

Dr. Sherry Rogers'

Total Wellness

Sherry A. Rogers, M.D.

August 2022

For you this month

- Natural immunity is 27X stronger than "store-bought"/vaccine immunity
- New Rx magnesium source
- The truth about the tooth/heart/brain/ gut connection
- Heparin makes the difference between life and death in every disease, from Covid to cardiovascular to cancer
- O.K. Diet reverses Covid, insulin resistance, mitochondrial electron loss

Poxic Pips

If you didn't get a good night's sleep, it <u>is</u> a big deal

Sleep is possibly one of the most under-appreciated adjuncts for health. You have seen references where **not** having a good sleep can induce leaky gut, which then can lead to insulin resistance and auto-immune disorders, which can then lead to any malady. If you have **insomnia**, check back the last few years of TW where we showed enormous proof that circadian rhythm and ease of falling asleep and staying asleep is **determined by the** gut. Is it time for you to get the CSA +P (formerly called the comprehensive stool with purged parasites times 3) and read the gut book, *No More Heartburn*? (more ref. pg 8)

Donga E, et al, A single night of <u>partial sleep</u> <u>deprivation</u> induces <u>insulin resistance</u> in multiple metabolic pathways <u>in healthy subjects</u>, *Endocrinology* 151; 5:2399, 2010 Dear Friends,

"It's time!", we agreed. Since omicron had an unprecedented over 80 mutations in January, was responsible for 98% of the infections in the US, and had spread to over 77 countries in less than 3 weeks, it was our chosen Covid variant to get. As unvaccinated, it was (1) now time to develop our innate immunity to the most mutated, sophisticated, variant, while we (2) tested our protocol. Getting Covid was pretty easy. Since the majority here are vaccinated and unknowingly silently spreading the variants as dedicated Trojan horses, Luscious merely went to lunch.

Predictably, five days later he awakened with the deepest voice, I've ever heard from him in our 52 precious married years together, accompanied by a constant very productive junkie cough. He was clear in < 48 hours. I urged him to cough on me, kiss me and infect me as well. Within 5 days, I awakened with something I haven't had in over 35 years since I cured it, asthma. I had the old deep bronchitic cough and wheezing that decades ago would have kept us up all night for weeks. But I dove in with our protocol and within 12 hours I was symptom-free. It even amazed me (protocol coming in Fall *TW*).

Five days later we both used the home test and had accomplished our goal. We had the *highest level of nucleocapsid antibodies that the test is able to indicate*. For remember, **the vaccine's only antigens are for some (not all) of the spike proteins.** And antibody levels to these fade in 3 to 6 months (while vaccine recipients are blissfully ignorant of the intracellular PEGylated nanosperes from vaccines that can later create serious auto-immunities). Natural antibodies to the nucleocapsid are intracellular (inside the virus where nuclear RNA attacks our genes). Thus it is more therapeutic and persistent, as opposed to **external** envelope, membrane, and spike **antigens** (only on the *outside* of Covid).

In fact, Israel (which was the most scientifically-oriented country) now reports that **natural immunity is 27 times stronger than "store-bought"**/ **vaccine immunity.** Meanwhile **deaths have tripled since and** *in spite of* **the vaccine rollout.** In fact **US Covid deaths** are *more than* the **sum of deaths in** nearly **250 years** from the *total of wars since 1776 independence to present* (see *WSJ* references at end).

The road to healing Covid begins with the basics

The protocol we used, which I have not seen elsewhere, I will give in detail in Fall of *TW*. Meanwhile, there are **countless other very effective evidenced remedies for** *all* **the Covid stages** that I will continue to give you that have not yet been denegrated. And the good news is they are nonprescription, often inexpensive, and best of all, natural. Search and you will find that **God provides. For many nutrients in herbs, spices and foods**

can far exceed any medication "benefits". I plan to detail the pros and cons of the current treatments in US hospitals, ICU, specialty clinics like FLCCC (front line docs for covid clinical care), etc. But before that I need to make sure that we're all on the same page and that you have mastered *the most rudimentary steps*.

Fundamentals begin with (1) being absolutely sure you have gotten rid of the 7M. This means to reduce medications (see protocols beginning in The High Blood Pressure Hoax) as far as possible and eat no FDA-approved processed junk foods, which have made Americans the easiest Covid targets (review 2018-2021 TW). The next most important thing is (2) to be sure that you are playing with a full deck of nutrients and minimal toxins (TW 2021-22). For having identified and repaired your deficiencies and toxicities (the only two causes for all disease) you are now much better prepared to respond positively to the natural and non-prescription remedies that you will learn about here (just go to directlabs.com and order your kit for the original MetaMetrix Cardio/ ION). And eventually many of you will decide to make yourselves super ready by (3) stocking up on the 4 **emergency protocol prescriptions** that I will detail going forward, which must be ready to be given the very morning you awaken with symptoms. There is **no waiting** several days for a test or ordering supplies. For multiple successes prove instant treatment gives the best results and prevents hospitalizations and progression to more serious disease. You must be prepared beforehand.

Meanwhile, the CDC (Center for disease *continuation*) still doesn't have nurses do the most rudimentary precautions like covering their eyes, hair, and arms, nor doing nasal lavages. No wonder *the risk of getting Covid in the hospital is five times higher* than elsewhere (see references below). The CDC fails to recommend Vitamin **D 10,000 IU** and the oil change (details spelled out in 2021 *TW*) for closing the *only* Covid ACE2 gateway into the human body, as well as Lithium Orotate to prevent the ensuing brain damage (from NSP and GSK-3). It even reduced quarantine for *symptomatic nurses* to 5 days (which also facilitates spread). Although this all happened in January half a year ago. It merely reflects the continually dangerous and pervasive ignorance about a virus that has been designed to never leave, continually

mutate, preferentially attack folks on medications, and eventually skyrocket and mimic a multitude of diseases. So this month let's look at one of the countless easier solutions, remembering that even the **rosemary in the greeny sauce last month** can actually be creative yet therapeutic fun.

