

The reVITALIZER HOUR #1 with Dr. William Summers
(CALL-in, 505 -444- 5059) SAT JANUARY 27 , 2024.

: INTRODUCTION.

wks: I WISH TO START THIS CHAPTER OF MY RADIO LIFE respecting the lead of the Lt. Govof North Carolina who believes America needs more of God in our public discourse.

SO, I THANK my Lord & Savior Jesus Christ who has been with me during and through the various crises in my life allowing me to obtain the knowledge and skill I share with YOU each week on this show.

REBECCA: Lets start off with Quotes & Quips

- TWO ADVICES FOR HEALTHCARE 1] BRING A WITNESS
2] JOIN A CLINICAL RESEARCH PROJECT.

- **FREE SPEECH IS THE DEADLIEST ENEMY OF TYRANNY.**

- Judge Hugo Black

★ **Never get involved in an argument with an idiot or Democrat, they will drag you down to their level, Then beat you with experience.**

- Mark Twain.

- Kindness is the language which the deaf can hear and the blind can see. - Mark Twain

● If you are neutral in situations of injustice You have CHOSEN the side of the oppressor. If an elephant has its foot on the tail of a mouse and you say that you are NEUTRAL, the mouse will not

appreciate your neutrality..
– Desmond Tutu.

Regarding Israel vs Hamas and its liberal
world Press plus millions upon millions of
Shia Muslims. It IS CLEAR HAMAS
IS THE ELEPHANT.
I STAND WITH ISRAEL.

TOPICS: COVID19 news___; IN the NEWS___;Memory
reVITALIZER (WHAT'S IN IT?)___; SIGNS & SYMPTOMS (cough,
OSTEOPOROSIS)___;
HxUNSK: Ft Mifflin

*IN THESE TROUBLED TIMES
REMEMBER, FEAR IS A REACTION.. COURAGE IS A
DECISION.*

<https://www.thegatewaypundit.com/2024/01/breaking-professor-election-expert-j-h-alderman-hacks-dominion/>

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EDUCATE AND EMPOWER YOU
THE LISTENER**

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**I^a THE JIG IS UP: TOXIC OREOS LOWER LDL
CHOLESTEROL MORE THAN STATINS**

The studies have likewise questioned why more focus isn't put on maintaining good heart health through beneficial lifestyle habits instead of harmful statin medications. However, given the massive profits enjoyed by Big Pharma and physicians alike, questions are quelled, and statin prescriptions continue to increase. But alas—firmly revealing the absurdity of the scheme to keep Americans unhealthy on statins—a recent study published on January 22, 2024, in the journal **METABOLITES** has demonstrated that Nabisco's toxic Oreo Cookies are two times more effective at lowering LDL cholesterol (the one they say is "bad") than high-intensity statin drugs. Holy smokes... what?!

<https://thehighwire.com/editorial/the-jig-is-up-toxic-oreos-lower-ldl-cholesterol-more-than-statins/>

CALL IN 505--444- 5059

January 27, 2024 pg 2

Oreo Cookie Treatment Lowers LDL Cholesterol More Than High-Intensity Statin therapy in a Lean Mass Hyper-Responder on a Ketogenic Diet: A Curious Crossover Experiment

by Nicholas G. Norwitz 1,* and William C. Cromwell 2

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*

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(This article belongs to the Section Nutrition and Metabolism)

I. COVID19 NEWS

Top Cardiologist Testifies: Heart Failure Soaring Among Vaxxed

Frank Bergman January 13, 2024 SLAY NEWS

One of the world's leading cardiologists has just given an explosive testimony before lawmakers on Capitol Hill, revealing the devastating side effects of Covid mRNA shots.

Cardiologist Dr. Peter McCullough was among several leading experts, including Dr. Ryan Cole and Dr. Kirk Milhoan, to testify during a congressional hearing on Friday.

The hearing was convened by Republican Rep. Marjorie Taylor Greene (R-GA) and sought to examine the risks to public health from the injections.

McCullough delivered a powerful testimony in his opening statements, revealing numerous complications he's encountered among vaccinated patients.

"Yesterday, I saw patients with 2-foot blood clots in their legs after the vaccine," McCullough testified

He said that injecting people with the genetic code for the lethal spike protein was “the most dangerous proposition our government agencies could have ever put forward to our country.”

The top expert warned that spike protein is doing widespread damage to public health.

Dr. McCullough remarked:

“The spike protein, now in 3400 peer-reviewed papers and growing, is proven to cause heart damage and myocarditis...

“The spike protein is physically found in blood clots, the largest blood clots that we’ve ever seen in clinical medicine.”

Further, McCullough detailed a disturbing observation he is witnessing among patients in his clinical practice.

He mentioned that before COVID-19, he had just seen two cases of myocarditis throughout his entire career.

However, he stated that cases of myocarditis are skyrocketing among the vaccinated.

2. Vaccines Cannot ‘Effectively’ Control COVID: Fauci After Resigning

The resignation of Dr. Anthony Fauci, former director of the National Institute of Allergy and Infectious Diseases (NIAID), was noteworthy given his role in leading the United States pandemic response and his actions soon after resigning. Dr. Fauci was very vocal in encouraging vaccine uptake and regularly appeared on television programs motivating people to get vaccinated.

3. Paxlovid Does Not Reduce Risk of Long COVID, Potentially Linked to Rebound Symptoms: Study

- By Amie Dahnke Epoch Times Jan 5, 2024

- Researchers found little difference in outcomes between Paxlovid users and nonusers. They also found 1 in 5 users experienced rebound symptoms.

- Paxlovid, an antiviral medication prescribed to treat symptoms associated with COVID-19, does not reduce the risk of developing long COVID in vaccinated people recovering at home.

The report comes from a new study published in the Journal of Medical Virology on Thursday. Conducted by a team of researchers from the University of California–San Francisco, the study also found that more people are experiencing rebounds of their COVID symptoms after taking Paxlovid (nirmatrelvir-ritonavir) than previously reported.

Paxlovid is the first antiviral pill approved by the U.S. Food and Drug Administration (FDA) to treat mild and moderate COVID-19 in adults. It is typically prescribed to those at high risk of having the virus progress to a severe illness, including hospitalization or death. The medication has also been authorized for use in children 12 and older who are at risk of severe outcomes from COVID-19.

