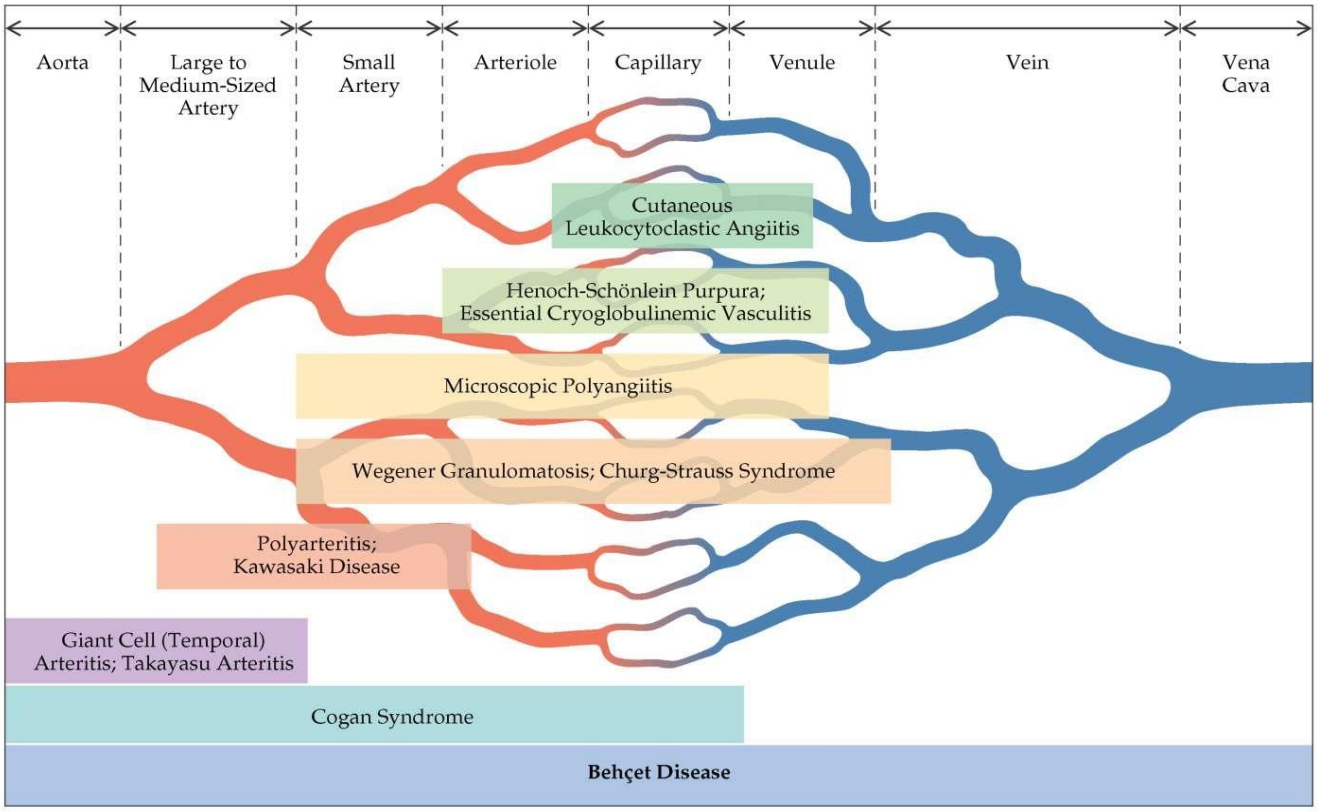
Vasculitis Natural Treatment



Clinical Features of Vasculitis include

Constitutional symptoms
Fever
Weight loss
Fatigue
purura
Livido reticularis
Digital infarction

Musculoskeletal
Arthralgia
Arthritis

Cardiovascular
pulselessness and /or bruits
common in large vessel disease
Claudication
Aneurysms

Pulmonary
Alveolar hemorrhage
Nodules

Gastrointestinal
Bowel ischemia and /or infarction

Renal
Glomerulonephritis
Nephrotic syndrome
Renovascular involvement
Hypertension

Neurologic
Mononeuritis multiplex
Visual disturbance
Stroke

Laboratory abnormalities
Anemia
Eosinophilia
Elevated acute phase reactions
Renal insufficiency
Active urinary sediment

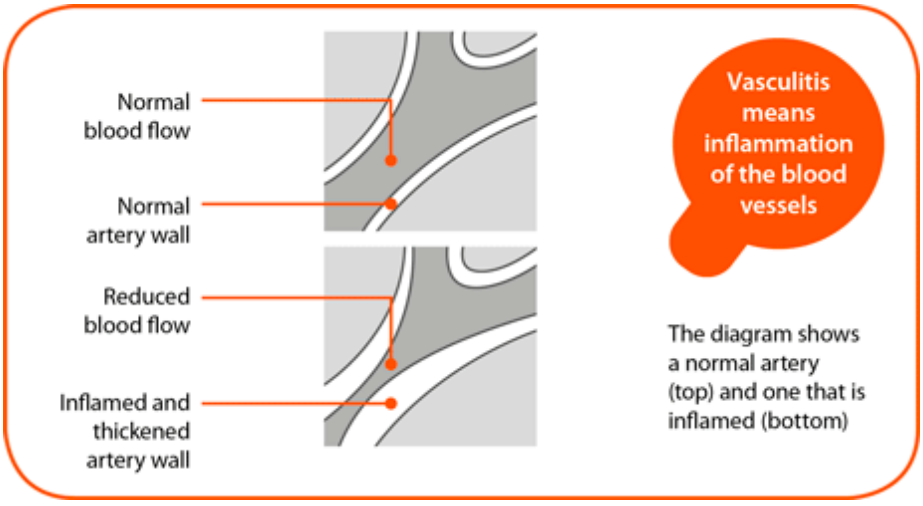
Vasculitis Natural Treatments

What Is Vasculitis?

Vasculitis means inflammation of blood vessels. The inflammation can be short term (acute) or long term (chronic), and it can be so severe that it reduces blood flow to tissues and organs. This can cause significant organ and tissue damage, especially when vasculitis affects blood vessels in the brain, lungs, kidneys or other vital areas.

Although the cause of most forms of vasculitis remains unknown, many forms probably are related to a problem with the immune system. One theory is that, for unknown causes, the immune system attacks the blood vessels, which causes them to become

inflamed. Some researchers think this immune attack might be triggered by an infection, drug or something else in the environment.