References:

Halperin D, Omicron is spreading: resistance is futile, WSJ, A17, 1/25/22 (boosters weaken the immune system)

Makary M, The high cost of disparaging natural immunity, WSJ A17, 1/27/22 (Israel reports natural immunity was 27 times more protective than vaccines)

Kamp J, Deaths highest in nearly a year, WSJ A6, 1/26/22 (in spite of vaccine)

Maher K, et al, Nurses press for help to ease burnout, WSJA 6, 1/25/22

Evans M, Hospitals stretched to the limit, WSJ, A 3, 1/24/22

Yoon D, et al, Omicron drives countries to accept virus as fact of life, WSJ A1, 1/31/22

Reddy, Studies suggest new clues on **who will get Long Covid**, WSJ a 12, 2/2/22

Kamp J, et al, Excess death toll set to hit 1 million, WSJ A1, 2/1/22

Schwartz F, CDC aims to revamp Covid moves, WSJA3, 1/29/22

Keto for Covid; choose to control or conquer

The **O.K. Diet** for Covid? Absolutely. And don't forget the **O**ptimized **K**etogenic **Diet** is modifiable for vegans, vegetarians, allergics, paleo, macrobiotic, gluten sensitive, and other dietary programs. Yet diet **failures invariably did not start with a full deck of corrected nutrients**. Instead they had unidentified deficiencies and toxicities that can forever strangle wellness. So *start with a Cardio/ION with an expert interpretation* (while they are still available) and at least the last 5 years of *TW*. Let's take a quick peak at just a small sample of evidence.

Keto for the deadly Covid storm: In ICU patients the O.K. Diet cut overall mortality from 22% to 9% and decreased ICU admissions, lowered destructive cytokine IL-6, proving it was safe and feasible even for ICU patients whose average age was 67 (Sukkar).

Even the most obtuse "expert" advisors by now know that **the most vulnerable** people having a very poor prognosis are the folks who **are not actually the "elderly"** over

*Dr. Sherry Rogers' Total Wellness*TM (ISN: 1522-8282) is published monthly by Prestige Publishing, 3160 Erie Boulevard East, DeWitt, NY, 13214; website: **prestigepublishing.com**, telephone: **1-800-846-6687**. Annual subscription rate \$80.00 for hard copy, and \$60.00 for e-version and back years \$40.00. Sherry A. Rogers, M.D. is an internationally recognized expert in environmental medicine. Board Certified in Environmental Medicine as well as Board Certified in Family Practice, and a Fellow of the American College of Allergy, Asthma and Immunology, and a Fellow of the American College of Nutrition, she is the author of over 17 books on environmental illness and finding the cause and cure of diseases, she has published over 20 scientific papers, as well as written for many of the current periodicals, text book chapters, served on medical journal editorial boards, as well as Academy Board of Directors, and given over 100 lectures to physicians at Oxford and in six countries, and more in her over 50 years of medical practice.

Editor: Sherry A. Rogers, M.D., Editorial Assistant: Mary Austin

© Copyright 1998, Prestige Publishing. Orders fulfilled by Natural Dispensary: orders@naturaldispensary.com. Photocopying or reproduction is strictly prohibited by the publisher. The goal of *Total Wellness*TM is not to treat, but to inform the public about health related issues based on Dr. Rogers' over 50 years of expertise in the field of Environmental Medicine. It is further her goal to provide relevant and timely information, enabling individuals to help themselves live healthier lives. As always, each individual's ultimate health decision should be a joint effort between himself and his/her personal health care providers. While every attempt has been made to provide accurate information, the author and publisher cannot be held responsible for any errors or omissions. All health decisions should be made by you and your chosen physician.

65, but the **obese.** Remember that <u>fat is the 2nd most</u> <u>dangerous hormone</u> (details in *TW* 2022). Fortunately the **O.K. Diet has successfully conquered obesity and visceral fat as well as systemic inflammation** (Gangitano). If that were not enough reason, it also reduces leaky gut, boosts detoxification, strengthens the immune system, and much more, as you will learn later.

Besides lethal clots, an equally serious *Covid* form causing deaths actually *resembled an accelerated form of lung cancer*. As a short example from previous *TW*, **sugar is like fertilizer for** *all* **cancers**, while adequate levels of **Vitamin D3 10,000 IU starve any cancers' abilities to get sugar.** There are scores of other benefits of the O.K. Diet, many merely due to it being *very low in carbohydrates and extremely low in sugars*.

Multiple other benefits such as protecting the brain's hippocampus are important, since Covid targets protection of Nsp (nonspecific proteins) and GSK3 pathways to ensure brain/memory destruction. I'll be giving you more evidence in upcoming issues for multiple God-given natural remedies to inhibit this destruction. Meanwhile, the O.K. Diet has multiple other attributes. As well as improving insulin resistance, reducing viral vulnerability, preventing the cytokine storm, reducing fatty liver (NASH), inflammation, boosting detoxification, plus its beta hydroxy butyrate for blocking mitochondrial destruction, it does much more.

