaviors directly related to the disease (i.e., restricting, laxative abuse, over exercising, etc.).

With respect to helping an individual maintain a healthy body weight, this has been done in a myriad of ways. Collaboration with primary care entails understanding vitals and laboratory results and identifying areas of concern that need to be address medically. In addition, it is helpful to check-in with the primary care provider to obtain weekly weight is essential. This can determine if weight is being restored or if the patient is losing weight and a higher level of intensity with respect to treatment might be recommended. Primary care often can work collaboratively with nutritionists and Registered Dieticians. Establishing a meal plan is essential for maintaining a healthy body weight. Those patients who are struggling with urges to restrict food or fluid intake. Individuals who are recovering from Anorexia Nervosa can work on establishing goals for meal completion and challenging foods that provoke anxiety and food restriction (National Collaborating Center for Mental Health, 2004).

One of the key issues psychiatrically with Anorexia, in addition to weight restoration, is the distorted sense

of body image such as a patient having a very low body weight, but perceiving him or herself being obese and needing to lose weight (APA, 2013). This type of thought distortion can prompt the individual with AN to engaging restriction of food and fluid intake as well as compensatory behaviors including over-exercising as well as laxative and diuretic abuse. The behavior directly related to the Anorexia, can have a profound impact on the physical and mental health of the patient.

To address this, individual therapy and group therapy is involved in the treatment. One of the most successful of these is Cognitive Behavioral Therapy (CBT). CBT has been use with significant results with patients diagnosed with depress, anxiety, Post-Traumatic Stress Disorder, and many other psychiatric disorders. Anorexia Nervosa has also seen improvement with patients who have received CBT as a method of treatment (NIH, 2015; Hay, 2013).

Cognitive Behavioral Therapy focuses on the irrational thoughts and distortions, which are hallmarks of AN. CBT assists patients in recognizing these distorted thoughts and being able to recognizing when he or she is having them. In addition, therapy can explore precipitating or triggering events that prompted eating disordered thoughts and behaviors, and how to work on disputing these negative and unhealthy thoughts and behaviors (Hay, 2015).

In addition to CBT, other forms of therapy including Dialectical Behavior Therapy as well as the Maudsley method have been met with some success as well. Dialectical Behavior Therapy (DBT) has been helpful in working on developing distress tolerance as well as emotion regulation skills in patients with eating disorders. Maudsley, or the “Maudsley Method” has been used to help parents with children and adolescents with eating disorders to reassert their place in the family and to assume the responsibility for feeding their loved one (Hay, 2015).

In addition, new frontiers have also been explored in the treatment of eating disorders. One, the focus on neuogastroenterology, i.e., the “Gut-Brain Axis” has been helpful in exploring eating disorder symptoms with respect to gut health, the microbiome, and its implication for eating disorders such as Anorexia Nervosa.

The Gut Microbiome, Gut Health, and Anorexia Nervosa

There has been a huge amount of attention on the gut microbiome, or the community of microorganisms living in our digestive tracts. It appears that, in the past couple years, many physicians and providers have been looking at gut health as being a link to physical and mental health. The human gut has around a trillion microbes that live in the small intestinal tract. It is a symbiotic relationship in that we rely on what these organisms do throughout their lifecycle as they live within us. Conversely, these same organisms also depend on us for nutrition to help them sustain life and reproduce. Too many microbes or too few can have an adverse impact on the health of the human host. (Anderson, Cryan, & Dinan, 2017).

Problems arise with respect to gut health with human nutrition. The gut helps to absorb and provide vitamins, minerals, and other nutrients to different parts of the body. However, when an individual engages in a poor diet, for example sugary, processed, or refined foods, this can damage the gut and ultimately deplete the microbial flora in the intestine (Deans, 2018). When the intestinal tract is weakened, the lining becomes more permeable and this can cause tears, often allowing other microbes and material into the gut. This material can be beneficial but can also consist of microbes and waste that would be hostile to the internal human environment (Anderson et al., 2017). Sometimes known as “Leaky Gut Syndrome”, individuals can experience cramping in the abdominal region, gas, bloating, and food sensitivities (Anderson et al., 2017; Deans, 2018). Food sensitivities as well as Crohn’s Disease have been attributed to gut permeability (McMillen, 2018).

Physical illness is not the only issues limited to a lack of gut microbes or intestinal permeability. Psychiatric disorders including depression and anxiety have also been attributed to this problem (Anderson et al., 2017). When the gut has a lack of microbes, or too many, or if there are hostile microbes or waste brought into the human intestinal environment, this can cause a person to experience changes in mood states. In addition to many of the physical body systems such as the digestive system, circulatory system, and etc., the nervous system also receives nutrients via the blood supply. The

nutrients from the digestive system is carried to the brain via the blood. Hostile microbes, waste and other harmful substances can enter the brain and bring about symptoms of depression and anxiety (Deans, 2018). It has been well-founded that psychiatric illness can be rooted in the gut.

Anorexia, the Microbiome, and Gut Health.

For most individuals, a healthy gut consists of trillions of healthy bacteria. There is a wide diversity with an equally diverse set of functions among the community in the microbiome. However, in an unhealthy gut, the population of microbes is fewer than those who are not chronically ill (Deans, 2018). This is similar in patients who have eating disorders, especially Anorexia Nervosa.

According to research from the University of North Carolina School of Medicine, patients with AN have different microbial communities as opposed to those who are not. Carol (2015) found this to be exactly the case. Carol and his research team wanted to explore if alternating gut microbes into patients with Anorexia would help them to restore weight. This theory emerged from previous work, the team took gut microbial communities from an obese person and put them into germ-free mice, which are maintained in sterile conditions and lack intestinal microbiota. The result was a greater weight gain in mice with these bacteria than in germ-free mice that had been colonized with gut microbiota from a lean person. This suggests that gut microbes could mediate weight gain or loss. Carol and his research team found that there were significant differences in patients with Anorexia before admission to the research program as opposed to when they finished. In addition, patients also experienced a significant improvement in mood. This is consistent with the work of Anderson et al. (2017) in which they suggest that improvement of gut microbiota can improve mood and reduce anxiety systems.

Healing Gut Health in Anorexia.

Treating Anorexia Nervosa can pose challenges to many, if not all, providers. There are the medical complications that a patient may be experiencing including unstable weight loss, vital signs, and as

well as other symptoms including dizziness, nausea, vomiting, heart burn, and constipation. The results of abuse from laxatives and diuretics may also be a factor as well. Psychological components including significant cognitive distortions about the self, body, body size and weight, as well as the utilization of maladaptive coping mechanisms that are unhealthy including restricting food and fluid intake, laxative abuse, and excessive exercising (APA, 2013) play into treatment response as well. In addition, other psychiatric symptoms are comorbid with eating disorders including Anorexia including depression and anxiety (NIH, 2015).

As the body is already in an unstable state due to the behaviors associated with the eating disorder, clinicians should be mindful when beginning to work on any type of gut healing protocol with anorexic patients. It is often the case that many patients with Anorexia have gone for a prolonged period of time without sufficient nutrition. The digestive system as a result has sustained damage and its processes as well as microbiota have changed. Issues with refeeding are something that clinicians treating individuals recovering from Anorexia should be aware.

Refeeding syndrome is defined as potentially fatal shifts in fluids and electrolytes that may occur in malnourished patients. The shifts result from hormonal and metabolic shifts and can cause serious complications including hypophosphatemia, changes in glucose, protein, and fat metabolism (Mehanna, 2008). Severe cases can result in inpatient hospitalization in which this must be monitored medically. In working to heal the gut in patients who are malnourished as with Anorexia, there are several steps that clinicians can take to ensure that Refeeding syndrome does not occur.

[According to Mehanna and colleagues \(2008\) the following protocol is suggested:](#)

- Check the patient's levels of phosphates, magnesium, potassium, and calcium. Labs can be ordered, or if naturopathic clinicians cannot order labs due to licensure privileges, have the Primary Care or General Practitioner order these. Levels should be assessed regularly.
- Before administering a gut healing protocol, administer Thiamine, Vitamin B, Vitamin B complex,

and trace element supplement once daily.

