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NEWSLETTER



Fall 2014

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COHA NEWSLETTER is a communication with our patients and others exploring the potential of progressive medicine.

Dr. Chappell is a family physician specializing in nutritional and preventive medicine. His office, COHA, offers traditional family health care and services, plus innovative treatments for "hard-to-treat" medical problems.

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From the Desk of Dr. Chappell

Announcements:

I am the program chair at the fall meeting of the International College of Integrative Medicine (ICIM) in Dearborn, Michigan September 24-28. I have organized workshops entitled *Basic and Advanced Chelation Therapy* as well as the main congress entitled *End Pain*. Doctors and exhibitors from all over the country have already registered to attend. ICIM has emerged as one of the leading organizations in the country for teaching and supporting doctors who provide integrative medicine.

On October 20th we will be having another seminar with Dr. Edward Kondrot presenting our treatment for the eyes. For details, contact our office. Please see our seminar schedule on the back page.

In this issue: I am announcing new weight loss program called, *Wellness Plan for Diet and Nutrition—the WICO score*. And my *Triple Play to Evaluate Your Heart*, as well as new cardiovascular risk factor guidelines. I will also discuss the Kaufman Technique for hot flashes, and sleep apnea, provide an update our *Healing Eyes Therapy* program, and reveal how to get more out of your breast thermography.

To your health,

L. Terry Chappell, M.D.



REFERRALS

A SINCERE THANK YOU TO ALL WHO HELP SPREAD THE WORD OF OUR OFFICE!
NEW PATIENTS MENTIONED THE FOLLOWING BY NAME:

Pam Patterson	Jill Kinn	Dr. Jonathan Wright
Pamela Staley	Cory Blust, MT	Stephanie Henschen
Dr. Whitaker	Jack Butler	Claudia David Roscoe
Elida Health Food	Lori Rupp	Ari & Hede Eickert
Judy Mauer	Betty Reece	Curt Blanchard
Planet Health x2	Cheryl Harr	Tom Overmyer
Becky Vagedes	Anna Lambertson, MD	Janene Neuenschawander
Ed Schilling	Kim & Greg Herbster	Brian Prather-Medicine Shoppe
Jane Harris, DO	Paula Cullen	Vince & Kara Davidson parents
Claudia's	Donna Wagner	Ron & Vicki Ernsberger x2
Jim Heck	Gloria Frommer	Paul Nofziger
Dr. Biery	Family Health & Healing	Our Daily Bread Health Food x2



COHA Wellness Plan for Diet and Nutrition—the WICO score

There is no doubt that our food choices contribute in a major way to many chronic illnesses. One out of three adult Americans is diabetic or pre-diabetic (fasting glucose levels greater than 100). Those whose blood sugars exceed 90 are at risk for Alzheimer's disease. Heart attacks, strokes, and cancers are all diet-related over time.

First, if you have active yeast imbalance, known food allergies, or cancer present, we have well-established programs that you should follow. Otherwise, we are introducing the Transformations-360 program for multiple health solutions. We expect to empower your life for wellness, with improved energy and mental alertness.

You begin by determining your personal WICO score for wellness by filling out a questionnaire on-line. The value of the questionnaire is \$75, but we can give you a coupon that will enable you to determine your score for FREE. Just ask us. The WICO wellness score will evaluate your wellness in 15 categories of health. At your next office visit, we

will discuss where you stand and how you can improve.

Most of us can improve our diet and nutrition. If that is the case with you, based on your WICO score, we will offer you a five-week T-360 plan to carefully watch your diet and see how much you can improve. At the end of your five weeks, you will repeat your WICO score (included in the program). If you are overweight, during the five weeks you will probably lose 10 pounds or more, and inches from your waistline. You will likely feel great, with no hunger or cravings, while having improved energy and mental alertness. We will monitor you pretty closely during the five weeks.

At the end of five weeks, the repeat WICO score will help us determine if you have food sensitivities, chronic conditions, and nutritional deficiencies that need to be addressed as a root cause of your symptoms. Some patients might need thyroid or adrenal support. Many times the root

cause is unhealthy food habits or excess weight, which have been greatly improved during the five week program. You then can go on maintenance to maintain healthy blood sugar levels and continue your weight loss, if needed.