Don't get hoodwinked by the many oversimplified or misleading variations of the "ketogenic diet" especially on the Internet. I have not read of any "expert" addressing the 34 fatty acids, etc. on which the diet and all health hinges. When you run into a physician who is opposed to the diet, you might want to show him the sample of references below. Review the April issue on how to begin this eating plan. We will go much further in future TW. How can you go wrong with the O.K. Diet with the incontrovertible evidence behind it, especially when, as you will learn in upcoming issues, it can be so much fun?

References:

Gangitano E, et al, <u>Ketogenic diet for obese Covid-19</u> patient, *Frontiers in Nutrition*, 2021

Paoli A, et al, The dark side of the spoon--glucose, <u>ketones and Covid-19:</u> a possible **role for ketogenic diet**, *J Translational Medicine*, 18, 441, 2020

Sukkar SG, et al, Clinical efficacy of eucaloric <u>ketogenic nutrition in the Covid-19 cytokine</u> storm: a retrospective analysis of mortality and intensive care unit admission, *Nutrition* 89, 111236, 2021

Stubbs BJ, et al, Investigating **ketone bodies** as an immune-metabolic countermeasure **against respiratory viral infections** *Medicine* (*New York, NY)* 1; 1:4, 2020

Watanabe M, et al, Visceral <u>fat shows the strongest</u> association with the need of <u>intensive care in patients with Covid-19</u>, *Metabolic Clin Exp* 111:1-8, 2020

Ryu S, et al, <u>Ketogenesis restrains aging-induced exacerbation of Covid</u> in a mouse model, *bioRxiv*, 2020

Honce R, et al, **Impact of obesity on influenza A virus** pathogenesis, immune response, and evolution, *Frontiers Immunology* 10:1071, 2019

Kalligeros M, et al, <u>Association of obesity with disease severity</u> among patients with **coronavirus disease** 2019, *Obesity* 28:1200-4, 2020

Parameswaran K, et al, **Altered respiratory physiology in obesity**, *Canad Resp J* 13:203-10, 2006

Kassir R, <u>Risk of Covid-19 for patients with obesity</u>, *Obesity Rev* 21: e-13034, 2020

Walls AC, et al, Structure, function, and antigenicity of the SARS-CoV-2 spike glycoprotein, *Cell* 181; 2:281-92, 2020

Brufsky A, **Hyperglycemia**, **hydroxychloroquine**, and the Covid pandemic, *J Med Virol* 92; 7:770-5, 2020

Phillips BJ, et al, Factors determining the appearance of **glucose in** upper and lower **respiratory tract secretions**, *Intensive Care Medicine* 29; 12:2204-10, 2003

Kohio HP, et al, Glycolytic control: a mechanism to regulate influenza viral infection, *Virology* 444; 1-2:301-9, 2013

Codo AC, et al, Elevated <u>glucose levels favor SARS-CoV-2 infection</u>, *Cell Metab* 32:498-9, 2020 (diabetes, insulin resistance = Covid bait)

Choi J, et al, <u>Obesity and C-reactive protein</u> in various populations, *Obesity Review* 14; 3:232-44, 2013

Soliman S, et al, <u>Switching host metabolism as an approach to SARS-CoV-2</u> infection, *Annals Nutrition Metabolism* 2020

Sukkar SG, et al, Induction of **ketosis** as a potential **therapeutic option** to <u>limit hyperglycemia and prevent cytokine storm</u> in Covid-19, *Nutrition* 2020

Paoli A, Volek, JS, et al, Beyond weight loss: a review of the **therapeutic uses** of a very **low carbohydrate ketogenic diet**, *European J Clinical Nutr* 67; 8:789-96. 2013

Luukkonen PK, et al, Effect of a <u>ketogenic diet on</u> hepatic steatosis and hepatic <u>mitochondrial</u> metabolism in nonalcoholic <u>fatty liver</u> disease, *Proc Nat Acad Sci USA* 117; 13:7347-54, 2020

Youm YH, et al, The ketone metabolite **beta-hydroxy butyrate blocks NLRP3 Inflammasome-mediated inflammatory disease**, *Nat Med* 21; 3:263-9, 2015 (**ketones protect the brain from deterioration and aging**)

Kolanowski J, et al, On the relationship between ketonuria and natriuresis, European Journal Clinical Investigation 8; 5:277-82, 1978

Chen IY, et al, Severe acute respiratory syndrome **coronavirus** viroporin 3a **activates NLRP3 inflammasome**, *Frontiers Microbiology* 10; 50, 2019

Horng T, Calcium signaling and mitochondrial destabilization in the triggering of NLRP3 inflammasome, *Trends Immunology* 35; 6:253-61, 2014

Jeong EA, et al, **Ketogenic diet-induced peroxisome** proliferator-activated receptor-gamma activation **decreases neural inflammation in** the mouse **hippocampus**, *Exper Neurol* 232; 2:195-202, 2011 (detoxes brain)

Goldberg EL, et al, **Ketogenic diet activates protective** GammaDelta T cell responses **against influenza virus infection**, *Sci Immunol* 4; 41: e-aav2026, 2019

Kinoshita M, et al, **Butyrate** reduces colonic para-cellular **permeability by enhancing PPAR** gamma activation, *Biochem Biophys Res Commun*, 293; 2:827-31, 2002 (**ketones trigger detoxification**)

Westman E, End Your Carb Confusion (great keto start)

Readers' Great Zuestions

Heparin ignorance causes deaths

Q. My doc won't prescribe the emergency one shot dose for heparin. How do I educate him?

A. Perhaps just a few examples here will entice him to read further *TW* evidence that I have accumulated over 32

years. It has saved lives when given immediately at home for myocardial infarction (heart attack), ischemic stroke (stroke caused by blood clotting which is the most common form, since strokes from bleeding are far less frequent), pulmonary emboli (lethal clots to the lungs), DVT (deep vein thrombosis or clots in the legs that throw clots to heart, brain, gut, etc.), and last but not least *heparin is part of the emergency treatment for Covid*.