- Feeding should start off slowly and should increase in increments over a four to seven day period.
- For rehydration needs, work with the patient to engage in this process slowly. Check in with patients to monitor any symptoms such as nausea, vomiting, dizziness, or gastric upset.
- Monitor phosphates, magnesium, potassium, and calcium following the initiation of the protocol for the first two weeks.

In thinking about promoting gut health, the lack of diversity in microbial flora in the gut should be considered as well. This could have an impact on the digestion of foods, which could prevent similar symptoms as mentioned above as well as constipation and diarrhea. To assist with this, working with the patient on a basic meal plan and titrating up in caloric intake is likely the best bet to allow for the digestive system to absorb an amount of nutrition that it may not be currently adept at taking in. Due to lack of diversity in gut microbes in the upper small intestine, it would be considered appropriate to employ the use of a probiotic as well as foods that promote the development of gut bacteria such as fermented foods. Allowing natural foods to be slowly introduced into a slowly titrated diet could likely decrease likelihood of a great amount of gastric discomfort as well as helping to stabilize the body during the refeeding process.

[Depression and Anxiety in Patients with Anorexia Nervosa.](#)

Treating Anorexia Nervosa can be a complex process for any clinician. Aside from the medical aspect of the recovery process, providers also face the challenges posed by the psychological. As previously discussed, patients with Anorexia often have pronounced thought distortions with respect to body shape, size, and often times, inaccurate perceptions of weight gain, i.e., restricting food and fluid intake to a minimum and feeling that they have gained weight despite evidence that he or she is thin and malnourished (APA, 2013). During the recovery process in which the clinician is

working with the patient to restore weight and maintain being sound and medically stable, patients with AN may experience heightened emotional reactions due to the perception that his or her worst fear has come to pass, that he or she has gained an abnormal amount of weight. Treating symptoms of anxiety and depression is essential in the recovery process.

Cognitive Behavioral Therapy (CBT) is the most widely utilized form of therapy for the treatment of eating disorders. It has broad application of use and has been seen to be effective in multiple trials and research with both Bulimia Nervosa and Anorexia Nervosa (National Institutes of Health, NIH; 2010). CBT focuses on exploring the cognitive distortions, or unrealistic thoughts or perceptions, experienced by the patient, naming them as such, and examining how a particular thought or set of thoughts/distortions are not accurate or are a direct product of the eating disorder itself. With respect to depression and anxiety, clinicians can examine these distortions with the patient and work towards challenging these thoughts as well as forming a plan of action. Examples would be to explore patient anxiety around fear of weight gain. How is the anxiety related to the weight gain? What does he or she associate with weight gain? Challenging them to consider: Would it be so bad if you only gained one pound? Homework would be to be cognizant of when the patient is having the thoughts and being able to catch him or herself when the patient is having these distressing thoughts. In addition, working on skills to manage stress during this process of shaping and challenging the thought process is essential (NIH, 2010). If a clinician feels that he or she is unable to provide this type of treatment, it is suggested that he or she should refer the patient to a psychotherapist or counselor while the patient is in treatment.

Symptoms of depression and anxiety can often be difficult to manage in the setting of an eating disorder. This can require psychopharmacological intervention including anti-depressant and anxiolytic medications to reduce these symptoms during the course of treatment. It can also be common for the patient to see a dietician as well. Naturopathic providers can also have an essential role in a multidisciplinary process. According to the American Association of Naturopathic Medical Colleges (AANMC; 2018) Naturopathic Doctors should seek to

“understand the root cause, remove obstacles to cure, stimulate the body’s natural ability to heal itself, give the body what it needs to heal, tonify weak and damaged systems, and evaluate structural integrity”. It is also recommended that the clinician work in a collaborative medium with therapists, MD physicians, psychiatrists, dieticians, and other members of the treatment team and promote an integrated care system around the patient.

Conclusion

Anorexia Nervosa is a disease that goes beyond most typical psychiatric diagnoses such as Major Depressive Disorder or Generalized Anxiety Disorder. Eating Disorders such as Anorexia comprise both a the mental health or psychiatric component as well as the physical medical ramifications of the disorder including weight loss, dehydration, bradycardia, as well as difficulties with digestion and other problems associated with the gut. Research has indicated that gut health in Anorexia Nervosa is very different as opposed to those without the disease. Microbial flora in the upper small intestine is qualitatively different as well as not as populous as compared to those who have Anorexia Nervosa. Gut health protocols should focus on promoting microbial diversity as well as slowly integrating foods back into the diet of the patient with Anorexia Nervosa due to the risk of refeeding syndrome. In addition, probiotics and fermented foods can also aid in the development of more diverse gut microbes during this process. Finally, tertiary symptoms of the eating disorder that may include depression and anxiety should also be addressed. Naturopathic providers can and should collaborate with the patients other providers to provide a cohesive integrated model to provide a holistic spectrum of recovery for patients with this sometime fatal disease.

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NNBV: Non-Native Body Voltage - An Investigation into the Impact of Very Low Frequency Electromagnetic Radiations on Human Body Epidermal Voltage Potential Using an “N” of One.

by Dr. Robert Lund

ABSTRACT

The effects of various non-native electro-magnetic frequency (NNEMF) radiations have been more clearly understood and demonstrated over the past 25 years or so¹. Many encouraging studies have emerged demonstrating the positive effects of mitigating the exposure of NNEMFs via earth grounding and other means². In this paper I present a very small study (using an “N” of one, myself!) showing the effects of various indoor and outdoor NNEMFs on alternating current (AC) voltage potential that presents on human skin. I also provide readers with an equipment list and exact instructions to perform these tests themselves. Herein I am making a distinction between the electro-magnetic fields (EMF)s that our ancestors have been exposed to for thousands of years, and the more recent deluge of EMFs that have not been native to the human species. This latter group consists of imbalanced lighting (LED, CFL, etc.), electric fields, electro-magnetic fields, dirty electricity (myriad of voltage pulses and frequency spikes), and a spectrum of radio frequencies ranging from 500 Khz up to 10 Ghz or so. I refer to this group as non-native EMFs. I am not including ionizing or nuclear radiation in the discussion. The

1 A number of papers illustrating this: Armstrong, B., et al. 1994. “Association between exposure to pulsed electromagnetic fields and cancer in electrical utility workers in Quebec and France.” *American Journal of Epidemiology* 140, no. 9 (Nov. 1, 1994):805-20. Milham, S. “Increased cancer incidence in office workers exposed to strong magnetic fields.” *American Journal of Industrial Medicine* 30 (1996): 702-704. Milham, S. and E.M. Ossiander. “Historical evidence that residential electrification caused the emergence of the childhood leukemia peak.” *Medical Hypotheses* 56, no. 3 (2001): 290-295. Westman, J.A., et al. “Low cancer incidence rates in Ohio Amish.” *Cancer Causes and Control* 1 (2010): 69-75.

2 Chevalier G, Sinatra, ST, Oschman JL., et al. “Earthing (grounding) the human body reduces blood viscosity: A Major factor in cardiovascular disease.” *Journal of Alternative and Complementary Medicine* 2013; 19(2): 102-110. Sokal K, Sokal P. “Earthing the human organism influences bioelectrical processes.” *Journal of Alternative and Complementary Medicine* 2012; 18(3): 229-234. Chevalier G. “Changes in pulse rate, respiratory rate, blood oxygenation, perfusion index, skin conductance and their variability induced during and after grounding human subjects for forty minutes.” *Journal of Alternative and Complementary Medicine* 2010; 16(1): 81-87. Ober AC. “Grounding the human body to neutralize bio-electrical stress from static electricity and EMFs.” *ESD Journal* Jan 2000. Applewhite R. “The effectiveness of a conductive patch and a conductive bed pad in reducing induced human body voltage via the application of earth ground.” *European Biology and Bioelectromagnetics* 2005; 1: 23-40.

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only truly native EMFs that seem to have great and positive effect on life on earth are those in the range of around 250-780 nanometers (infrared, visible, and UV light), along with the Schuman resonance, which varies between 5 and 50 Hz, and averaging 7.83 Hz. We will be investigating principally the induced body voltage (BV) by electric fields and electromagnetic fields.