According to manufacturer Pfizer, initial trials of Paxlovid showed it reduced hospitalizations and death in unvaccinated COVID patients by 86 percent to 89 percent. A real-world study conducted by the U.S. Centers for Disease Control and Prevention (CDC) showed that adults who took Paxlovid within the first five days of a COVID-19 diagnosis had a 51 percent lower hospitalization rate within 30 days than those who did not take the medication. More recent studies have indicated lower efficacy rates, with patients having about 37 percent reduced hospitalization and death risk.

However, no study has pointed to whether the drug helps protect people from getting long COVID, noted authors of the UC San Francisco study.

Paxlovid Did Not Prevent Long COVID

To determine if Paxlovid protects against long COVID, the research team examined over 4,600 vaccinated individuals from the UC San Francisco COVID-19 Citizen Science study who experienced their first positive COVID-19 tests between March and August 2022. None of the patients was hospitalized. About 20 percent of patients took the three-pill course of Paxlovid, while about 80

percent did not.

In December 2022, the patients answered a follow-up survey that included questions about long COVID, COVID rebound symptoms, and how long they continued to test positive.

“It’s as simple as black and white. You’re vaccinated, you’re safe. You’re unvaccinated, you’re at risk. Simple as that,” Dr. Fauci said on an MSNBC program during the Delta wave.

Before the Delta wave in the United States, Dr. Fauci compared vaccinated people to “dead ends” for the virus on CBS’s Face the Nation.

However, on Jan. 11, weeks after his resignation at the end of 2022, Dr. Fauci and two other researchers published a paper in Cell Host & Microbe that gained traction due to their comments on the effectiveness of vaccines in controlling respiratory viruses.

We found a higher proportion with clinical rebound than previously reported, but did not identify an effect of posttreatment rebound on Long COVID symptoms,” researchers wrote.

The team found little difference between the two groups. For example, roughly 16 percent of patients prescribed Paxlovid had long-COVID symptoms compared to about 14 percent who were not prescribed the medication. Long-COVID patients in each group experienced fatigue, shortness of breath, confusion, headache, and changes in sense of smell and taste.

Paxlovid Rebound Symptoms Confirmed

The UC San Francisco study reported that just over 1 in 5 individuals (21 percent) who reported getting better after taking Paxlovid experienced rebound symptoms, or a return of their COVID symptoms. Among those who experienced rebounds, 10.8 percent reported one or more long-COVID symptoms.

Additionally, retesting positive was common among rebound patients; 25.7 percent of individuals who took Paxlovid and repeated antigen testing after testing negative ended up testing positive.

In all, just over 26 percent of participants reported either rebound symptoms or test positivity, the study noted.

- Of the roughly 75 percent who didn't experience rebound while on Paxlovid, 8.3 percent reported at least one long-COVID symptom.

“SARS-CoV-2, endemic coronaviruses, RSV, and many other ‘common cold’ viruses ... have not to date been effectively controlled by licensed or experimental vaccines,” the authors wrote in their introduction.

They then addressed some basic immune principles, expressing that the current vaccines induce immunity in the body but not in the airways, yet current respiratory viruses primarily infect the airways.

“The vaccines for these two very different viruses (influenza and SARS-CoV-2 viruses) ... have common characteristics: they elicit incomplete and short-lived protection against evolving virus variants that escape population immunity,” the authors wrote.

While some fact-checkers argue that the study does not contradict Dr. Fauci's stance during the pandemic, others interpret this as his “coming clean.”

IN THE NEWS:

December 30, 2023 – NATIONAL DEBT

IT took 215 years for the U.S. debt to reach \$7 Trillion

==> From March 2020 -June 2022 JOE Biden
added \$7 Trillion debt.

The VA's Role in Illegal Immigrant Health Care Has Veterans Groups and Legislators Up in Arms

By Mark Gilman Epoch Times Dec30, 2023

- VA resources have been used to process claims for medical care of illegal immigrants since 2020, says a DHS report.
- The Department of Veterans Affairs (VA) predicts the agency's case backlog will peak at 400,000 in 2024. So, a report from the U.S. Department of Homeland Security (DHS), which said VA resources have been used to process claims for medical care of illegal immigrants since 2020, is causing backlash from several legislators and veterans' agencies.

The DHS report gives a detailed view of how U.S. Immigrations and Customs Enforcement (ICE) operations are working with the VA to contract with the Department of Veterans Affairs Financial Services Center to process medical claims reimbursements for immigrants who have not qualified for veterans benefits.

In fiscal year 2022 alone, the VA processed health care claims for illegal immigrants totaling more than \$63.6 million in medical services, the ICE report stated. That number is expected to rise by the end of fiscal year 2023, the report explains, because providers have one year after the date of service to submit claims.

Top Doctor Exposes 'Biggest Hoax' in Medicine

by Hunter Fielding December 20, 2023

Dr. Paul Marik is the second most published critical care physician in the world.

The world-renowned doctor is now speaking out to warn the public that “The medical system will kill you.”

“And so, my advice to you: don’t get sick, don’t go to the hospital, because they’re going to kill you.” Instead of seeking help from the hospital, Dr. Marik recommended eating right, sleeping right, getting enough sunshine, lowering stress, and taking care of your lifestyle because, again, “The medical system will kill you.”

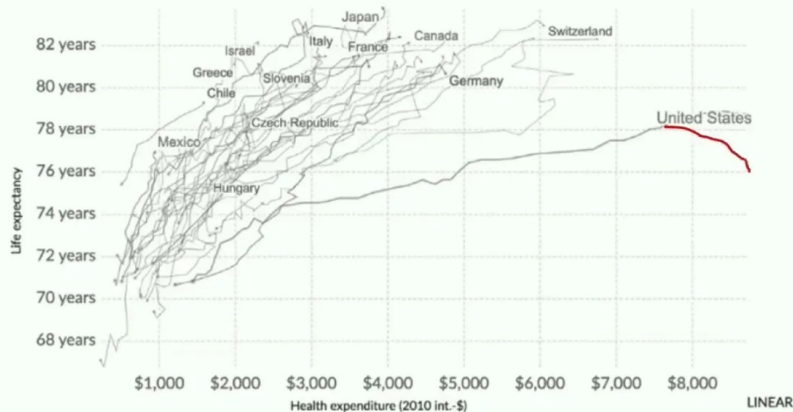
Dr. Marik shared a graph comparing life expectancies between different countries and healthcare expenditure per capita.

