

THE GLOBAL RESOURCE FOR ANTI-AGING



Anti-Aging MEDICAL NEWS



SPECIAL GUEST SPEAKER
SUZANNE SOMERS

2012 SPRING
OFFICIAL SHOW
HANDBOOK

20th

ANNUAL WORLD
CONGRESS ON
ANTI-AGING AND
REGENERATIVE
MEDICINE

I HAVE CANCER
CAN I RESTORE MY HORMONES?

**ADDRESSING
GUT HEALTH**
AS A VITAL COMPONENT
OF COMPREHENSIVE
ANTI-AGING PROGRAM

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Vitamin D's Protective Effects on both Colds and Influenza

By: Mayer Eisenstein, MD, JD

The reason why public health officials are worried about influenza pandemics¹, is the fear that there will be a recurrence of the great flu outbreak of 1918 which killed millions of people. It is this fear that prompted them to come out with a swine flu/H1N1 vaccine in 2009. This novel flu vaccine was not been properly tested for safety or efficacy, contained dangerous preservatives such as thimerosal,² and also may have contained dangerous adjuvants³ such as MF59 which contains Squalene⁴. So confident are they in this ineffective, toxic vaccine that they are also recommending it to pregnant women and children. How ironic, in March of 2001, the Food & Drug Administration (FDA) issued a statement warning pregnant women and young children not to eat fish containing high levels of mercury because it causes neurological problems in children. Yet, the Centers for Disease Control and Prevention (CDC) now recommends that these same women and young children should get seasonal and H1N1 influenza vaccines. Many seasonal influenza vaccines, as well

as the H1N1 vaccine, contain mercury, from the preservative thimerosal, in amounts exceeding the Environmental Protection Agency (EPA) recommended safe levels.

Low Vitamin D Levels Linked to Increased Colds and Flu

In the Archives of Internal Medicine Dr. Adit Ginde, et al., of the University of Colorado, Denver, Division of Emergency Medicine, found an important role for Vitamin D in prevention of common respiratory infections, such as colds and the flu. He found that at least 50 percent of people in the new study, which included nearly 19,000 people 12 and older, whose levels of Vitamin D were less than 30ng/ml were at increased risk for respiratory tract infection. Individuals with common lung diseases, such as asthma or emphysema, may be particularly susceptible to respiratory infections from Vitamin D deficiency.⁵

There is data from studies by John Jacob Cannell, M.D.

[practicing physician and Executive Director of the outstanding organization "VitaminDCouncil.org"] showing that that Vitamin D is protective against seasonal flu. Dr. Cannell authored a paper which shows the winter increase in colds and flu is attributed to low seasonal Vitamin D levels.⁶

He also found compelling epidemiological evidence indicating that Vitamin D deficiency may be the seasonal stimulus [to activate influenza virus].⁷

Additional data from Dr. Norris Glick, M.D.* and Dr. Ellie Campbell, D.O.** corroborates this very compelling evidence that Vitamin D was also highly protective for H1N1 Swine flu in 2009.

Furthermore, recent evidence confirms that lower respiratory tract infections are more frequent [in patients receiving less than 2,000 IU of Vitamin D3 daily], sometimes



dramatically so, in those with low 25 (OH) D levels.

In September 2009, I received the following information from John Cannell, M.D. that he had received from Norris Glick, M.D., a medical school classmate of mine, a Board Certified Pediatrician and a staff member of the Central Wisconsin Center. *Dr Glick reported the following:

"Central Wisconsin Center is a long-term care facility for people with developmental disabilities, home for approx. 275 people with approx. 800 staff. Serum 25-OHD has been monitored in virtually all residents for several years and patients supplemented with Vitamin D.

In June, 2009, at the time of the well-publicized Wisconsin spike in H1N1 cases, two residents developed influenza-like illness (ILI) and had positive tests for H1N1: one was a long-term resident; the other, a child, was transferred to us with what was later proven to be H1N1. On the other hand, 60 staff members developed ILI or were

documented to have H1N1: of 17 tested for ILI, eight were positive. An additional 43 staff members called in sick with ILI. (Approx. 11-12 staff developed ILI after working on the unit where the child was given care, several of whom had positive H1N1 tests.) So, it is rather remarkable that only two residents of 275 developed ILI, one of which did not develop it here, while 103 of 800 staff members had ILI. It appears that the spread of H1N1 was not from staff-to-resident but from resident-to-staff (most obvious in the imported case) and between staff, implying that staff were susceptible and our residents protected".

At the same time Dr. Cannell sent me information from: **Dr Ellie Campbell, (Ellie Campbell, DO, Campbell Family Medicine, GA) who reported the following:

"Thanks for your update about the hospital in Wisconsin. I have had similar anecdotal evidence from my medical practice here in Georgia. We are one of the 5 states with



widespread H1N1 outbreaks. I share an office with another family physician. I aggressively measure Vitamin D and supplement if necessary. He does not. He is seeing one to 10 cases per week of influenza-like illness. In my practice, I have had zero cases. My patients are universally on 2000-5000 IU to maintain serum levels 50-80 ng/ml."

The reports from Drs. Cannell, Glick, Campbell and Ginde, and the facts from 1918, are very compelling evidence that Vitamin D can be quite protective against colds and seasonal influenza. What a relief not to have to inject our pregnant women, children and adults with ineffective and dangerous flu vaccines (<http://tinyurl.com/yezaks5>).

None of these benefits can be realized unless we have adequate blood levels of Vitamin D.