Covid enters the human cell by injecting virus through its S-1 spike tube-like proteins. Heparin binds this and stops it (J Mycroft-West, et al, *Thrombosis Haemostasis* 120; 12:1700-15, 2020). And just as with heart attacks, strokes and lung clots, **the earlier heparin is given the more effective** it is. Another of Covid's stages is to launch into its 16 nonspecific proteins. One of them called **Nsp15 has the ability to make Covid literally invisible to the human** immune system so it cannot defend itself. Heparin inhibits this **NSP 15** (ref. in upcoming TW, no room today). And Covid kills by clots, which heparin stops.

In one study entitled "Early heparin treatment linked to lower Covid-19 mortality" (Medscape July 2021), the average dose was 6000 IU. The antiviral, anti-inflammatory, mucolytic, anticlotting, and prevention of binding of the Covid spike protein to the ACE 2 receptor showed heparin was superior to the other newer anticoagulants (Xarelto, Eliquis, Pradaxa, Plavix, etc.). Even nebulized heparin (administered through a nasal mist machine) also reduced inflammation, coagulation, pulmonary fibrin deposition, acute lung injury, and it improved oxygenation and hastened recovery for serious burn patients with massive smoke inhalation, etc. (van Haren FMP, et al, Nebulized heparin as a treatment for Covid-19: scientific rationale, Critical Care 24:554, 2020).

And even if you're young or you've had Covid, you still need the emergency availability of giving yourself a fast 10,000 IU injection, since Covid is a coagulopathy. In other words, Covid kills people by only one mechanism, causing clots. In one study of 150 patients, 25% of patients benefiting from heparin still had elevated D-dimer four months after (Townsend L, et al, Prolonged elevation of D-dimer levels in convalescent Covid-19, J Thromb Haemo, 19; 4:1064-70, 2021). Even though these folks were younger with the median age of 47, they were still in serious danger, for they did not have assay of their 34 fatty acids, vitamin and mineral deficiencies, etc., that leave them vulnerable for further Covid variants and clots.

And <u>Covid's coagulopathy kills regardless of vaccination status</u>. I'll give an example of just one study showing <u>vaccinated folks</u> make platelet antibodies that <u>have triggered clots</u> (McGonagle D, et al, Mechanisms of immunothrombosis in <u>vaccine-induced thrombotic</u> thrombocytopenia (VITT) compared to natural SARS-CoV-2 infection, *Journal Autoimmunity* 121:102662, 2021).

In the meantime until your doctor catches up, **Boluoke** is a fibrinolytic enzyme, usual dose is 2-3 twice a day. But remember **no treatment stands alone**. If you are still eating

Timely Tips

Prescription magnesium, has saved lives

As you longtime subscribers can appreciate, over the 32 years of *TW* many suppliers have retired, died, sold their businesses, or even stopped making certain products. Our current source of **magnesium chloride 200 mg/mL prescription** is now available from Dr. Hotze's Physicians Preference Pharmacy (physicianspreference rx.com, 1-877-640-5248 or 1-281-828-9088). The prescription can be written by your doctor as

Magnesium Chloride solution 200mg/mL (25.5% elemental magnesium)

Disp. ten oz.

Sig. one tsp twice daily

With current FDA restrictions on compounding pharmacies, you can only get one month's worth at a time. This gives you 500 mg of elemental magnesium per day. But severe magnesium deficiency (below 4th quintile) may require double the dose to correct it (disp. 20 oz, sig. 2 tsp bid). With common pill forms this amount of magnesium would often require 10-20 capsules or tablets a day, depending on amount of elemental magnesium.

So why so much emphasis on magnesium?

I'll try to give you as brief a recap as possible. (1) **The** #1 cause of death in the US is cardiovascular (usually calcified arterial plaque causing a myocardial infarction or heart attack, arrhythmias like atrial fibrillation or SVT that can trigger clots, heart failure, hypertension, stroke, pulmonary emboli or cardiomyopathy). The reversal of all of these cardio-vascular conditions starts with *Is Your Cardiologist Killing You?*, followed by how to begin **maximizing the health of your blood vessels** everywhere in *The High Blood Pressure Hoax*.

- (2) The recipe for making deadly plaque is simple: be on the 7M (medications plus FDA-approved processed foods, not even assaying the RBC magnesium, 34 fatty acids, etc.; to rectify all this see *TW* 2018-2023).
- (3) Magnesium deficiency is epidemic due to the 7M, yet it controls over 500 enzymes. You've learned you cannot stop clots or heal any cardiovascular disease without enough vitamin D3, Chelated Zinc, Lithium Orotate, manganese, copper, arginine, molybdenum, selenium, n-3, PC, E-8, etc., all key to healing the very mitochondria where the energy for "life" is created. But *all* these pathways require magnesium. Yet in reviewing the medical records of phone consults with our readers in over a dozen countries, rarely is there ever an RBC magnesium, regardless of the physician's specialty. Make sure you get at least 500 mg every day (ref pg 8).

the 7M, or are on *any* medications, or have not done your oil change or checked your vitamin D level (over 90 ng/mL), or not reviewed *TW* 2020-2022, etc. then you are vulnerable for the <u>next 2023-2024 phases of Covid, the brain-damaging</u> Nsp and GSK3 (*TW* 2021, 2022).

