

Multiple Sclerosis

Addressing Contributing Factors and Symptoms

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Well, here we are—the final edition of 2017! In each of our issues we try to choose topics that are relevant to a particular theme or season. This issue is a little bit different, as it includes an eclectic mix of topics we feel are important and timely, but that we have not yet addressed this year.

In truth, the whole Emerson Ecologics team was our inspiration this time around. As more and more Emerson employees are welcoming babies into their lives, they are receiving conflicting information. The discussion about how to make healthy choices for their children, led to our decision to visit pediatric care basics and current best practices with regard to antibiotic use.

We are also taking a look at addiction, a hot topic affecting many American families today—and how you as a practitioner can support patients in recovery.

Finally, we conclude our year-long exploration of immune-mediated health issues with an updated look at multiple sclerosis and how we can provide support to patients.

As the end of this year approaches and the weather outside grows colder, remember that winter is nature’s season of rest and recovery and also a time to give thanks. At Emerson, we want to thank you for being our customer and for the joy and inspiration you bring to the world by caring for others. This season, I hope you take time for yourselves—to rest, do things you love to do and always remember...self-care *is* our healthcare!

In celebration of great health,

Lisa Murray, RDN, LD

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FDA STATEMENT

The information provided in this publication is the opinion of the authors based upon the latest evidence available. We hope that this issue provides health care practitioners with useful information to apply in their clinical practices. As with all scientific information on dietary supplements, the statements made within this issue are not reviewed, verified or approved by the FDA.

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Multiple Sclerosis

Addressing Contributing Factors and Symptoms

By Meredith Murray, ND

Multiple sclerosis (MS) is the most common chronic immune-mediated inflammatory demyelinating disease of the central nervous system and affects approximately 100 people out of 100,000.¹ The exact cause of multiple sclerosis is still unknown, but it is strongly accepted that it is a complex combination of immune dysregulation, genetic variants and environmental factors that all contribute to the development of this disease.²

Even though there are multiple factors that can contribute to a person's development of this condition, which will be reviewed here, ultimately the common denominator for underlying issues relating to MS development is inflammation. It is becoming more accepted that inflammation is thought of as a main factor of many chronic diseases. Multiple sclerosis is a very serious and often a debilitating illness. While the severity of this diagnosis and all its unknowns can be daunting, practitioners can recall back to the foundations of wellness as being supportive for their patients.

CONTRIBUTING FACTORS



Oxidative Stress/Inflammation

Reactive oxygen species and subsequent mitochondrial dysfunction are considered to be playing a role in the demyelination and axonal damage in MS. It stems from inflammation, triggering a cascade of effects ultimately compromising the blood brain barrier and causing an immune response that activates microglia and eventually damage in the nervous system.²



Smoking

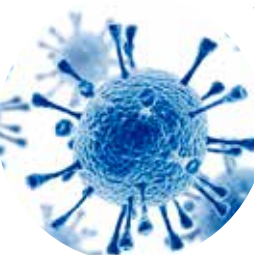
One of the strongest lifestyle factors that has been associated with MS risk is smoking. Research has consistently shown that smoking increases risk of developing MS, yet its effect on the progression of the disease is still unknown.³ Interestingly, the correlation was not found with chewing tobacco, which suggests nicotine is not the responsible agent. Smoking status is something that should be inquired of all patients and appropriate counseling/support for cessation can be given.



Vitamin D

Vitamin D status is generally something of interest to integrative practitioners as it can factor into a variety of different health concerns. Research has shown that there is an inverse relationship with serum vitamin D levels

and MS prevalence and/or risk of MS development¹ as well as disease activity in diagnosed MS. The Nurses' Health Study demonstrated that when women took >400IU of vitamin D level daily, their risk of developing MS was reduced.⁴ Vitamin D status is thought to be one explanation of why there is an incident of MS at higher latitudes compared to other geographical locations, though this hypothesis was challenged in a 2010 systematic review.¹



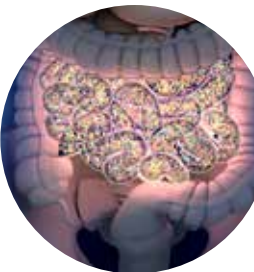
Viruses

As it is understood that the immune system is involved in the pathogenesis of MS, there are varying hypotheses as to how the immune system becomes activated. One theory, that has been relatively well studied, is that an infectious stimulus such as viral infection may be a trigger for MS, but the evidence of viruses directly linked to MS development has not been shown. Epstein-Barr virus (EBV) has an interesting relationship to MS.⁵ There have been several studies that show the risk of MS increased after infectious mononucleosis, including one study that showed that EBV seropositivity in MS patients was 100% compared to the healthy population, where it is 83–90%. More research is warranted to evaluate the connection between EBV and MS, as it is likely complicated. Other viruses, Varicella Zoster virus (VZV) and Cytomegalovirus (CMV), have been studied as possibly being associated with MS. However, the research is limited and not very strong. The research has not supported any connection between MS and vaccination.



Genetics and Immunopathology

As the realm of genetic research expands, the ability to detect variants connected to MS increases. A paper published in 2013 indicated there was over 100 genetic variants associated with immune function that were linked to MS risk with the functional effects being not well understood. The MHC (major histocompatibility complex; also known as the HLA: Human Leukocyte Antigen) class I and II alleles are the most well known as increasing risk of MS development. It appears that modulating the immune system to downregulate TH1 and increase TH2 and TH3 responses can help reduce MS disease activity, which has been shown with various pharmaceuticals.¹



GI Dysbiosis

The study of the human microbiome and its role in various diseases has been growing considerably in the last decade. Multiple sclerosis is just another disease that is being

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"There have been multiple studies showing yoga practice and mindfulness meditation practice to be beneficial in minimizing cognitive decline and improving cognitive reserve."

researched for the bacterial connection. At this point, the modulation of the bacteria as a treatment mechanism for MS has only been performed in the mouse model of MS. There is now an "MS Microbiome Consortium" looking to evaluate the differences in the microbiome of MS patients and how those differences play a role in the inflammatory process of the disease.⁶ This may lead to treatment interventions both at a bacterial level and at a dietary level. One interesting finding of differences in the microbiome of MS patients compared to controls was the increase in *Methanobrevibacter* and *Akkermansia* and a decrease in *Butyricimonas* species.⁷



Environmental Factors: BPA and Plastics

The exposure to plastics, such as BPA, in our environment is an undeniable influence on disease states, such as obesity and diabetes.⁸ It has recently been reported that even BPA exposure during gestation can lower threshold for autoimmunity in a mouse model for MS, indicating that it may be a risk factor for developing MS later in life.⁹

ADDRESSING THE FACTORS

The above influential factors in the development of MS can be addressed through many primary methods of integrative medicine: optimizing diet, nutrition and lifestyle to lower inflammation and reduce toxic burden.

Anti-Inflammatory Diet

As always, encourage a diet rich in colorful fruits and vegetables, whole grains, lean meats and healthy fats. Not only do these foods contain beneficial anti-inflammatory components, this type of diet encourages a healthy and diverse microbiome.

Wahl's Protocol

Dr. Terry Wahl, MD is a pioneer in addressing and treating multiple sclerosis through dietary measures alone. She utilized a specific method on herself, now known as the Wahls protocol, and went from being wheelchair bound with MS to walking and bicycling within a year.¹⁰

Vitamin D

Evaluate vitamin D status and utilize supplementation to achieve optimal levels. This is especially important in areas of higher latitudes, which tend to have lower vitamin D levels and higher incidences of MS.