I have a long background in electronics, radio frequencies (I am an extra class licensed amateur radio operator WB6PUP), building transmitters and receivers, general electricity and house electrical wiring, auto-electric, alternative energy, networking, telecomm, and FM radio. But, I am rather embarrassed to say that I never thought of the human body as an electrical conductor, except that I was always careful to not be shocked! Even more unnerving to me is that I had not thought of our bodies as being literal antennas. I have built and operated dozens and dozens of antennas over the past 47 years. My grandfather, Walt Lund was a ham operator (W6VA) and introduced me to this amazing field. He and I built my first transmitter that transmitted Morse code (CW - the pulsed dots and dashes you have no doubt heard in old movies) at a frequency of 7.15 Mhz (Megahertz - million cycles per second). I knew that the antenna I had built and strung outside my bedroom and between two trees had to exactly match that frequency, or damage to the transmitter would occur. A weak signal would result as well.

Antennas can either receive or transmit or do both. The old style TV antennas on roofs



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that looked like a bunch of “V’s” are examples of a receive-only antenna. The antenna inside your cell phone (hidden) both receives and transmits. When an alternating current flows through a conductor (as in all house wiring and your cell phone), it does so in a back and forth fashion. As it does, it expands and collapses an electro-magnetic field that can “travel” or influence other conductors around it. In the case of my homemade transmitter 47 years ago, it only put out about 25 watts of power, but since the antenna I made resonated properly with the transmitter, that antenna “transmitted” a signal that would “strike” or resonate with other such antennas that were designed to pick up that frequency. I literally made contact with other radio operators in many different countries as that 7.15 Mhz radio wave bounced off the earth’s ionosphere to resonate with other distant antennas.

In like fashion, as you will clearly see herein and hopefully demonstrate on yourself, our bodies, when in the presence of electro-magnetic fields act shockingly (pun very much intended!) as receiving antennas. Even more alarming, is the potential harm that is done to our physiology. Using the radio analogy, our bodies act as both a receiving antenna and a receiver circuit. The only problem is we were not designed to thrive as NNEMF antennas and receivers. And in fact, numerous studies have shown a myriad of health problems resulting from NNEMF exposures (see cites under footnote #1). These range from fatigue, pain, headache, brain tumors, various cancers, etc. And, when one considers the non-linear rise of chronic and degenerative diseases (CDD) since the 1960s or so, a few striking correlations emerge. One of them has to do with our NNEMF exposures. Since it is not possible to have an epidemic of a genetic disease, and given the explosion of disorders like heart disease, cancer, stroke, diabetes, and auto-immune diseases, we must consider epigenetic factors, including NNEMFs. Though traditional western medicine (TWM) practitioners have been stuck on the genetic theory of these ailments, thankfully the tide of thinking, especially in light of thousands of studies that are implicating epigenetic factors and not genetics, is starting to turn.

About the Study

I first tallied as many of my physiological numbers as possible. Although these were not essential to the study itself, I wanted to get a baseline for my basic body composition, both at the fluids level, and various other physiologic metrics. Fasting (16 hours) blood was drawn and a comprehensive metabolic panel, along with a lipid panel, and ESR (4.0) were performed in office. All blood chemistry, along with a complete urinalysis numbers were in good order, excepting, and I’m ashamed to say, that my LDL was a bit high. Urine specific gravity was 1.025; a bit high. A 60 year old male, 5’ 9”, 163 pounds, 24.8 BMI, 17.7% body fat, 37% muscle, 89 mg/DL glucose, 142 Na, and 4.2 K. I performed a

Phase Angle test, which was a 6.8. Phase Angle³ is one of the more valuable and telling measures of human health. I believe the day will come when we will find that a higher phase angle serves to protect us from harmful NNEMFs.

I performed the NNBV test in a few different locations with varying conditions. First, in a typical office, then outside in an open yard, about thirty feet from a house, with no overhead power lines within a quarter mile. The third location was in a city park next to a large electrical power substation. Three different multi-meters (MM) were used to cross-check the veracity of readings. All were within good limits, so only one MM reading was listed in each of the following figures. In the grassy areas I inserted stainless steel ground rods to a depth of a minimum of 12 inches. To ground myself in the office and the fields, I used an ankle ground strap direct to a ground rod.

NNEMF Effects on Body Voltage in an Office

Skin voltage readings were taken using equipment similar to that outlined in Figure 5. While seated at my lab office desk I performed various tasks as noted in Test Numbers 1-7, in Figure 1. Test #1 shows that the AC voltage reading on my skin (Body Voltage [BV]), while just being present in the office, was 3.09 volts. When I connected my ankle grounding strap to an earth ground, the BV reading dropped to .56. Merely putting my free hand on the surface of a computer screen (Test #2) or holding an extension cord (Test #3) jumped my BV to 6.90 and 6.57 respectively.

I find it striking that BV while holding a lamp cord (Test #8) that does NOT have electricity flowing through it (switch is off) still induces a BV of 7.6 volts. This is from an electric field. Turning the lamp on adds a few more volts (Test #9); this increase results from an active, expanding/collapsing electro-magnetic field. Out of curiosity I tested with a cell phone (Tests #4 and #5). While I cannot figure how cell phone EMFs could induce an increase in BV, you will note that tests #4 and #5 both show an increase over Test #1. There might be other factors to take into consideration.

³ For more about phase angle is, go to www.rjlsystems.com. They sell an amazing device that calculates a patient's phase angle. This number, which is calculated by taking the arctangent of reactance divided by resistance and multiplying by 180 divided by Pi. Some believe that our body's phase angle is one of the best predictors of our health and longevity. I would encourage you, if you are a practitioner, to purchase one such device and perform these on your patients at least yearly. One such study by Satish Kumar et al, Phase Angle Measurement in Healthy Human Subjects through Bio-Impedance Analysis, found at: www.ncbi.nlm.nih.gov/pmc/articles/PMC3646229, found that phase angle for healthy subjects came to 7.32, with a range of 5-10; closer to 10 being better.

Test No.	In Office, Seated; Skin AC Voltage Measurements Various Scenarios; One Lead of MM Grounded	AC Volts Un-Grounded	AC Volts Grounded
1	Seated at desk - skin AC voltage	3.09	.56
2	Touching computer LCD screen with 4 fingers	6.90	1.40
3	Holding insulated electrically "live" wire with one hand	6.57	1.39
4	Cell phone to head with a live call	3.39	.62
5	Cell phone to head with NO call	3.42	.63
6	One hand on WIFI router	3.78	.72
7	MM lead laying on desk, "in space;" no skin voltage measurement	.14	NA
8	Holding lamp cord with switch off	7.6	.86
9	Holding lamp cord with switch on	9.1	1.1

Figure 1 - Office Test Scenario

NNEMF Effects on Body Voltage in an Open, Grassy Area

What stands out immediately from a scan of voltage readings in Figure 2 is the very low values of BV in a grassy field away from electrical wires. In this test scenario I also wanted to see if solar radiation had any effect on AC BV on as much bare skin as possible. Clearly, it did not. But of course the sun's created purpose for human health was more for heat and a spectrum of 250-780 NM light to influence a myriad of endocrine and circadian functions. Apparently, inducing AC BV on humanity was not thought of as being necessary for optimal human health. One can only surmise that more like the opposite is true... that an increased AC BV would more than likely be detrimental at some level and exposure.

Test No.	In an Open Grassy Area, no Power Lines; Various Scenarios; One Lead of MM Grounded	AC Volts Un-Grounded	AC Volts Grounded
10	Fully clothed, rubber sole shoes, shaded from direct sunshine	.003	.001
11	Fully clothed, rubber sole shoes, full sunshine	.002	.002
12	Fully clothed, bare feet on moist grass, shaded from direct sun	.003	.001
13	Fully clothed, bare feet on moist grass, full sunshine	.001	.003
14	Gym shorts only, rubber shoes, shade	.003	.001
15	Gym shorts only, rubber shoes, full sunshine	.004	.001
16	Gym shorts only, bare feet, shade	.001	.002
17	Gym shorts only, bare feet, full sunshine	.001	.000
18	MM Lead lead laying on table; "in space," no skin voltage measure	.001	NA

Figure 2 - Grassy Field Test Scenario

NNEMF Effects on Body Voltage in a City Park 75 Meters from an Electrical Power Sub-Station

I drove ground rods into the ground in a city park located about 75 meters from the electrical transformers and high voltage lines of the next door sub-station. Compare the BV induced at 75 meters away from power lines (Test #19) with that of Test #1. Three AC volts at my desk and 2 AC volts about 200 feet away from high powered electrical transformers! Very close! Notice how simply being bare foot on the ground causes my BV to essentially drop to zero (.008) in Test #20. This also illustrates that being bare foot on the ground (Test #20a) is essentially equivalent to wearing an ankle ground strap connected to a ground rod driven a foot into the ground (Test #20b).

