



Silicone and Saline Implant Support Group Newsletter

Update on Clinical Problems Associated with Saline Implants

By Susan E. Kolb, M.D. F.A.C.S.

Nationally the clinical practitioners seeing patients with problems associated with saline breast implants agree that many of the patients presenting with local and systemic problems after the placement of saline implants are more likely to have had textured implants than smooth implants. Although infection can occur around any foreign body placed in the body, the textured implant is more likely to harbor bacteria which are introduced onto the implant, either at the time of surgery or subsequently during a bacteremia or episode of bacteria entering the blood stream from another site. Currently approximately 90% of the saline implant patients I treat with problems have had textured implants rather than smooth.

Upon review of my operative records, I have found that 95% of my saline patients with textured implants have positive capsular cultures at the time of explant surgery. There have also been several patients with smooth implants with obvious infections at the time of

surgery. Also, there were several patients who after removal of non-infected smooth saline implants failed to get better on the silicone immune protocol. I suspect that they may have underlying diseases such as chronic fatigue syndrome from other causes and/or Lyme's disease.

The surgical findings around infected implants are different from non-infected implants. A non-infected capsule is smooth and fibrous rather than granulomatous, thick and irregular. I suspect that the majority of the patients I see became infected during their implantation surgery. Therefore, the importance of a closed saline system for filling the implants, as well as antibiotic irrigation and attention to strict aseptic technique during surgery is essential. I also advise my patients who receive implants they should have antibiotic prophylaxis when they have dental procedures or any procedure which involves the urethra, vagina, colon, or esophagus in case bacteremia occurs. In addition I encourage patients to treat bladder infections and

other infections in a timely matter so that bacteremias which are associated with high fevers are avoided. Since most of the current patients we are treating with systemic illness from saline implants are infected, we advise many patients not to consider replacement at the time of surgery. In the past, approximately half of our patients requested saline replacement after removal of leaking and/or ruptured silicone gel implants.

For patients who are recovering from the effects from leaking silicone gel implants, I would suggest obtaining a hair analysis by a reputable company. This will allow the determination of platinum toxicity levels which have been associated with several types of implants, as platinum was used as a catalyst in the manufacturing process of some implants. Included in this month's newsletter is a holistic protocol for platinum detoxification. It appears that platinum may also be responsi-

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Mission Statement

The Mission of the *Silicone and Saline Implant Support Group Newsletter* is to:

Inform and discuss choices for treatment and healing for the multiple illnesses and conditions of *Silicone toxicity*.

Provide a forum for expressing our concerns and sharing knowledge and give patients with silicone illness hope for recovery.

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ble for some of the neurological and systemic symptoms seen in the children of women who breast fed while having leaking and/or ruptured implants.

In addition, we have included an updated Silicone Immune Protocol Level I and Level II. Portions of the Level I protocol are recommended prior to surgery. Additional portions are added after surgery depending on the severity of the silicone leakage and whether or not infection is present. Based on the patient's individual biochemistry, we tailor the postoperative protocols to optimize the body's natural ability to heal itself. Although the most important aspect of treatment of silicone poisoning is to remove the prosthetic device and all areas of silicone that have been walled off by the body, that will allow removal, we have found that without the detoxification and immunotherapies of the silicone immune protocol patients do not recover as quickly. The majority of patients with silicone toxicity also have systemic candidiasis. Therefore

appropriate treatment is necessary and this must be done under a physician's care. We are pleased to have articles in this issue from prominent doctors and researchers who have devoted their time to studying this politically controversial subject. Dr. Douglas Shanklin has provided a great deal of important scientific and clinical research in this area. Dr. Andrew Campbell is a noted rheumatologist who has co-authored a special issue on silicone toxicity in the International Journal of Occupational Medicine and Toxicology which was published in 1995.

Although many of the original support groups are no longer in existence, it is important to understand that women are still developing systemic disease from complications that occur with both silicone and saline breast implants. As a recent article in the Journal of Rheumatology 2001, volume 28, pages 996 – 1003, entitled Silicone Gel Breast Implant Rupture, Extra Capsular Silicone and Health Status in the Population of Women by S.

Laurie Brown, et al., found that there is an association between extra capsular silicone from ruptured silicone breast implants and fibromyalgia. This article confirms what we have been seeing clinically for years and points to a need for further investigation as to the mechanism by which silicone and saline implants can cause systemic disease.

I encourage my colleagues in the medical profession to understand that it is our responsibility as medical providers when one of the procedures that we perform on hundreds of thousands of women has a potential problem, that we fully investigate this problem to understand who should not be offered these prosthetic devices, so as to avoid needless human suffering and further expense required for their removal. As a great philosopher once said, "Those who cannot remember the past are condemned to repeat it."

PLATINUM DETOX PROGRAM

PHASE ONE

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 N ACETYL CYSTINE - 1,000 MG THREE TIMES A DAY
 B-COMPLEX - ONE CAPSULE THREE TIMES A DAY
 PROLINIC - TWO CAPSULES THREE TIMES A DAY

PHASE TWO

CHELATION EDTA - 30 TREATMENTS
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 MSM - 500 MG TWICE DAILY
 COENZYME Q 10 - 600 MG A DAY
 B COMPLEX - ONE CAPSULE THREE TIMES A DAY
 PROLINIC - ONE CAPSULE THREE TIMES A DAY
 PANTOTHENIC ACID- (B5) 500 MG THREE TIMES A DAY
 MULTI MINERAL - ONE TWICE A DAY

Douglas R. Shanklin, M.D., F.R.S.M.
 Professor of Pathology and of Obstetrics and Gynecology
 University of Tennessee, Memphis

The devices

There have been three common silicone mammary devices with a saline filled compartment: (1) tissue expanders, such as the Becker, (2) "Saline Implants," the Jenny inflatable device and various derivative models, and (3) the so-called double lumen implant, no longer available but still implanted in unknown numbers. This latter types had a small saline compartment on the anterior face of the device; the posterior facing compartment contained silicone gel and oil. The single lumen saline content device is the main model available currently.

There were a number of variations on these designs which are no longer manufactured and are unlikely to still be in place from the passage of time and rates of device rupture.

Medical Engineering Corporation (Surgitek) actually marketed a single lumen device with the a mixture of silicones and saline in the chamber! True "bilumens" such as the Hartley design had a smaller central core filled with silicone suspended in a larger outer saline content envelope. There were a few "reverse double lumen" devices with saline centrally.

The Memphis Clinic Experience

A consultation clinic was established in Memphis in February 1996. Analysis and review of this database is ongoing. The file records of the first 227 patients were examined for this report. Table 1 gives the general classification.