Smoking History

Discuss smoking history with each patient. Without judgment, encourage cessation and offer any supportive methods or resources.

Environmental Exposures

Educate patients about the exposures of plastics, chemicals and toxins in their environment. Some simple switches could include using a glass reusable water bottle and glass food storage dishes, instead of plastic options, to limit exposure to BPA.

ADRESSING THE SYMPTOMS

While the above deal with some of the influences in MS development, some integrative modalities can be used to address some of the symptoms that arise during the course of MS.

Yoga has also been researched on its ability to help improve the cognitive issues which occur in MS. Cognitive reserve (CR) and brain reserve (BR) can possibly be an explanation of the discrepancy between cognitive decline and pathophysiological damage in MS. BR is passive and fixed and a result of brain size and brain volume. CR is passive and not fixed and can be affected by brain plasticity as a result of life experiences. One study took the knowledge on CR and BR with MS patients as a way to determine if mind-body techniques could be used therapeutically.

There have been multiple studies showing yoga practice and mindfulness meditation practice to be beneficial in minimizing cognitive decline and improving CR. It has also been shown that an increase in CR can prevent cognitive decline in MS patients. Therefore, it is concluded that the adoption of yoga and MM in early onset of MS may help to attenuate decline as well as help the patient cope with burden of disease, postponing cognitive symptoms that accompany physical neurological decline.¹¹

A 2014 review from the American Academy of Neurology rated oral cannabis extract to be safe and effective to deal with the spasticity/pain for MS patients (a recommendation level of A-Effective). This was the only "CAM" intervention with this level of recommendation. Synthetic THC and smoked cannabis were not shown to have the same effect.¹²

Overall, integrative practitioners, with their knowledge and passion about educating people to lead healthy lifestyles, can be a positive resource for addressing some of the factors that can influence a complex condition like MS.

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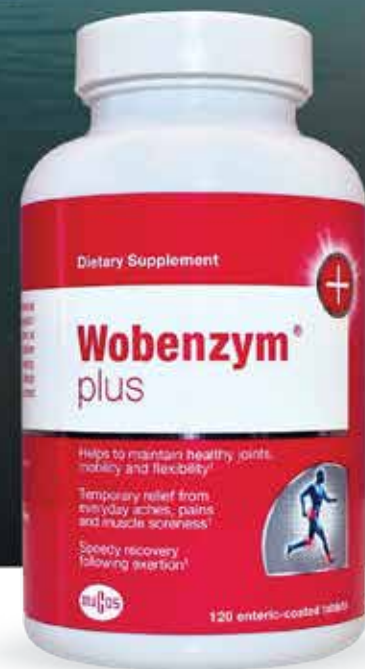
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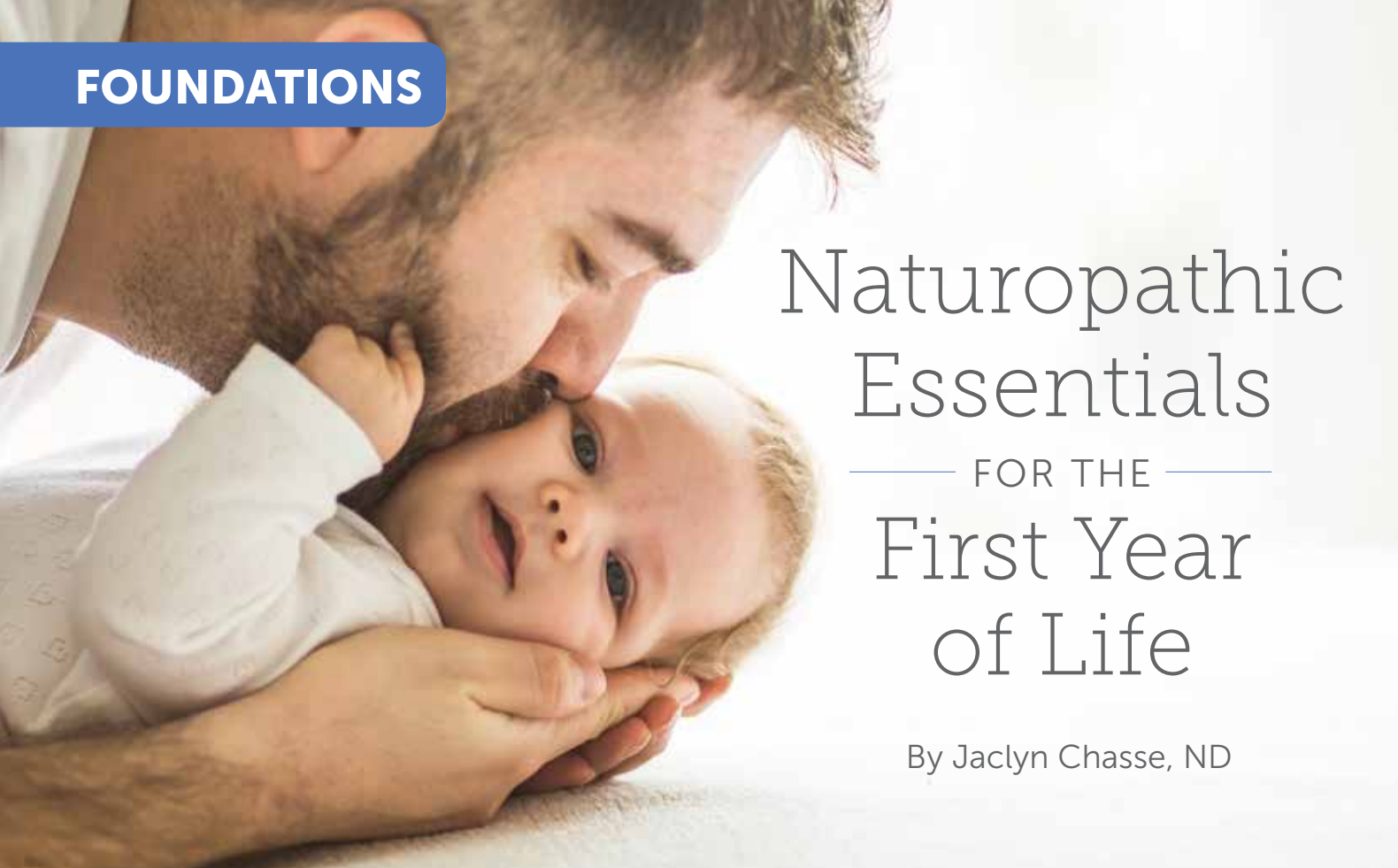
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Naturopathic Essentials

FOR THE First Year of Life

By Jaclyn Chasse, ND

The first year of life is a time of enormous growth and development. Besides the fact that a child is totally dependent upon their family from birth until walking at one year, the child also triples their birth weight within the first year and their brain grows to almost two-thirds adult size by year 2–3.¹ This makes for a lot of change in a very short period of time, and proper support of the infant can provide a strong foundation for a healthy childhood and adult life. The purpose of this article is to provide you with the wellness foundations for a strong and healthy infant and also to address some of the common, self-limiting concerns that arrive during early childhood in healthy infants.