America ranked dead last on life expectancy despite spending far more on health care than any other nation.

ANNUAL PER CAPITA HEALTH CARE EXPENDITURE AND LIFE EXPECTANCY (1970-2015... 2021)



Health financing is reported as the annual per capita health expenditure and is adjusted for inflation and price level differences between countries (measured in 2010 international dollars).



The other thing, which is terrifying,” Dr. Marik continued.

“The US makes up 5% of the world’s population, yet we consume 55% of the prescription medications.

Marik said: “Lowering your cholesterol won’t prevent heart disease. It’s called a myth. It’s a hoax.”

“What do statins do?” he asked.

“They increase your risk of diabetes. They increase your risk of Alzheimer’s disease and dementia — yet they are the most commonly prescribed drugs in this country.”

Marik presented a graph from a study by TakataY et al. that showed that elderly patients with the highest cholesterol levels actually had the best survival rates:

In August 2023, he was informed by the American Board of Internal Medicine (ABIM) that his board certification was to be revoked for “spreading false or inaccurate medical information.”

III. MEMORY reVITALIZER FACTS AND TIDBITS

ESSENTIAL FATTY ACIDS

– <https://lpi.oregonstate.edu/mic/other-nutrients/essential-fatty-acids>

Linoleic acid (LA), an **omega-6** ,fatty acids [walnuts, tofu,safflower, hemp seed,sunflower, peanut oil, Avocado, eggs, almonds,cashews] , and α -linolenic acid (ALA=canola oil, flaxseed and walnuts.), an **omega-3** fatty acid, are considered essential fatty acids because they cannot be synthesized by humans. (More information)

The long-chain omega-3 fatty acids, eicosapentaenoic acid (EPA= fish) and docosahexaenoic acid (DHA= fish), can be synthesized from ALA, but due to low conversion efficiency, it is recommended to consume foods rich in EPA and DHA.

Both omega-6 and omega-3 fatty acids are important **STRUCTURAL COMPONENTS OF CELL MEMBRANES**, serve as precursors to bioactive lipid mediators, and provide a source of energy.

Long-chain omega-3 polyunsaturated fatty acids (**PUFA** in particular exert anti-inflammatory effects; it is recommended to increase their presence in the diet.

Both dietary intake and endogenous metabolism influence whole body status of essential fatty acids. Genetic polymorphisms in fatty acid synthesizing enzymes can have a significant impact on fatty acid concentrations in the body.

DHA supplementation during pregnancy may reduce the risks of early premature birth (birth before 34 weeks' gestation) and very low birth weight (<1.5 kg [<3 pounds 5 ounces]). DHA is important for visual and neurological development.

However, supplementation with long-chain during pregnancy or early infancy appears to have no significant effect on children's visual acuity, neurodevelopment, and physical growth.

Replacing saturated fat in the diet with **OMEGA-6** lowers total blood cholesterol; yet, randomized controlled trials have failed to demonstrate cardiovascular benefits in healthy people and people at risk for or with type 2 diabetes mellitus.

Long-chain omega-3 PUFA supplementation may be useful to reduce mortality in patients with prevalent coronary heart disease (CHD) and in those with heart failure without preserved ventricular function.

Increasing EPA and DHA intake may benefit individuals with type 2 diabetes mellitus, especially those with elevated serum triglycerides. However, evidence from large-scale randomized trials is insufficient to support the use of omega-3 PUFA supplements for cardiovascular disease prevention in those with type 2 diabetes.

Observational studies have found fish intake to be associated with lower risks of cognitive deterioration and Alzheimer's disease, but it is not yet clear whether supplementation with marine-derived omega-3 PUFA can help prevent cognitive decline.

Several omega-3 formulations have been approved by the US Food and Drug Administration for the indication of treating severe hypertriglyceridemia.

Although omega-3 PUFA deficiency may not be uncommon in neurodevelopmental and neuropsychiatric disorders, there is little evidence to suggest that supplementation may be a beneficial adjunct in the management of affected individuals.

Omega-6 and omega-3 PUFA are important structural components of cell membranes. When incorporated into **phospholipids**, they affect cell membrane properties, such as fluidity, flexibility, permeability, and the activity of membrane-bound enzymes and cell-signaling pathways .

MAGNESIUM

Magnesium is the eighth-most-abundant element in the Earth's crust .

Magnesium is a chemical element with the symbol Mg and atomic number 12. It is a shiny gray metal having a low density, low melting point and high chemical reactivity. Like the other alkaline earth metals (group 2 of the periodic table) it occurs naturally only in combination with other elements and it almost always has an oxidation state of +2.

More than 300 enzymes require magnesium ions for their catalytic action, including all enzymes using or synthesizing ATP and those that use other nucleotides to synthesize DNA and RNA. The ATP molecule is normally found in a chelate with a magnesium ion.

Plants require magnesium to synthesize chlorophyll, essential for photosynthesis.

. Magnesium is one of several electrically charged minerals, called electrolytes, that the body uses to regulate body functions like heart rhythm, blood pressure, and brain function.

.Magnesium plays a central vital role in:

- | | |
|-----------------------------|---|
| Bone development and repair | Blood glucose (sugar) |
| Blood pressure | Heart rhythm |
| Brain function | Metabolism (the conversion of calories to energy) |

VOLUME OF DISTRIBUTION

60% in the skeleton, 39% intracellular (20% in skeletal muscle), and 1% extracellular (plasma).

Intravenous magnesium loading tests are more accurate and practical. A retention of 20% or more of the injected amount indicates deficiency.

- 48 % of the United States population consumed less magnesium than recommended in the Dietary Reference Intake.

- .Symptoms of magnesium deficiency range from nausea, fatigue, and muscle cramps to abnormal heart rhythms, seizures, and coma.