Table I: Mammary device history [n=227]

Classification	Number of Patients
Implant experience of only one type	160 (70.5)
Silicone gel content	108
Polyurethane foam cover	11
Simple "double" lumen	23
Saline content	18 (7.9%)
Complex Sequence *	67 (29%)
Saline content as part of sequence	41 (61.2%)
"Double" lumen as part of sequence	11 (16.4%)

*A minimum of two different types as part of sequential multiple implantations.

Typical implant histories

These patients had major symptoms and events in common. Rapid reforming of capsular hardness after a second set of devices was experienced by 65% of women (anamnesic reaction). It made no difference whether the saline content device came first (10 patients) or was a replacement (31 patients). Cumulative ruptures occurred over the same time scale and at the same frequencies as the other types: =50% by 8 to 10 years after first implantation. The general signs and symptoms, fatigue, muscle and joint pain, unexplained fevers, skin rashes, photosensitivity, memory lapses, aggravation of preexisting asthma, and difficulty with swallowing and bowel function were as common following saline content device implantation as after all others. The clinic files identified three women with deep skin ulcers down to the implants after saline content devices and five after any other type.

T lymphocyte stimulation indexes

Table 2 here is adapted from [Shanklin and Smalley: Dynamics of wound healing after silicone device implantation. *Exper. Molcc.Pathol.* 67:26-39, 1999].

Table 2: T cell stimulation indexes by type of device

Category	Number	Device in Place	Explanted within past 3 years
Gel/oil content	125	100.60	+ ₋ 6.38
	1		

2
5

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Saline content...Dr. Shanklin, cont. from page 3

			8.75 +_ 5.82
Polyurethane	73	100.88 +_ 7.36	
Foam Coat	57	88.32 +_ 8.01	
"Double" lumen	40	94.08 +_ 9.51	
	50	77.62 +_ 9.92	
Saline content	50	100.64+_ 14.96	
	10	29.10 +_ 4.33	

The only difference here with statistical significance lies between yet implanted saline content devices and the saline three year post explant group ($p < 0.001$).

Differences in histopathology of periprosthetic capsules

The polyurethane coated devices promote thicker capsules; 30 such capsules had mean thickness of 1.997 to 0.118 mm; others were 0.349 +_ 0.027 to 1.208 +_ 0.094 mm thick depending on the number of layers (due to displacement and reformation) and the presence of lymphoplasmacytic vasculitis. The capsules around saline content devices are often less cellular and the synovial metaplasia at the contact surface is less likely to erode. Although "bleed" of gel/oil into surrounding tissue does not occur, shards of silicone elastomer from the shell are seen from time to time.

Schnur, *et al.*, [Silicon analysis of breast and periprosthetic capsular tissue from patients with saline or silicone gel breast implants. *Plast.Reconstr.Surg.* 98:798-803, 1996] found the silicon (the element) to rise by a factor of six times (from 141 to 883 ug/g) following rupture of saline content devices. Adjacent breast tissue was also bathed in the silicate/silicone containing saline after rupture, from 56.5 to 116 ug/g. They did not test for short chain silicones.

Recently we examined this point. Explanted saline content devices were placed into laboratory formalin and we performed infrared spectroscopy on the fluid some months later after the content and the fixative had become well mixed. The characteristic peak for methylated silicones, wave number 1260 +_ 2 was identified. Thus, the silicone does break down.

Commentary

I continue to find it remarkable and astonishing to have persons talk about a saline implant as though it was a self contained pocket of salt water hanging either behind the breasts (retro mammary plane) or between the pectoralis major muscle and the rib cage (sub muscular plane! NO SUCH THING IS POSSIBLE.) These are saline content silicone device.

Everyone needs to be reminded of these points:

Andrew W. Campbell, M.D.
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mental and Toxic Disorders
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The use of silicone in medical devices has sparked controversy in the Food and Drug Administration, the medical and surgical community, the legal profession, the insurance industry and the manufacturers of silicone medical implants. Silicone is used in many medical prosthetic devices and the medical literature is replete with adverse reactions wherever it is implanted in the body. Today, in science and in medicine, the term Silicone Induced Immune Dysfunction Syndrome (S.I.I.D.S.) is most commonly used, a designation first used by the author in a study published in 1992. The author has examined several thousand patients with silicone implants, including Norplant, chin, TMJ, testicular, ocular and breast implants.

LIQUID SILICONE

Silicone was initially developed in the early 1940s for industrial use as an insulator and as a lubricant. In the late 1940s and in the 1950s Japanese women had liquid silicone injected directly into the breasts for augmentation purposes. This resulted in numerous complications, not only at the site of the injection but throughout the body, including tissue necrosis, granuloma formation (appropriately named siliconomas), carcinoma of the breast, chronic infection, sclerosis and blood clots to the lungs (pulmonary emboli). There were fatalities as a result of these complications. Japanese doctors reported in medical journals that the women receiving these liquid silicone injections showed immune and autoimmune-like symptoms and diseases. In 1965 the FDA banned the injection of liquid silicone for breast augmentations, and its current commissioner, Dr. Kessler, further

warned doctors in 1991 that silicone injections to erase wrinkles was illegal.

SILICONE BREAST IMPLANTS

In 1962 with the assistance of Dow Corning Corporation, Dr. Cronin at Baylor College of Medicine in Houston developed and used the first silicone gel implants. The following year, Dr. Gerow joined him and the silicone gel breast implant as a medical implantable device was launched by Dow Corning. It consisted of silicone gel contained in a silicone polymer envelope or bag. Up to 90% of the gel consisted of liquid silicone.

There were many early complications such as rupture, shifting of the position

of the implant on the chest, and fibrous scar tissue formation around the implant called "capsule". As a result, several different designs and types of implants were developed. Dacron patches were added onto the posterior surface of the implant to aid in fastening to the pectoral muscle of the chest so that the implants would stay in place. Shortly thereafter, Dr. Henry Jenny, with the aid of the Heyer-Schulte Corporation, developed and marketed a new implant consisting of saline soluble implant consisting of an inner compartment of silicone gel surrounded by an outer compartment of saline. Lastly, commercial grade polyurethane foam was used to cover silicone implants with the hope that it would delay capsule forma-

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Silicone Induced...cont. from page 5

tion as well as provide an improved anchoring device on the chest wall.

There are, therefore, four basic types of breast implants:

1. Silicone gel contained in a silicone bag;
2. Saline liquid contained in a silicone bag.
3. Double-lumen implant consisting of an inner compartment of silicone gel in a silicone bag surrounded by an outer compartment of saline in a silicone bag; and
4. Silicone gel contained in a silicone bag covered with polyurethane foam.