Another very interesting, and important, observation emerged from the tests in Figure 3. Notice the BV in Test #19b (shoes on, only grounded with ankle strap) is .32 volts, but, both voltages in Tests #20a and #20b are essentially zero (.008). What this clearly illustrates is that while earth grounding via straps is very helpful, there is nothing like good ole' bare feet on the bare earth!

Test No.	City Park 75 Meters from Electrical Power Sub-Station	AC Volts Un-Grounded	AC Volts Grounded
19	Fully clothed, rubber sole shoes, full sunshine	2.10	.32
20	Fully clothed, bare feet on moist grass, full sunshine	.008	.008
21	Gym shorts only, rubber sole shoes, full sunshine	2.02	.35
22	MM Lead wires in free space	.091	NA

Figure 3 - In a City Park 75 Meters from Electrical Power Sub-Station

NNEMF Effects on Body Voltage in a City Park 15 Meters from an Electrical Power Sub-Station

Figure 4 shows the results of tests performed as close to the electrical sub-station as possible, without climbing a fence! Compare the human "antenna" BV in Test #23 to the measured, induced voltage of a 10 meter long wire "real" antenna (#26). That wire antenna was literally picking up a voltage of 8.73 volts, while my body was electrified with 11.27 volts. My body was "sponging" more electrical potential than a 30 foot copper wire! This is a frightening thought.

Test No.	City Park 15 Meters from Electrical Power Sub-Station	AC Volts Un-Grounded	AC Volts Grounded
23	Fully clothed, rubber sole shoes, full sunshine	11.27	2.14
24	Fully clothed, bare feet on moist grass, full sunshine	.12	.12
25	MM Lead wires in free space	.77	
26	A 10 Meter horizontal long-wire antenna 1.5 meters above the ground	8.73	.001

Figure 4 - In a City Park 15 Meters from Electrical Power Sub-Station

Hopefully, from the tests and discussion above you will be able to glean some wisdom. It is especially important we realize that since our bodies are sacks of conductive fluids, we act, electrically speaking, as wires. Of course we are not only going to have BV present on the surface of our skin, but even more frightening are the effects that all the NNEMFs, taken together, can have on our systemic physiology. For thousands of years humanity lived with zero NNEMFs. It was not until the late 19th century that any NNEMFs were even present. Then, in the mid-twentieth century, electricity and many other NNEMFs became widespread and now, ubiquitous. Keep in mind in this latter timeframe the exponential rise of CDDs. Autoimmune diseases have exploded as well. Literally, humanity faces levels of extinction if we are not careful to take heed now and make corrective changes. Perhaps you will be motivated to spend less than \$30 dollars and do the tests on yourself. Seeing is believing, right?

Another “N” of One Study - YOU!

To perform a NNBV test on yourself, you will need a few things. See the list in Figure 5. There are two ways this can be done. If you are going to be earth grounding (and you should be!), the following will help you do so.

NNBV Method One - Using Home or Office Electrical Outlet Ground

This first method of measuring NNBV involves making a simple circuit, where you, the human receiving antenna are going to be measured under various situations, much like I did myself above.

Step 1 - Test the Outlet for Safety -

Be absolutely certain you have a good ground in a properly grounded electrical outlet. If you have any doubt, ask a professional electrician. I am only addressing the standard 110 volt, three prong outlets found in the U.S. (few other places as well) here. Use your

outlet tester (item #3 in Figure 5) to insure that you have two amber lights on. If there is any other combo of lights, as noted on the small legend located on the test device itself, then STOP! If you still want to do the NNBV test, you must use NNBV Method Two (below), or find a professional who can certify a safe outlet ground.

Step 2 - Connect Yourself to the Electrical Ground -

Place the #10 screw (Item #2) into the round, lower hole in a convenient, proven-safe, electrical outlet, that you identified in Step 1 above. Then, using an alligator clip wire (Item #4), clip onto the screw with one end. With the other end of that alligator test lead, clip onto either the black lead of your multi-meter (MM) tester or to one end of the longer wire (be sure to strip off some insulation to expose the copper). If you are using the long wire, clip another test lead onto the other end and then to the black lead of the MM tester.

Step 3 - Take a NNBV Reading

Turn on the MM tester. If you are using something like the ZT101 (see item list #1), turn the dial to the capital "V," for voltage. At this point, this meter is set to read DC voltage. For this test, you must press the proper button (in this case, the orange "SEL" [for SELECT] to make sure the meter is set to AC - very small "AC" on the left hand side of the display).

Take the red lead of the MM Tester and touch it to any place on your skin. Look at what the meter says. Don't worry if it jumps around a little bit; hold the red lead tip steady on your skin and then write that number down. Now ground yourself and take another reading. The ground provides a path for the voltage to "bleed off" of you. You can then try various locations and situations in your home, office or outdoors. If you live near electrical wires or transformers, perhaps consider getting the area tested for EMF levels.

Here is a list of what you will need to perform the NNBV test on yourself:

Item#	Qty	Item	Notes
1	1	Multi-meter	Search Amazon for "zt101 multimeter" - under \$20 Amazon prime - the Harbor Freight cheapy red multimeter will not work! It must be able to measure tenths of a Volt AC - an "auto-ranging" feature is best.

2	1	10-32 or 10-24 by 1 1/2" long screw	This size of screw pushes nicely into the bottom of standard U.S. electrical outlets. However, you MUST insure that the ground lug/hole of the outlet and the outlet itself are wired properly; buy item #3 below to be sure; if any doubt, ask a qualified electrical person
3	1	Outlet Tester	Search Amazon (or local hardware store) "receptacle tester"; an inexpensive one will do
4	2	Alligator clip test leads	You will need at least two of these; search Amazon "test leads with alligator clips"; I like the ten pack with 5 colors for under \$7.00; you can get a set cheaper at any Harbor Freight.
5	1	Insulated copper wire	You will need an insulated wire long enough to go from an electrical outlet (Method One) or ground rod (Method Two), to where you will be doing the tests; should be a minimum of 18 gauge; Home Depot, Lowes, or local hardware can provide cut lengths inexpensively.
6	1	Ground Rod/ Peg	You ONLY need one of these if you don't have or don't want to use the ground lug on an electrical outlet in your office or home. Find a foot long or so bare metal rod or stiff wire that is strong enough, without bending, to push into the dirt, at least six inches; a little more is better.
7	1	Ankle or wrist anti-static ground strap	Search Amazon "anti static wrist strap". Use this on your ankle or wrist to see how BV drains off of you. Less than \$10. Then use it to earth ground via a rod or a safe ground outlet. These straps have a 1 megohm resistor built in as an extra safety measure; Of course you will use this to start earth grounding yourself!

Figure 5 - NNBV Self-Test Parts List

NOTE: DO NOT ATTEMPT TO TOUCH ANY LIVE, METAL ELECTRICAL WIRES WHEN YOU ARE GROUNDED AS YOU WILL BE SHOCKED. The tests, as outlined above are very safe!

In recent years I have become persuaded that those of us who have standard electrical wiring and loads in our homes, cell phones, any wireless technology, etc., are at varying degrees of health risk. In a way we should be a little envious of people who have electro-magnetic sensitivity since they can immediately sense the effects of NNEMFs. The rest of us no doubt are affected, but we won't often know until years of damage have been done to our physiology.

There are five distinct areas with NNEMFs where we are at risk. First are electric fields. Just by having our bed or sitting area near an electrical outlet without anything plugged in or turned on, we are exposed to an electric field. To see this for yourself, buy an inexpensive non-contact voltage tester (for just a few dollars)⁴

Second, when we are in the near presence of wires, extension cords, devices, and appliances that are turned on, that is, current is flowing, these electro-magnetic fields impact us and can harm our bodies.