Months 1–3: The 4th Trimester

The earliest period of a newborn's life has been coined the "4th Trimester" to emphasize that in many ways this very early development is an extension of the development in pregnancy. Neurologically, children do not fully integrate until several months after they are born and have complete dependency on their parents, relying on them for food, warmth and comfort. Some of the common complaints that arise during this time include blocked tear ducts, colic, sleep concerns and challenges with breastfeeding and lactation.

Blocked Tear Ducts

Blocked tear ducts can arise in the first days to weeks of life. It is a blockage of the naso-lacrimal duct. When tears are produced (in the upper, outer corner of the eyes) and naturally flow to the duct in the inner corner. A blockage of the naso-lacrimal duct can prevent proper tear flow, causing watering of the eye, sometimes with a "gooping" or crusting of the tears.

This usually self-resolves, but can be assisted through the application of a few drops of breastmilk into the affected eye 3–5 times daily and gentle massage of the inner corner of the eye. Breastmilk contains enzymes and immune cells that can assist at dissolving the blocked duct. Warm compresses can also assist with movement of the blockage.

Another treatment option for blocked ducts is the use of homeopathic medicines. Homeopathic remedies are great choices for even the youngest children, as they have a fantastic safety profile. Silica 6C or 12C, as well as Baryta carb 6C or 12C, are indicated for blocked tear ducts. Dissolve two pellets into water and administer one full dropper by mouth three times daily.² If this doesn't resolve within six months, a referral to an ophthalmologist is warranted.

Colic

About 10% of infants in the Western world experience colic. Colic is defined as periods of crying that last more than three hours per day more than three days per week for more than three weeks. (Normal crying, which peaks between 6–8 weeks, is about two hours per day at two weeks, three hours per day at six weeks and then decreases to one hour per day by three months). Several theories have been proposed around the causes of colic. One theory is that colic is a normal gastro-colic reflex in response to food, increasing peristalsis to make room for incoming food.³ Another theory is that serotonin-melatonin circadian rhythms trigger colic and have an effect on peristalsis. Others view colic as one of many abnormalities such as GERD, gas or muscular spasms in the colon. It's important to note that

85–90% of babies with colic have no evidence of GI abnormality, suggesting this is not the most well-supported theory.^{4,5}

Colic has little direct medical consequences, but it does pose significant and real concerns for parents and baby. Colic and prolonged crying are risk factors for maternal and paternal postpartum depression. Mothers of colicky babies are at risk for a shortened duration of nursing and increased rate of insecure attachment to their infants. Colicky babies are at a greater risk of SIDS and shaken baby syndrome, and there is an increased likelihood of unnecessary treatment of the infant with drugs like sedatives, analgesics, antispasmodic medications and proton pump inhibitors. (PPIs have been no more effective than water at reducing infant crying).⁶

Another strong theory for colic is the relationship between colic and neonatal microbiota. In a study published in *Pediatrics* in 2013, the fecal microbiota of 12 infants with colic were compared to that of 12 healthy infants during their first 100 days of life. Children with colic lacked diversity of microbiota compared to the control group and had increased proteobacteria and reduced lactobacilli and bifidobacteria. Especially absent were strains producing butyrate and lactate (Bacteroidetes and Firmicutes).⁷ Further studies have demonstrated that probiotics may be an effective treatment of colic in breastfed babies and possibly in formula fed babies. *L. reuterii* is the most commonly studied strain and has demonstrated effectiveness within 21 days.⁸ Furthermore, prophylactic use of probiotics may prevent colic, reduce crying time, reduce regurgitation and increase mean number of bowel movements daily.⁹



Emerson carries some fantastic diaper creams which are great to recommend for parents. Another benefit of these creams is that they form a barrier for the skin, reducing the exposure of the skin to urine, which can reduce the skin hydration, leaving the diaper area more susceptible.

Badger Zinc Oxide Diaper Cream (B85017), Babo Botanicals Soothing Diaper Cream (B82682), and Weleda Calendula Diaper Rash Cream (W88138)

Emerson now carries several "women's probiotics," which have heavy prevalence of this strain. It is believed that taking this strain during the third trimester of pregnancy can help to inoculate the mother's vaginal ecoflora, allowing for inoculation of the child during the birth process. *L. reuterii* can also be administered as a powder on the areola prior to nursing or mixed into a bottle of formula.

Developmental Milestones

One to Two Months

Activities to be observed

- Holds head erect and lifts head
- Turns from side to back
- Regards faces and follows objects through the visual field
- Responsive to voice

Activities reported by parent

- Recognizes parent
- Vocalizes
- Smiles spontaneously

Three to Five Months

Activities to be observed

- Grasps objects: first ulnar, then thumb
- Reaches for objects and brings to mouth
- Makes raspberry sound
- Sits with support

Activities reported by parent

- Laughs
- Anticipates food/nursing on sight
- Turns from back to side



Diaper Rash

Diaper rash is the most common skin condition in infants and is most common between nine and 12 months. Urine increases hydration of the skin and increases the pH. Increased skin hydration leaves the skin more permeable and susceptible to irritants, abrasions and infection¹⁰. Some treatment options include bathing the child in a bath with one tablespoon of baking soda added or applying barrier creams or salves containing comfrey or calendula. If there is suspected infection, parents can add tea tree oil, ketoconazole or nystatin (for suspected Candida), goldenseal root powder (Hydrastis) or Oregon Grape Root (Mahonia) for suspected bacterial growth.

Teething

Teething normally starts around 4–6 months of age with a first tooth erupting around six months. While teething and teething pain are a normal expectation in this age group, several options are available to provide relief. One of my favorites is a "teething tea", made by combining 0.5 teaspoons each of dried catnip (Nepeta cataria), chamomile (Matricaria recutita), passionflower (Passiflora incarnata) and lemonbalm (Melissa off.) into two cups

of hot water. Cool, strain and give to the child in a cup, mixed into milk, by the dropper or even on a facecloth. Facecloths dipped into this tea and frozen make a great teether for infants.

Homeopathic remedies can provide significant relief to children. In particular, homeopathic Chamomile 6C or 12C has been used by many parents to provide relief to their teething infants, often in combination with other homeopathics. Emerson sells Teething and Tooth Support tabs by Similisan (S20002), which contain chamomile.

If you treat children, you’ve likely seen that in the last year the FDA issued several warnings against homeopathic teething tablets available over the counter, citing several serious adverse events from their use due to the presence of belladonna. Hylands, a leading manufacturer, pulled their products from the market and concurrently issued statements assuring their safety. Dr. Ron Whitmont, the President of the American Institute of Homeopathy, provided a detailed analysis of these reports in a 2017 Issue of the *American Journal of Homeopathic Medicine*, which points to several flaws in the data used to justify the

FDA’s warning. US Poison Control and Health Canada have not reported similar concerns with the same products. The article is worth a read, whether you choose to use the remaining homeopathic teething tablets or not.¹¹

Thrush

Thrush is an oral infection of Candida albicans, which appears as a thick white coat on the tongue or buccal mucosa. The white patches can be scraped off, leaving a lightly bleeding area. Thrush is very common in the first weeks of life, especially after antibiotic treatment.¹² It can be worse in infants using pacifiers. In breastfeeding mothers, it can be passed back and forth between mother’s breast and baby’s mouth, so it is essential to treat the mother-child dyad. Thrush is often treated conventionally with Nystatin oral suspension or other antifungals. Oral infant probiotic powders can also help to support the health of the microbiome within the infant’s mouth and digestive tract to help to maintain a health microflora balance.