COMPLICATIONS OF SILICONE BREAST IMPLANTS

Capsule Formation

One of the most common complications of silicone breast implants is capsule formation around the prosthesis resulting in the hardening of the breast. This causes discomfort, pain, disfigurement, and/or displacement of the implant on the chest. This condition may occur on one side or both, and may be more severe on one side. We have seen patients with one implant almost in the armpit while the other has migrated to the shoulder. Calcium may eventually accumulate in the capsule, making mammograms extremely difficult to interpret. The calcium deposits can mimic the appearance of cancer on X-ray film, thereby causing misinterpretations of cancerous lesions and delaying their diagnosis.

Plastic surgeons frequently perform what is known as a "closed capsulotomy". This is an office procedure whereby the breast is hand squeezed with enough pressure to break the fibrous capsule. The procedure is painful and can result in rupture of the implant itself. We have seen

many patients in our Center who have had this procedure performed on one or both breasts several times.

Rupture of the Implants

Implant rupture may occur on one side or both and may be obvious to the patient or may not, depending on the amount of fibrous tissue capsule formation surrounding it. The rupture may occur spontaneously, after trauma to the chest wall or breast, or after closed compression capsulotomy. A ruptured implant should be removed at once to prevent further migration of silicone tissues. However, the rupture may go unnoticed by the patient, especially if there is a capsule formation.

Silicone Leakage

Silicone gel "bleed" from the envelope and its spread throughout the tissues of the body is common and has been linked with several complications. Firstly, since the gel is composed partly of liquid silicone, its leakage may cause the problems described above associated with liquid silicone. Secondly, the effects of silicone can cause immune and autoimmune problems. Silicone particles have been found at distant sites from injection or implantations such as in the brain, liver, lungs, kidneys, adrenal glands, lymph nodes, pancreas and ovaries. Pockets of silicone may cause the formation of siliconomas, which have been found in the breast, neck, axillas, abdominal wall, thighs, and upper extremities.

Infections

Infections may occur after surgery with any implantable device but, fortunately, are rare. However, laboratory studies have shown that the polyurethane covered implant can harbor numerous microorganisms in the lattices of the foam. There have been reports in medical journals of both bacterial and fungal contamination associated with all four types of implants. These infections may play a role in the formation of the fibrous capsule. We have found that a majority of our patients have antibodies to several different fungi.

Cancer

Silicone gel breast implants can interfere with early tumor detection due to several factors. The implants may compress the breast tissue and render standard mammogram screening difficult at best. As mentioned above, calcification of the capsule may obscure or conceal a cancerous lesion. Studies have also suggested that the immune dysfunctions caused by silicone may have an adverse effect on the immune system's ability to fight off and destroy cancer cells. We have seen rare, as well as more common types of cancers develop in our implant patients. A recent medical journal report compared breast cancer in women with and without silicone breast implants. The study showed that the cancer in women with silicone breast implants were of a more aggressive type and had invaded more lymph nodes than the cancer in the women without implants.

Foam Coated Implants

Polyurethane is known to break down into Toluene Diisocyanate (TDA), a chemical known to cause cancer. When the implants are surgically removed, it is not unusual to find the entire polyurethane foam coating gone, all of it dissolved into the tissues. This may very well increase the potential for the development of cancer.

CLINICAL SYMPTOMS AND SIGNS

Numerous patient case reports and controlled clinical trials have discussed some of the many disorders and clinical syndromes associated with silicone implants, some of which resemble systemic lupus erythematosus, rheumatoid arthritis, scleroderma, Sjogren's disease, polymyositis, mixed connective tissue disease, multiple sclerosis and other neurological disorders. However, it is important to note that Silicone Induced Immune Dysfunction Syndrome is a multi-system disorder, which can affect any and all systems of the body.

Silicone Induced...cont. from page 6

The following is a list of the most common patient complaints compiled by us from over 4,000 patients with silicone prosthetic devices.

- Breast pain or tenderness
- Fatigue, usually made worse by exercise
- Cognitive function problems, such as attention deficit disorder, calculation difficulties, memory disturbance, spatial disorientation, frequently saying the wrong word
- Psychological problems such as depression, anxiety, personality changes, mood swings
- Sleep disturbance and non-restorative sleep
- Headaches of greater intensity than before implantation
- Changes in vision
- Seizures
- Loss of balance
- Numbness and tingling
- Lightheadedness
- Paralysis
- Joint and muscle aches and pains
- Shortness of breath
- Lymph node enlargement
- Weight gain
- Low grade fevers
- Abnormal hearth rhythm
- Hair loss
- Dry eyes and mouth
- Frequent canker sores in the mouth
- Low back pain
- Skin changes and/or rashes
- Severe muscular weakness
- Intolerance of bright lights
- Intolerance of alcohol
- Decreased libido
- Ringing in ears
- Decrease libido
- Muscle tremors
- Recurrent flu-like illnesses
- Severe allergies
- Irritable bowel syndrome
- Night sweats
- Uncomfortable urination
- Chest pain
- Cough
- Raynaud's phenomenon
- Enlarged thyroid

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On physical examination, the common findings are:

- Hair loss
- Canker sores in the mouth
- Breast pain and tenderness
- Low back pain
- Thickening of the skin, fingers and hand

Cont. on page 8

- Optic neuritis
- Enlarged thyroid
- Upper back pain
- Abdominal pain on palpation
- Muscle pain
- Photosensitive dermatitis: the skin is affected by exposure to the sun
- Lymphadenopathy: enlarged lymph glands in the neck, under arm and groin areas
- Diffuse petechiae on torso: small red spots on the chest and abdomen
- Positive Schirmer's test indicating deficiency of tear formation
- Reduced range of movement of extremities due to joint pain and stiffness
- Raynaud's phenomenon, with cold fingers or toes that can turn white and/or ulcerate
- Malar or discoid rash: a rash over the cheeks of the face and upper back and chest
- Migration of the implant, usually laterally and superiorly, unilateral or bilateral
- Capsule formation, unilateral or bilateral
- Asymmetrical breasts form unilateral breast rupture, migration of implant, capsule formation, post surgical complications such as hematoma or infection
- Livido reticularis: a lace-like pattern on the arms or legs caused by abnormalities of blood vessels
- Abnormal neurological examination with increased or decreased deep tendon reflexes, and signs of nerve damage.

LABORATORY TESTING FOR SILICONE INDUCED IMMUNE DYSFUNCTION SYNDROME

Silicone antibodies

The effects of silicone have been described in several studies. That these effects are linked to Silicone Induced Immune Dysfunction Syndrome (S.I.I.D.S.) has also been established. Silicone antibodies in serum confirms the exposure to silicone. We studied 520 women and published these findings recently showing the significant relationship. It is important to look for four types of silicone antibodies, IgA, IgG, IgM, and IgE.

