In this Newsletter I include recent research on the treatment of every type of medical condition imaginable. So, whatever your health concern might be, one of my Newsletters will contain the vital information you have been seeking.

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HEALTH CANADA TO RELABEL TOXIC “ROUNDUP” WEEDKILLER AS CLASS 2A CARCINOGEN

Dr Louis Gordon
(Acupuncture)

ANTRAC
Acupuncture Clinic
216 Ramsay Street
Middle Ridge, QLD, 4350

Ph: (07) 4636 6100
Fax: (07) 4636 6122
Mob: 0419 780 086

louis.gordon@bigpond.com
www.no-more-cravings.com
www.thenaturalmedicalhealthwell.com

Clinic Hours:
Mon 9:30am – 5:50pm
Tue 9:30am – 5:50pm
Thu 9:30am – 5:50pm
The research arm of the World Health Organization (WHO) has declared glyphosate a class 2A carcinogen. Of course, Monsanto is pursuing a retraction of their damning report. Health Canada has announced it will update Roundup’s label to reduce human and environmental exposure. As many as 20,000 farm workers in the US may be seriously injured each year as a result of pesticide exposure.

Right on the heels of the IARC’s reclassification of glyphosate as a Class 2 A carcinogen, another breakthrough study ties Monsanto’s weed killer to the rising scourge of antibiotic resistance. In this first of its kind study, the researchers found that commonly used herbicides promote antibiotic resistance by priming pathogens to more readily become resistant to antibiotics.

According to Joseph E. Pizzorno, founding president of Bastyr University, co-author of the Encyclopedia of Natural Medicine and The Clinician's Handbook of Natural Medicine, and former advisor to President Clinton on complementary and alternative medicines, **toxins in the modern food supply are now “a major contributor to in some cases the cause of, virtually all chronic diseases.”** Dr. David Bellinger, a professor of Neurology at Harvard Medical School has expressed similar concerns. According to his estimates, Americans have lost a total of 16.9 million IQ points due to exposure to organophosphate pesticides.

Pizzorno believes pesticides may also play a significant role in the worldwide obesity epidemic, saying: "Researchers are now finding such a strong connection between the body load of these chemicals [contaminating the food supply] and diabetes and obesity that they are being called 'diabetogens' and 'obesogens'." [http://tiny.cc/51siyx](http://tiny.cc/51siyx)

**WOMEN PUT AN AVERAGE OF 168 CHEMICALS ON THEIR BODIES DAILY**

The average US woman uses 12 personal care products a day, containing 168 different chemicals. While most men use fewer products, they’re still exposed to about 85 such chemicals daily.

Women with higher levels of personal-care chemicals in their bodies experienced menopause two to four years earlier than women with lower levels. Meanwhile, in the report "**Heavy Metal Hazard: The Health Risks of Hidden Heavy Metals in Face Makeup,**" Environmental Defense tested 49 different makeup items, including foundations, concealers, powders, blushes, mascaras, eye liners, eye shadows, lipsticks, and lip glosses. Their testing revealed serious heavy metal contamination in virtually all of the products: 96 percent contained lead; 90 percent contained beryllium; 61 percent contained thallium; 51 percent contained cadmium; 20 percent contained arsenic. [http://tiny.cc/w2siyx](http://tiny.cc/w2siyx)

**“MEDICAL CARE” IS THE THIRD LEADING CAUSE OF DEATH IN USA**

When you add up medical errors, drug interactions, and hospital-acquired infections, **medical care is the third leading cause of death in the US,** right after heart disease and cancer. Preventable medical mistakes account for one-sixth of all American deaths.

According to the latest estimates, 210,000 to 440,000 Americans die from egregious hospital errors each year, with hospitals that cater primarily to Medicare patients tending to rank the worst. Types of errors include the following: **Treating the wrong patient:** Can lead to wrong medications or even wrong surgeries—such as amputation of the wrong limb. **Surgical souvenirs:** Surgical tools or objects left inside the patient’s body are more common than you might think. **Fake doctors:** One estimate from 25 years ago is that there were more than 5,000 fake doctors in the US—and the numbers are much higher today, thanks to phony degree mills. **Hospital-acquired infections:** In 2011, an estimated 722,000 patients contracted an infection during a stay in an acute care hospital in the US, and about 75,000 of them died as a result of it. **Wrong medical tubing:** Many types of medical tubing look alike—yet they can be deadly when the wrong ones are used. **Lost patients:** Those with dementia or mental disorders can wander off and fall victim to many hazards. **Waking up during surgery.** **Waiting too long in the ER:** Excessive waiting for medical care costs many their lives each year. **Air bubbles in the blood:** After removal of a chest tube, if the hole isn’t sealed correctly, air can enter and cut off blood to your lungs, heart, or brain—a life-threatening event. [http://tiny.cc/x4siyx](http://tiny.cc/x4siyx)