There are many different forms of vasculitis, including:

- **Polyarteritis nodosa** – This affects small- to medium-sized blood vessels in many different parts of the body, especially the skin, intestines, kidneys and nerves. It is a progressive illness, meaning it continues to get worse, and it can lead to death. It typically occurs in adults in their late 40s or early 50s, and it affects men two to three times more often than women.
- **Hypersensitivity vasculitis** – This affects the smallest blood vessels (including arterioles, veins and capillaries), especially those in the skin. Hypersensitivity vasculitis can be triggered by an allergy (especially a reaction to a medication) or an infection but often the cause is unknown.
- **Giant cell arteritis** (also called temporal arteritis) – This affects medium to large arteries, including those around the scalp, face, eye and the aorta as it travels from the heart and separates into branches leading to the neck and head. It usually affects people over the age of 55. It is rare among African-Americans, but it is relatively common among whites of Scandinavian ancestry. Studies suggest that at least part of the tendency to develop this illness is genetic (inherited).
- **Wegener's Ggranulomatosis with polyangiitis (Wegener's)**– This affects small- and medium-sized blood vessels in the kidneys and in the upper and lower respiratory tract (for example, sinuses and lungs). It can occur in any age group and affects both sexes equally. The average age at the time the disease starts is 40, with only 15 percent of cases occurring in children and adolescents. It is rare among African-Americans.
- **Takayasu's arteritis** (also called aortic arch syndrome or pulseless disease) – This vasculitis affects medium- and large-sized arteries, especially the aortic arch and its branches near the heart. It most commonly affects teenage girls and young women, and it is most common in Asia.

- **Kawasaki disease** – This vasculitis affects the lymph nodes, skin, mucous membranes, and heart, including the coronary arteries (arteries that supply blood to the heart). It is seen most commonly in children.

Symptoms

Symptoms vary depending on the specific type of vasculitis:

- **Polyarteritis nodosa** – Fever, weight loss, weakness, fatigue, malaise, headache, abdominal pain, muscle aches, hypertension (high blood pressure), shortness of breath and rash
- **Hypersensitivity vasculitis** – Raised, purple spots on the skin, fever, joint pain
- **Giant cell arteritis** – Fever, jaw pain after chewing, vision loss, headache, malaise, fatigue, poor appetite, joint pain
- **Granulomatosis with polyangiitis (Wegener's) Wegener's granulomatosis**– Malaise, weakness, joint pain, poor appetite, weight loss, sinus pain, sinus drainage, bloody nose, a cough that may produce blood, shortness of breath, chest discomfort, red eyes, skin rash or ulcers, symptoms of kidney failure
- **Takayasu's arteritis** – Malaise, fever, night sweats, joint pain, poor appetite, weight loss, pain in one or both arms, fainting, symptoms of congestive heart failure
- **Kawasaki disease** – Swollen lymph nodes (swollen glands) in the neck; swelling in the skin; redness of the mouth, lips and palms; peeling skin at the fingertips; chest pain

Causes of Vasculitis

There are certain types of vasculitis that can be due to infection where the bacteria/virus/fungas directly invades the vessel wall. Other types of vasculitis may be due to an 'allergic'-type reaction to medications or toxins.

However, the causes of most vasculitides discussed on this website are currently unknown – and **not**caused directly by an infection or toxin.

It is clear, however, that in the systemic vasculitides, the immune system plays a critical role in the tissue damage seen in vasculitis. The immune system, normally a protective organ of the body, becomes "hyperactive" in vasculitis because of some unknown stimulus, leading to inflammation within the body's tissues. Inflammation in blood vessel walls leads to narrowing of the vessels. The resulting inadequate blood supply to a particular tissue or organ results in damage.

Vasculitis Natural Treatments

Allergic reaction to a medication may trigger vasculitis.

Vasculitis can sometimes develop after an infection has come and gone. Usually in these cases, the infection triggers an abnormal response in the person's immune system, damaging the blood vessels. Vasculitis also may be related to other diseases of the immune system that the person has had for months or years. For example, it could be a complication of rheumatoid arthritis, lupus, or Sjögren's syndrome.

Research suggests that people probably develop vasculitis because of the complex interaction of their genetic inheritance, which may increase the risk of developing vasculitis, and exposure to chemicals in the environment or possibly some types of infection (including hepatitis B virus) which may trigger the vasculitis in someone who is susceptible. This does not mean that vasculitis can be inherited or passed on to children.

Vasculitis Natural Treatments

Table 1. Types of Drug-Induced Skin Disorders

Type	Common Causative Agents
Acute	
Erythematous eruptions	Penicillins, cephalosporins, sulfonamides, anticonvulsants, allopurinol
Urticaria, angioedema, and anaphylaxis	NSAIDs, antimicrobials, anticancer drugs, ACE inhibitors, corticosteroids
Fixed-drug eruptions	Tetracyclines, barbiturates, sulfonamides, codeine, carbamazepine, acetaminophen, NSAIDs
Drug hypersensitivity syndrome	Allopurinol, sulfonamides, anticonvulsants (barbiturates, phenytoin, carbamazepine, lamotrigine), dapsone, minocycline, gold salts
SJS and TEN	Antibacterial sulfonamides, anticonvulsants, oxicam NSAIDs, allopurinol, nevirapine
Warfarin-induced skin necrosis	Warfarin
Drug-induced vasculitis	Allopurinol, NSAIDs, cimetidine, penicillin, cephalosporins, fluoroquinolones, sulfonamides, hydantoin, propylthiouracil, minocycline, isotretinoin, methotrexate, colony-stimulating factors (drugs from almost every class have been implicated)
Serum sickness–like reaction	Cefaclor, minocycline, penicillins, propranolol
AGEP	Aminopenicillins, macrolides, quinolones, diltiazem, antimalarials
Photosensitivity	*Phototoxicity:* quinolones, amiodarone, psoralens, methotrexate, voriconazole, furosemide, tetracyclines, sulfonamides, coal tar, NSAIDs, antineoplastic agents *Photoallergy:* sulfonamides, sulfonylureas, thiazides, NSAIDs, chloroquine, carbamazepine, fluoroquinolones, phenothiazine, fibrates, statins, ACE inhibitors, calcium channel blockers, anticancer agents, topical treatments (antiseptics, sunscreen, cosmetics)
Chronic	
Drug-induced lupus	Procainamide and hydralazine (high risk); quinidine (moderate risk); isoniazid, methyldopa, minocycline, and chlorpromazine (low risk); TNF inhibitors (risk yet to be categorized)
Drug-induced acne	Corticosteroids, androgenic hormones, some anticonvulsants, isoniazid, lithium, oral contraceptives, azathioprine, EGFR inhibitors, inhaled corticosteroids
Pigmentary changes	*Hyperpigmentation:* minocycline, antimalarials, amiodarone, oral contraceptives, imipramine, anticancer drugs, NSAIDs *Hypopigmentation:* topical tretinoin, corticosteroids *Depigmentation:* monobenzyl ether of hydroquinone; contact with catechols, phenols, quinones