Autoimmune Antibodies

Autoimmune-like disease caused by silicone implanted medical devices has been described extensively in the literature. Breast implants are not the only implants that may lead to immune and autoimmune disease. All silicone implants can cause autoimmune-like disease states.

Immune System

Certain tests, specifically a subpopulation of lymphocytes and their function, have been shown to be abnormal in patients with silicone implants. Controlled studies have shown a decrease in the function of Natural Killer Cell Activity in patients with silicone implants and a return to normal levels after explantation. Significant abnormalities in T-Helper/T-Suppressor ratios have also been demonstrated indicating an immune dysregulation. All of the above contribute to confirming the diagnosis of Silicone Induced Immune Dysfunction Syndrome.

TREATMENT

Anyone suffering from Silicone Induced Immune Dysfunction should have their implant(s) removed. The surgery should also include removal of the entire capsule surrounding the implant(s). This may alleviate some symptoms, especially breast pain and tenderness. Care should be taken from then on to allow the immune system to recuperate by avoiding the ingestion, absorption and inhalation of chemicals. This includes nicotine, caffeine, alcohol, artificial preservatives, artificial food colorings, artificial sweeteners, artificial flavorings, household cleaning solvents, sprays, etc. Eating fresh foods, preferably organically grown, avoids pesticide contamination. In short, live and eat like grandma and grandpa did.

The medical treatment should focus on immune restoration. It is preferable to repair the damage done to the immune system than to prescribe medication for every symptom. As every person's immune system is unique and different, there is no "boiler plate" method. At our Center, each patient is individually evaluated and treatment is tailored to repair that person's dam-

By Jessica Harwood, L.E.

Your skin is the largest organ in your body, and can also be the most sensitive. It is only natural that if you are having problems internally, that it will surface on your skin as a reaction. These reactions range from skin sensitivities to skin lesions, or open sores which are not infrequently seen in patients with ruptured silicone implants. The symptoms are easily mis-

diagnosed, resulting in further skin irritations. There are many treatment options that help the skin lesions and irritations, many of which may be purchased over the counter or by consulting your Aesthetician.

1. Dead Sea Salts are common for healing and reducing swelling and bruising. The magnesium in the salts reduce the inflammation in and around the swollen or bruised tissues.
 - Bathe in mildly warm water for 10-15 minutes nightly. Lavender, Patchouli, Calendula and Palm-rosa Oils may be added for the healing properties and do not cause irritation.
2. Use Natural Deodorants. A recommended one is called Aloe Unscented All Natural Roll On. This is a non irritating deodorant without aluminum.
3. Cleanse the skin 1-2 times daily with Olive Soap. One of the active ingredients, Oleuropein is a healing agent. The Olive Leaf works by slowing down the organism's reproductive cycle and allowing the patient's immune

system to address the infection.

4. High Frequency is an effective treatment for lesion removal. It produces a current that is heat-producing and germicidal. This treatment may be added on to any healing facial for prevention of lesions, or for lesion removal as needed. Consult an Aesthetician for this treatment option.
5. Exfoliation of the skin should be treated with great caution. Although some acids are very gentle, you want to treat the lesions and sensitivities with great care. Stay away from all AHA's since they tend to promote skin eruptions. Natural Vegetable Enzyme Peels are an excellent way to exfoliate gently and safely.
6. Stay away from the sun! If you must expose your skin, prevent any flare ups or irritations by using a full spectrum UVA/UVB Sun block of SPF 20 or higher.



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Silicone Induced...cont. from page 4

ages. Our general tendency is to use as few medications as possible and at low dosages. Immunorestorative treatment has allowed many of our patients to lead normal lives without the need for medications.

In most cases, we do not recommend the use of drugs that are toxic or that suppress the immune system, such as Prednisone, Methotrexate, Plaquenil, Cytosan, Cognex and others. We have found that once patients start on some of these medications, their symptoms can return when they try to taper off or cease taking it.

CONCLUSIONS

Silicone has been shown to be a chemically and biologically active substance, causing Silicone Induced Immune Dysfunction Syndrome. The spectrum of disorders associated with Silicone Induced Immune Dysfunction Syndrome is wide and the complications can be severe. A patient with any type of silicone implants may be at risk and physicians should be aware of its possible complications and side effects.

Optimizing Your Immune Protocol

By Richard J. Clofine, D.O.

The purpose of this article is to provide advice gleaned from clinical practice. The content will not be based on scientific studies, though many exist to support these recommendations. The pearls of wisdom I will offer may be applied to all healing endeavors. These “pearls” are based on my life experiences over the last thirty years that include five years as an organic farmer, thirty years as an energy worker and healer, 15 years as a board certified Obstetrician Gynecologist and twenty years as an Osteopathic Physician who uses Manipulative Therapy or hands on healing bodywork.

Individuals with Silicone based immune dysfunction face the challenge of having a wide range of symptoms that may be varied and individualized. These individuals need intensive

therapies, which could include major surgery, to implement healing. For most individuals radical changes in lifestyle (diet and activity, etc) are required. There are however a vast array of therapeutic options from which to choose. Some of these options are more scientifically based than others. How to choose which therapies to work with and what options to choose from can be overwhelming for someone and no one can, or should, utilize every option available. Here are some ideas on how to bring order to the chaos.

NAMING AND OWNING YOUR ISSUES BRINGS ORDER

I have found that for most individuals the simple act of listing their specific issues will help to bring order. In my consultations I use this technique and I am not sure if it is the validation that, yes, I agree with you that these are issues

you face or whether it is that seeing them listed that helps to contain the emotions around them. At the end of a session with a patient, I will take a blank piece of paper and list their issues. Not EVERY issue in their life, rather the major points that we discussed over the visit and that we are now going to specifically address. A holistic program for those particular issues will ripple through a person's life with subsequent benefit in many other areas.

Almost always, the first issue I list for people is “Creating Health via Baseline Lifestyle”. This is honoring, for both the patient and myself, that the MAIN factor in creating health throughout their life is how they live every day, their baseline lifestyle. This baseline lifestyle is the accumulation of patterns developed over the years which include diet, activity, hydration, emotions and spirit. In other words how they live their life, every day. This information empowers each person to realize that their health is about what they themselves do daily, rather than what we do in our office visit. Hopefully, our office visit will provide nurturing support for them to make practical lifestyle changes, or to institute a new immune protocol.