**CT SCANS EXPOSE YOU TO MASSIVE RADIATION**

The performance of more diagnostic tests and screening procedures leads to increased false positives, medical errors, and complications. **One type of diagnostic test that’s grossly overused today is the CT scan.** Physicians are ordering CTs for even the mildest of head injuries that could be evaluated effectively with a simple hands-on exam. Of course, no one wants to miss a brain bleed, but the vast majority of scans add no meaningful information to the physical exam. Then why are so many being done? Many physicians are practicing defense medicine. Today’s
legal climate has them so concerned about being sued over missing that “one in a thousand brain bleed” that they’re ordering scans for nearly everyone who bumps their head.

But CT scans introduce their own measure of risk—just one CT exposes you to the radiation equivalent of 200 to 500 chest x-rays. This is very concerning in light of the estimate that tens of thousands of cancer deaths each year result from excessive exposure to ionizing medical radiation. The radiation from just two or three scans triples your child’s risk for developing brain cancer later in life. I’m not saying that CT scans should never be done, but they should be used judiciously, when truly medically indicated. http://tiny.cc/m6siyx

**MAMMOGRAM SCREENINGS ARE RIDDLED WITH FALSE POSITIVES**

A recent study shows - Mammogram Benefits Oversold, Harms Downplayed. Thirty-nine million American women get mammograms each year. Over their lifetimes, one in eight women will receive a breast cancer diagnosis, but FOUR of the eight will have at least one false positive within a decade.

Unfortunately, working up false positives sometimes kills people. Studies show that the incidence of mammography actually saving women’s lives is extremely low—and routine screenings may actually be harmful. When you get a false positive, your physician will feel compelled to steer you toward a series of unnecessary medical interventions that may result in physical and psychological suffering, financial strain, and even cancer. False positives can result in the loss of a breast or even death, in rare cases. A cancer diagnosis may also interfere with your eligibility for medical insurance. http://tiny.cc/x7siyx

**PROSTATE CANCER SCREENINGS ARE ESSENTIALLY MEANINGLESS**

The US spends $10 billion per year treating prostate cancer. Last year, 218,000 men were diagnosed and 32,000 died of the disease. However, the 30 million men who get screened annually for prostate cancer are put at risk due to the ridiculously high numbers of false positives. More than half of older men have pathologic evidence of prostate cancer. Therefore, PSA screening makes little sense, which explains why it’s shown to have barely any impact on mortality rates.

According to Stanford University researchers, the PSA test indicates nothing more than the size of your prostate gland. According to Dr. Gilbert Welch, professor at Dartmouth Medical School: “Prostate cancer screening is the poster child for overdiagnosis.”

A great deal of harm results from unnecessary prostate treatments after false positive PSA tests. Estimates are that 15 prostates must be removed in order to prevent just one prostate cancer death, and these surgical procedures carry serious side effects including impotence and incontinence. There are presently no good comparative studies to indicate which treatments produce the best outcomes, so a physician’s own personal preference and habits are what typically dictate his recommendations, rather than science. http://tiny.cc/r9siyx

**CESAREAN SECTIONS: LOW RISK FOR DOCS, HIGH RISK FOR MUMS**

Cesarean sections have become the most common surgery in the US today, accounting for nearly one-third of all births. In 1965, C-sections represented a mere 4.5 percent of all births. Sadly, Cesareans have become almost “fashionable” to some women, especially those of higher socioeconomic status who are scheduling them for no reason other than convenience—referred to by the media as the “too posh to push” crowd. Surgical births are very physician-friendly, as they are more easily scheduled during normal business hours. They are more predictable and much faster than vaginal deliveries, plus less likely to end in a lawsuit, minimizing the risk—the risk to your doctor, that is.