Reflux and Regurgitation

The regurgitation of milk or formula is highly reported and diagnosed in infants. The etiology, while often assumed to be acid reflux, is diverse and the majority of burden is actually non-acid reflux related. Proton pump inhibitors, the primary treatment approach for infants with reflux, have a high rate of side effects, often don’t help and should be avoided in most cases.¹³ Some treatment options include left side-lying, modifying dietary

intake of the mother (if nursing) and demulcent herbs and nutrients, such as slippery elm, marshmallow and L-glutamine.

When treating the youngest of patients, it’s essential to consider safety first and also keep in mind that often, what you provide is counseling and reassurance to the parents that they are doing okay! I have found that much of my visit time is discussion on parenting choices (sleep, diaper choices, food introduction, etc.) and it’s good to remind parents that there is no one “right” way, even if you share your own preferences.

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Six to Eight Months

Activities to be observed

- Sits alone for short periods
- Reaches with one hand
- Imitates bye-bye
- Passes objects from hand to hand
- Babbles

Activities reported by parent

- Rolls from back to belly
- Responds to the word "no"

Nine to 11 Months

Activities to be observed

- Stands alone
- Imitates patty cake, peek-a-boo, etc.
- Thumb and index finger pickup of small objects

Activities reported by parent

- Walks supporting self on furniture
- Follows one-step commands like "come here" or "give that to me"

One Year

Activities to be observed

- Walks independently
- Says "mama" and "dada" with meaning
- Neat pincer grasp
- Tries to stack two blocks

Activities reported by parent

- Points to desired objects
- Says 1–2 words





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SUPPORTING Addiction Recovery

By Lisa Murray, RND, LD

It’s hard to get away from the headlines about the American opioid crisis, as the US is experiencing an overdose epidemic unparalleled in our history. We hear a lot about it these days; the truth is making its way up the political chain into public policy. But this isn’t just an opioid painkiller crisis; it’s an addiction epidemic involving legal and illegal drugs of all kinds, including alcohol abuse, which has been a longstanding problem in our society.

As an integrative practitioner, you may have been asked by a patient or client if there is anything you can do to help them “get over” their addiction. The answer is yes; what we can offer is very valuable to any person seeking recovery from addiction. But it depends on the patient and their readiness and willingness to change. The bottom line is there are no new natural miracle cures. When the overarching presenting problem appears as addiction, it’s probably not what the majority of us feel well equipped to treat. The real problems are underneath the symptom called “addiction”. Recovery is an extended process, but there are studies and resources affirming the very big role that nutrition has in supporting both withdrawal and recovery and most importantly, preventing relapse. Substance abuse negatively impacts nutrition status in many cases to the point of overt malnutrition and universally changes neurochemistry. So, in order to really understand how we fit into the picture, consider the long-term goal, which is really to help this person the same way we try to help everyone else:

- 1) Help them improve their overall health;
- 2) Alleviate their symptoms and normalize physiology by balancing their biochemistry;
- 3) Encourage the patient to explore a variety of modalities which help reduce physical and emotional pain.

Assessment can start with asking how their addiction developed and why they started using. I was taught that you have to ask “why” five times in a row to come closer to understanding the root cause. For many, it may have started with an injury or surgery and the use of pain medication. For others, it may have started as self-medication for diagnoses of PTSD, ADHD, anger, depression or anxiety. It’s important to dig and to screen for underlying diagnoses, which are usually masked by the substance. In any case, if the patient successfully withdraws from substance abuse, the symptoms of coexisting health conditions will begin to emerge more clearly over time.

Where to Start

The most important thing we can do is to ensure they have a very robust nutrition plan. This can be a huge challenge because often money is an issue and buying supplements may be problematic. Address macronutrient intake to support proper glucose metabolism. Erratic blood sugar can trigger moodiness, anger and cravings to use. People with addiction have become used to substituting substances for food.

Supplements to Support Recovery

	Nervous System	Mood	Inflammation (Chronic)	Liver	Sleep	Energy	Cognitive	Muscles	Hormonal Balance
Acetyl-L-Carnitine						X	X		
Adaptogens						X			X
Alpha Lipoic Acid			X			X			
Artichoke Extract									
Bacopa Monnieri Extract							X		
Calcium (Ionized)	X	X			X			X	
Coenzyme Q10									
Curcumin (Turmeric Root)			X						
Eurycoma Logifolia Extract									
Folate	X								
Gaba	X	X							
Ginkgo Biloba Extract							X		
Grape Seed Extract			X						
Grapefruit Seed Extract			X						
Green Tea Extract			X						
Inositol	X								
L-Arginine									
L-Citrulline									
L-Taurine	X								
L-Theanine	X	X							
L-Tryptophan					X				
Lemon Balm Extract					X				
Magnesium (Ionized)	X	X			X			X	
Melatonin					X				
Milk Thistle Extract			X	X					
Montmorency Cherry Extract		X							
NAC (N-Acetyl Cysteine)	X								
Passionfruit Extract	X	X							
Phosphatidylcholine							X		
Phytoestrogens									
Pine Bark Extract			X						
Quercetin			X						
Resveratrol			X						
Rhodiola Rosea						X			
Trimethylglycine				X					
Vitamin B-Complex	X					X			
Vitamin B6	X								
Vitamin B12	X								
Vitamin D3	X								
Vipocentine									
Zinc	X						X		
5-HTP	X				X				

Source: <http://withdrawalresearch.org/nutrition.html>



Strategies include food preparation for the week ahead of time, which makes frequent small meals and grabbing and going possible. Another very important strategy for this population is the use of smoothies, which include high nutrient raw fruits and veggies, like blueberries and spinach, along with protein powder or Greek yogurt.

Protein is really critical for this population, as it repairs tissues and organs affected by chronic substance abuse and inadequate nutrition. Protein should be incorporated into all meals and snacks as much as possible. Eggs, chicken, fish, red meat, cottage cheese, Greek yogurt, nut butters and protein powders are all good high-protein options. Keeping hard boiled eggs, cold chicken, cottage cheese, Greek yogurt and nuts on hand for quick high-protein snacks improves nutrition status and helps keep blood sugar more stable.

You can educate on an anti-inflammatory diet, high in good fats, legumes and veggies and low in simple carbs. A simple, healthy, whole food meal plan will provide necessary nutrition. If at all possible, encourage the patient's family members or friends, who may be available as cooks and caregivers, to help prepare meals and to ensure the person is receiving adequate nutrition. Eating very well is an important key to successful recovery, and many patients will need solid resources and support in making this a reality. This also gives loved ones a very real and tangible way to help, which assists in building a community around the recovering individual.