After you learn what your first WICO score is, we will give you choices on how you can improve. Included might be a yeast control program, food allergy testing, HCG, or the T-360 five-week program. The latter includes a food scale, specific food plans, frequent DiaSnacks (which eliminate hunger), and monitoring office visits for only \$495. Much of that cost will be made up as you buy less food. Remember, it costs nothing to get started by getting your WICO score. If you want to do more, that will be your choice. Dropouts are infrequent, though, because participants feel so much better with the results of this program.



Kaufman Technique for Hot Flashes

Hot flashes are frequently very disturbing for women during menopause and beyond. Warnings about cancer risks from estrogen therapy have greatly decreased effective therapy for hot flashes, as well as for other symptoms that often occur during the "change of life." We presume that bio-identical estrogen from soy is safer, but it really has not been studied like synthetic estrogen,

which we know is bad. Black cohosh and natural progesterone are sometimes helpful. Anti-depressants are the prescription of last resort for many women.

Many are aware of the Kaufman technique that we have been using for years to relieve pain and trigger points all over the body. Dr. Kaufman has now discovered a similar technique that is effective

to relieve hot flashes. We have learned the technique, and are really excited to be able to offer it to our patients. The days of sleeplessness and waking up soaking wet might well be over. Even men sometimes get hot flashes. Give us a call or ask for more information at an office visit.

Do You Possibly Have Sleep Apnea?

Answer the following questions. If two or more are "yes," we should talk about sleep apnea. Treatment can make a big difference in your quality of life.

1. Have you been told that you snore loudly on most nights?
2. Have you been told that you stop breathing or struggle to breathe during the night?
3. Are you tired, sleepy, or fatigued on most days?
4. Do you have or are you being treated for acid reflux or hypertension?
5. Are you overweight?

Do Not Forget:

Flu season has arrived. In our experience, mucco coccinum is a homeopathic that is effective in preventing the flu. It is certainly safer than flu shots. It requires only one pill every two weeks for most people. If you prefer flu shots, ask for the type that is mercury-free.

The Triple Play to Evaluate Your Heart

Cardiovascular disease (CVD) is the number one cause of death in the United States. Eighty-one million Americans have CVD, and many do not know it (especially women). One-third of adults have hypertension. Only 21% realize that they have it. With only minimal elevations in blood pressure, the risk of having a heart attack, congestive heart failure, and/or stroke are around 70% each. Conventional testing such as cholesterols and EKGs detect some of the risk, but subsequent treatments such as statin drugs have only minimal benefit.

Integrative medicine goes into a lot more depth. We are now recommending the Triple Play for evaluation of all adults over the age of 40 (yes, increased numbers of people are now dying in their forties). The Triple Play includes a CardioRisk test, the MaxPulse physiologic extremity study, and a challenge test for toxic metals. The CardioRisk measures even early plaque development in the carotid arteries. We bring in a specialized group to perform this test

in our office about four times a year. The MaxPulse test goes into great detail in measuring the pulse on your finger. It gives us the wave type, arterial elasticity, remaining blood volume, heart rate variability, physical stress, and mental stress on the vascular system. The challenge test shows us how much you have accumulated in toxic metals such as lead, mercury, aluminum, etc. These metals can dramatically increase the risk for heart attacks, strokes, Alzheimer's, and cancer.

The functional abnormalities detected with these tests are all treatable with supplements, lifestyle changes, and chelation therapy. With treatment, we can greatly decrease your risk of developing these diseases and becoming disabled or dying an early death. If your age has reached 40 or higher, ask for our Triple Play so we can keep you healthy and strong.

Eye Problems—Healing the Eye program-an Update

We have now treated 19 patients who have chronic eye problems such as glaucoma and macular degeneration with Dr. Kondrot's intensive three-day program, Healing the Eye. Seventeen of them have shown measurable improvement in visual acuity and/or

visual fields, some of them pretty dramatic. Longer term with maintenance treatment, many of the patients have stabilized their problems or reduced their medicine. The treatments help to control the problem, but they do not

offer a cure. If you have a chronic eye problem or know someone who has, we would be happy to help preserve the eyes. The thought of blindness can be devastating.