There are also some facts suggesting that Vitamin D was protective against the flu of 1918:

1. The mass of deaths in the Northern hemisphere occurred when Vitamin D levels were low (fall and winter).
2. While infection rates were similar for sailors and troops on infected troop transport ships, the sailors had 1/4 the mortality of the troops. One has to assume the 25(OH)D of sailors aboard 1918 troop transport ships was higher than the troops inside.
3. Underground coal miners in North America had the highest mortality of any occupation.
4. The incidence of influenza in the French army was much higher in troops away from the front (assumably in barracks) than in front line troops.
5. Open air hospitals in North America allegedly had lower mortalities than regular hospitals.
6. Mortality for sailors at sea was markedly lower than sailors ashore, despite the crowded conditions on board.
7. In the Western Front, the 1918 flu disappeared in August (when 25(OH) D levels reach their peak) only to return in September, when 25(OH)D levels fall rapidly.

Dr. Eisenstein's Daily Vitamin D Recommendations

Vitamin D, Probiotics and Chicken soup have been effective in the past in combating viral infections like Flu .

1. Get a Vitamin D blood test 25(OH)D
2. Make sure your whole family has adequate blood levels of Vitamin D this flu season (>50 80ng/ml).

Most children and adults Vitamin D blood level is <30ng/ml.
3. Adult (and children >100lbs) maintenance 10,000 IU daily.
4. Children's maintenance: <100lbs.. 5,000 IU daily.
5. At the first symptoms of a cold or flu 1,000IU/ lb. daily for 7 days.
Examples:
50 lb 50,000IU daily.
100 lb daily 100,000IU daily.
150 lb daily 150,000IU daily.
200 lb daily 200,000 IU daily.

We do have a serious epidemic of Vitamin D deficiency. About 70 percent of U.S. children have low levels of Vitamin D,⁹ and 75% of U.S. teens and adults are deficient in Vitamin D.¹⁰

6. And of course Chicken Soup In the Journal of the Canadian Medical Association, Dr. Abraham Ohry, MD, et al., studied...

Is Chicken Soup an Essential Drug?

and concluded...

We feel certain that, despite the absence of significantly statistical evidence from scientific studies, chicken soup is here to stay as part of the armamentarium of traditional effective remedies. In answer to the question, whether it be a drug or not, chicken soup is ... essential.⁸

We do have a serious epidemic of Vitamin D deficiency. About 70 percent of U.S. children have low levels of Vitamin D,⁹ and 75% of U.S. teens and adults are deficient in Vitamin D.¹⁰

Millions of American children and adults are deficient in Vitamin D. The 35 year campaign by doctors to keep people out of the sun (it takes only 10-15 minutes in the summer midday sun with approximately 40% body exposure to get 10,000 - 15,000IU of Vitamin D), the use of sunscreens, the contamination of our fish (one of the main sources of Vitamin D) with toxic heavy metals, the inadequate amounts of Vitamin D in milk (approximately 200IU per 8 oz) and the inadequate recommendation for Vitamin D supplementation (400IU per day) has led to this serious condition.

At the same time that doctors are discrediting the value of vitamins, minerals and supplements, more and more scientific studies are coming out about their medical and therapeutic values. No vitamin has had more scientific studies recently published than the rediscovered "Sunshine Vitamin" - Vitamin D.

By raising your Vitamin D level above 40-60ng/ml you may be able to have less chronic pain, live longer, have less cancer, less chronic illness, less colds, and even less seasonal and swine flu.

References

1 An illness "occurring over a wide geographic area and affecting an exceptionally high proportion of the population" Merriam Webster Online Dictionary

2 Thimerosal, is an organomercury compound (approximately 49% mercury by weight) used as an antiseptic and antifungal agent. Thimerosal is very toxic by inhalation, ingestion, and in contact with skin, with a danger of cumulative effects. It is also very toxic to aquatic organisms [the reason the fish have mercury] and may cause long term adverse effects in aquatic environments. Few studies of the toxicity of thimerosal in humans have been performed. Animal experiments suggest that thimerosal targets the central nervous system and the kidneys frequently causing lack of motor coordination. Similar signs and symptoms have been observed in accidental human poisonings.

3 Adjuvants in immunology are often used to modify or augment the effects of a vaccine by stimulating the immune system to respond to the vaccine more vigorously, and thus providing increased immunity to a particular disease

4 NEWS FROM THE NATIONAL VACCINE INFORMATION CENTER

Vienna, Virginia <http://www.nvic.org>

The vaccine adjuvant, MF59, that NIH proposes to add to flu vaccine [and now to the H1N1 vaccine] given to the frail elderly, is not licensed in the U.S. as safe for human use. MF59 contains squalene, which can cause autoimmunity. Some ill Gulf War veterans, who were given anthrax vaccine and other experimental vaccines, have tested positive for squalene antibodies even though the U.S. Department of Defense denies putting the adjuvant MF59 in anthrax and other vaccines given to soldiers.

The tragic consequences of experimenting on America's elderly population by giving them annual flu vaccinations laced with MF59 will be that, when they develop lupus, rheumatoid arthritis, asthma or die, it will be written off as old age and unrelated to the squalene injected into their bodies via flu vaccines. The suggestion that the notoriously ineffective flu vaccine be made more toxic by adding squalene to a brew that already contains mercury is nothing more than a callous disregard for human life. If Americans do not understand what is being done to them in the name of disease control and take action, they will be forced one day to be injected with squalene containing flu vaccines whenever the Secretary of Health declares an emergency.

5 Archives of Internal Medicine, Feb. 23, 2009; vol 169: pp 384-390.

6 [Epidemiological Infection 134: 1129-40, Dec. 2006]

For additional references please visit <http://www.a4m.com/conferences-exhibitors-a4m-medical-news.html>