- The kidneys are responsible for maintaining the optimal levels of magnesium in the body. They do so by either increasing or decreasing how much magnesium is eliminated in urine.

DEFICIENCY CAUSES

- | | | |
|-------------------------|----------------|-------------------------------|
| ●Alcoholism | Celiac Disease | Cystic Fibrosis |
| Diabetes | Diarrhea | IBS |
| Gastric Bypass | Kidney disease | Meds - antibiotics, diuretics |
| PPI, immunosuppresants, | pancreatitis | FASTING |

FOOD SOURCES

- Spices, nuts, cereals, cocoa and vegetables are rich sources of magnesium.
- Green leafy vegetables such as spinach are also rich in magnesium. Beverages rich in magnesium are coffee, tea, and cocoa.

I V. HISTORY YOU ARE NOT SUPPOSE TO KNOW

FT. MIFFLIN (MUD ISLAND FORT), PA ---- 1777

In the 1740s, French and Spanish privateers then entered the Delaware River, threatening the city. During King George's War (1744–1748), The original fort was Built in 1681 in Philadelphia near the confluence of the Delaware and Schuylkill Rivers, Fort Mifflin was recognized as strategically important because of the role it played in defense of the settlement.

- RECALL, PHILADELPHIA was the 2nd largest city and port in the United Kingdom in 1776.

Fort Mifflin, originally called Fort Island Battery and also known as Mud Island Fort, was **commissioned in 1771 and sits on Mud Island** (or Deep Water Island) on the Delaware River below Philadelphia, Pennsylvania, near Philadelphia International Airport.

During the American Revolutionary War, the British Army bombarded and captured the fort as part of their conquest of Philadelphia in autumn 1777. In 1795, the fort was renamed for Thomas Mifflin, a Continental Army officer and the first post-independence Pennsylvania governor.

Benjamin Franklin with Captain John Montresor of the British Corps of Engineers to the task of redesigning the fort. The barracks & munitions were dug deep to sustain prolonged bombardment.

In 1776 Ben Franklin assembled chevaux de frise obstacles, placed in tiers spanning the width of the Delaware between Forts Mercer and Mifflin. These defenses comprised wooden-framed "boxes", 30 feet square, constructed of huge timbers and lined with pine planks. Defenders lowered these frames onto the riverbed and filled each with 20 to 40 tons of stone to anchor it in place. They placed two or three large timbers tipped with iron spikes into each frame, set underwater and facing obliquely downstream.

They then chained the boxes together to maintain continuity. The chevaux de frise presented a formidable obstacle that could impale unwitting ships. The system's design included gaps to allow passage of friendly shipping. Only a select few patriot navigators knew the locations of safe passage through this barrier. Soldiers at Forts Mercer and Mifflin could fire at anyone attempting to dismantle these obstacles.

The British forces then laid siege to Fort Mifflin and Fort Mercer in early October 1777, unsuccessfully attacking the latter by land and river in the Battle of Red Bank on October 22, 1777.

On November 15, 1777, the American troops evacuated the fort. Their stand effectively denied the British Navy free use of the Delaware River and allowed the successful repositioning of the Continental Army for the Battle of Red Bank and subsequent withdrawal to Valley Forge. Fort Mifflin experienced the heaviest bombardment of the American Revolutionary War. The siege left 250 of the 406 to 450 patriots garrisoned at the Fort Mifflin killed or wounded.

Fort Mifflin was an active base for the U.S. Army Corps of Engineers until 1962. and is currently the oldest active U.S. military base and the only base in use that predates the Declaration of Independence.

Today, the site is a National Historic Landmark and offers tours of the grounds.

V. SYMPTOMS & SYNDROMES

: C O U G H 9 causes

● ALLERGIES, ASTHMA OR EXPOSURE TO CHEMICALS AND IRRITANTS.

● VIRAL THROAT INFECTION

The common cold is a contagious viral infection that can cause cough, congestion, runny nose, and sore throat. Most adults catch two to three colds per year, and kids can get more than eight colds each year.

Rest and drink plenty of fluids. Colds are contagious and can easily spread to other people, so if possible, avoid close contact with others, such as hugging, kissing, or shaking hands. Colds typically resolve within 7 to 10 days.

● POST INFECTIOUS COUGH **RECENT COVID CASES**

Post-infectious cough is a cough that begins with a cold or other upper respiratory infection, but does not clear up when the infection does. Instead, it lingers for three weeks or more and becomes chronic.

PLANETARY HERBALS “Dr TIERRA’S Cherry Bark Syrup”

● VIRAL PNEUMONIA

Viral pneumonia, also called "viral walking pneumonia," is an infection of the lung tissue with influenza ("flu") or other viruses. Medical care is needed right away. If not treated, viral pneumonia can lead to respiratory and organ failure.

● CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Chronic obstructive pulmonary disease (COPD) is a progressive inflammation of the lungs that makes breathing difficult. It is caused by long-term exposure to irritating gases and/or dust particles, most often cigarette smoke.

Symptoms may take years to develop. They include a chronic cough with mucus (sputum), wheezing, chest tightness, fatigue, constant colds, swollen ankles, and cyanosis (blue tinge to the lips and/or fingernails.) Depression is often a factor due to reduced quality of life.

● **BRONCHITIS**

Bronchitis is an inflammation of the bronchial tubes, the tiny airways in the lungs.

Acute bronchitis, or "chest cold," comes on suddenly and is caused by the same virus that causes the flu or the common cold. Chronic lasts at least three months and recurs over two years. It is caused by cigarette smoking and/or exposure to other pollutants.

Other risk factors are weakened immune system and gastric reflux (heartburn.) Symptoms include cough with clear, greenish, or yellowish mucus; fatigue; mild headache; body aches; shortness of breath; low-grade fever; chest discomfort.

ACUTE BRONCHITIS lasts 7 to 10 days and needs good supportive care – rest, fluids, and over-the-counter pain relievers. Antibiotics do not work against viral illness.

CHRONIC BRONCHITIS is treated with lifestyle changes – especially smoking cessation – and an inhaler or other lung medication.

● **BENIGN COUGH**

Benign cough means a cough that is not caused by any harmful condition or serious illness.