ACE: angiotensin-converting enzyme; AGEP: acute generalized exanthematous pustulosis; EGFR: epidermal growth factor receptor; NSAIDs: nonsteroidal anti-inflammatory drugs; SJS: Stevens-Johnson syndrome; TEN: toxic epidermal necrolysis; TNF: tumor necrosis factor.
Source: References 1, 3-7, 9-14, 17-19, 21, 23.

Table 2. Treatment for Drug-Induced Skin Disorders

- Discontinue causative agent
- Provide supportive care and symptomatic relief, including use of topical corticosteroids, systemic antihistamines, systemic corticosteroids, and sunscreen
- For anaphylaxis or angioedema, epinephrine, corticosteroids, antihistamines, or nebulized beta$_2$-agonists may be required
- For other more severe reactions, provide supportive care and monitor vital signs and stability of patient
- Educate patient on avoiding similar eruptions in the future (i.e., eruptions caused by drug hypersensitivity)
- If appropriate, counsel patient on sun avoidance and use of sunscreen

Source: Reference 4.

DRUG-INDUCED *

- Sulfonamides
- Propythiouracil
- Penicillin
- NSAIDS
- Anticonvulsants

* Rahi AH, Tabbara KF. Retinal vasculitis: Pathogenesis and laboratory investigations. Int Ophthalmol Clin 1995;35:93-105

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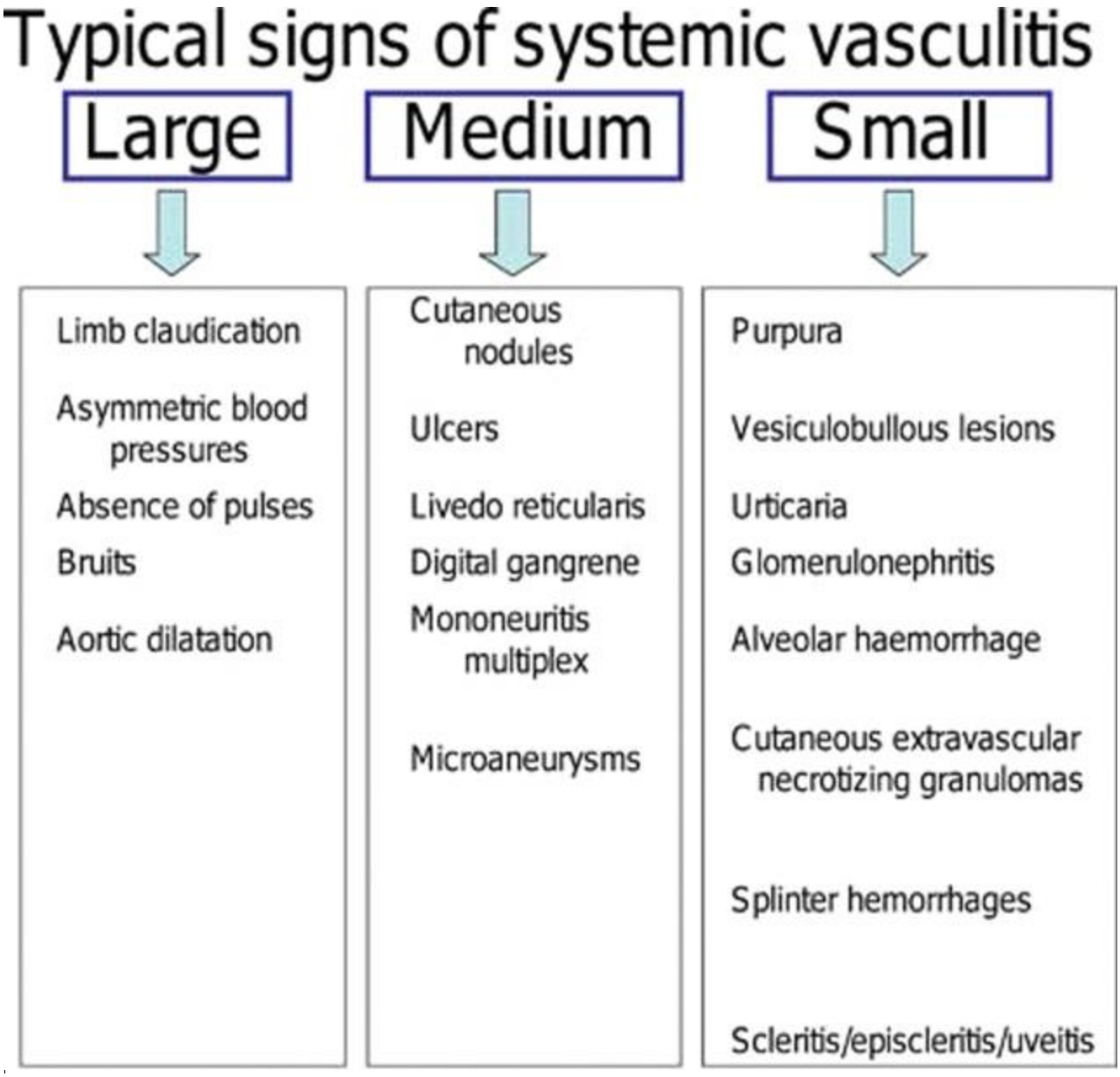
Uncommon Causes

- Vascular causes and vasculitis (ischemic–hypoperfusion states after cardiac surgery)
- Connective tissue disorders and thrombotic thrombocytopenic purpura (TTP)
- Cancer of the pancreas
- Hypercalcemia
- Periampullary diverticulum
- Pancreas divisum
- Hereditary pancreatitis
- Cystic fibrosis
- Renal failure