Third, is dirty electricity generated from electric motors and other devices due to a spiking that causes spurious frequencies and up/down voltages. These stray frequencies course through our bodies and can impact many functions, especially at the cellular level. The fourth area consists of radio frequencies that emit from cell phones, radio transmitters, cordless phones, and blue tooth and WIFI devices.

Fifth, is blue light. In nature, blue light is never present by itself in any quantity. Sunlight emits blue light, but always combined with the fuller spectrum. In our modern world, we are in literal oceans of blue light, largely because it takes less electricity to produce.

These experiments only covered the first two areas, but it may very well be that the last two are more harmful. Taken together, NNEMFs are impacting humanity in unprecedented ways.

I have performed many of the above tests on numerous people, enough to know that a human in the presence of NNEMFs, especially the very low frequencies, as in our normal house and office wiring (60 Hz), acts as an antenna and "receives" an induced body voltage. On one hand we might say, "So what?" In actuality we do not know all of the short and long term effects of such. Quite honestly, seeing it for oneself creates a sense of concern. With the nonlinear rise of CDDs, correlating with a similar rise of NNEMFs, it does not take much logic to make a connection. As stated, the purpose of this paper is not to explore the deleterious health effects of NNEMFs, but rather to give the reader an inexpensive way to perform such tests. This, hopefully, will encourage

⁴ Search Amazon or Ebay: "non contact voltage tester." They are available at many department and hardware stores.

more study and ways to mitigate our collective exposures to NNEMFs.

Conclusion

Just how much can we conclude from a study of one subject? Normally, not a lot. In actuality, every human I have tested in this fashion has turned out with similar results. For future studies, we should try to measure the difference in BV between subjects with different hydration and electrolyte levels (Na, K, etc), BMI, as well as phase angle, which takes into consideration the health of the electrical pathways between body cells, via capacitive reactance and resistance. Combined, these values provide an incredibly useful insight into cellular and systemic health; the ability of cells to both store energy and conduct electrical currents in intercellular pathways. Studies have shown super healthy people to have a PhA of greater than about 7.05 (women) and 7.43 (men). In contrast the PhA of people with cancer or very elderly is typically under 4.5.

From this simple test, which I have repeated on numerous clients, we can see a dramatic change in voltage potential of the epidermis just by changing the orientation of the subject in relation to various electric and electro-magnetic fields. Specific physiological effects of just these two classes of EMFs (electric fields and electromagnetic fields) on human physiology are not the focus of this paper. Even without studies showing the effects of these, stand back and think about the following: The voltage induced on my skin while sitting ungrounded in a fairly normal office (a PC, laptop, cell phone, wifi, fair number of outlets with extension cords, UPS) was about 3.1 volts AC. Not a lot compared to a person who might be experiencing a higher voltage of say, 50 volts; at that voltage one would begin to “feel” that they are being shocked. Remember the old tongue-on-the-9-volt battery “bite” that we pranked others with as kids? Now, compare the 3.1 VAC to the ungrounded skin voltage outdoors, not close to any electric fields, of .003 volts (which, by the way, was probably even higher than our ancestors ambient skin voltage!). Simple math question: How many times does .003 go into 3.1? Answer: 1033 times! That means, I, innocently doing work in my lab/office am “bathing” in an ocean of NNEMFs which are 1033 times stronger than outdoors. Unlike Wonder Bread, can this build strong bodies, 12 ways? I would expect not! And this does not take into consideration the tsunami of blue light, dirty electricity, and higher frequencies of a myriad of cell phone EMFs, etc.

How many studies have you read where they did not end with something like, “...but more research needs to be done?” And while I agree that more needs to be done, how many more investigations, studies, internet quarrels, and political battles (often funded by industry), do we need before we take appropriate action? We must protect the next generation of children from the potential harm from NNEMFs. How many such studies and YEARS transpired before we took measured action against asbestos, DDT, tobacco,

and lead, to name a few? Performing this simple test on many of my clients, and then earth grounding them has given them a tangible experience where, even though they may not be hyper-sensitive to EMFs, they can see immediate changes in their BV. As you might guess, this “N-of-one-guy” is motivated more than ever to earth ground and mitigate NNEMF exposures as much as possible. Hopefully, you have been inspired to do these simple tests on yourself and patients, and earth ground and mitigate these NNEMFs as possible as well. Feel free to contact me with any questions (or answers!) at: docbob333777@gmail.com

Robert Lund, CTH is a Certified Tribal Healer (Nottaway Tribal Community Southwest - a Hoopa Tribal entity). He is also a board certified doctor of natural medicine. Robert specializes in getting to the root of illness, focusing on how to be healthy, rather than focusing on disease. Specializing in epigenetics, Dr. Lund helps identify lifestyle and environmental elements that distract the body from health and vitality. He utilizes numerous modalities including blood lab analysis from a functional/holistic perspective, EAV, herbal medicine, metabolic balancing, live blood microscopy, earth grounding, nutritional and vitamin/mineral therapy, and other traditional naturopathic healing techniques. Robert can be reached at docbob333777@gmail.com.

Footnotes

1 A number of papers illustrating this: Armstrong, B., et al. 1994. “Association between exposure to pulsed electromagnetic fields and cancer in electrical utility workers in Quebec and France.” *American Journal of Epidemiology* 140, no. 9 (Nov. 1, 1994):805-20. Milham, s. “Increased cancer incidence in office workers exposed to strong magnetic fields.” *American Journal of Industrial Medicine* 30 (1996): 702-704. Milham, S. and E.M. Ossiander. “Historical evidence that residential electrification caused the emergence of the childhood leukemia peak.” *Medical Hypotheses* 56, no. 3 (2001): 290-295. Westman, J.A., et al. “Low cancer incidence rates in Ohio Amish.” *Cancer Causes and Control* 1 (2010): 69-75.

2 Chevalier G, Sinatra, ST, Oschman JL., et al. “Earthing (grounding) the human body reduces blood viscosity: A Major factor in cardiovascular disease.” *Journal of Alternative and Complementary Medicine* 2013; 19(2): 102-110. Sokal K, Sokal P. “Earthing the human organism influences bioelectrical processes.” *Journal of Alternative and Complementary Medicine* 2012; 18(3): 229-234. Chevalier G. “Changes in pulse rate, respiratory rate, blood oxygenation, perfusion index, skin conductance and their variability induced during and after grounding human subjects for forty minutes.” *Journal of Alternative and Complementary Medicine* 2010; 16(1): 81-87. Ober AC. “Grounding the human body to neutralize bio-electrical stress from static electricity and EMFs.” *ESD Journal* Jan 2000. Applewhite R. “The effectiveness of a conductive patch and a conductive bed pad in reducing induced human body voltage via the application of earth ground.” *European Biology and Bioelectromagnetics* 2005; 1: 23-40.

3 For more about phase angle is, go to www.rjlsystems.com. They sell an amazing device that calculates a patient’s phase angle. This number, which is calculated by taking the arctangent of reactance divided by resistance and multiplying by 180 divided by Pi. Some believe that our body’s phase angle is one of the best predictors of our health and longevity. I would encourage you, if you are a practitioner, to purchase one such device and perform these on your patients at least yearly. One such study by Satish Kumar et al, Phase Angle Measurement in Healthy Human Subjects through Bio-Impedance Analysis, found at: www.ncbi.nlm.nih.gov/pmc/articles/PMC3646229, found that phase angle for healthy subjects came to 7.32, with a range of 5-10; closer to 10 being better.

4 Search Amazon or Ebay: “non contact voltage tester.” They are available at many department and hardware stores.

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The Science of The Six Cleansing Acts is the most important part of Hatha Yoga. Without cleaning of these interior parts of the body yoga practice does not help a person to keep an active human body.

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Vasti (Yogic Anema)
Neti (Nasal Cleansing)
Trataka (Steady and Continuous Gazing)
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Kapalbhati (Frontal Brain Cleansing)

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of skin, bacteria in the anus, parasites in the intestines, and unbearable heat, obstruction in the flow of urine and pain due to it, heaviness of stomach causing laziness and weakness, wet dream while menorrhagia, irregularity in menstrual periods and diseases in the female genital etc.