Supplements

Begin with the assumption that deficiencies in omega-3 fatty acids, magnesium and vitamins C, K, A, D, and especially B vitamins, will need correction. Choose the highest potency cost-effective supplements available. Begin repletion with a robust multivitamin high in active B vitamins (or the addition of a B complex), which are co-factors in the production of neurotransmitters, necessary in the detoxification process and necessary for energy metabolism. Fish oil supplementation will ensure proper balance of omega-3. While there are many studies linking omega-3 supplementation with good mental health outcomes, of note is a 2006 study published in the *Journal of Clinical Psychopharmacology*, showing that supplementation with three grams of EPA+DHA over three months resulted in a significant decrease in the anxiety scores of substance abusers.¹

Once again, it's important to "heal the gut" because many drugs have a large impact on the digestive system. More than half of substance abusers report GI complaints, though

truly everyone will be affected. This often manifests as disordered eating because users can't digest their food well and malnutrition can result. Disorder in the "gut-brain axis" is involved in any number of physical, mood, and cognitive disorders and is worsened by stress. Digestive enzymes, probiotics, magnesium and glutamine can all be helpful in restoring gut health and function. Probiotics can help with the digestion, absorption and also metabolism of nutrients as well as neurotransmitters, which are all very important at helping restore normal brain function.

Once the foundations are in place additional considerations can be addressed. For detoxification and liver support, consider adding taurine, NAC, silymarin (or milk thistle seed extract) and curcumin or turmeric extract. For mood and sleep support, consider L-theanine, 5HTP, inositol, passionflower, honokial, ashwagandha, holy basil and magnesium glycinate. Anecdotaly, individuals posting in withdrawal forums on the web have repeatedly stated that Bvitamins and passionflower seem helpful during the withdrawal phase.

Supporting those who are in pain in every way requires a truly integrative approach to be successful; I believe "it takes a village". You can create this team formally or organically through a chain of referrals. Either way, it will be in the best interest of the patient and will provide for the most comprehensive and long-lasting positive outcome. A team who together can support a truly holistic environment of care for the body-mind-spirit integration of the whole person would be ideal. This might include a team of professionals who can provide acupuncture, mental health services, nutrition services, medical services and energetic or spiritual care. The long-term goal is to help this patient feel whole again, feel happiness, feel normal, be able to value and care for themselves, learn to accept life as it is for them and function in society. Each of us can provide a piece to this puzzle.

Below are a few resources you might find useful in learning more about this subject:

Drug Withdrawal Research Foundation
<http://withdrawalresearch.org/nutrition.html>

Townsend Letter, February/March 2016
"Updates on the Treatment of Drug Addiction" by Carolyn Ross, MD, MPH. <http://www.townsendletter.com/FebMarch2016/drug0216.html>

Journal of Addiction Research & Therapy
"The Use of Sobriety Nutritional Therapy in the Treatment of Opioid Addiction. Citation: Cunningham PM (2016) The Use of Sobriety Nutritional Therapy in the Treatment of Opioid Addiction. J Addict Res Ther 7:282. doi: 10.4172/2155-6105.1000282

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Antibiotic Stewardship

Natural Approaches to Avoid Overuse

By Meredith Murray, ND

As the temperature drops, we begin to see a rise in symptoms of colds, flus and upper respiratory infections (URIs). Unfortunately, it is all too common for people to seek outpatient treatment for issues like these and receive antibiotics when the illness is viral in origin.

A 2015 study found that in a two-year period, 77% of adults with a respiratory tract infection seen at an outpatient clinic were given antibiotic therapy for their symptoms, which was inappropriate in 64% of those cases.¹

Antibiotic stewardship is the term for the coordinated effort to only use antibiotics in the optimal and appropriate manner—including choice, dosing, route and duration of use. The goal of this initiative is to both improve patient outcomes and reduce the consequences of antibiotic overuse—antibiotic resistance, toxicity and serious infections, such as *C.difficile*. It is now suggested that practitioners truly understand and practice recommended guidelines to help determine when antibiotics are appropriate and when they can be passed for symptomatic management instead.² Integrative practitioners can fill an important role in this effort—both in educating patients about when to seek out antibiotic therapy and in offering many supportive therapies for symptomatic relief when antibiotics are not indicated.

Acute Rhinosinusitis

Sinusitis affects an average of 1 in 8 Americans yearly. Twenty percent of antibiotic prescriptions written in America are for symptoms of sinusitis; however, it is commonly caused by a virus. The definition of rhinosinusitis is “symptomatic inflammation of the paranasal sinuses and nasal cavity”.³ The symptoms it

presents with are purulent nasal drainage accompanied by nasal obstruction and/or fullness/pressure/pain of the face. It is deemed acute rhinosinusitis (ARS) if the duration is less than four weeks and chronic if lasting more than 12 weeks. There are both viral and bacterial forms of acute rhinosinusitis and antibiotics are only appropriate for the bacterial form. One cannot distinguish viral from bacterial just based on purulent nasal discharge alone. Acute *bacterial* rhinosinusitis (ABRS) is the diagnosis when the symptoms of ARS (see above) persist without improvement for at least 10 days beyond onset of URI symptoms or there is a double-worsening. Double-worsening means that the signs of ARS initially improve but worsen again within 10 days of the initial improvement. If it is established that the infection is bacterial, watchful waiting and symptomatic relief is encouraged first for uncomplicated cases. The first-line antibiotic therapy is amoxicillin or amoxicillin/clavulanate.⁴

Cough (Acute Uncomplicated Bronchitis)

Cough is the most common complaint that sends people to their PCP and it usually resolves within 1–3 weeks without any intervention.⁵ After signs and symptoms of pneumonia are ruled out (tachycardia, fever, abnormal lung exam), it is not recommended to use antibiotics but to offer symptomatic therapy. It should also be noted here, similarly to ARS, that colored sputum does not necessarily indicate a bacterial infection. Occasionally, acute bronchitis can be due to bacterial, but it has been shown that even in that instance antibiotics are not helpful.⁶

Common Cold or Nonspecific Upper Respiratory Infection

There are known to be at least 200 viruses that can result in the “common cold”. While the symptoms of runny nose, congestion,

headache and sore throat can be bothersome—antibiotics will not likely resolve the situation any sooner. Practitioners utilizing supportive therapies can be tremendously helpful at providing relief and education.

Sore Throat

A sore throat can be part of the symptom picture of the common cold. However, it can also be a sign of strep throat. Strep throat is a bacterial infection and *does* require antibiotic treatment. If suspected, a strep culture is recommended following the Centor Criteria: tonsillar exudate, tender anterior cervical lymphadenopathy, fever by history and absence of cough.

Acute Otitis Media (AOM)

Ear infections can happen to both adults and children. However, they occur more frequently in children. Acute otitis media (AOM) can be caused by both bacteria and viruses and while bacteria is a more common cause, antibiotic therapy is not always necessary immediately. The Centers for Disease Control and Prevention (CDC) recommends the following: “Watchful waiting without antibiotics for 2–3 days is a good treatment option for children with mild AOM (as mild AOM is often viral). Children with mild AOM who are not better in 2–3 days also may need antibiotic treatment. Immediate antibiotic treatment is recommended for children with severe AOM (as this is more likely bacterial)”.⁷ Current conventional guidelines strongly recommend that if the child is less than six months old, immediate antibiotic therapy is used.⁸ This is a situation where antibiotic therapy may be appropriate and it is necessary to have a trained clinician make that decision.

Supportive Recommendations for Watchful Waiting

Many of the above conditions, especially viral illnesses, are considered self-limiting conditions and watchful waiting is indicated. But here are some suggestions which can help ease the discomforts:

Rest

It is not beneficial to your body or those around you if you continue your daily activities and work.

Fluids

Drink plenty of water and healthy fluids (ideally without sugars or dyes).