Typical signs of systemic vasculitis
Large
Medium
Small
Limb claudication
Asymmetric blood pressures
Absence of pulses
Bruits
Aortic dilatation
Cutaneous nodules
Ulcers
Livedo reticularis
Digital gangrene
Mononeuritis multiplex
Microaneurysms
Purpura
Vesiculobullous lesions
Urticaria
Glomerulonephritis
Alveolar haemorrhage
Cutaneous extravascular necrotizing granulomas
Splinter hemorrhages
Scleritis/episcleritis/uveitis

Diagnosis

Your doctor will ask about your symptoms and will examine you. This may be followed by:

- Standard blood tests, such as a complete blood count (CBC) and sedimentation rate or c-reactiveC-reactive protein (CRP), tests that indicate body-wide inflammation

Vasculitis Natural Treatments

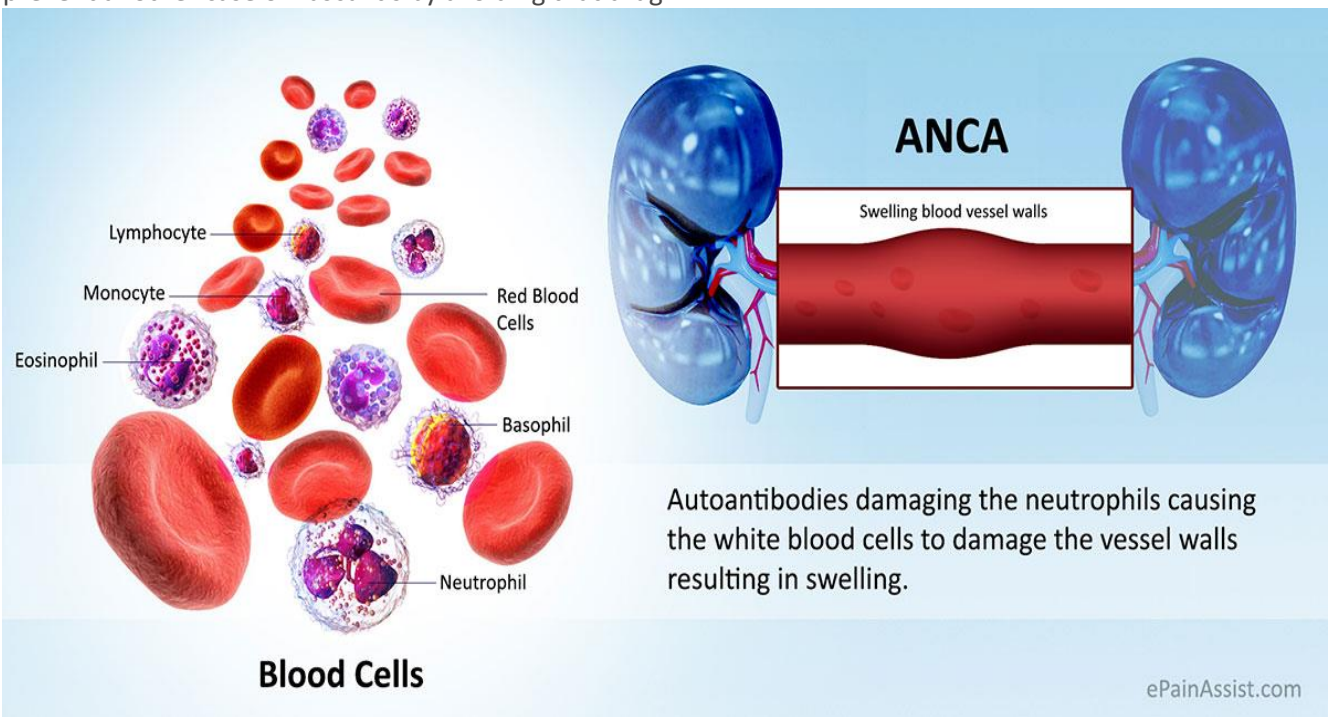
- Blood tests to evaluate immune-system activity - Tests for antibodies, including those typically found in lupus and infections, and one specifically associated with many types of vasculitis, called anti-neutrophilic cytoplasmic antibody (ANCA)
- Blood tests to check for organ damage, including tests to assess liver and kidney function
- A urinalysis to evaluate possible kidney problems
- A tissue biopsy, in which a small sample of an organ (such as skin, muscle, nerve or kidney) is removed and examined in a laboratory - This is the most accurate way to diagnose vasculitis.
- A test called an arteriogram or angiogram - This can be performed as part of an MRI or CT scan, or as is an X-ray test in which dye is injected into specific blood vessels to outline their path and check for areas of vessel damage or narrowing. This test generally is done only when a biopsy cannot be done or does not provide a diagnosis.

Expected Duration

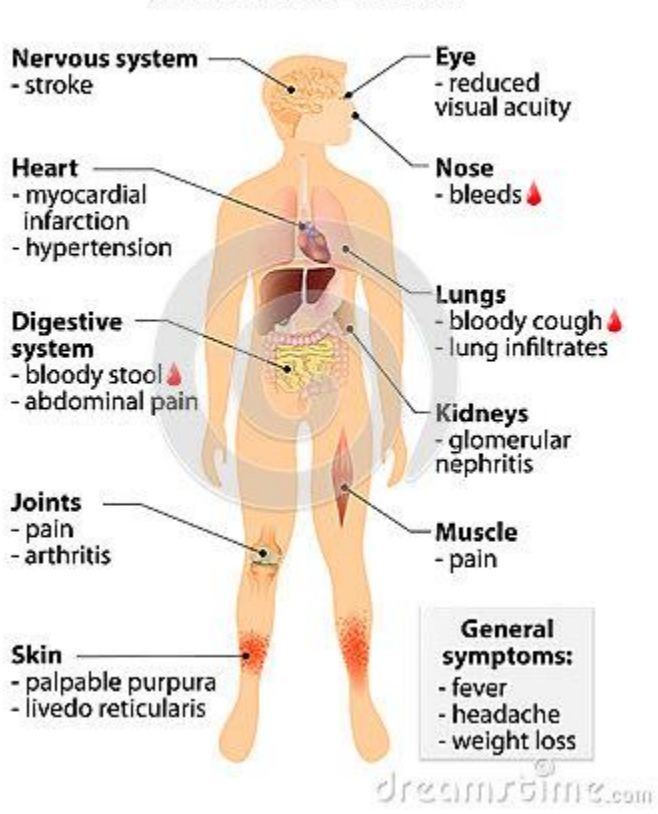
How long vasculitis lasts depends on its cause. For example, most cases of hypersensitivity vasculitis or Kawasaki disease go away on their own over a period of days or weeks. **Granulomatosis with polyangiitis (Wegener's)** Wegener's granulomatosis may respond to treatment at first, but many patients relapse and require treatment again. Giant cell arteritis typically requires therapy for a year or more.