NO MAGIC BULLETS

Holistic medicine seeks to treat the whole person. Holistic medicine strives to recognize that the issues which will eventually manifest in disease are complex and involve many aspects of the person's life. These issues need to be addressed with multiple levels of healing support. Rarely are there ‘magic bullets’ to fix these complicated situations.

Our culture in general and in particular our medical culture, is very impressed with the concept of ‘the quick fix’. The ‘true fix’ is more often about shifting and changing the underlying baseline life journey patterns that we have developed over the years. These conditioned patterns often result in ways of being that are dysfunctional and do not serve our

Richard J. Clofine, D.O.



Holistic Gynecology

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WOMEN'S HORMONAL WISDOM SEMINAR

(Moontime and Menopause Medicine Wheel)

\$75.00 EARLY pre-registration advised

Sunday, August 18

10:00 to 12:00 noon and 1:30 to 4:30 p.m.

Dunwoody Office



OFFICE GYNECOLOGY (BOARD CERTIFIED)



HOLISTIC MENOPAUSE SPECIALIST



OSTEOPATHIC MANIPULATIVE THERAPY

Virginia Highlands Office

842 N. Highland Ave.
(above the American Roadhouse Café)

Dunwoody Office

4370 Georgetown Square
Atlanta, GA 30338



Dr. Clofine co-hosts “Dr. Susan on Call”
Radio Show on WGUN 1010 AM
Featuring Holistic and Spiritual Medicine
Saturday 9:00 to 10:00 a.m.

Rebroadcasts Sunday and Monday 9:00 to 10:00 p.m.

Honoring Women's Wisdom: Body, Mind & Spirit

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Optimizing...cont. from page 10

optimal potential. These patterns will include the ways we view our physical, psycho-emotional or spiritual person. We humans are very plastic and changeable, while at the same time we can be very set in our ways. It is this very nature which through daily consistent attention to changing our lifestyle can result in tremendous benefits. Attention to consistency can help balance and optimize any healing journey.

DEVELOP HEALING PARTNERSHIPS

Oftentimes patients seeking holistic care have not been satisfied with their interaction with conventional medicine. Sometimes they have been ejected from conventional medical care because they do not fit in the nice neat box of a simple diagnosis. They have challenging and complex issues that involve many aspects of their life. Sometimes they carry a diagnosis not accepted by a conventional caregiver. If a clean diagnosis cannot be made, it can create frustration for the conventional caregiver and confusion about what to therapeutically offer the patient. This leads to an unhappy physician and patient. Ordering the issues around the client's life, as opposed to trying to fit pieces of their lives into little boxes, allows complex issues to be addressed.

Healing partnerships are relationships maintained over time that bring about improvement in specific issues or life patterns. They involve care givers (really, I mean people 'who care'). They are individuals who can help you grow the garden of your life (I use a lot of garden metaphors, having been an organic farmer for five years). Our life, and health is our garden and it is OUR responsibility to grow it well. Healing partnerships empower you to garden well. They do not require you to relinquish management of your garden to an outside concern (this is a great loss of personal power). It is YOUR responsibility

to decide what you want in your garden and plant it there, as well as weed out what you do not like. Sometimes a visit to a special gardener, or other expert, can help you know what to plant where, or what special fertilizer to use. Sometimes there is a big stump or boulder that needs to be removed with a backhoe (like surgery) to make the garden more fertile and fruitful.

Healing partnerships nurture us to take things into our own hands.

DEVELOP MULTIPLE LEVELS OF NURTURING SUPPORT

Most individuals with complicated health issues require multiple layers of healing partnerships. You should seek to have a primary caregiver that keeps a handle on the big picture for you. Someone you can bounce things off of. There is no special degree attached to that role. Seek to expand options with individuals that are non-dogmatic and open to both alternative and conventional therapies, each at the right time and place. Holistic physicians are well suited to the role, yet I know many chiropractors, naturopaths and homeopaths that also fill the bill.

This practitioner can help you know what to weave into your life. You may require care by medical or surgical specialists. For someone who lives a holistic lifestyle, seeking conventional medical care can be challenging. My advice to you is to have proper expectations. If you are seeing a specialist, have proper expectations about what that person can do for you. They can provide you with good conventional medical diagnosis and therapy. If you expect them to be holistic and discuss herbs, vitamins and spirit then everyone is unhappy. It is an unreasonable expectation that will lead to discontentment. Honor what people can and cannot help you with. Everyone will be much happier with the interaction, and more satisfied with the outcome.

Having multiple healing partnerships is not uncommon. Maybe you have a massage therapist you see regularly, or some other type of body worker. Over the last twenty years, I have found my hands on

healing work, through Osteopathic Manipulative Therapy, to be most successful and gratifying in a diverse range of clinical situations. I recommend everyone have hands on healing work in their lives. Depending on your needs and desires, maybe you see a Homeopathic Physician, or receive acupuncture, Reiki, or aromatherapy. The list can be long or short and as narrow or as varied as your needs dictate.

BROADEN YOUR DATABASE

If things are not clear than broaden your database. Seek educated opinions, conventional or alternative. Have your holistic physician review all this with you. Seek more objective tests. Sometimes conventional medical diagnostic tools are wonderfully revealing and can help monitor a situation over time with some level of objectivity. Sometimes testing does provide a definitive answer, but more often than not it only provides additional data points to add into the informational soup before tasting. There are many functional medical tests that the average physician is not aware of or educated in the use of. Many options exist to broaden your database.

DEVELOP A PRACTICAL PROTOCOL AND FOLLOW IT CONSISTENTLY

Some patients seek alternative care in a very conventional medical frame of mind. They are only interested in long lists of things to do (like taking long lists of supplements, or pharmacy medicines) and are determined that test results will hold 'the answer'. Individualized supplement regimens tailored to the individual patient can sometimes be extremely therapeutic. Usually they work best not as a stand-alone regimen, but as part of a holistic approach that is dealing with the issues on multiple levels.

Holistic Healing Protocols can be complex regimens. The protocol is NOT the long list of therapeutic options handed to you from a file drawer. These lists are helpful as informational resources. The list, though, needs to be individualized to your particular story. This is your family and personal history, lifestyle, personality and

financial resources. These are some options from which a holistic practitioner might draw therapeutic interventions. A holistic healing protocol is best developed in 'healing partnership' with a holistic caregiver. From these options an individual protocol should be drawn that is practical. That means it honors what you are willing and able to do **CONSISTENTLY**. It must fit your life, be within your budget and be able to be approached successfully. It must be a plan that can be followed with successful consistency.