Even though the final mechanism of Covid' death is by clotting, the Wall Street Journal has shown, more people are dying with Covid than from it. This means many deaths will be attributed to "regular" diseases like heart attacks with coincidently positive Covid tests. Without an assay of their biochemical Covid vulnerability and the missed opportunity to strike down the virus with immediate heparin, regardless of disease label, you only die of one thing: you stop making electrons. Clearly, the mitochondria have not been repaired with the oil change. But not going to your doctor (during Covid lockdowns) will be blamed on the rise in chronic or usual diseases.

For docs who don't even know how to write the Hospira prescription, "Heparin 1 mL vials, 10,000 IU/cc, disp. box of 24, sig. subcutaneous injection of contents of one 1cc vial once for emergency" (I use the Apothicare Pharmacy at Lakewood Ranch, 941-751-5000). Most people keep a vial plus a 1 mL syringe at home in case of Covid since **immediate treatment is vastly more effective**. For folks in danger of heart attack, stroke, or pulmonary embolus they may **keep a vial with an attached 1 mL syringe** in their gym bag, golf/tennis bags, yoga bag, car, dresser, desk, bathroom, purse, etc. wherever an emergency might occur.

But far beyond Covid, the most dramatic rescues have been the lives saved from myocardial infarction, strokes and pulmonary emboli. Why is heparin so effective and needed so urgently? That's because **Heparin is one of the most electronegative molecules known**. When red blood cells lose the electronegative charge on their surfaces, they stop repelling one another. Instead they now attract each other and form lethal clots. Heparin has a strong ability to rescue these potentially lethal clots, but <u>it must be used immediately</u>. Early timing is crucial.

Why are doctors not knowledgeable about this? One reason is heparin is infinitely cheaper than the clot busters that are routinely used in the emergency room for thousands of dollars, like Alteplase for \$6400. On the flipside, enoxaparin twice a day home injections are given to folks commonly after joint surgery, requiring less guidance than heparin would as an outpatient.

And what about the negative studies on heparin? It's like anything else. They forget that health is a package deal. For many victims, just as important as an immediate clot buster like heparin is also an **immediate injection of magnesium**. You have already seen the many articles in *TW* how this also has saved lives. In fact this also explains why as an example of an article in *the Journal of the American medical Association* that resuscitation *during transport to the hospital can result in less than 4% survival*.

But how long will it take before studies are done showing the benefits of immediate heparin and magnesium when they are so inexpensive? Remember the same journal buried the fact in 2 sentences in the back of the article that about \$20 worth of IV vitamin C for just four days cut the death rate from sepsis in ICU patients by 34%. *There is no drug that does this*. But instead the researchers then decided to ignore death as their cut-off for success, and instead used biomarkers like CRP, which can take weeks to change (details 2021-2022 *TW*).

Remember there is only one cause of death: we run out of electrons and the blood clots. We have seen folks with Covid, heart attacks, atrial fibrillation producing stroke symptoms, as well as pulmonary emboli be immediately rescued with heparin and/ or magnesium. And now we can add Covid to the list of successes. You can't buy that kind of time by calling 911 or get to the emergency room on time. Who knows? Your doctor may even, as we all have done, stockpile some for himself and his family.

References (More heparin references in 2011, 2021, 2022 TW):

Roland D, In U.K. more are now dying with Covid-19 than from it, Wall Street Journal, A7, February 11, 2022

Connors J, Levy J, Covid-19 and its implications for thrombosis and anticoagulation, *Blood* 135:203 3-40, 2020

Al-Samkari H, et al, Covid-19 and coagulation: bleeding and **thrombotic** manifestations of SARS-CoV-2 infection, *Blood* 136:489-5500, 2020 (the one sentence deserves quoting <u>"Ambulatory patients can be additionally treated with subcutaneous low molecular weight heparin".</u>)

Chung WY, et al, Effects of the **early administration of heparin in patients** with ST **elevation myocardial infarction** treated by primary angioplasty, *Circulation Journal* 71:862-7, 2007

Zijlstra F, et al, Influence of prehospital administration of **aspirin and heparin on** initial patency of the infarct-related artery in patients with acute ST elevation **myocardial infarction**, *J Am Coll Cardiol* 39:1733-7, 2007

Oler A, et al, <u>Adding heparin</u> to aspirin <u>reduces</u> the incidence of myocardial infarction and <u>death</u>, *JAMA* 276; 10:811-5, **1996**

Jneid H, et al, 2012 ACCF/AHA focused update on the guideline for the management of patients with unstable angina/non-ST-elevation myocardial infarction, American Heart Association Task Force on Practice Guidelines, *Journal American College Cardiology* 60; 7:645-81, 2012

Ariza A, et al, Early anticoagulation may improve pre-procedural patency of the infarct-related artery in primary percutaneous coronary intervention, *Rev Esp Cardiol* 66:148-50, 2013

Liem A, et al, <u>High-dose heparin is pretreatment</u> for primary angioplasty in acute myocardial infarction, *J Am Coll Cardiol* 35:600-04, 2000

Montalescot G, et al, Intravenous enoxaparin or unfractionated heparin in primary percutaneous coronary intervention for ST elevation myocardial infarction, *Lancet* 378:693-703, 2011

Silvain J, et al **Efficacy and safety of** enoxaparin versus unfractionated **heparin** during percutaneous coronary intervention: systematic review and meta-analysis, *British Medical Journal* 344: e-553, 2012