Prevention

There is no way to prevent most forms of vasculitis. If a medication caused vasculitis, you may be able to prevent another case of vasculitis by avoiding that drug.



Vasculitis Natural Treatments



1. Eat Natural Foods with little preservatives
2. Eat more fruits, seed products, leafy greens, salads
3. Let Fruit be your Sweetener,
4. Drink ONLY 100% Fruit juice diluted with water
5. Boil foods in WATER, NOT OIL
6. Use fresh, cold processed UNHEATED olive oil, sunflower oil, safflower oil etc.
7. Less Cooking, Use stir fry well washed veggies
8. Foods made with Love and Nature is Blessed Nutrition, Foods made and eaten with Hate and Anger are poisons.
9. Celebrate each meal with friends, family or at least your joyous self. Celebrate
10. Listen to your inner self what to eat, and when to stop, do not eat with your eyes

Treatment

The treatment of vasculitis depends on its cause:

- **Polyarteritis nodosa** – This form of vasculitis usually is treated with toxic **prednisone** (sold under several brand names) and, in most cases, **cyclophosphamide** (**Cytoxan**, **Neosar**).
- **Hypersensitivity vasculitis** – This form goes away on its own without treatment. For severe cases, prednisone may be given.

- **Giant cell arteritis** – Treatment begins with high doses of prednisone, which gradually are reduced over many months. If symptoms return, a lower dose may be necessary for a year or more. Additional medications, such as **methotrexate**, may be recommended although their overall benefit is not clear.
- **Granulomatosis with polyangiitis (Wegener's) Wegener's granulomatosis** – Treatment Standard treatment begins withincludes prednisone and along with **cyclophosphamide** or **rituximab**, but then prednisone gradually is reduced and the patient continues to take only cyclophosphamide, often for a year or more. Methotrexate (**Rheumatrex**, and others) or other immune-suppressing medications may be used in people who cannot tolerate cyclophosphamide.
- **Takayasu's arteritis** – Prednisone is used to treat symptoms. Narrowed arteries may need to be corrected with surgery or angioplasty (inserting a balloon-tipped catheter to widen the vessels).
- **Kawasaki disease** – Treatment includes **aspirin** and a drug called gamma globulin given in high doses intravenously (into a vein) to reduce the risk of coronary artery damage.

There are a number of other types of vasculitis. Depending on the severity and type of vasculitis, other immune-suppressing medications may be recommended, including **azathioprine** (**Imuran**) or methotrexate. In some cases of vasculitis, a procedure called plasma exchange may be recommended. With plasma exchange, blood is taken out of the patient, the liquid portion of the blood (called plasma) is removed and theblood cells along with plasma from a blood donor are then transfused back into the person.

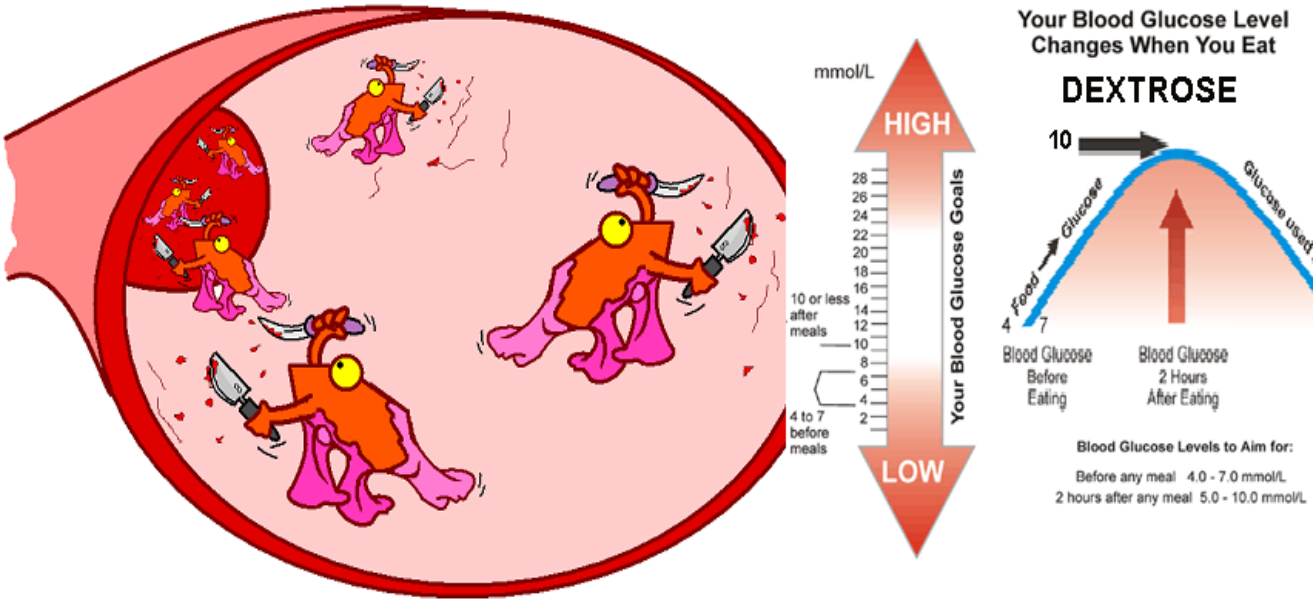
When To Call a Professional

Call your doctor if you experience unexplained fever, weight loss, fatigue or malaise (a general sick feeling), with or without areas of rash, muscle weakness, breathing problems, chest pain or other symptoms described above.