Living our lives in the modern world creates multiple levels of intense stress. These issues are always impacting us and creating chaos in the world around us, and in the world within us. Our diet fluctuates as our days vary and our food quality is also variable. Our schedules fluctuate. We need to be able to follow our holistic support program with consistency. That is how we will be able to change our lifestyle baseline (how we live day to day). Our lifestyle baseline needs to be a rock solid foundation to carry us through the day, each and every day. So if an individual can take four supplements consistently, let's use that and not set that individual up for failure by recommending twelve. Let us be practical so we can make consistent progress. Simple changes, in many things, that can be maintained over time.

HAVE APPROPRIATE EXPECTATIONS

When people do not feel well, it can be very frustrating waiting for a change. We need to be honest and realistic about what to expect. We can do that and **STILL** hold space for miraculous healings to occur! If you have a condition that developed ten years ago and has been a persistent problem over that period of time, do not expect it to be better in a week! A more appropriate expectation might be to spend one month of consistent holistic healing work for every year you have had the problem. So reevaluate the issue at three months, six months and nine

months. Also, be honest about your progress.

MAKE CHANGES WITH ATTENTION

It is not uncommon for me to see patients who have done **MANY, MANY** alternative therapies over the last several years. Though when I take a history from them it is near impossible to determine exactly what they have done, in what order, at what dose, and whether anything has helped. It is typical for them to tell me about thousands of dollars spent on tests and therapies with no idea as to whether anything is helping. This is very understandable as we want to 'do something' to make ourselves better. Being impatient to feel better, we often switch therapies before an adequate trial of the one we are using has been accomplished.

If we decide to make changes in our program, they are best made one at a time. If we change six things in our protocol, we will not know which has made us feel better or which has now caused a bothersome side effect. By changing things individually and with attention, we learn to gather wisdom over time. Wisdom about what is helping us, which might lead us down other pathways of benefit. Also we want to gather wisdom about what is not helping us, so it can be dropped from our regimen to keep our regimen as simple as possible.

FRANKLY REEVALUATE YOUR PROGRESS OVER TIME

Once you set out on your journey, make sure to take a look every now and again to see how you are doing. There is one word I like in that regard... "better". It is a good place to be, things getting better. I am not so interested in 'all better', though that is a good thing. I am most interested that the patient has the overall impression that things are improving.

I have had patients refuse to acknowledge that a condition was worsening (such as a tumor enlarging). I think it is the role of the practitioner to help patients be frankly honest with how things are progressing. I am always ready to tell my patients if I feel their worries are out of proportion to their

situation (that is to say, don't worry about it). And in the same way, I am just as ready to speak up and voice any concerns I have. Of course voicing those concerns will include a plan to deal with any situation that exists.

CONTINUE ON YOUR HEALING JOURNEY

The healing work is **YOURS** to do. As a holistic physician, I am here to accompany you on your journey. In fact part of your journey becomes mine, and vice versa. Yet I am very clear that it is your work to do. It is not my job to do that work for you, in fact I cannot. I will support you and provide options and opportunities for us to follow together.

Daily sitting practices are very important in changing our internal environment. While we may not be able to control all the worldly circumstances that bring about stress, we always have the ability to change how we respond to stressful circumstances. This takes consistent practice over time. Daily sitting can be a combination of meditation, breath work, and prayer or relaxation practice. Whatever suits you will be the best method(s). Ideally it is performed twice daily, without struggle. Go for consistency in your practice, as opposed to intensity or duration. Cultivate a feeling of gratitude. Find a nice spot in your living space and dedicate it to your sitting. Adorn it with inspirational items. In the morning calm yourself to move into your daytime. In the evening clear yourself of the day's events, to move into dreamtime.

Consistent baby steps are good. They are easy to take and can be applied with consistency. You can see where your next step is being placed, and from whence it came. . Sometimes the growth is hard to see on a day-to-day basis. Like watching a child grow, being away for a while makes the changes more dramatic. Allow yourself to be nurtured. First receive it from yourself, and then you will be able to receive it more fully from others, and the universe.

By Dr. Mike Greenberg, D.O.



How do people become sensitive to common chemicals? Scientists mostly agree that a two-step process, called "toxicant-induced lack of tolerance," underlies chemical

sensitivity. In the first step; indoor air contaminants, chemical spills, or pesticides cause susceptible individuals to relinquish their prior tolerance for common chemicals and other substances. Chemicals can be ingested, inhaled, absorbed via the skin or implanted as in the case of breast implants. Second, subsequent exposure to those chemicals trigger chemical sensitivity reactions. For example, we spend up to 90% of our time inside buildings; indoor air contamination makes nearly

every American susceptible to chemical sensitivities.

Sick building syndrome refers to the energy-efficient buildings that became popular as a response to the energy concerns in the US. While they save money, these structures are pollutant generators. Long term exposure to this type of environment leads to irritability, headaches, fatigue and breathing difficulties. Sick building syndrome can also lead to many other sensitivities.

With the development of new holistic healing techniques, Millennium Healthcare is pleased to announce that Dr. "Mike" Greenberg is available to help patients reverse chemical sensitivity. Typical sensitivities are to substances such as silicone, platinum, mercury, lead, and the 3500 everyday at home chemicals.

The N.A.E.T. approach (pronounced nate) has its foundation in natural healing, where the body can heal itself. The treatment takes less than 30 minutes, and the patient is asked to return for a follow-up visit to verify treatment success. A very severe sensitivity may take slightly longer.

N.A.E.T. works by "re-establishing" the message computed in the brain regarding the sensitivity. Each chemical sensitivity is released with a very gentle tapping of specific body points. Clearing the brain facilitates the release of the immune response to a chemical allergy.

Insurance companies often reimburse for treatment of chemical sensitivity related symptoms; such as headaches, musculoskeletal complaints or nausea, just to mention a few.

[Initial consultation and treatment is free for existing Millennium and Plastikos patients.](#)

Fighting Toxin Damage and Aging with Anti-Oxidants

By Eugene M. Smith, Jr., M.D.

Dr. Susan Kolb and I recently had the privilege of interviewing Dr. Nicholas Pericone, author of the New York Times Best seller, The Wrinkle Cure. We spoke with Dr. Pericone Saturday morning from 9:00 am to 10:00 am during Dr. Kolb's weekly radio talk show on WGUN radio 1010AM. Some topics included the use of an anti-inflammatory diet and anti-oxidants to slow the aging process and the treatment of various disease processes including silicone toxicity.

The premise of Dr. Pericone's book is that the aging process is inflammatory in nature. When our body is injured, oxygen free radicals are generated. Oxygen free radicals only last a very

short time (approximately 1/10,000 of a second). However, these short lasting chemical reactions cause damage to cells, which in turn, cause inflammation. Repeated bouts of inflammation over long periods of time will lead to irreversible damage to our body's cells. Oxygen free radicals that ultimately result in cellular injury may originate from the environment, toxins, trauma, infections and many other sources. Environmental hazards such as ultraviolet radiation from sunlight, inhaled toxins such as cigarette smoke, ingested toxins such as nitrosamines or implanted toxins such as contaminated silicone gel, paraffin or other substances are all potential causes of oxygen free radicals, inflammation and cellular injury.