Moisture

Use a mist vaporizer or saline nasal spray for symptom of congestion. One way to help with decongestion is to brew a nice cup of tea with immune-supportive and respiratory-focused herbs (echinacea, thyme, licorice)—and breathe in the vapors gently while the tea cools before drinking it. Also, using the steam from a shower or essential oils from a diffuser can be other helpful ways to ease congestion.

Honey

For adults and children more than one year old, honey can be used as an effective way to relieve a cough. This method is also recommended by the CDC and other conventional medical avenues. Again, do not give honey to infants less than one year old. There are many herbal cough syrups that combine antimicrobial herbs (elderberry, thyme) with honey that can be soothing as well as promote expectoration.

Is it a Virus or Bacteria?

Condition	Bacteria	Virus	Bacteria or Virus	Antibiotics Needed
Strep Throat	x			Yes
Sinus Infection			x	Maybe
Bronchitis (in otherwise healthy adult/child)			x	No
Common Cold			x	No
Ear Infection			x	Maybe
The Flu		x		No (Antiviral therapy may be necessary)

Elderberry
Sambucus nigra has been used traditionally for immune support and has been found to have antibacterial and antiviral properties. A recent study found it can help reduce the duration and severity of cold symptoms in passengers who travel frequently.¹⁰ Elderberry can be taken as tea, lozenges, extract and syrup.

EPs 7630
Eps 7630, an extract from the roots of *Pelargonium sidoides*, has been found in a few studies to be successful in the resolution of acute non-streptococcal pharyngitis in children.¹⁰ I personally use it in my clinical practice for adults and find it effective.

Zinc
Oral zinc (10-15 mg) has been researched and shown to have the ability to reduce the number of colds per year.¹¹ This would be helpful in the situation where one was around many other sick individuals and wanted to try a preventative measure.

Botanicals
Botanical sinus and lung-directed formulas—which include immune supportive and antimicrobial extracts of elecampane, usnea, osha, Oregon grape root and Echinacea—may be very supportive during the watch and wait period to help during recovery.

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3 Ways to Generate Revenue

Online Opportunities for Your Wellness Business

By Julia Zaslow, NC

Many practitioners want to take some or all of their business online to reach more people, develop new revenue sources and leverage their time. Many also crave the freedom of location that a virtual business can provide. You may be one of them.

There are three primary revenue generating opportunities for an online wellness business: courses, small group coaching programs and product sales. I'll go over each and then discuss the essential components required to build your online audience and generate sales.

#1 Revenue Generating Opportunity: Online Courses

Courses are attractive because they allow you to help a large number of people at once. A course is typically six to eight weeks long and can be taught through teleclasses, webinars or videos.

An effective course should provide education plus action steps, where students follow a sequential process to get results. To support them, you'll want to include materials, such as handouts, recipes, meal plans and checklists.

Courses are generally priced at \$97 to \$497, depending on the duration, demand and your sales skills. I generally recommend

starting with \$97 or \$197 for an introductory course.

Small group coaching programs are more intimate than courses. While a course can accommodate hundreds of students, a small group coaching program is more personalized—typically just 10 to 15 people. They're also longer, from three to six months, and are well suited to a virtual format.

#2 Revenue Generating Opportunity: Small Group Coaching

Like courses, education is a key component of a small group coaching program, but coaching and accountability are emphasized more. Weekly or biweekly teleclasses should include teaching, coaching and Q&A. This is for the client who needs more time, guidance and accountability than a course can provide.

It's important to note that if you are working with remote clients, depending on the telehealth rules in your state, you may not be able to offer personalized nutrition recommendations or lab testing in this format. You may need to limit your discussion to general information. Always check with your state licensing

board or certifying organization and a qualified medical attorney to ensure you are in legal compliance.

Small group coaching programs can be offered for \$997 to \$3997, depending on your credentials, the duration of the program and the quality of your relationships with your audience.

#3 Revenue Generating Opportunity: Product Sales

Product sales can be an easy and significant source of revenue. You're probably already offering supplements and personal care products in your office, but adding a virtual dispensary allows you to scale and eliminate the hassle of managing inventory.

One of my favorite online dispensaries is wellevate™ from Emerson Ecologics because of the ease of use, vast product line and ability to offer loyalty savings—which keeps people buying from you rather than Amazon.

With an online dispensary, you can offer the specific, high-quality products you recommend in your courses or coaching groups. It also allows you to offer a range of other items, like natural personal care and even food products that your students would be interested in ordering. You can also set re-order reminders through the platform to ensure students are staying on track and consistently ordering from you.

To take advantage of these opportunities, there are a few things you need to have:

A Niche

You've heard that niching can help you build a successful practice quickly. Online, where competition is fierce, it's more important than ever. Never try to be all things to all people. Instead, choose one condition or set of conditions, such as autoimmunity or gastrointestinal disorders. Or, work with a demographic who suffers from set of related conditions, such as midlife women who complain of weight gain, fatigue, depression, poor sleep and GI issues.

A Good Website

Your website needn't to be fancy, but it does need to communicate what you do and who you help, clearly and quickly. This means having a short, simple headline and a call-to-action (CTA) that tells your visitor what to do. A "learn more" button makes a good CTA; this should link to a page that explains who you help, your approach and how to get started. Include an opt-in where people can give you their email in exchange for a free gift, such as a report or e-book.

Social Media Presence

Good news: No need to go crazy with social media. Just pick one or two platforms to spend your energy on. I recommend

Facebook, with its two billion active monthly users ranging in age from millennials to Baby Boomers, and YouTube.

Lead Generation Strategy

In other words, how will you attract prospects? The idea is simple: Create helpful content and get it out into the world. Share it on social media, optimize your website for search engines and develop promotional partnerships with colleagues. Some of your content should be free (articles, videos) and some should require an opt-in (e-books, reports, webinars).

Conversion strategy

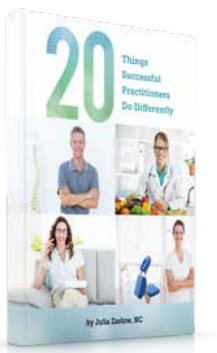
How you will convert leads to customers? For online courses, webinars are great. So are videos. For small group coaching programs, with their higher price point, prospects will want to talk with you before committing, so get on the phone. Personal conversations are still one of the most effective sales strategies, and thankfully they're simple and low tech, too. For supplement sales, often all that's required to create a customer is a well written article explaining the benefits and uses of the supplement, with a link to buy. (Just be careful to stick to structure and function claims, per DSHEA 1994.)