Karlsson S, et al, **Editor's choice: heparin pretreatment** with ST segment elevation myocardial infarction and the risk of intra-coronary thrombus and total vessel occlusion, *Eur Heart J: Acute Cardiovasc Care*, 2017

Deharo P, et al, Bivalirudin versus heparin in the primary PCI: clinical outcomes and cost analysis, *BMJ Journal*, *Open-Heart*, 2017)

Giralt T, et al, <u>Time-dependent effects of unfractionated heparin</u> in patients with ST elevation myocardial infarction transferred for primary angioplasty, *International Journal Cardiology* 198:70-74, 2015

Shahzad A, et al, Unfractionated heparin in primary percutaneous coronary intervention: randomized controlled trial, *Lancet* 384, 1849-58, 2014

Belchlavek J, et al, Effect of **intra-arrest transport**, extracorporeal cardiopulmonary resuscitation, and <u>immediate</u> invasive assessment and <u>treatment</u> on functional neurologic outcome of refractory <u>out of hospital cardiac arrest</u>, *JAMA* 327; 8:737-47, 2022

The truth about the tooth/heart/ brain/gut connection

Q. You have helped my spouse and myself to improve our health through your writings and personal consultations. As a practicing dentist, I would now like to see an article that I can use to convince my patients that poor health in the mouth can be connected to all disease, especially brain deterioration. Just as you show healing can be stalled until the gut is healed, I'd like to show them the proof that the same goes for the mouth.

A. It sounds like a great idea, as the dentist can have a greater role in healing than the average physician does. For not only does hidden infection in the jaw impact every organ in the body, but root canals and implants as well as asymptomatic infections can block dental meridians. For example, I often see folks with "intractable" atrial fibrillation who unknowingly have a hidden smoldering infection in an old root canal or cracked tooth or implant in the left lower jaw, the heart acupuncture meridian. Until that is fixed cure can be evasive.

Just as you can't heal Covid without sufficient vitamin D, you can't heal the jaw bone. For **D3**, **by regulating selenium and detoxification, is needed for healing everything from teeth to hearts, thyroid, diabetes, cancer, etc. and Covid**. Your point is well taken, for all diseases are related. We merely need to find and fix what has been broken by man's 23rd century chemicals, faulty guidence, and damaged health (see *Detoxify Or Die*).

The gut is especially pivotal for healing anything, from Covid to cancer, since the gut provides half of the immune system, half the detoxification system, over 400 times melatonin, over 9-fold times the genetic control over the entire body, 95% of the neurotransmitters of happy mood and memory, and more. Yet medical specialists are handcuffed to one organ. So the physician unschooled in God's molecular biochemistry of the human body never looks at the gut, much less the mouth, when he has a patient with a chronic disease. If he's a heart doc for example, he only looks at the heart, not the heart/dental/gut axis.

Furthermore, unsuspected mouth bacteria can cause or contribute highly to the development of a multitude of chronic diseases, which morph into other diseases. For failing to clear one symptom or one disease inevitably leads to a vicious cycle of increasing problems, since you never fixed the first one to begin with.

The invisible mouth microbiome

For over a decade a common mouth **bacteria** like *Porphyromonas gingivalis* has been known to create any

chronic disease from **cancer to heart disease**, including early heart attacks, arteriosclerotic plaque in the neck carotids, brain or heart vessels, inflammation around the heart sack (pericarditis), and more. In fact undetected dental or jaw infections have even been the cause of **miscarriages**, **birth defects** and other conditions for which *the mouth is rarely blamed*. And of course **Covid vulnerability** is hugely affected, especially whether or not you end up in the hospital or die of sepsis.

The quickest way I have seen folks resolve serious problems is to find the nutrient deficiencies and toxicities that have made their organs vulnerable to mouth bacteria. For remember, bacteria, viruses and cancers only attack areas that are already damaged and weak and cannot defend themselves. That's why the Cardio/ION is the quickest route I know of to identify, learn how to heal, and reverse pathologies (TW 2021 details). Dentists have been on the phone with our readers (their patients) during phone consults where I interpret their blood work. In this way after multiple consultations they may learn to interpret the tests themselves.

On the other end of the spectrum sometimes dental healing may require periodontal procedures, cone beam scans to identify and direct cleaning out hidden infection around old root canals, cavitations, jaw osteoarthritis, cracked teeth or implants. Folks have cleared milder periodontitis (gum infection) with 3 times a day application of the **Lumen Photon** (far infrared PEMF pad) along with corrective nutrients (see *How To Cure Diabetes*). The **Lumen** pad stimulates the mitochondrial healing enzyme that needs copper, cytochrome C oxidise. In past *TW*, folks have even used simple peroxide and bicarbonate to flush out periodontal organisms (Keyes method) to more sophisticated IV ascorbate.

Bad teeth can rot the brain, before Covid even has a chance.

Clearly the incidence of **Alzheimer's is at an all-time high** in the US, with the *Wall Street Journal* reporting failures of the latest Alzheimer drugs (at \$56,000 an inferior treatment). Look at the **7M** (2019 *TW*) beginning with medications like the **statins (Lipitor, Crestor, etc.)**, and **blood pressure** meds (Lisinopril, etc.). For these alone can contribute to the eventual development of Alzheimer's (see *The Cholesterol Hoax* to get off statins and *The High Blood Pressure Hoax* to no longer need Lisinopril, ect.).