The body's natural defense to minimize damage from oxygen free radicals involves anti-oxidants. Dietary supplements, vitamins and healthy diets supply our body with anti-oxidants. Vitamin C is a powerful anti-oxidant and is commonly available in two forms including a water soluble form (Ascorbic Acid) and a fat soluble ester (Asorbyl Palmitate). The ester form may penetrate into cells more easily than the acidic form. Another powerful anti-oxidant that penetrates into cells well is alpha lipoic acid. In order to maximize our intake of anti-oxidants one asks, "What exactly is an anti-inflammatory diet?" Well, it appears mother does know best! An anti-inflammatory diet consists of those foods that are generally recognized as healthy and should include many servings of fresh vegetables, fruits, and good protein

Level I

1. Avoid land animal protein (red meat, pork, chicken) and restrict dairy products. Deep-sea fish are allowed – tuna, cod, salmon, mackerel, herring.
2. Emphasize fresh fruits, vegetables and whole grain.
 - a. Eat 50% raw foods.
 - b. Avoid night shade plants (potato, tomato, bell pepper, eggplant)
 - c. Clean the fruits and vegetables in a lemon and saltwater solution before eating.
 - d. No sweets, no candies, no pastries.
 - e. No bananas and limit the citrus fruits.
3. Drink 8 glasses of either filtered or distilled water a day.
4. Recommend a weekly program of walking followed by stretching.

<u>Program</u>	<u>Schedule</u>
5 min warm up	3 days on
30 min walk	one day off
10 min stretch	2 days on
5 min warm down	one day off

5. Liver detox with Turmeric 600 mg 3 times a day or eat curry powder (cooked) 40 gm a day. Milk thistle (Super Thistle X) is also an herb that aids in liver detoxification.
6. Supplements:
 - a. Multivitamin with minerals, as directed (Doc G, DaVinci Spectra or Phytopharmica) Not needed if you are already taking Thymate.
 - b. Vitamin C with flavinoid 500 mg 4 times a day.
 - c. Flax seed oil or hemp seed oil; one tablespoon/100 pounds of weight a day or Flax oil capsules 2000 mg, 2 to 3 times a day with food.
 - d. Inositol 500 mg two 3 times a day. (Helps the body to eliminate silicate)
Natural Source; Beans, lentils, nuts, oats, rice, wheat germ, cantaloupe, citrus (except lemon), whole grain.
 - e. Thymic factors 3 twice a day to 6 twice a day, depending on severity of immune/autoimmune problems. Thymate has thymic factors, vitamins, minerals and herbs or see (i.) below.
 - f. Ginkgo biloba 40 mg 3 times a day. Avoid two weeks prior to surgery.
 - g. Bromelain 300 mg 3 times a day or eat 1/3 pineapple a day. Note: Phytopharmica makes a supplement called CurcuMax that contains Curcuma Root Extract & Bromelain, which are natural anti-inflammatory agents) Boswellia serrata, an Ayurvedic herb is also an anti-inflammatory.
 - h. Immunocal one packet (10gm) twice a day is recommended to rebuild intracellular stores of glutathione. Colostrum or BioPure protein (Metagenics) may be substituted.
 - i. Transfer Factor Plus contains transfer factors, thymic factors, and glyconutrients (IP6, Cor-

- dyceps, Maitake, and Shitake mushrooms, Beta Glucans, and Aloe).
- j. MSM 1/4 teaspoon per 30 lbs body weight dissolved in liquid orally once per day. Capsules are available. For patients with joint problems, Joint Connection, which contains glucosamine sulfate, chondroitin sulfate and MSM is recommended. Additional joint therapies include cetyl myristoleate 500 mg orally four times a day for one month, then twice a day, gelatin (10 gm/day) and SAME 200 mg twice a day.
 - k. Olive leaf extract one 500mg capsule twice a day for three days then two 500mg capsules twice per day. Liquid Olea Europaea extract, 10 drops three times a day may be used instead of the capsules.
 - l. B-12 sublingual (B-Active by Phytopharmica) or B-12 shots may help neurological symptoms. Lipoic acid (Ultra Lipoic Forte by Douglas Labs) is also recommended.
 - m. Alpha lipoic acid (Ultra Lipoic Forte by Douglas labs) 1000 to 2000 mg a day is recommended as an antioxidant which aides in intracellular detoxification, and helps functioning of the immune system.
7. Stress management:
- a. Relaxation exercises.
 - b. Meditation.

SILICONE IMMUNE PROTOCOL Level II

1. See Silicone Treatment Protocol Level I.
2. For patients with symptoms of candidiasis (fatigue, muscle aches, diarrhea, abdominal cramps, memory loss, vaginal yeast infections) we recommend: Use of yeast diet (see the *Yeast Connection* or other popular books) and acidophilus or other probiotics or a yeast program such as Harmony Formulas Candida Program or Candistroy by Nature's Secrets. May require oral Nystatin 5 cc three times/day if ever on antibiotics, and may require Diflucan 200 mg a day for 10-30 days if liver function tests are normal and you are not on any medicines which should not be taken with Diflucan, i.e. Seldane, Propulsid, some diabetic medications, some anticholesterol medications and some anti-hypertensive medications. Sporanox 100 mg 2 each day with food for 3-6 weeks may be needed if stool yeast tests show yeast is resistant to Diflucan. Add Lipoic acid 1000-2000 mg p.o. q.d. while on Diflucan or Sporanox. Ask your physician or Dr. Susan Kolb if you feel you have candidiasis. IV therapies and rectal suppositories are also available for candidiasis. Additional natural yeast therapies include garlic/oregano oil and enteric-coated caprylic acid. Molbydenum 100 mcg three times a day may help adverse symptoms caused by the yeast's production of aldehyde.
3. For patients with longer and more severe silicone exposure, we recommend: Intravenous therapy to include trace minerals and vitamins to help restore missing nutrients and hydroxylate the crystallized silicate in the tissue so it can more readily be eliminated. We recommend IV therapy twice a week for four weeks. Transfusion time is 1-2 hours. Cost of IV vitamins is \$75 per IV treatment and cost of membrane stabilizer is \$65 per IV treatment. For more toxic patients, IV

treatment with a membrane stabilizer once a day x14 days then 3 times per week for 2 weeks is recommended.