A study in the *British Medical Journal* found that a woman’s risk of death during delivery is three to five times higher during Cesarean section than vaginal delivery due to complications from blood clots, infection, and anesthesia. There are wide variations in Cesarean rates across the country, but the national rate is about 34 percent. The World Health Organization (WHO) states that no country should have a Cesarean rate greater than 10 to 15 percent. http://tiny.cc/3atiyx

**US REGULATORS MAY SOON TEST FOR HIGHLY TOXIC GLYPHOSATE RESIDUES IN FOOD**

At present, foods are not tested for glyphosate residues, as the chemical was assumed safe. That may soon change however. In response to growing public concern about the toxicity of glyphosate—nearly a billion pounds of which is doused on fields and lawns each year—the US Environmental Protection Agency (EPA) recently announced that US regulators may start testing for glyphosate residues on food in the near future.
Health Canada has also announced it will update Roundup’s label directions to reduce human and environmental exposure. Glyphosate is most heavily applied on genetically engineered (GE) corn, soybeans, and sugar beets, but it’s also commonly used to desiccate conventional (non-GMO but non-organic) wheat and protect other conventional crops from weeds. Ever since the inception of genetically modified organisms (GMO), the use of glyphosate has dramatically risen, as has glyphosate-related diseases.

Unfortunately, while it’s good that US regulators may begin testing for the chemical, it’s important to remember that current allowable limits may be set far too high to protect your health, so unless that’s revised as well, you may be lulled into a false sense of security, but at least it’s a step in the right direction...
The EPA raised the allowable limits for glyphosate in food in 2013. Limits for root and tuber vegetables (with the exception of sugar) were raised from 0.2 parts per million (ppm) to 6.0 ppm.

As reported by Reuters, glyphosate was only tested once, in 2011, at which time 271 out of 300 food samples were found to have residues. But while all of them fell below the EPA’s tolerance level of 20 ppm, with residue levels going as high as 18.5 ppm, researchers have documented malformations in frog and chicken embryos starting as low as 2.03 ppm of glyphosate.

And, as reported by the Institute for Science in Society, the allowable glyphosate limit in oilseed crops (except for canola and soy) was raised to 40 ppm, which is 100,000 times the amount needed to induce cancer in breast cells. http://tiny.cc/metiyx

**GARDASIL’S EFFECTIVENESS SERIOUSLY QUESTIONED**

In 2012, a systematic review of pre- and post-licensure trials of the HPV vaccine by researchers at the University of British Columbia showed that the vaccine’s effectiveness is not only overstated (through the use of selective reporting or “cherry picking” data) but also unproven. In the summary of the clinical trial review, the authors stated quite clearly: "We carried out a systematic review of HPV vaccine pre- and post-licensure trials to assess the evidence of their effectiveness and safety. We found that HPV vaccine clinical trials design, and data interpretation of both efficacy and safety outcomes, were largely inadequate.

Additionally, we note evidence of selective reporting of results from clinical trials (i.e., exclusion of vaccine efficacy figures related to study subgroups in which efficacy might be lower or even negative from peer-reviewed publications). Given this, the widespread optimism regarding HPV vaccines long-term benefits appears to rest on a number of unproven assumptions (or such which are at odds with factual evidence) and significant misinterpretation of available data.

For example, the claim that HPV vaccination will result in approximately 70% reduction of cervical cancers is made despite the fact that the clinical trials data have not demonstrated to date that the vaccines have actually prevented a single case of cervical cancer (let alone cervical cancer death), nor that the current overly optimistic surrogate marker-based extrapolations are justified. Likewise, the notion that HPV vaccines have an impressive safety profile is only supported by highly flawed design of safety trials and is contrary to accumulating evidence from vaccine safety surveillance databases and case reports which continue to link HPV vaccination to serious adverse outcomes (including death and permanent disabilities).

We, thus, conclude that further reduction of cervical cancers might be best achieved by optimizing cervical screening (which carries no such risks) and targeting other factors of the disease rather than by the reliance on vaccines with questionable efficacy and safety profiles.” It is important to note that the new Gardasil 9 supposedly protects against only 9 HPV’s while there are actually over 100 different strains of virus. The manufacturers don’t make that point obvious. http://tiny.cc/igtiyx

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