Prognosis

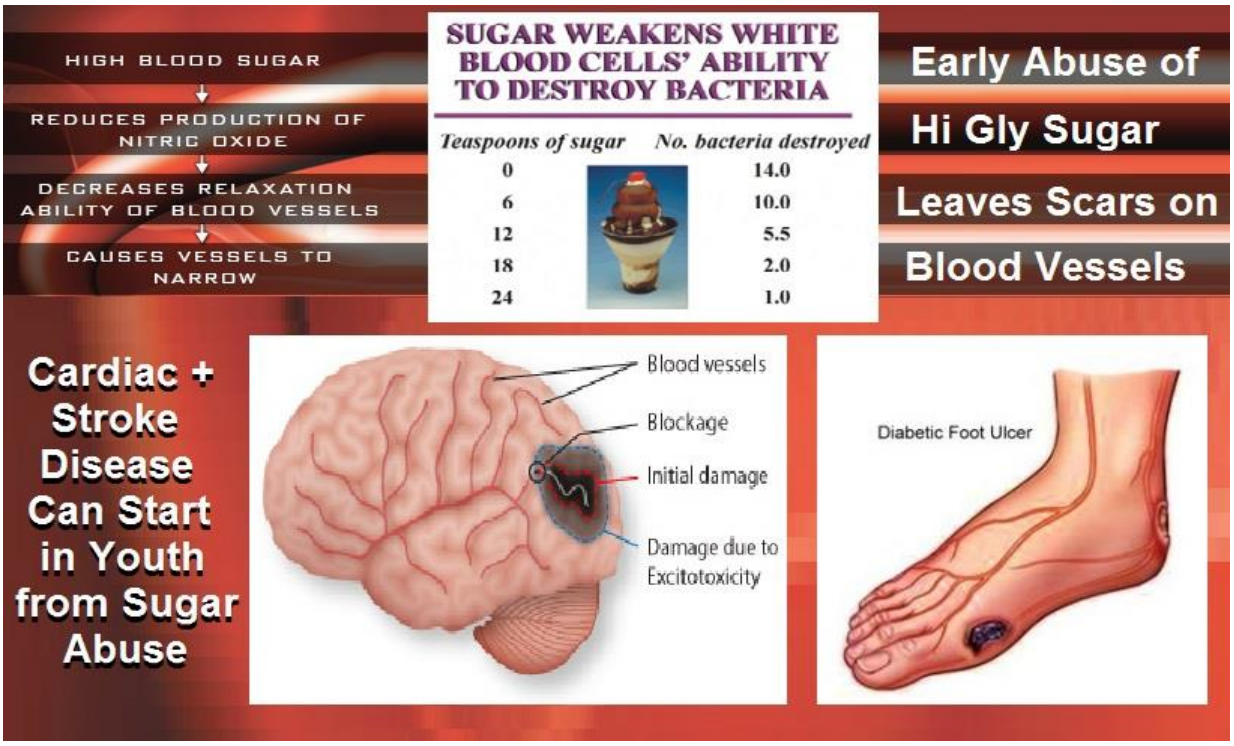
The outlook depends on the specific type of vasculitis:

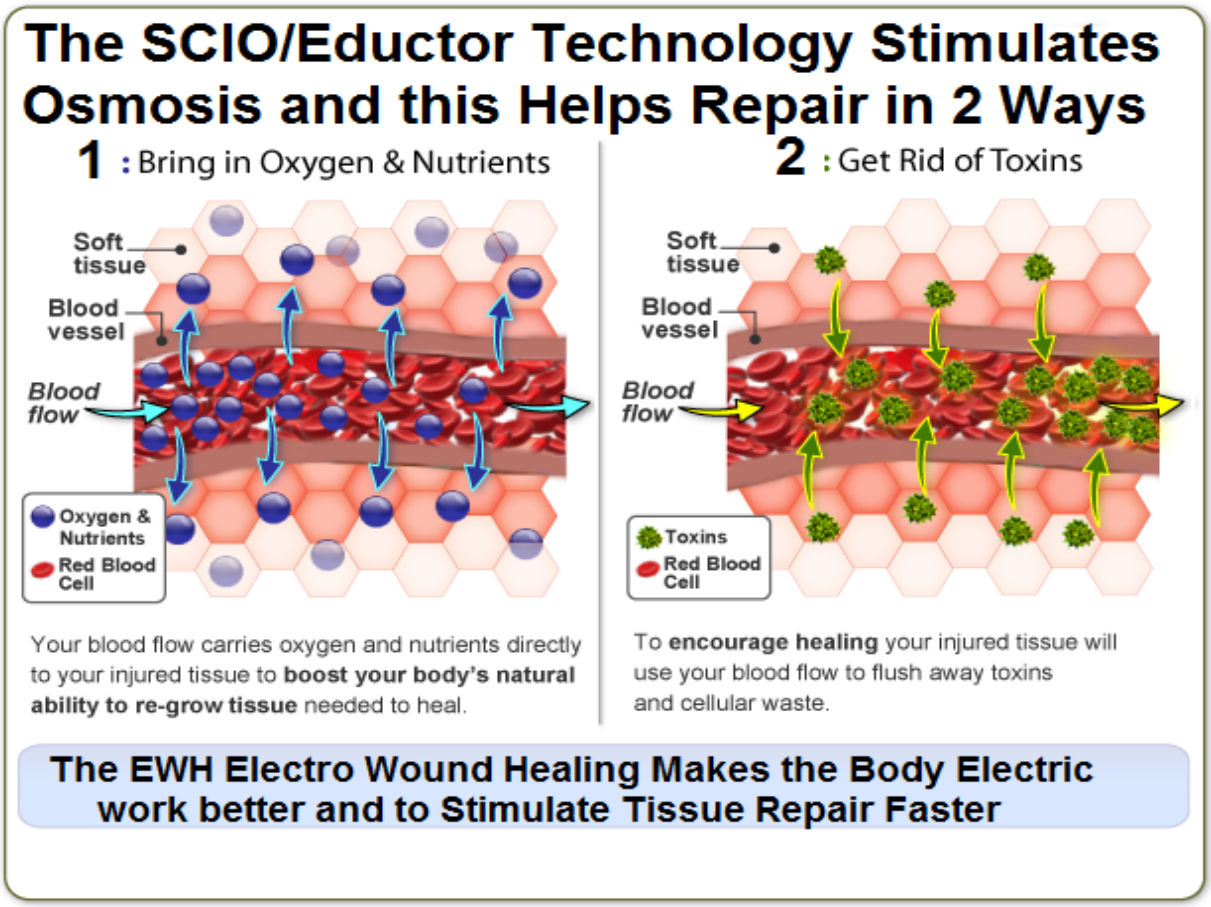
- **Polyarteritis nodosa** – The disease is treated successfully in up to 90 percent of patients.
- **Hypersensitivity vasculitis** – Most cases go away on their own, even without treatment. Rarely, the disease returns.
- **Giant cell arteritis** – The disease goes away in most people, but many require one or more years of prednisone therapytreatment.
- **Granulomatosis with polyangiitis (Wegener's) Wegener's granulomatosis**– At one time, this illness was almost always fatal. Now, with proper treatment, 90 percent of people have significant relief of symptoms and the disease goes away completely in about 75 percent of patients.
- **Takayasu's arteritis** – For mild cases, the long-term prognosis is good. Overall, the 5-year survival is about 80 to 90 percent.
- **Kawasaki disease** – The outlook is excellent. Less than 3 percent of people with this disease develop fatal complications.