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Protective effect of DPPH efa₀₂ on acute hepatic damage mice induced by con-A

Professor Qiuxian Peng PhD¹, Naturopathic Physician Lily Lai ND, NP², Professor Ken Yung PhD³
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Abstract:

Objective: To study the protective effect of DPPH on hepatic damage induced by concanavalin (con-A) and its possible mechanism.

Methods 50 Kunming mice were randomly divided into five groups : Control group; Model group; DPPH high dosage group(0.04ml /20g); DPPH moderate dosage group(0.02ml /20g) and DPPH low dosage group(0.01ml /20g). All mice were given by gavage once a day for 7 days with DPPH or saline simultaneously, and then were asked to fast overnight. Mice were vein injection with con-A. ALT, IL-10, IFN- γ , TNF- α and PGE1 were detected. The right lobe of the liver was fixed in 4% paraformaldehyde for hematoxylin-eosin (HE) CYP5A1 CYP2E1 and CYP3A level were detected by western blotting.

Results Visually observed, liver damage in model group was more serious than DPPH group. Hepatic pathological damage in model group was more serious than DPPH groups after HE staining. Compared with control group, the levels of ALT in model group raised a lot, the difference was statistically significant ($P < 0.01$). Compared with model group, the levels of ALT in DPPH groups decreased, and the difference was statistically significant ($P < 0.01$). The difference between the DPPH dosage groups was not statistically significant. Compared with the normal group, the expression of inflammatory cytokines IL-10, increased in different concentrations of DPPH treatment group, Compared with model group, the expression of IFN- γ , TNF- α and PGE1 in various concentrations decreased significantly. **Conclusion** DPPH has significant

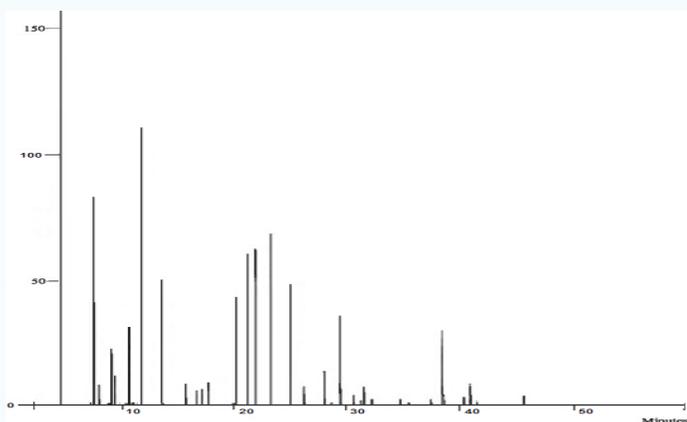
protective effect on acute hepatic damage induced by con-A associated with CYP2E1.

Introduction:

DPPH is a specific oral drugs formulation, the major content includes Bergamot, German chamomile, Juniper berry, Lavender; Liquid form packed in sealed bottle. By the test, there are 53 components in the DPPH, 10 of them have an amount of more than 3 volume based on it. By the test, DPPH has a variety of natural components, including the active constituent are Limonene, 1,8-cineole and Linalyl acetate, etc. Formulated exclusively by Naturopathic Doctor Dr. Lily Lai, CND, CNP, ANMCB is an expert in the field of anti-aging and developing functional food supplements (drily@natur-techpharmacal.com). This formulation in Hong Kong has obtained a patent(No.: PCT/CN2017/079501). On the basis of previous works, here we investigated the protective effect of DPPH on hepatic damage induced by concanavalin (con-A) and its possible mechanism provide a theoretical basis for further development and use of this formulation.

Table 1 GC results of 10 components in DPPH

Component(s)
α -pinene
Limoene
1,8-cineole
Linalool
Neral
Linalyl acetate
Gernaial
Carvacrol
Eugenol



Trans-b-femesene

Figure1 GC chromatography of DPPH

1 Materials

1.1 Main materials and Reagents

Concanavalin A (sigma chi mica Italy); Immunoassay kit of Alanine Transaminase (ALT); glutamic oxaloacetic transaminase (AST); interleukin-10, interferon- γ , tumor necrosis factor- α prostaglandin E1 (Nanjing Jincheng Bioengineering Institute, China). CYP5A1 CYP2E1 CYP3A actin primary antibodies (Booster Biological Technology Co. Ltd, China).

1.2 Animal

Kunming mice weighing 18-22g were purchased from the Laboratory Center of Hunan University of Chinese Medicine, and housed with free access to water and rodent chow at 20-22 °C with 12-hour light-dark cycle. This study and the experimental protocol were approved by the Institutional Animal Care and Use Committee (IACUC) of Hunan University of Chinese Medicine, all procedures involving laboratory animals were conducted in accordance with the guidelines of IACUC.

2 Methodology

2.1 Animal model and drug administration

50 mice were randomly divided into five groups: 1) control group; 2) autoimmune hepatitis model group; 3) high-dose DPPH treated group (0.04ml/20g); 4) medium-dose DPPH treated group (0.02ml/20g); 5) low-dose DPPH treated group (0.01ml/20g), 10 mice each group. The mice were orally administrated with corresponding concentration of DPPH or same volume of saline, once a day for 7 days. Mice were injected Con A (diluted to 20mg/kg by sterile PBS) after fasting overnight, All mice were decapitated and the blood were collected Meanwhile, the pathological changes of liver were observed under light microscope after HE staining.

2.2 ELISA analysis

The whole blood was obtained from the mice under sterile conditions on the day of sacrifice. The whole blood was then centrifuged at 10006 g and 4 °C for 30 minutes, and the upper layer containing the serum was collected. The levels of ALT, IL-10, IFN- γ PGE1 and TNF- α in the blood serum were determined using ELISA kit according to the manufacturer's protocol.

2.3 Evaluation of liver tissue histology

The liver tissues were fixed in 10% formalin and embedded in paraffin. Deparaffinize sections, 2 changes of xylene, 10 minutes each. Re-hydrate in 2 changes of absolute alcohol, 5 minutes each. 95% alcohol for 2 minutes and 70% alcohol for 2 minutes and wash briefly in distilled water. Stain in Harris hematoxylin solution for 8 minutes, wash in running tap water for 5 minutes. Differentiate in 1% acid alcohol for 30 seconds; wash running tap water for 1 minute. Bluing in 0.2% ammonia water for 1 minute, wash in running tap water for 5 minutes. Rinse in 95% alcohol, 10 dips. Counterstain in eosin-phloxine solution for 1 minute. Dehydrate through 95% alcohol, 2 changes of absolute alcohol, 5 minutes each, clear in 2 changes of xylene, 5 minutes each, mount with xylene based mounting medium. Histological change of the hepatic tissue was examined by light microscope.

2.4 Western Blot Analysis

Liver tissue homogenized in lysis buffer using a tissue homogenizer. Lysates were then centrifuged at 14,000 g for 10 min at 4 °C. The supernatant was stored at -80 °C. After the protein was quantified, lysates were

denatured at 100 °C for 10 min. An equal amount of protein (30 µg/well) was electrophoresed on 10% SDS-PAGE gel. The proteins were then electroblotted to PVDF membranes (Bio-Rad) and blocked with 5% non-fat skim milk for 1 h. Subsequently, the blot was incubated in primary antibodies (CYP5A1 CYP2E1 CYP3A) supplemented with 2% non-fat skim milk for 2 h at room temperature. After washing, the membrane was incubated in horseradish peroxidase (HRP)-conjugated secondary goat anti- rabbit antibodies in 2% non-fat skim milk for an hour at room temperature. Bandson the membranes were visualized using chemiluminescence detection reagents (Abfrontier WESTSAVE Up (Western Blotting Substrate)). Distinct immunoreaction products were revealed and images of the bands were developed on film (Biomax X-ray film, Kodak). To check the amount of protein loaded, the immunoblots were treated with stripping solution (62.5 mM Tris buffer, pH 6.7, containing 2% SDS and 100 mM b-mercaptoethanol) for 30 min at 50 °C and incubated with mouse monoclonal anti-β-actin