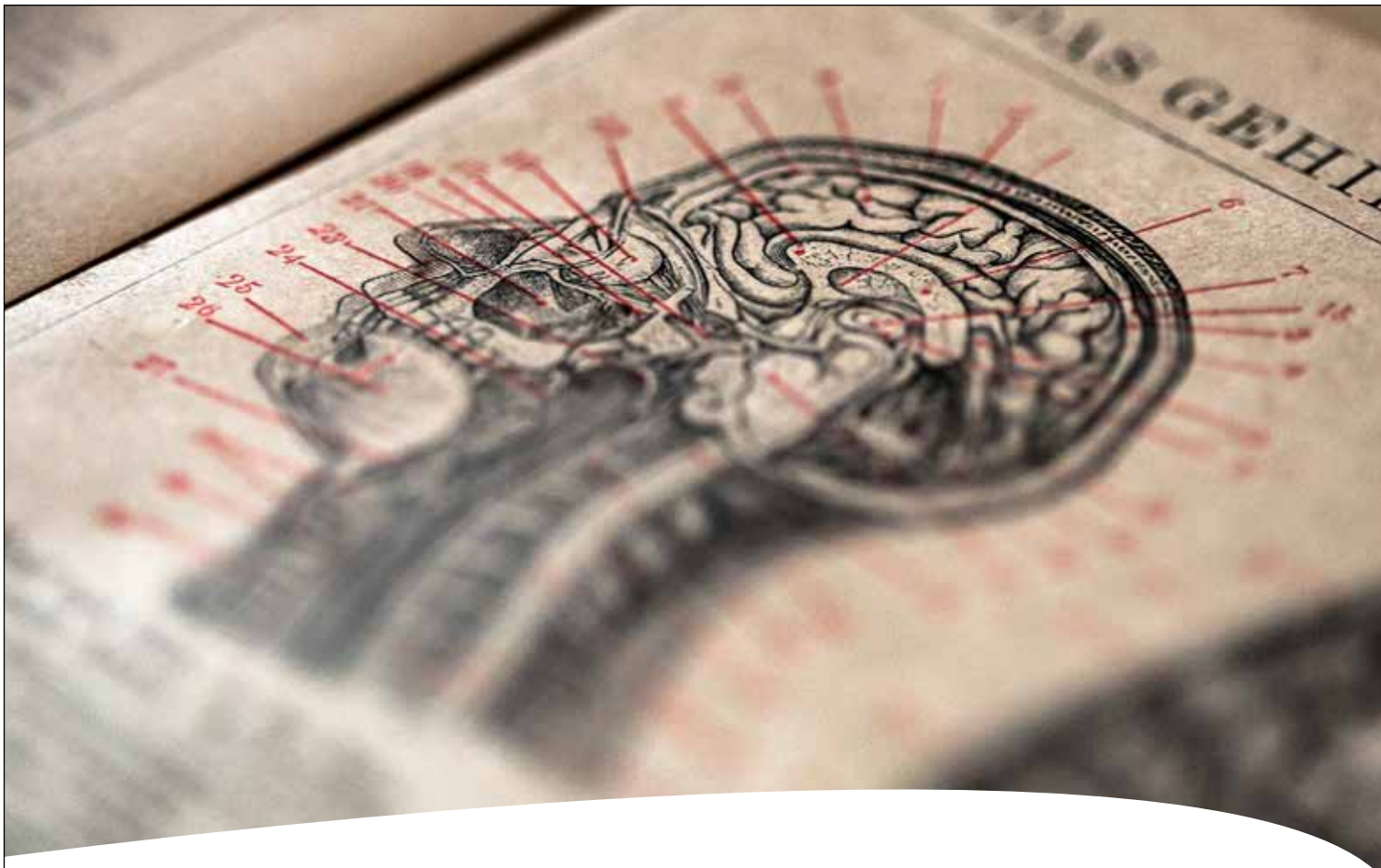
Email Marketing Strategy

Email marketing is critical to an online business. Always be focused on adding new leads to your list and regularly engaging your audience by sending regular helpful content, such as articles, reports, videos and case studies. You'll need an email marketing system, such as MailChimp or iContact, which allows you to send nicely formatted emails to your list and stay in compliance with the CAN-SPAM Act (look up online for more info).

Hopefully this helps you understand what's possible for your business online and how to get started.

For more marketing and business tips, download Julia's e-book "20 Things Successful Practitioners Do Differently" at juliazaslow.com/20things.



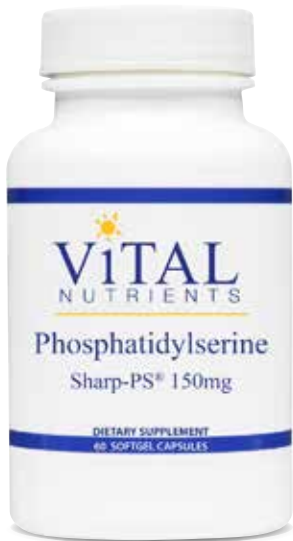


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Vitamin D and Regression of Cervical Intraepithelial Neoplasia

Reviewed by: Tori Hudson, ND

Author: Vahedoor A, Jamilian M, Bahmani F, et al.

Reference: Effects of long-term vitamin D supplementation on regression and metabolic status of cervical intraepithelial neoplasia: a randomized, double-blind, placebo-controlled trial. *Horm Canc*; published online Springer, January 3, 2017.

Design: Randomized, double-blind clinical trial. Nonpregnant women age 18–55 years with cervical intraepithelial neoplasia (CIN) 1, diagnosed by colposcopy, biopsy and pathology were randomly assigned to receive 50,000 IU of a vitamin D supplement (n=29) or placebo (n=29) every two weeks for six months. All women provided three dietary records and three physical activity records at month two, four and six of the intervention to assure their usual diet and physical activity during the study period.

Primary Outcome Measure: The primary outcome was CIN 1 at baseline and six months after intervention.

Key Findings: Three patients in the treatment group and three in the placebo group did not complete the trial, leaving 26 in each group who completed the trial. After six months of vitamin D supplementation, a greater percentage of women in the vitamin D group had a regression of their CIN 1 compared to placebo (84.6 % vs 53.8%). One patient in the placebo group progressed to CIN II.

Long-term vitamin D supplementation increased serum 25 (OH) D levels in the intervention group of 12.3 + 11.4 ng/mL vs -0.1 + 3.7 ng/mL in the placebo group.

Practice Implications: This is the first study I have seen evaluating the effects of oral vitamin D supplementation as an

intervention for CIN. There are previous studies documenting vitamin D and anticancer effects. In a study specific to cervical infections and CIN, vitamin D vaginal suppositories at 12,500 IU, three nights a week for six weeks resulted in the following:

A) For women with cervicitis and CIN 1: After six weeks of treatment, only 10% still had a bacterial and/or fungal cervicitis; 21 of 43 patients (=49%) still had high risk of HPV; 24 patients (=48%) were free of dysplastic cells (CIN I or II); only two of the 24 patients still had high-risk HPV; 26 patients (=52%) still had a CIN I [19 of them (36%) had high risk HPV].

B) For those women with cervicitis and CIN II: after six weeks of treatment, eight of the 50 patients (16%) still had a bacterial and/or fungal cervicitis; 38 of 46 patients (=83%) still had high-risk HPV; nine patients (=18%) were free of dysplastic cells (CIN I or II) and seven of the nine patients were free of high-risk HPV; 44% had a better result (CIN I, five of the 22 patients were free of high risk HPV); 24 patients still had a CIN II (all of them still had high-risk HPV).¹

This study suggests that oral supplementation of vitamin D may be a useful support for immune function in women with CIN. It would have been useful information to test women for the serum vitamin D levels prior to entry into the study to see if there were different responses to intervention based on vitamin D deficiency, insufficiency or sufficiency. If I were to include this rather simple addition to my CIN I protocols, it is important to remember that approximately 60% of women with CIN I regress to normal cytology on their own. I might also prefer to test serum levels and if not too high, say above 50 ng/mL, I would proceed with this intervention.