Postnasal drip, where mucous from the nose drains into the throat, can trigger a benign cough. So can asthma, exposure to dust or other irritants, acid reflux (heartburn or GERD,) some medications, and breathing very cold air. Postnasal drip itself can be caused by allergy, some medications, and deviated septum.

Common Top Symptoms: cough, cough with dry or watery sputum, severe cough

●**RARE DANGEROUS CAUSES:** : :\

Cystic fibrosis.

Heart failure.

Lung cancer.

Pulmonary embolism.

Sleep apnea.

Tuberculosis.

HOME TREATMENTS [COMMON]

ORAL DEMULCENTS: Demulcents soothe the pharynx and relieve irritation. You can try a cough syrup containing sugar and glycerol or add honey and lemon to warm water.

COUGH SUPPRESSANTS: Cough drops and cough syrups can suppress the urge to cough.

INCREASE FLUIDS: Drink more fluids, especially water, to keep the pharynx coated and reduce any tickle.

SALT WATER: If your dry cough is caused by an irritated throat, gargling with salt water can help. Salt removes water from mucous membrane cells, reducing swelling.

AVOID TRIGGERS: These triggers, such as cold and dry air, pollution, cigarette smoke, excessive talking or yelling exacerbate dry coughs from asthma.

HONEY

You can try taking honey by the teaspoon several times daily, or add it to tea or warm water to drink.

TUMERIC

Turmeric contains curcumin, a compound which may have anti-inflammatory, antiviral, and antibacterial properties.

It may also be beneficial for several conditions, including a dry cough.

GINGER

MARSHMALLOW

Marshmallow root is a type of herb. It's used in cough syrup and in lozenges to soothe dry cough.

PEPPERMINT

Peppermint contains menthol, which helps to numb nerve endings in the throat that become irritated by coughing. This may provide pain relief and reduce the urge to cough.

CHAI TEA:

Masala chai contains several antioxidant ingredients, including cloves, cinnamon, and cardamom. Cloves may also be effective as an expectorant.

CAPSAICIN Capsaicin, a compound found in chili peppers, has been shown Trusted Source to reduce chronic coughing.

The Manufacturing of Bone Diseases: The Story of Osteoporosis and Osteopenia. HEALTH VIEWPOINTS

By Sayer Ji GreenMedInfo Mar 27 2023

https://www.theepochtimes.com/health/the-manufacturing-of-bone-diseases-the-story-of-osteoporosis-and-osteopenia_5151392.html?utm_source=andshare

Osteopenia (1992) and osteoporosis (1994) were formally identified as skeletal diseases by the World Health Organization (WHO) as bone mineral densities (BMD) **1 and 2.5 standard deviations**, respectively, below the peak bone mass of an average young adult White female, as measured by an X-ray device known as dual-energy X-ray absorptiometry (DXA).

This technical definition, now used widely around the world as the gold **standard, is disturbingly inept**, and as you shall see, likely conceals an agenda that has nothing to do with the promotion of health.

Deviant Standards: Aging Transformed Into a Disease

A “standard deviation” is simply a quantity calculated to indicate the extent of deviation for a group as a whole, i.e., within any natural population there will be folks with higher and lower biological values, e.g., height, weight, bone mineral density, cholesterol levels.

The choice of an average young adult female (approximately 30 years old) at peak bone mass in the human lifecycle as the new standard of normality for all women 30 or older, was, of course, not only completely arbitrary but also highly illogical.

- After all, why should an 80-year-old’s bones be defined as “abnormal” if they are less dense than a 30-year-old’s?

Within the WHO’s new BMD definitions, THE AGING PROCESS IS REDEFINED as a disease, and these definitions targeted women, much in the same way that menopause was once redefined as a “disease” that needed to be treated with synthetic hormone replacement therapies (HRT)—that is, before the whole house of cards collapsed with the realization that by “treating” menopause as a disease the medical establishment was causing far more harm than good, e.g., heart disease, stroke, and cancer.

- , the WHO's new definitions resulted in the diagnosis, and subsequent labeling, of millions of healthy middle-aged and older women with what they were now being made to believe was another "health condition," serious enough to justify the use of expensive and **EXTREMELY DANGEROUS BONE DRUGS** (and equally dangerous mega-doses of elemental calcium) in the pursuit of increasing bone density by any means necessary.

The sudden transformation of healthy women, who suffered no symptoms of "low bone mineral density," into an at-risk, treatment-appropriate group, served to generate billions of dollars of revenue for DXA device manufacturers, doctor visits, and drug prescriptions around the world.

WHO Are They Kidding?

Osteopenia is, in fact, a medical and diagnostic non-entity. The term itself describes nothing more than a statistical deviation from an arbitrarily determined numerical value or norm.

- According to the osteoporosis epidemiologist Dr. L. Joseph Melton at the Mayo Clinic who participated in setting the original WHO criteria in 1992, "[osteopenia] was just meant to indicate

the emergence of a problem," and he noted, "It didn't have any particular diagnostic or therapeutic significance. It was just meant to show a huge group who looked like they might be at risk."

- Another expert, Dr. Michael McClung, director of the Oregon Osteoporosis Center, criticized the newly adopted disease category osteopenia by saying, "We have medicalized a nonproblem."
- In reality, the WHO definitions violate both commonsense and fundamental facts of biological science—sadly, an increasingly prevalent phenomenon within drug-company-funded science.
- Anyone over 30 years of age should have lower bone density than a 30-year-old, as this is consistent with the normal and natural healthy aging process.
- And yet, according to the WHO definition of osteopenia, the eons-old programming of your body to gradually shed bone density as you age, is to be considered a faulty design and/or pathology in need of medical intervention.
 - How the WHO, or any other organization that purports to be a science-based "medical authority," can make an ostensibly educated public believe that the natural thinning of bones is not normal, or more absurdly, a disease, is astounding. These definitions and diagnoses have been cloaked in obscure mathematical and clinical language makes it rather difficult for the layperson to discern just how outright insane the logic they are employing really is.

So, let's look closer at the definitions now, which are brilliantly elucidated by Washington.edu's published online course on Bone Densitometry, which can be viewed in its entirety here.