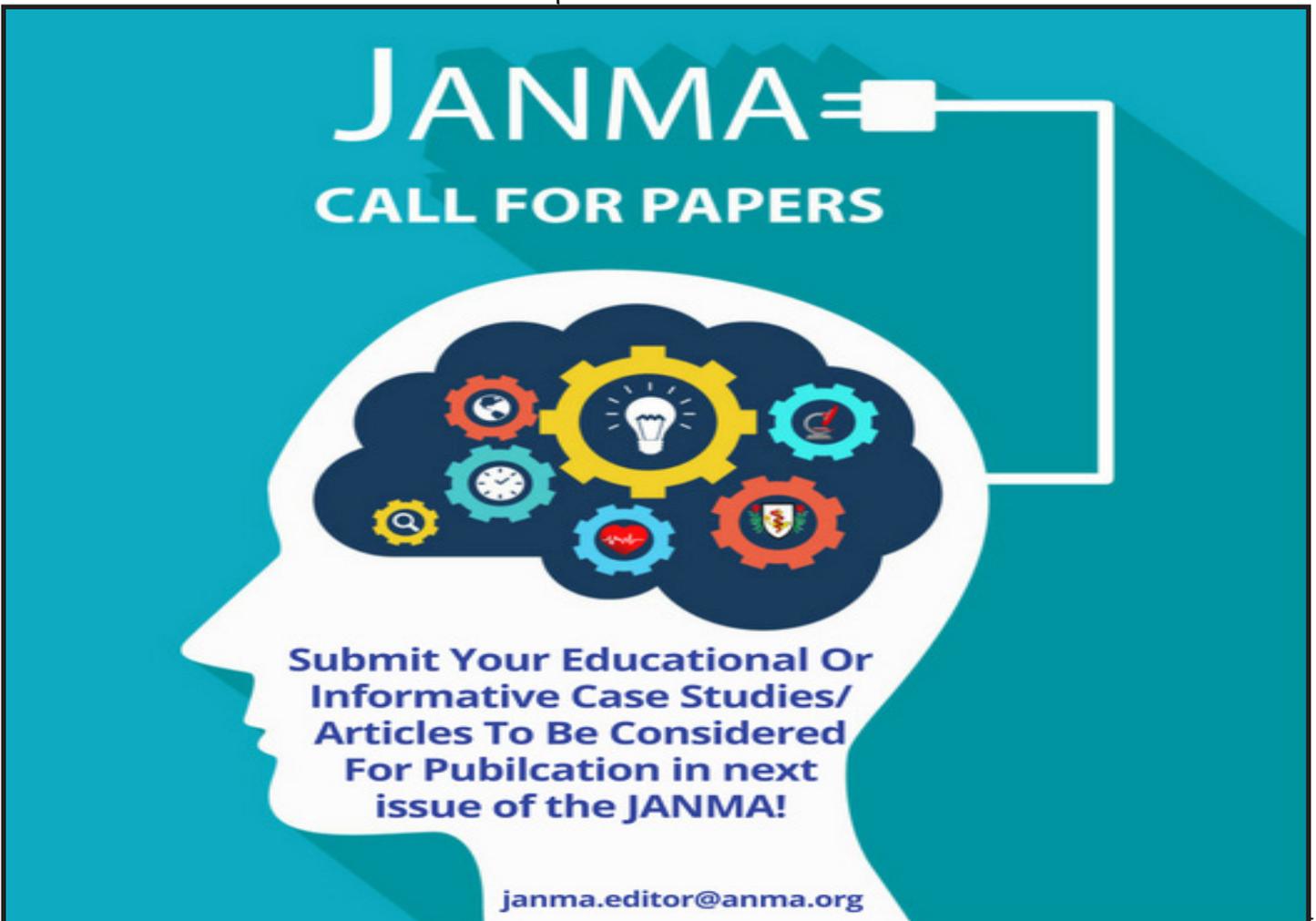
antibody followed by horseradish peroxidase-coupled goat anti-mouse IgG (Pierce). Optical densities of the individual bands were scanned and quantified using NIH Image J. The intensity of the bands was normalized by the averaged value of β-actin protein (loading control). The fold protein expression was calculated relative to normalized value of one given to control (untreated) cells.

2.5 Statistical analysis

The data are expressed as the mean ± Standard error of the mean (SEM) from at least three independent experiments. Comparisons between two groups were performed using Student's t-test. All statistical tests were two-sided, and P < 0.05 was considered to be statistically significant.

3 Results

Besides normal control group, 40 mice with no deaths proved successful model after tail vein injection of



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Con-A. Compare with other mice, the mice in model group showed decreased activity and have tended to be tardy.

3.1 ALT level in serum

As shown in Fig. 2, the ALT level in model group were increased compare to controls (13.03 ± 0.204 mU/ml), the parameters showed a significant difference ($P < 0.01$). The ALT level in serum of DPPH treated group decreased markedly compare to model group ($P < 0.01$), which shown DPPH inhibited the increase of serum ALT caused by Con-A.

Tab. 2 Effect of DPPH on ALT levels in mice.

Group	n	Concentration	ALT (mU/ml)
Control	10	--	1.503 ± 0.116
Model	10	0	$13.03 \pm 0.204##$
efal	10	0.01ml /20g	$4.856 \pm 0.363^{**}$
efam	10	0.02ml /20g	$5.501 \pm 0.412^{**}$
efah	10	0.04ml /20g	$10.83 \pm 0.249^{**}$

** $P < 0.01$ ## $P < 0.01$ vs. Control group; ** $P < 0.01$ vs. model group

3.2 IL-10, IFN- γ TNF- α PGE1 level in serum

As shown in Fig. 3, The IFN- γ TNF- α PGE1 level of model group increased obviously compared with normal group ($P < 0.01$), but the concentration of IL-10 in model group decreased markedly ($P < 0.01$). However, the level of IL-10, IFN- γ TNF- α PGE1 differ significantly from that in the model group ($P < 0.01$ or $P < 0.05$).

Tab. 3 Effect of DPPH on IL-10 IFN- γ TNF- α PGE1 levels in mice.

Group	IL-10 (pg/mL)	IFN- γ (pg/mL)	TNF- α (pg/mL)	PGE1 (pg/L)
Control	100.38 ± 2.93	34.59 ± 5.10	320.17 ± 17.67	820.69 ± 104.35
Model	$17.21 \pm 4.70##$	$86.47 \pm 5.46##$	$1126.1 \pm 121.69##$	$1459.54 \pm 86.97##$
efal	$51.94 \pm 3.17^{**}$	$82.80 \pm 3.54^{**}$	$749.27 \pm 12.00^{**}$	$1249.37 \pm 44.75^*$
efam	$55.93 \pm 9.50^{**}$	$40.47 \pm 2.96^{**}$	$769.86 \pm 57.98^{**}$	$1003.29 \pm 66.77^{**}$
efah	$80.06 \pm 2.72^{**}$	$39.64 \pm 6.24^{**}$	$750.99 \pm 72.96^{**}$	$1004.04 \pm 88.59^{**}$

** $P < 0.01$ ## $P < 0.01$ vs. control group; ** $P < 0.01$ vs. model group

3.2 Hematoxylin and Eosin staining

To examine the histological changes in the liver after ConA injection in the presence or absence of

sample, we stained the liver tissues with H&E, the results showed liver in control group were normal and no abnormalities (fig. 2a), the hepatic lobules showed inflammatory cells infiltrating the confining ducts, large numbers of infiltrating mononuclear lymphocytes, and a proportion of necrotic liver cells in ConA-induced liver injury model groups. Flaky necrosis was visible after the ConA injection with a pathological examination of the liver tissues. These results show that the ConA-treated model was successful (fig. 2b). Histopathological studies of the mouse livers were used to determine the effects of sample on ConA-induced liver injury. As shown in Fig. 2 c-e, a light microscopy examination revealed extensive inflammatory infiltration and large areas of necrosis in the livers of the ConA-treated mice. In contrast, mice pretreated with DPPH showed minor liver damage. Overall, both DPPH pretreatment protected the mice from ConA-induced liver injury.