1. Schulte-Uebbing C, Schlett S, Craiut ID, Antal L, Olah H. Chronic cervical infections and dysplasia (CIN I, CIN II)-vaginal vitamin D (high dose) treatment: a new effective method. *Arch Gynecol Obstet*. 2011 Feb 12.

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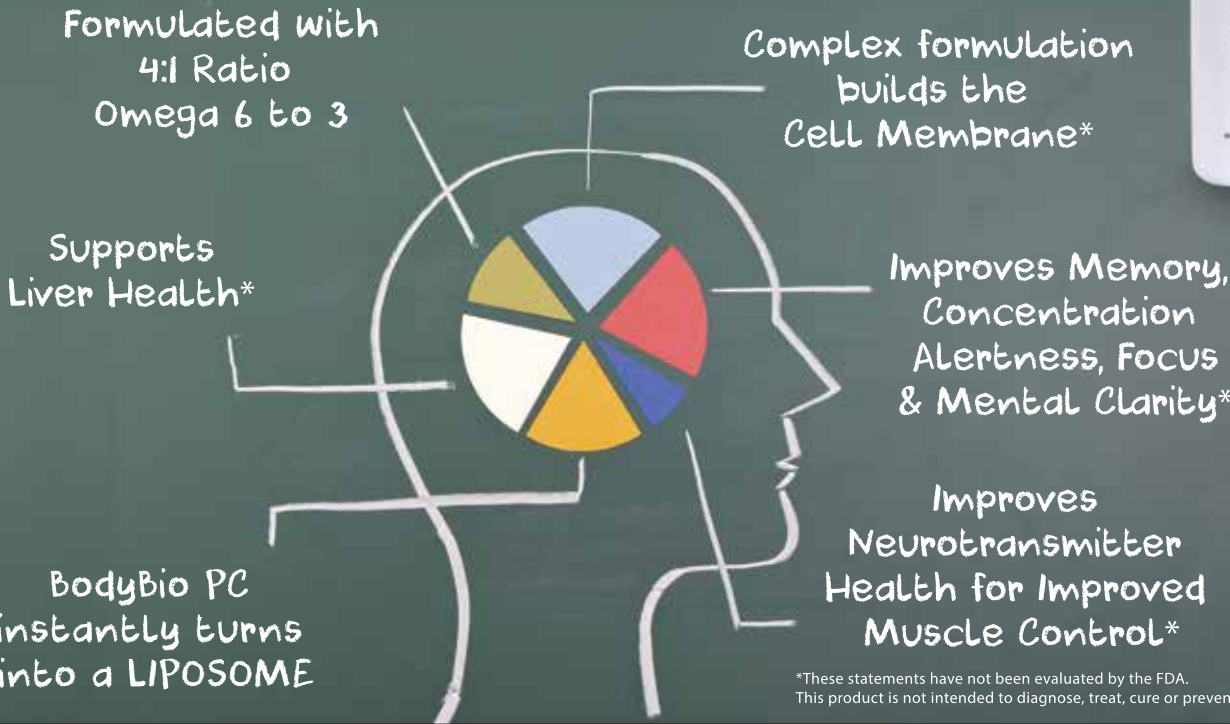
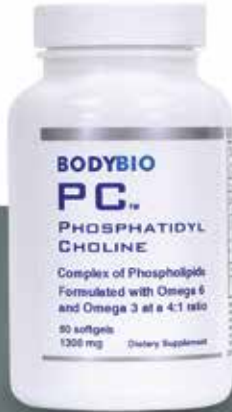
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Ingredient Sourcing

The Importance of High Standards

By Jaclyn Chasse, ND



When I first started to work on the Emerson Quality Program and had the chance to tour dozens of manufacturing facilities and speak with the quality teams of our brand partners, I was amazed at the amount of work that went into a clean facility and processes that minimize mistakes in manufacturing. I remember one particularly impressive partner who told me how they test all of the incoming raw ingredients (which all have to be FDA compliant) and the high percentage of materials that they reject because they don't meet the company's standards.

First, it was shocking to me to hear that a company would receive materials that were of poor enough quality to get rejected. But my next thought was, "Well, where do they go after they are rejected?"

The truth of the matter is, ingredient suppliers are recognized as a major weak link in the supply chain. An informal survey of manufacturers showed that they estimate about 85% of supplement quality concerns stem from low quality ingredients.

This makes sense—when you work with pharmaceutical drugs, there's little range in quality because the active compounds are synthetically made and highly controlled. You can usually count on the same drug having the same efficacy across brands, generics, etc. But with naturally occurring substances like herbal medicines, that is not the case! Think about it like wine—region and terrain are what give distinctive flavors to wines grown in different regions and varieties that change year to year. A plant's chemistry will naturally be different depending on the nutrient content of the soil, on the weather that year, on the region in which it is grown and probably several other factors. What this means is that if you are looking to get a specific quantity of an

active constituent of a plant, a different amount of plant material may be required between different ingredient suppliers. Good manufacturers account for this.

Manufacturers set specifications for each ingredient, and this is where the good work begins. These specifications include how they will identify that the plant is the correct species, what (if any) key compounds in the plant need to exist in a specific concentration, what levels of contaminants like pesticides or microbes are okay and any other specific parameter of the ingredient that matters.

When an ingredient is sourced or a new lot is supplied, suppliers first send a sample which manufacturers can test to verify they are happy with the ingredient and lot. Upon approval, they order the ingredient and receive their large shipment (usually barrels) of the ingredient in the warehouse. At that point in time, the ingredient is held in quarantine so that the ingredient is not used. Staff then pull representative samples out of multiple barrels of the actual ingredient (the number of samples is defined based upon the quantity of material) and test it again. Only then is the product released and available to blend into your favorite product.

Ingredients that don't meet specifications are rejected and sent back to the ingredient supplier. But what do you think that ingredient supplier does? The (sad) truth is that they try to sell it again to someone else. Most ingredients do make it into the marketplace. This is often what makes the difference between prices in supplements.

All companies are required to conduct ingredient and product testing—identity and potency at a minimum. But minimal testing programs, which still can pass the FDA may not be enough, in practice, to make an exceptional product. And specifications can be set to be too loose, which could mean that a product that wouldn't meet your standards still gets the sign-off as okay with some brands. This is why we have the EQP.

At Emerson, we verify that brands are doing appropriate testing and have specifications in place that make sense for the ingredients. Then, we go to the length to test finished products to make sure they meet rigorous specifications—our specifications, which are based upon industry best practice.

This process of ensuring the best raw ingredients is one of the most important steps in assuring you and your patients have the best products on your shelf.

Choosing products and brands to stock in your dispensary or offer through wellevate can be daunting—there is an amazing selection of products available and your choice of product could be the difference between helping a patient and getting no result at all.

For more information on the Emerson Quality Program, visit emersonecologics.com/Quality



Interesting Fact

Much of the time, ingredients are sourced by an ingredient distributor who might source a single ingredient from multiple primary sources around the world. There has traditionally been a lack of transparency and thankfully this practice is slowly changing as customers demand a greater view into what they are buying.

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ProDHA Focus Jr.

By: Nordic Naturals

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Nanogreens+

By: BioPharma Scientific

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By: Daiwa Health Development

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By: NOW®

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By: Protocol for Life Balance®

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By: Jarrow

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By: Pure Encapsulations

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By: PERQUE®

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By: RLC Labs

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Product codes: D39618



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