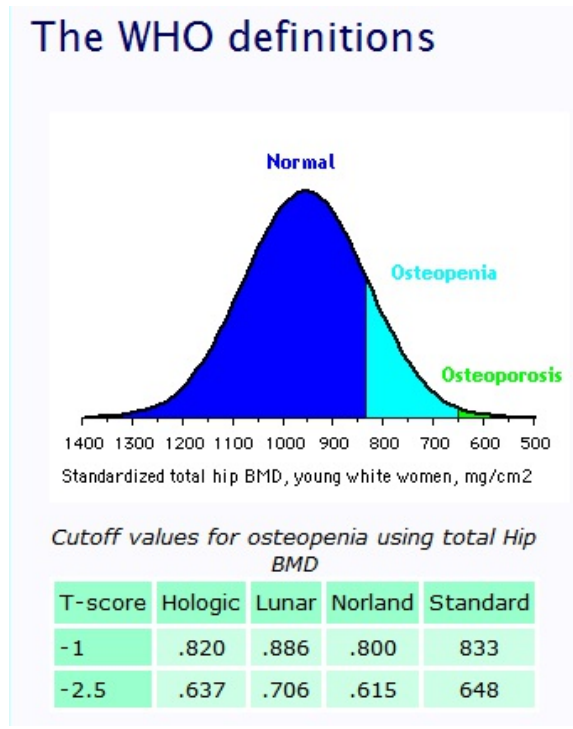
The Manufacture of a Disease Through Categorical Sleight-of-Hand
 Loss of bone mineral density with age is a normal process.

Next is THE CLASSICAL BELL-SHAPED CURVE, from which T- and Z-scores are based. T-scores are based on the young adult standard (30-year-old) bone density as being normal for everyone, regardless of age, whereas the much more logical Z-score compares your bone mineral density to that of your age group, as well as sex and ethnic background. Now here's where it gets disturbingly clear how ridiculous the T-score really system is:

Epoch Times Photo

Above is an image showing how within the population of women used to determine "normal" bone mineral density, e.g., 30-year-olds, 16 percent of them already "have" osteopenia, according to the WHO definitions, and 3 percent already "have" osteoporosis! According to Washington.edu's online course, "One standard deviation is at the 16th percentile, so by definition, **16% OF YOUNG WOMEN HAVE OSTEOPENIA!** ... As shown below, by the time women reach age 80, very few are considered normal."

Above you will see what happens when the WHO definitions of "normal bone density" are applied to aging populations.



Whereas at age 25, 15 percent of the population will “have” osteopenia, **BY AGE 50 THE NUMBER GROWS TO 33 PERCENT.** And by age 65, 60 percent will be told they have either osteopenia (40 percent) or osteoporosis (20 percent).

On the other hand, **IF ONE USES THE Z-SCORE**, which compares your bones to that of your age group, something remarkable happens: A huge burden of “disease” disappears! In a review on the topic published in 2009 in the Journal of Clinical Densitometry, 30 percent to 39 percent of the subjects who had been diagnosed with osteoporosis with two different DXA machine models were reclassified as either “normal” or “osteopenia” when the Z-score was used instead of the T-score.

The table, therefore, can be turned on the magician-like sleight-of-hand used to convert healthy people into diseased ones, as long as an age-appropriate standard of measurement is applied, which presently it is not.

Bone Mineral Density Is NOT Equivalent to Bone Strength

As you can see there are a number of insurmountable problems with the WHO’s definitions, but perhaps the most fatal flaw is the fact that the DXA is only capable of revealing the mineral density of the bone, and this is not the same thing as bone quality/strength.

While there is a correlation between bone mineral density and bone quality/strength—that is to say, they overlap in places—they are not equivalent. In other words, density, while an excellent indicator of compressive strength (resisting breaking when being crushed by a static weight), is not an accurate indicator of tensile strength (resisting breaking when being pulled or stretched).

DENSITY

Indeed, in some cases having higher bone density indicates that the bone is actually weaker. **GLASS**, for instance, has high density and compressive strength, but it is extremely brittle and lacks the tensile strength required to withstand easily shattering in a fall.

WOOD, on the other hand, which is closer in nature to human bone than glass or stone, is less dense relative to these materials, but also extremely strong relative to them, capable of bending and stretching to withstand the very same forces that the bone is faced with during a fall.

Or, take spider web. It has infinitely greater strength and virtually no density. Given these facts, having “high” bone density (and thereby not having osteoporosis) may actually increase the risk of fracture in a real-life scenario like a fall.

Essentially, the WHO definitions distract from key issues surrounding bone quality and real-world bone fracture risks, such as gait and vision disorders.[v] In other words, if you are able to see and move correctly in your body, you are less likely to fall, which means you are less prone to fracture.

Keep in mind also that the quality of human bone depends entirely on dietary and lifestyle patterns and choices, and unlike X-ray-based measurements, bone quality is not decomposable to strictly numerical values, e.g., mineral density scores.

High Bone Mineral Density and Breast Cancer

- One of the most important facts about bone mineral density, conspicuously absent from the discussion, is that having higher-than-normal bone density in middle-aged and older women actually **INCREASES** their risk of breast cancer by 200 percent to 300 percent, and this is according to research published in some of the world’s most well-respected and authoritative journals, e.g., Lancet, JAMA, and NCI.

While it has been known for at least 15 years that high bone density profoundly increases the risk of breast cancer—and particularly malignant breast cancer—the issue has been given little to no attention, likely because it contradicts the propaganda expounded by mainstream women’s health advocacy organizations.

JAM A (1996) AND OTHERS: Women with bone mineral density above the 25th percentile have 2.0 to 2.5 times increased risk of breast cancer compared with women below the 25th percentile.

High Bone Density: More Harm Than Good

The present-day fixation within the global medical community on “osteoporosis prevention” as a top women’s health concern is simply not supported by the facts.

- The No. 1 cause of death in women today is heart disease, and
- the No. 2 cause of death is cancer, particularly breast cancer, and not death from complications associated with a bone fracture or break.