As a brief example, <u>statins poison</u> the production of cholesterol, which is crucial for <u>vitamin D3 receptors</u>, <u>pivotal for healing all chronic diseases</u>, <u>and closing the Corona gates of entry</u> into the human body (*TW* 2021). And <u>statins damage the production of hormones</u> (like adrenal, testosterone, estrogen, etc.), and damage the hormone receptors, so healing is stranded, <u>regardless of how much hormone a person takes</u>. And statins decrease the cholesterol's bile so folks don't absorb their fat-soluble vitamins A, D (crucial for closing the ACE2 Covid entry gate), the 8 forms of E, K, as well as the 34 fatty acids that

make up the brain, every nerve sheath and every energy-producing mitochondria! And as HMG CoA reductase inhibitors, <u>statins poison your mitochondria from making coenzyme Q10, necessary for the "electricity" of life.</u> There's more damage that they do, but let's move on.

For once a person starts suspecting brain deterioration, he might head to the neurologist. But where is the neurologist who shows folks how to get off the brain-damaging statins, much less the neurologist who looks at the mouth for hidden bacteria contributing to brain deterioration, short-term memory loss, dementia, Alzheimer's, Parkinson's, ALS, MS, etc.? Remember US medical specialties' guidelines handcuff docs to dealing with only one organ. Plus American medical specialists have extremely deficient biochemical training in healing, even in their own specialties. In reviewing records of our readers for phone consults, I've never seen the records from even one neurologist who looks at the 34 fatty acids which make up every nerve in the brain, eye (for macular degeneration reversal), and elsewhere.

Consequently, very few neurologists who deal with Alzheimer's would also refer anyone to a *knowledgeable* dentist, much less a *knowledgeable* gastroenterologist, or a *specialist in the nutritional/molecular biochemistry* of healing. And I stressed knowledgeable because *the average dentist may not be aware of the tooth connection to all disease*, **nor is the average gastroenterologist aware of the gut connection to all disease.** Anyone can **test** a prospective physician's knowledge by asking any of the questions in the **2019** *TW* **quiz**. This can tell you if the physician/dentist in front of you is knowledgeable or conventional, meaning *untrained* in the nutritional/molecular biochemistry of God's healing of the human.

Meanwhile, a cone beam x-ray is superior to the conventional bite wings, and pivotal are a 1,25-(OH)2 vitamin D3 level, N-telopeptide to find bone loss years sooner than a DEXA scan, Cardio/ION, D-dimer, etc. (*TW*). And don't neglect simple **BioSil** for dental ligament strength, etc. Remember when you are "stuck", you will find the answers to healing that have eluded you if you just use my acronym **THINK** (the answers are invariably found by investigating your **T**oxins, **H**ormones, **I**ntestines, and **N**utrient deficiencies, and **K**nowledge gaps, *TW* 2008-22).

Clearly, you are absolutely right in that <u>teeth can be a serious</u> source of infection that can keep a person from healing indefinitely. And furthermore, <u>undiagnosed dental problems can even destroy the brain</u>. Clearly, everything anyone does for the teeth and every other organ also contributes to making them more <u>Covid resistant</u>. For Covid is designed to never leave, and continually mutate into new drug-resistant, vaccine-resistant, and fast spreading but low infectivity, eventually brain-destroying Nsp forms. But fortunately the only thing those Nsp forms cannot resist, to my way of thinking, appears to be a biochemically repaired and optimally functioning human body with immediate defenses (coming in 2020-2022 *TW*). Meanwhile, how lucky are your patients to have you for their dentist!

References (the rest on page 8):

Dominy S, et al, **Porphyromonas gingivalis in Alzheimer's disease brains: evidence** of disease causation and treatment for small molecule inhibitors, *Science Advances* 5: e-ASU 3333, PMID 30746447, 2019

Diaz-Zunigs J, et al, <u>Alzheimer's disease-like pathology triggered by</u>
<u>Porphyromonas gingivalis</u> in wild type rats is serotype-dependent, *Frontiers Immunology* 11 588036, 2020

Dioguardi M, et al, The role of periodontitis and <u>periodontal bacteria in the onset and progression of Alzheimer's disease</u>, a systematic review, *Journal Clinical Medicine* 9:495, 2020

Laugisch O, et al, <u>Periodontal pathogens</u> and associated intrathecal antibodies in early stages of <u>Alzheimer's disease</u>, *J Alz Dis* 66:105-14, 2018

Adams B, et al, **Parkinson's disease**: a systematic inflammatory disease and outcomes, *Archives Internal Medicine* 173; 1:62-8, 2012

Zeng X, et al, **Periodontal disease and incident lung cancer risk**: a metaanalysis of cohort studies, *Journal Periodontology* 87:1158-64, 2016

Alvarez JA, et al, **Vitamin D status is independently associated with plasma glutathione** and cysteine thiol/disulfide redox status in adults, *Clinical Endocrinology* 81:458-66, 2014

Liu Y, et al, Clinical significance and prognostic value of Porphyromonas **gingivalis infection in lung cancer**, *Translational Oncology* 14:100972, 2020

Tezal M, et al, Chronic periodontitis and the risk of tongue cancer, Archives Otolaryngology -Head & Neck Surgery 133:450-4, 2007

Mattila K, et al, **Dental infections and cardiovascular diseases**: a review, *Journal Periodontology* 76:2085-8, 2005 (**causing arteriosclerotic plaque** in the neck or the coronaries or the brain)

Zaremba M, et al, Evaluation of the incidence of **periodontitis-associated bacteria in the atherosclerotic plaque of coronary** blood vessels, *Journal Periodontology* 78:322-7, 2007