Hyper Glycemic Sugar Weakens the Immune System, Attacks the Nerves and Destroys the insides of the Arteries, Veins, and Capilaries

Vasculitis Natural Treatments






Top Ten
Natural
Blood
Thinners
The Spice Edition
Peppermint
Turmeric
Oregano
Dill
Cinnamon
Ginger
Cayenne
Curry
Paprika
Thyme


Certified
Herbal University
IMUNE
Recognized
Textbooks
IMUNE
International Medical University for Natural Education
Evidence Based Natural Energetic Medicine Education

Title: CIRCULATION DISORDERS Rx with SCIO

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Large Scale Study of the Safety and Efficacy
of the SCIO Device
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This study was performed in the field by practicing Biofeedback technicians. Data was collected and the study supervised by the Ethics International Institutional Review Board of Romania. The Data analysis and study presentation is done By the The Centro Ricerche, University of Venice + Padova, Italy

Vasculitis Natural Treatments

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Many of them reported this disease. And the results of their therapy is reported in this study.

Introduction:

Over View:

This Large scale research was designed to produce a extensive study of people with a wide variety of diseases to see who gets or feels better while using the SCIO for stress reduction and patient monitoring. The SCIO is a evoked potential Universal ElectroPhysiological Medical apparatus that gauges how a individual reacts to miscellaneous homeopathic substances. The device is registered in Europe, America, Canada, S Africa, Australia, S. America, Mexico and elsewhere. The traditional software is fully registered. Some additional functions where determined by the manufacturer to be worthy of evaluation. Thus a study was necessary to determine safety and efficacy. (As a result of these studies these additional functions are now registered within the EC)

An European ethics committee was officially registered and governmental permission attained to do the insignificant risk study. Qualified registered and or licensed Biofeedback therapists where enlisted to perform the study. Therapists were enrolled from all over the world including N. America, Europe, Africa, Australia, Asia, and S. America. They were trained in the aspects of the study and how to attain informed consent and transmit the results to the ethics committee or IRB (Institutional Review Board).

2,569 therapists enlisted in the study. There were 98,760 patients. 69% had more than one visit. 43% had over two visits. There were over 275,000 patient visits recorded. The therapists were trained and supervised by medical staff. They were to perform the SCIO therapy and analysis. They were to report any medical suspected or confirmed diagnosis. Therapists personnel are not to diagnose outside of the realm of their scope of practice. Then the therapist is to inquire on any reported changes during the meeting and on follow-ups any measured variations. It must be pointed out that the Therapists were free to do any additional therapies they wish such as homeopathy, nutrition, exercise, etc. Therapists were told to not recommend synthetic drugs. Thus the evaluation was not reduced to just the device but to the total effect of seeing a SCIO therapist.

Part 1. The emphasis was on substantiating safety followed by efficacy of the SCIO.
Part 2. Proving the efficacy of the SCIO on diseases (emphasis on degenerative disease)

Part 3. Proving the efficacy of the SCIO on the avant garde therapies of Complementary Med
Part 4. QQC standardization

Methods and Materials:

SCIO Device:

The SCIO is an evoked potential Universal Electro-Physiological Medical device that measures how a person reacts to items. It is designed to measure reactions for allergy, homeopathy, nutrition, sarcodes, nosodes, vitamins, minerals, enzymes and many more items. Biofeedback is used for pre-diagnostic work and or therapy.

The QXCI software will allow the unconscious of the patient to guide to repair electrical and vibrational aberrations in your body. For complete functional details and pictures, see appendix.

Subspace Software :

The QXCI software is designed for electro-physiological connection to the patient to allow reactivity testing and rectification of subtle abnormalities of the body electric. If a patient is not available a subspace or distance healing link has been designed for subspace therapeutics. Many reports of the success of the subspace have been reported and thus the effectiveness and the safety of the subspace link is part of this test. Many companies have tried to copy the subspace of Prof. Nelson and their counterfeit attempts have ended in failure.

SOC Index :

The SCIO interview opens with a behavioral medicine interview. This is called the SOC Index. Named after the work of Samuel Hahneman the father of homeopathy, he said that the body heals itself with it's innate knowledge. But the patient can suppress or obstruct the healing process with some behavior. Hahneman said that the worst way to interfere with the healing natural process was allopathy or synthetic drugs. Theses upset the natural healing process by unnatural intervention and regulation disturbance. Other ways to Suppress or Obstruct the Cure are smoking, mercury amalgams, stress, lack of water, exercise and many others. This behavioral survey then gives an index of SOC.

The scores relate to the risk of Suppression and Obstruction to the natural Cure. The higher the scores the more the Suppression and or Obstruction. The scores of 100 or lower are ideal. A copy of the SOC index questions appear in the appendix.

Study Technicians :

The study technicians were educated and supervised by medical officers. The study technicians were to execute the SCIO therapy and analysis. All were trained to the standards of the International Medical University of Natural Education. Therapists from all over the world including N. America, Europe, Africa, Australia, Asia, S. America and elsewhere were enlisted to perform the study according to the Helsinki study ethics regulations.

They were to chronicle any medical suspected or confirmed diagnosis.

Therapists personnel are not to diagnose outside of the realm of their scope of practice. Then the study technician is to inquire on any disclosed observations during the test and on follow-ups report any measured changes.

To test the device as subspace against the placebo effect, two of the 2,500+ therapists were given placebo SCIO devices that were totally outwardly the same but were not functional. These two blind therapists were then assigned 35 patients each (only 63 showed). This was to assess the double blind factor of the placebo effect as compared to the device. Thus the studied groups were A. placebo group, B. subspace group, and C. attached harness group.