- In fact, in the grand scheme of things osteoporosis or low bone mineral density does not even make the Centers for Disease Control and Prevention’s top 10 list of causes of female mortality. So, why is it given such a high place within the hierarchy of women’s health concerns? Is it a business decision or a medical one?
 - Regardless of the reason or motive, the obsessive fixation on bone mineral density is severely undermining the overall health of women.
 - For example, the mega-dose calcium supplements being taken by millions of women to “increase bone mineral density” are known to increase the risk of heart attack by 24 percent to 27 percent, according to two 2011 meta-analyses published in *The Lancet*, and 86 percent according to a more recent meta-analysis published in the journal *Heart*.

- Given the overwhelming evidence, the 1,200 plus milligrams of elemental calcium the National Osteoporosis Foundation (NOF) recommends women 50 and older take to “protect their bones” may very well be inducing coronary artery spasms, heart attacks, and calcified arterial plaque in millions of women.
 - Considering that the NOF named calcium supplement manufacturers Citrical and Oscal as corporate sponsors, it is unlikely their message will change anytime soon.

DENGUE FEVER is a mosquito-borne tropical disease caused by the dengue virus. Symptoms typically begin 3 to 14 days after infection. These may include a high fever, headache, vomiting, muscle and joint pains, and a characteristic skin itching and skin rash. Recovery generally takes two to seven days. In a small proportion of cases, the disease develops into a more severe dengue hemorrhagic fever, resulting in bleeding, low levels of blood platelets and blood plasma leakage, or into dengue shock syndrome, where dangerously low blood pressure occurs.

Dengue is spread by several species of female mosquitoes of the *Aedes* genus, principally *Aedes aegypti*. The virus has five serotypes; infection with one type usually gives lifelong immunity to that type, but only short-term immunity to the others. Subsequent infection with a different type increases the risk of severe complications. A number of tests are available to confirm the diagnosis including detecting antibodies to the virus or its RNA.

Two types of dengue vaccine have been approved and are commercially available. On 5 December 2022 the European Medicines Agency approved Qdenga, a live tetravalent attenuated vaccine for adults, adolescents and children from four years of age. The 2016 vaccine Dengvaxia is only recommended in individuals who have been previously infected, or in populations with a high rate of prior infection by age nine. Other methods of prevention include reducing mosquito habitat and limiting exposure to bites. This may be done by getting rid of or covering standing water and wearing clothing that covers much of the body. Treatment of acute dengue is supportive and includes giving fluid either by mouth or intravenously for mild or moderate disease. For more severe cases, blood transfusion may be required. Paracetamol (acetaminophen) is recommended instead of nonsteroidal anti-inflam

matory drugs (NSAIDs) for fever reduction and pain relief in dengue due to an increased risk of bleeding from NSAID use.

The characteristic **SYMPTOMS OF DENGUE** are sudden-onset fever, headache (typically located behind the eyes), muscle and joint pains, and a rash. An alternative name for dengue, "**breakbone fever**", comes from the associated muscle and joint pains. The course of infection is divided into three phases: febrile, critical, and recovery.

The febrile phase involves high fever, potentially over 40 °C (104 °F), and is associated with generalized pain and a headache; this usually lasts two to seven days. Nausea and vomiting may also occur. A rash occurs in 50–80% of those with symptoms in the first or second day of symptoms as flushed skin, or later in the course of illness (days 4–7), as a measles-like rash. A rash described as "islands of white in a sea of red" has also been observed. Some petechiae (small red spots that do not disappear when the skin is pressed, which are caused by broken capillaries) can appear at this point, as may some mild bleeding from the mucous membranes of the mouth and nose. The fever itself is classically biphasic or saddleback in nature, breaking and then returning for one or two days.

In some people, the disease proceeds to a critical phase as fever resolves.

During this period, there is leakage of plasma from the blood vessels, typically lasting one to two days. This may result in fluid accumulation in the chest and abdominal cavity as well as depletion of fluid from the circulation and decreased blood supply to vital organs. There may also be organ dysfunction and severe bleeding, typically from the gastrointestinal tract. Shock (dengue shock syndrome) and hemorrhage (dengue hemorrhagic fever) occur in less than 5% of all cases of dengue; however, those who have previously been infected with

other serotypes of dengue virus ("secondary infection") are at an increased risk.[17][32] This critical phase, while rare, occurs relatively more commonly in children and young adults.[27]

The recovery phase occurs next, with resorption of the leaked fluid into the bloodstream.[21] This usually lasts two to three days.[17] The improvement is often striking, and can be accompanied with severe itching and a slow heart rate.[17][21] Another rash may occur with either a maculopapular or a vasculitic appearance, which is followed by peeling of the skin.[27] During this stage, a fluid overload state may occur; if it affects the brain, it may cause a reduced level of consciousness or seizures.[17] A feeling of fatigue may last for weeks in adults.

World Annual Incidence 390 million

World Annual deaths 40,000 (0.01%)

LAST 7 days -COVID19 cases= 882 (Peaked Jan 2022;
disproportinate >75y/o

But 65-75 next highest group)...Strangely the
highest group

of vaccinated suckers is >65 y/o's... not even close

LAST 7 day -Hospitalizations = 47

INFLUENZA -Like Illness – PEAKED JAN 6TH a (seems to be
attacking 18-44y/o

rsv PEAKED in October, 2023 (exclusively providence of <5y/o
State health officials warn of flu, RSV, COVID “triple threat” in
New Mexico

by: Chris McKee KRQE TV nov 2022

The continued presence of COVID-19 is among the respiratory viruses health leaders are warning the public of this season, as the state is seeing an uptick in COVID-related hospitalizations. As of Thursday, 172 people were in New Mexico hospitals with COVID-19. However, only five patients are on ventilators.

Over the last four weeks, state reports indicate the total number of COVID-19 related hospitalizations in New Mexico has continued to increase. Between October 18 and 24, New Mexico charted 96 total COVID-19 hospitalizations, according to a state report. In the most recent report from November 8 to 14, New Mexico saw 134 total COVID-19 hospitalizations.

Meanwhile, more than 239-thousand New Mexicans have received this season's updated, bivalent COVID-19 booster shot, according to state data. Roughly 1/3rd of those recipients are over the age of 65.