Mahendra J, et al, 16S rRNA-based detection of **oral pathogens in coronary atherosclerotic plaque** or abnormal clotting, *Indian J Dent Res* 21:24 8-52, 2010

Haraszthy V, et al, Identification of **periodontal pathogens in atheromatous plaques**, *Journal Periodontology* 71:1554-60, 2000

Pinon-Estaban P, et al, Presence of <u>bacterial DNA in thrombotic material of</u> patients with <u>myocardial infarction</u>, *Scientific Reports* 10:16299, 2020

Aoyama N, et al, Increased **heart failure prevalence in patients with** high antibody level against **periodontal pathogens**, *Internat Heart J* 60:1142-6, 2019

Takamisawa K, et al, Association between serum IgG antibody titers against Porphyromonas gingivalis and **liver enzyme** levels, *Heliyon* 6: e- 05531, 2020

Nakamori M, et al, Serum IgG titers against **periodontal pathogens** are associated with **cerebral hemorrhage** growth and 3 outcome, *PLoS One*, 115: e- 024-1205, 2020 (IgG=long-standing infection)

Louhelainen A, et al, Oral bacterial DNA findings in pericardial fluid, *J Oral Microbiol* 6:25835, 2014

Fischer L, et al, **Placental colonization with periodontal pathogens**: the potential missing link, *Am J Obstet Gyn* 221:383-92, 2019

Aoki S, et al, Serum IgG titers to <u>periodontal</u> pathogens <u>predict</u> three-month outcome in ischemic stroke patients, *PLoS One*, 15: e-0237185, 2020

Kudo C, et al, Effects of **periodontal treatment and carotid intima-media thickness** in patients with lifestyle related diseases: Japanese prospective multicenter observational study, *Odontology* 106:316-27, 2018

Giles J, et al, Associations of antibodies targeting **periodontal pathogens with subclinical coronary, carotid and peripheral arterial atherosclerosis** in rheumatoid **arthritis**, *Arthritis Rheumatology* November 17, 2020

Vacante M, et al, **Gut microbiota and colorectal cancer** development: a closer look at the adenocarcinoma sequence, *Biomedicine* 8; 489, 2020

Karpinski T, The microbiota and pancreatic cancer, $Gastroenter\ Clin\ North\ Am\ 48:447-64, 2019$

Dear Folks,

Remember when folks have insulin resistance they are often given more insulin or drugs that promote insulin secretion. But insulin promotes laying down of fat and plaque. In reality the insulin receptors and gut microbiome often need to be repaired. Grape Seed Extract is not only an insulin mimic but actually can heal insulin resistance, even in obesity, through many

modes (directions for use and ref in 2021-2022 TW).

 $Montegut\ G,\ et\ al,\ Effects\ of\ \textbf{grape seed procyanidin extract\ on\ insulin}$ $\textbf{resistance}, \textit{Journal\ of\ Nutritional\ Biochemistry}, 21:961-7, 2010$

To your total wellness.

Sherry A. Rogers, M.D.

Sources of	this month's recom	mendations:
Item	Supplier	<i>800</i> #

Rx MgCl2physicianspreferencerx.com..................1-877-640-5248
CSA+P..........doctorsdata.com, or use directlabs.com....1-800-323-2784
Grape Seed Extract, Optimized Curcumin, Lithium Orotate
alternativemedicinesolution.com1-877-676-1615

BioSil, PC Powderhappybodies.com1-800-happybo

E-8 = 8 forms of vitamin E (E Gems Elite, Tocotrienols, Gamma Tocopherol),
Cod Liver Oil (in glass), Vitamin D3 10,000, Zinc-Ease, Chelated Zinc,
Carlsonlabs.com1-800-323-4141

NEEDS carries most of the products (needs.com or 1-800-634-1380), as does **Happy Bodies** (happybodies.com or 1-800-happybodies). For this newsletter, past and future, plus all of Dr. Rogers' books, 1-800-846-6687 or **prestigepublishing.com**. For personal phone consults with Dr. Rogers, 1-315-488-2856, remembering that the more books and years of newsletters you have read **before-hand** (**regardless of title**), the higher the level of brainstorming you can go to.

References:

- Irwin M, et al, Partial <u>sleep deprivation reduces natural killer cell</u> activity in humans, *Psychosomatic Medicine* 56; 6:493-8, 1994
- Levy TE, Death By Calcium, MedFox publishing, 1-866-359-5589, 2013
- Iseri L, et al, Magnesium: <u>nature's physiologic calcium blocker</u>, *American Heart Journal* 108:188-93, 1984 (<u>not Diltiazem</u>, etc.)
- Lynn C, et al., L-type calcium channel blockers are involved in mediating the anti-inflammatory effects of magnesium sulfate, *Brit J Anaesthesia* 104:44-51, 2010
- Anghileri L, Magnesium, calcium and cancer, Magnesium Res 22:247-55, 2009
- Ishimura E, et al, Significant <u>association between</u> the presence of peripheral <u>vascular calcification and lower magnesium</u>, Clin Nephrol 68:222-7, 2007 (<u>calcium kills as it rises in cancer, cardiovascular and Covid when mag is low</u>)
- Nielsen F, Magnesium, inflammation, and obesity and chronic disease, Nutrition Review 68:333-40, 2010
- Reffelmann T, et al, <u>Low serum magnesium</u> concentrations <u>predict</u> cardiovascular and all cause <u>mortality</u>, *Atherosclerosis* 219:280-4, 2011
- Barbagallo M, et al, Magnesium metabolism in type II diabetes, metabolic syndrome, and insulin resistance, Arch Biochem Biophys 458:40-7, 2007