Getting More from Breast Screening with Thermography—a Reminder

By now, you have probably heard that huge clinical trials in the U.S. and Canada have found that patients who get routine screening with mammograms do not live longer than those who do not, and that such screening often detects false positives that result in unnecessary chemotherapy, radiation, and surgery. Thermography is certainly a safer way to screen. If we detect vascular patterns with thermography in which cancer is more likely to develop and grow, we can try to modify these patterns with natural vitamin E with mixed tocopherols and selenium to promote increased production of glutathione.

Based on recent confirmation of long-standing risk factors, we are now recom-

mending that women who have thermography scores of TH-3, TH-4, or TH-5 get two important tests: a 25-OH vitamin D3 blood test and a urine metals analysis challenge test for toxic metals such as lead, mercury, cadmium and arsenic. If either of these test results is abnormal, there is an increased risk of cancer. There is effective treatment for both problems, however, that we believe can substantially reduce the risk.

If you are being watched more closely with thermography due to abnormal results, we recommend that you get these tests so that we can keep you safe.



NOTICE: OFFICE CLOSED

**September 25th
October 22 & 23rd
November 27th**

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**OCTOBER IS BREAST CANCER AWARENESS MONTH-
HAVE YOU HAD YOUR THERMOGRAPHY?**

The New Cardiovascular Risk Factor Guidelines Require Patient Decisions

By L. Terry Chappell

During the early part of 2014, major guidelines were issued on how to treat cardiovascular risk, based on cholesterol and blood pressure levels. Previously rigid targets for treatment such as LDL-C lower than 100 mg/dL have been eliminated. What is now suggested is an assessment of risk for having a heart attack or stroke during the next 10 years of a person's life, followed by a discussion with the patient to determine the measures he or she wants to take to lower the risk.¹ The threshold for a physician to recommend a statin drug is a risk greater than 7.5%. Acceptable blood pressure control for patients over 60 years old is now 150/90 or less, instead of 140/90.²

Several authors³ have expressed concerns that the equations used to estimate cardiovascular risk tend to overestimate the risk, which might result in unnecessary use of statin drugs. A European study⁴ showed that the new guidelines could result in 96% of men and 66% of women over the age of 65 year old becoming eligible for statins. Others are alarmed that 6 million U.S. adults will no longer require anti-hypertensive medications.⁵

Several cardiovascular risk equations have been validated in the medical literature and are in use clinically. Not only do they tend to overestimate risk, but they rely only on a few of the many factors that have been linked to cardiovascular risk. The most common one is the Framingham risk calculator, which only uses age, sex, total cholesterol, HDL, smoking status, and systolic blood pressure. Some of the calculators have been validated for only five years instead of the ten required by the new guidelines. Commonly used risk factor calculations do not include such factors as weight, mental stress, inactivity, poor quality diet, sensitive CRP, homocysteine, iron overload, non-specific ST changes on EKGs, and elevated lead levels. Since there is no consistent, comprehensive risk assess-

ment, I contend that each physician should include the generally agreed-upon factors along with other factors that he or she thinks are important.

Similarly, a rigid cut-off percentage of risk at 7.5% cannot be supported. A 71 year old white male non-smoker with a cholesterol of 185, an HDL of 50, and systolic BP of 130 has a 10-year risk of a major cardiac event of 14-19%, depending on the risk calculator used. Does this person (it happens to be me) really need a statin drug? The other factors listed above could greatly influence the degree of risk that patient faces. The point is that the doctor should use a basic risk factor calculation and interpretation that he feels most comfortable with and add additional factors he/she thinks to be important. Such adjustments are within the spirit of the new guidelines. Comprehensive therapeutic interventions such as lifestyle changes, targeted nutritional supplements, and intravenous chelation therapy would likely have a great impact in lowering the risk.

In a JAMA editorial, Krumholz lists a startling aspect of the new guidelines that will have a long-term influence on the practice of medicine.⁶ My contention is that this influence could have a very positive impact on the practice of integrative medicine.