4. Additional nutritional therapies:

In addition to thymic factors and vitamin formulas, we recommend anti-inflammatory nutrients such as grape seed extract and Pycnogenol. Beta 1.3 D Glucan (Beta Gold) may also be effective as an immune system enhancer. MgN3 250 mg capsules 2-4 capsules 4 times a day for 2 weeks then 2 twice a day helps to increase natural T killer cells. Cellular Forte with IP6 also helps enhance the immune system. Super Malic 8-12 per day is effective in the treatment of fibromyalgia. Aloe vera juice 3oz 3 times per day. DHEA supplementation if deficient in DHEA. Melatonin supplementation for sleep disorders. B12 sublingual may be more effectively absorbed than oral B12. Gigartinacease red marine algae 4 tablets a day may be beneficial for viral illnesses.

5. Additional detoxification therapies: For maximizing Phase II of intracellular detoxification, we recommend a dl-Methionine vitamin & mineral supplement (i.e. Redoxal-HMF) as well as glycine either as a supplement or in food (gelatin is 25% glycine) and glutamine. Also see fasting, colon cleansing, and detoxification programs.

6. Modified fasting:

A fast lasting one to three days using vegetable broth and organic diluted apple juice combined with oral aloe vera gel (2 cups a day) to cleanse the colon. Master cleanser fast consists of one gallon of distilled water with ½ cup of fresh lemon juice, ½ cup of maple syrup and 1/8 teaspoon of cayenne pepper.



7. Colon Cleansing.

Used as an adjunct to fasting to cleanse the lower colon of toxins. Colon therapists are available. Coffee enemas to assist the liver detoxification. (raises intracellular levels of glutathione).

8. Detoxification programs such as Metagenics Ultra clear Plus.

9. Saunas and/or hot baths with Epsom salts for mild hyperthermia. 15-20 minutes 3 times per week.

Add Liquid Needle Body Soaks to hot baths as directed.

10. Energy medicine.

Techniques to enhance the immune system and release toxic emotions from the body to help facilitate healing.

11. Endermologie for tissue lymphedema. Cost is \$85 per treatment. This is a physical means of clearing the lymphatics, especially of the upper extremities and chest wall, which may be blocked by silicone. Lymphatic massage may also be helpful.

12. Hypnotherapy to deal with the anger. Women often feel angry due to the circumstances surrounding the breast implants or due to the lack of sensitivity of the medical community to the patient's illness.

Anger is a toxic emotion that can block the healing process, and hypnotherapy is an effective means to release the anger so healing can proceed.

13. Chelation Therapy: Recommended especially if testing shows heavy metals that chelate with EDTA. Combined with ozone. (Alternate days ozone, chelation) or HBO (hyperbaric oxygen) depending on availability.
14. Homeopathic preparations prescribed for cellular detoxification. If no silicone or saline implants are present, may use Silica 30 cc, 3 granules sublingual a week for 6 weeks.
15. Additional therapies for fibromyalgia:
In addition to Super Malic (Malic acid and magnesium) which is helpful as 94% of fibromyalgia patients are magnesium deficient, we recommend Relaxin hormone replacement therapy (Vitalaxin 20). To raise serotonin levels only if you are not on a prescription antidepressant, take St. John's Wort and 5-HTP. For low energy levels, take coenzyme Q10 100-200 mg/day and NADH, which helps provide energy to muscle cells. Joint Connection and SAME may be beneficial. Other glandular or hormonal support including adrenal and thyroid may be needed. Supplemental digestive enzymes are recommended if the patient has problems digesting food and/or absorbing nutrients. GABA 750 mg or Melatonin 1 to 3 mg before bedtime may aid in deeper more restful sleep. The guaifenesin protocol for fibromyalgia may benefit some patients.
16. Craniosacral and mild chiropractic spinal manipulation.
17. Migraine therapy including magnesium replacement (Super Malic), feverfew (Mygra-Free by Phytopharmica), and 5-HTP.
18. Essential oils: Immunopower, Pane Away, black cumin, and lavender. Please refer to an essential oil manual for precautions using these oils. These are usually applied topically.
19. For patients with chronic inflammation and elevated C reactive protein, oral enzyme therapy may be effective.
20. For patients with elevated platinum levels, see Platinum Detoxification Program.

Please note that there is an individuality as to presentation as well as biochemistry of each silicone-intoxicated patient. Not necessarily all of the above is necessary and that for some individuals only part or an addition to this protocol may be important.

SILICONE SUPPLEMENT DIRECTION

1. Acidophilus – one capsule three times daily
2. B-12 – sublingual once daily
3. Flax Seed Oil capsule – two 1000 mg capsules three times daily
4. Inositol – 500 mg, one to three times daily
5. MSM – two capsules daily
6. Olive Leaf Extract – 10 drops under tongue three times daily
7. SAM-E – one tablet, two to four times daily
8. Spectra or Doc G Multivitamin/Mineral – one capsule twice a day (not needed if you take Thymate)
9. Super Malic Acid – three tablets, twice a day
10. Super Milk Thistle X – one capsule twice a day
11. Transfer Factor Plus – two capsules daily
12. Ultra Lipoic Forte – 1000-2000 mg per day

Web pages and Links

- <http://www.cpr4womenandfamilies.org/>
- <http://www.homestead.com/sosalines/sos.html>
- <http://www.plastikos.com/silicone.htm>
- <http://www.info-implants.com/USA/indexusa.html>
- <http://community-2.webtv.net/Silly-Cones/BreastImplantsthe/>
- <http://www.magiclink.com/web/spudnik/smoke.html>
- <http://www.toxic-exposure.com/>
- <http://members.aol.com/wisgroup/webring>
- <http://www.homestead.com/siliconecity>
- <http://www.webstarmagic.com/wisletter.htm>
- <http://www.fredlummus.com/implants/vbb/index.htm>
- <http://www.info-implants.com>



Evi Budhitresno-Cheung

- **REFLEXOLOGIST**
- **REIKI MASTER**



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There are several holistic products available from www.templeofhealth.ws. Please go to the products section of each site to find holistic skin care creams, vitamins, herbs, spirituality and self-development tapes and books as well as other holistic products to enhance wholeness and well-being.

- <http://www.info-implants.com/Smoke/index.html> (Smoke Documents)
- <http://www.guardianunlimited.co.uk/Archive/Article/0,4273,4028637,00.html>
- <http://www.fda.gov/cdrh/breastimplants/index.html> (FDA implant information page)
- http://www.fda.gov/cdrh/breastimplants/labeling/mcghan_patient_labeling_5900.html (MCGhan implant information page)
- http://www.fda.gov/cdrh/breastimplants/labeling/entor_patient_labeling_5900.html

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