RSV & Flu

Continuing the trends discussed in a hospitals news conference earlier this week, UNMH's Children's Hospital said Thursday its pediatric facilities remain under pressure from a significant number of other respiratory viruses. UNM Children's Hospital Associate Chief Medical Officer Dr. Anna Duran said Thursday the pediatric facilities were at 125% capacity of their 69 general beds and 20 ICU beds for kids.

Dr. Duran says the Children's Hospital continues to fluctuate between roughly 105% and 130% capacity. This year, Duran says, the respiratory case spike came quicker than many years past.

"Historically, RSV had started usually mid-December," Dr. Duran said. "We are about six-weeks before. It will peak around end of January and then really peter-off at the end of March."

Warning of the upcoming holidays, Dr. Duran said UNMH Children's Hospital is anticipating seeing more of a surge due to family and friends gathering together. Duran urged parents and kids who are ill to stay home this year.

“What that surge is going to look like is still in question, because we are very early to be in an RSV surge right now,” Duran said. “Predictions are [the season's end] could be as late as March, I'm hoping its much sooner than that.”

State reports indicate a rise in **“influenza-like illness”** (ILI) related visits in New Mexico's emergency departments. From October through November, a state report published November 14 indicates a rise from roughly 2% of hospital visits to roughly 7% of hospital visits being for influenza-like illnesses.

The impact of full pediatric facilities in Albuquerque ultimately affects the transfer of kids from smaller community hospitals in the more rural regions of New Mexico. Facilities in the metro-area more often are able to provide expanded levels of care.

Blood Test Could Be Used To Screen For Alzheimer's Even Before Symptoms, Study Suggests

CNN (1/22, Howard) reports, "Testing a person's blood for a type of protein called phosphorylated tau, or p-tau, could be used to screen for Alzheimer's disease with 'high accuracy,' even before symptoms begin to show, a new study suggests." The research "involved testing blood for a key biomarker of Alzheimer's called p-tau217, which increases at the same time as other damaging proteins — beta amyloid and tau — build up in the brains of people with the disease." The "simple blood test was found to be up to 96% accurate in identifying elevated levels of beta amyloid and up to 97% accurate in identifying tau." The findings were published in JAMA Neurology.

The Hill (1/22, Sforza) also covers the story.

Amyloid-Reducing Monoclonal Antibodies In Patients With Alzheimer Dementia May Cause More Serious Harm Than Benefits, Research Suggests

HCP Live (1/22, Derman) reports, "New research suggests amyloid-reducing monoclonal antibodies in patients with Alzheimer dementia may cause more serious harm than benefits." The "study, which was a systematic review and meta-analysis of multiple databases, suggests use provided 'small' benefits on cognitive and functional scales far below the minimal clinically important difference, with some accompanied by clinically meaningful harms." The findings were published in Annals of Family Medicine



"The Revitalizer Hour with Dr. Summers"

FORMAT is:

- Opening dialog with quips & Quotes
- COVID or Community Infection Update
- History you are not suppose to know.
- Medical Topics in the News
- Review & Hacks of a common medical ailment or symptoms
eg) diabetes, Gout, Low Back Pain, etc.
- WHAT IS THE 'SECRET INGREDIENT' of Memory reVITALIZER

EXCLUSIVE: Email Reveals Why CDC Didn't Issue Alert on COVID Vaccines and Myocarditis

CDC officials were worried about causing panic.

By Zachary Stieber

1/25/2024

The U.S. Centers for Disease Control and Prevention (CDC) in 2021 drafted an alert for heart inflammation, or myocarditis, and the Pfizer-BioNTech and Moderna COVID-19 vaccines. Officials prepared to release it to the public, taking steps including having the agency's director review the language, internal documents show.

The alert would have been sent through the CDC's Health Alert System (HAN) network, which goes to state and local officials, as well as doctors, across the country.

The alert was never sent.

In the May 25, 2021, email, exclusively obtained by The Epoch Times, a CDC official revealed why some officials were against sending the alert.

"The pros and cons of an official HAN are what the main discussion are right now," Dr. Sara Oliver, the official, wrote in the missive. "I think it's likely to be a HAN since that is CDC's primary method of communications to clinicians and public health departments, but people don't want to appear alarmist either."

Dr. Oliver was corresponding with an employee of either Pfizer or Moderna.

The employee's name and email were redacted in the copy obtained by The Epoch Times.

Dr. Oliver did not respond to a request for comment. Asked about the email, the CDC did not deny address Dr. Oliver's statement.

The "CDC's apparent decision to not immediately issue a formal alert to clinicians warning them about the increased risk of myocarditis and pericarditis in vaccinated individuals is not only inexcusable, it's malpractice," Sen. Ron Johnson (R-Wis.), the top Republican on the Senate Homeland Security and Governmental Affairs Committee's Permanent Subcommittee on Investigations, told The Epoch Times in an email.

U.S. authorities identified myocarditis and a related condition, pericarditis, before the vaccines were cleared as events that could be caused by the vaccines. People who received the Moderna and Pfizer vaccines began reporting myocarditis and pericarditis to health authorities and the vaccine manufacturers shortly after the vaccines were rolled out in December 2020.

A signal in the Vaccine Adverse Event Reporting System (VAERS), which the CDC helps manage, triggered in February 2021, the same month Israel warned the CDC and U.S. drug regulators of a "large number" of cases, primarily among young males.

Dr. Rochelle Walensky, the CDC's director at the time, first addressed the issue publicly in April 2021. She falsely said the agency had seen no reports and that no signal had triggered, while disclosing the CDC was in touch with U.S. military officials on cases among service members.

In reality, hundreds of cases had been reported to the CDC, including some that resulted in death; the CDC either missed or ignored the signal in VAERS; and the CDC helped hide a signal that emerged from a Department of Veterans Affairs system, internal documents and other data reviewed by The Epoch Times show. The CDC did communicate to certain state officials about myocarditis issues starting in April 2021 and told some doctors in a May 14, 2021, email that the agency was monitoring reports of the inflammation following Pfizer and Moderna vaccination.

Shortly after that missive was sent, the CDC began considering next steps, according to the newly obtained documents.

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eg) diabetes, Gout, Low Back Pain, etc.
- WHAT IS THE ‘SECRET INGREDIENT’ of Memory reVITALIZER
- WHAT IS ON YOUR MIND ? (Call-in encouraged)