Both guidelines emphatically state that they are offering evidence-based recommendations, not rules that must be obeyed. They require that a physician has a discussion with the patient about risk factors and what possible measures could be taken to lessen the risk for that individual patient. The physician should explain the potential benefits, how much impact those benefits might have, the strength of the evidence, and the risks of side effects and complications for each choice that the patient has. Then the patient decides what action(s) or lack of action(s) he or she wants to take. Krumholz insists that "no single ap-

proach should be enshrined such that others cannot supersede it".⁶ The blood pressure guidelines state that "these recommendations are not a substitute for clinical judgment, and decisions about care must carefully consider and incorporate the clinical characteristics and circumstances of each individual patient"⁵

In the past, many guidelines have been paternalistic. The physician has set the goals for the patient to seek, and the treatment plan has been spelled out by the doctor. Now the decision is clearly in the hands of the patient. The job of the physician is not to convince the patient to agree with his or her opinion, but rather to find out what the patient believes is best for him after the choices have been explained. If a patient's treatment is most compatible with her beliefs, it is most likely to be successful, even if the statistics point to another course of action.⁷

Many physicians consciously or unconsciously discourage patient use of alternative medicine. Some doctors tell patients to go elsewhere for treatment if the patients do not comply with the doctor's treatment plan. Other doctors make it clear that they do not want to know what supplements or other alternative treatments the patient is taking. Patients sometimes do not tell their conventional doctor what alternative treatments they are using, or even that they are seeing another practitioner. They are afraid that the conventional doctor will dismiss them if the doctor finds out.

These guidelines have shifted the power and responsibility of decision-making and personal medical care to the patient. Physicians now must encourage discussion, give comprehensive informed consent, make sure that each patient has the courage to express his/her feelings about all possible choices of therapy, and be sup-

tive of the patient even if she rejects the opinion of the doctor.

A patient can refuse the recommendation to take a statin drug, and perhaps choose to take red yeast or cinnamon instead.

Undoubtedly, some physicians will feel uncomfortable with this new role. The new guidelines are very supportive for patients to initiate more open discus-

sions with their conventional doctors. Patients and doctors must learn to work together better. All doctors must now have a frank and open discussion with their patients about risks and ways to alter them. Risk calculations should be used by physicians, but their limitations must to be recognized. They should be as comprehensive as possible. Alternative physicians are now on much stronger ground for defending their actions to conventional doctors and to

regulatory agencies. If alternative doctors document that they have had the required discussion with the patient, and the patient chooses the road less traveled, that should now be considered the standard of care, according to some of the most powerful societies who make guidelines for the practice of medicine. This change is not likely to occur overnight, but the foundation for a broader acceptance of complementary and alternative medicine has been laid.

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Sensitivity Reduction Technique (SRT)

Many of our patients have benefitted from tapping on acupuncture points to relieve allergies and sensitivities. Recently, we have found that testing and treatment for many other problems might decrease the sensitivity to various problems that are particularly resistant to treatment. In this way, other treatments given might become more effective. This has not been proven experimentally, but we are beginning to observe these effects.

As with tapping on acupuncture points for allergy, there are no significant side effects. Some of our patients have found this innovative treatment to be very helpful. Because it is not evidence-based at this time, SRT is not covered by insurance. A partial list of non-allergic SRT kits is listed below:

Categories for Non-Allergic SRT Testing

Digestive

Alimentary canal
Carb metabolism
Digestive enzymes
Liver detox

Stress

Emotions
Neurotransmitters
Sleep

Infection and Inflammation

Dental
Glutathione
Immune system
Immunization
Inflammation
Influenza
Viruses

Nervous System

Brain sarcodes
Cranial nerves
Deep brain
Geopathic stressors
Glutathione
Liver detox
Peripheral nerves
Methylation

Hormones and Weight

Carb metabolism
Fat metabolism
Hormones
Hormone receptors

Glandular

Endocrine
Liver

Eyes, Ears, Mouth

Altitude
Dental
Ears
Eye

Have a Happy Thanksgiving!