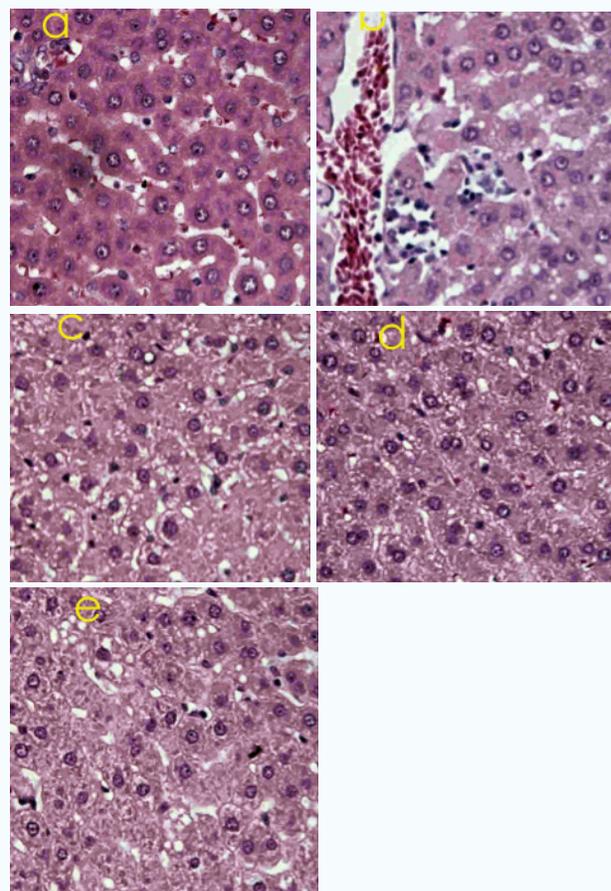


Fig. 2. The pathological change in hepatic tissue of hepatitis mice induced by con-A (HE staining, x400). Normal control mice (a), hepatitis mice induced by con-A (b), high-dose of DPPH treated mice (c),

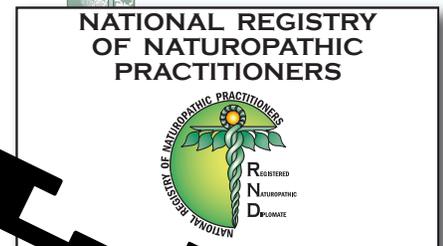
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moderate-dose of DPPH treated mice (d) and low-dose of DPPH treated mice (e).

3.3 Expression of CYP5A1, CYP2E1, CYP3A

We found that the liver is reddish brown, smooth surface, soft texture, edge and tidy in the control group. However, the liver presents a deep red, a large number of white spots on the surface, quality of a material are brittle, dull edges in model group. Compared with the model group, the liver in DPPH treated group with a small white spots, texture soft, sharp edge.

The results of western blotting showed that, compared with the control group (100%), the CYP2E1 and CYP3A protein expression decreased significantly ($P < 0.001$) in con-A-induced model group. Besides, the protein expression of CYP5A1 and CYP2E1 in efam and efah group was significantly lower than those in model group ($P < 0.001$) (fig. 3). Hepatic tissue in the Concanavalin A induced autoimmune hepatitis model after treated by DPPH down-regulation of the CYP2E1, CYP5A1 expression, no significant difference in CYP3A expression.

Control group model group DPPH group

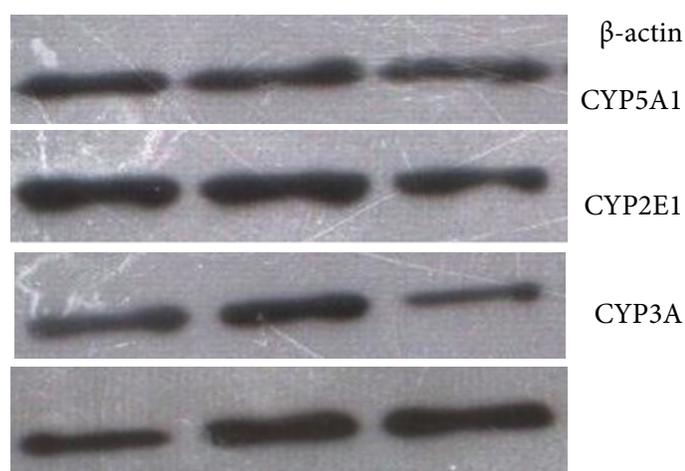


Fig. 3. The expression of CYP5A1, CYP2E1 and CYP3A in hepatic tissue in the Concanavalin A induced autoimmune hepatitis model after treated by DPPH

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It is a number of potential stressors, but it is the Only One affecting every living organism. While other stressors are affecting based on psychological or physical factors, that one affects everybody. Body is not able to compensate it and restore balance. Energy is drain for the fight with it. It is recognized on the same level as invasion of bacteria or viruses. This fight continues, stressor is present and energy is drained. Not every task will be done during body maintenance, or will be not done properly if will be not enough energy – it is a critical stage.

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Let see - Fibromyalgia mentioned earlier is gone in 3 months (only problems with short term memory may take up to 11 – 12 months in acute stage) in every case. The same is with other health problems. Also, recovery is faster and immunity is increased.

Children seeing family physician almost every week goes only for routine checkups. People without energy (especially older) get energy bust. Recovery is speeding up. Nails and hair grow much faster. Brain fog is disappearing,

Is it all?

Some experiences are covered by our clients' testimonials posted on <https://www.microalpha.com/SMF-microalpha/index.php/board,9.0.html> That is not all. Everybody has own story and each one is different.

We have patented invention and products on market for 20+ years. As well in addition to regular sales we have distribution and affiliate programs. Check bottom of <http://www.microalpha.com> main page above contact form for more information.

AMERICAN NATUROPATHIC MEDICAL ASSOCIATION



Recap of the 2018 ANMA Convention

By: Hayleigh Hayhurst

The 37th Annual American Naturopathic Medical Association Convention (held at the Westgate Resort and Casino in Las Vegas, NV on August 24, 25, and 26, 2018) featured educational seminars, lectures, workshops and honored those who earned the higher achievement award. All three days were filled with naturopathic leaders speaking about cutting edge topics that made this well attended event so successful. The ANMA convention attracts people from all over the country in various fields of study, such as Medical Doctors, students and those who are eager to learn, and brings them together to build strong, professional connections.



Topics at the conference included “Extreme Gladiator Health” by Author Roger Bezanis, “Lyme Disease Protocol Using Homeopathy & Functional Medicine” by Theresa Dale, Ph.D, CCN, N, “Predicting Cardiovascular Risk – Inflammatory Testing” by our Gold Sponsor, Thomas Hobbs, DC, MD, PHD, ND, DACBN, DABCI, BCIM, ABMPP and many more throughout the three day conference.



During the second day of the conference, ANMA celebrated those who inspire others in the field and strengthen the entire naturopathic profession by honoring them with an award. This members luncheon also featured Dr. Thomas Hobbs on a topic of interest, and Julie Coombs, the Director of ANMA, recapping what happened in the world of naturopathy, as well as looking forward to the year ahead. After the awards and presentations members enjoyed a buffet and gathered together to gain valuable and professional connections.



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.

For more information visit: anma.org or visit our Facebook: www.facebook.com/ANMA.OFFICIAL



2018 ANMA HIGHER ACHIEVEMENT AWARD





BECOME AN ANMA MEMBER TODAY!

Become an active member and add your voice to today's ANMA. The choice is yours. Begin your life long professional relationship with the Association in service of Naturopaths and Naturopathy for over 38 years.

American Naturopathic Medical Association

APPLICATION FOR MEMBERSHIP:

DATE: _____

NAME: _____ Phone: () _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ SS# _____ Citizenship: _____

Bus. Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Mailing Address: **Check One** Home Business *Email Address: _____

EDUCATION:

School:	Address	From/To	Degrees	Date

INTERNSHIP/RESIDENCIES: (If applicable)

Location	Date

CERTIFICATION(S): (If applicable)

Board	Date

LICENSING:

Type	County/State	Date	No.

It is my desire to become a member of the American Naturopathic Medical Association and I hereby make application for inclusion in the ANMA membership.

Name as you wish it to appear on certificate (Name Only) _____

Payment of \$350/\$295 in check or money order, must accompany application. Refund made if membership not accepted. Canadian residents must submit comparable amount to U.S. currency.

MC/VISA/DIS# _____ Exp.Date: _____ VCode# _____

(The V code is the 3 digit code found on back of credit card)

Signature: _____

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Supporting membership - \$295.00

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— Victor Lindenberg Lewis, Ret. Army, Purple Heart recipient, and 2018 PGA Tour prospect

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