Cross placebo group manipulation was used to further evaluate the effect.

Important Questions : these are the key questions of the study

1. Define Diseases or Patient Concerns
2. Percentage of Improvement in Symptoms
3. Percentage of Improvement in Feeling Better
4. Percentage of Improvement Measured
5. Percentage of Improvement in Stress Reduction
6. Percentage of Improvement in SOC Behavior
7. What Measured+How (relevant measures to the patient's health situation)
*8. If Patient worsened please describe in detail involving SOC_*

After the patient visit is was complete the data was e-mailed to the Ethics Committee or IRB for storage and then analysis. This maneuver minimized the risk of data loss or tampering. Case studies were reported separately in the disease analysis.

Results:

Before we review the direct disease improvement profiles, we need to review the overall results. The first most basic of question in the results is the basic feedback of the generic patient conditions.

1. Percentage of Improvement in Symptoms
2. Percentage of Improvement in Feeling Better
3. Percentage of Improvement Measured
4. Percentage of Improvement in Stress Reduction
5. Percentage of Improvement in SOC Behavior

The SOC index gives us great insight to this study. Each disease has a different cut off where the ability of the SCIO to help was compromised. As a general index scores of 200 + where much less successful.

CIRCULATION DISORDERS

This groups significant SOC cut off was 100.

The Large scale study had over 98,000 patients and 275,000 patient visits we have direct evidence of the safety and efficacy. A placebo group was used for the large scale

test to help validate the results.

This disease group total number of patients was 8,574

Subspace Treatment 1,241 patients, **7,333 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 3,537 patient visits

There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
13 cases reporting no improvement of Symptoms, .001 % of Subgroup
13 cases reporting no improvement in feeling better, .001% of Subgroup
21 cases reporting no improvement in stress reduction .001% of Subgroup
22%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
33%---.Percentage of Improvement Measured
30%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,890 patient visits

There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
6 cases reporting no improvement of Symptoms, .001 % of Subgroup
12 cases reporting no improvement in feeling better, .001 % of Subgroup
10 cases reporting no improvement in stress reduction .001% of Subgroup
47%--- Percentage of Improvement in Symptoms
56%--- Percentage of Improvement in Feeling Better
66%---.Percentage of Improvement Measured
64%-- Percentage of Improvement in Stress Reduction
42%----Percentage of Improvement in SOC Behavior

CASE STUDY REPORT CONDENSATION:

“I had a patient with a heart valve transplant who got progressively worse after the surgery. The dramatic change occurred when I did the disspell 2nd brain wave from the NLP panel. She started clutching the area near the incision, (said that was where the pain started after the surgery), broke out into a cold sweat and then within minutes said she felt like her "old" self (before the operation). I had seen the client before the surgery, at which time she was 5'9" and weighed 130#. Now, 1 1/2 years after the surgery, she

had gained 60 pounds, was attracted to different and unhealthy foods (just like Paul Pearsol described in the Heart's Code), her skin color had changed (not in a good way), etc. And within minutes after the "dramatic" moment, her old skin tone returned. She emailed a few days later that she was feeling great.

City unknown, U.S.A."

„Client: 43 year suffering from congestive heart failure due to natural steroid use as a body builder. While under doctors care for his condition, he visited me for stress-reduction. Using the EPFX programs I worked with the stressed areas that he and his doctor had discussed and used biofeedback to balance any associated emotional stress that was present. Within a few minutes he stopped me, and with tears in his eyes.said: " I don't know what you just did, but I have had chest pain since last night and it is now gone".

He works as a Physical Therapist and because of his condition, it was often necessary for him to sit down on the floor for at least a half an hour when his blood pressure dropped and wait till his strength returned. I happened to be at his office during one of these episodes and hooked him up to the EPFX. Within five minutes he was back up and feeling fine. These are just two examples of the positive healing results that can be experienced using Quantum Biofeedback for stress reduction."

SUGGESTED THERAPIES

CIRCULATION DISORDERS

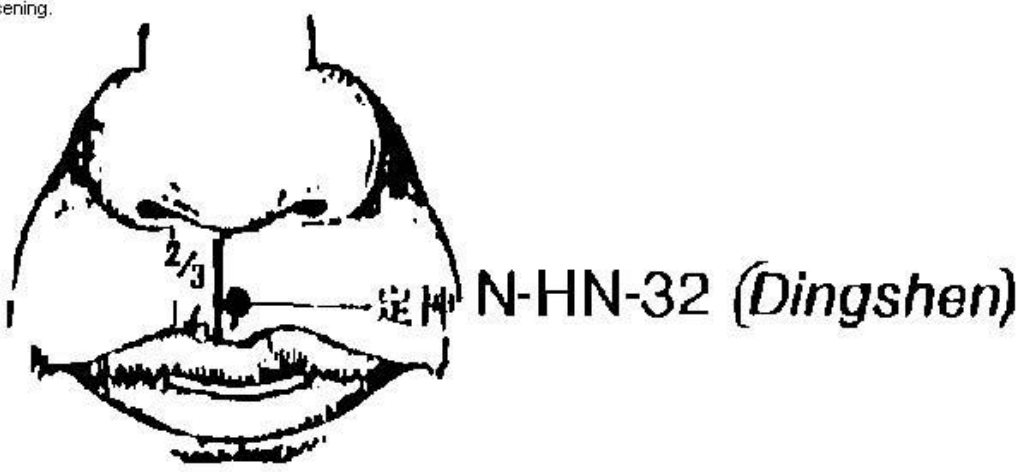
1. The body must circulate blood from the arterioles which are rich in oxygen and nutrients to all the parts of the body. The blood then passes through capillaries and recovers toxins and carbon dioxide in the venous function, and brings these back to the pulmonary parts of the heart and lungs to be restored with nutrients and oxygen. In the lung, carbon dioxide is released which can then be expelled.
2. This entire process happens in a cycle of the blood going through the body several times a minute. This overall flow is known as the circulation.
3. Disorders of circulation result in cold extremities, lack of hair growth on the feet and knuckles, poor quality skin and hair, and even a lack of the moon growth on the fingernails of the fingers toward the small fingers. The numbers on form death in the world today is due to some type of circulation disorder. This can result in cardiovascular disease or a host of other types of circulatory disturbances. Problems of circulation to the brain or blockage can result in a stoke or infarction which is also a major killer.
4. The overall flow of blood is usually blocked by stenosis, calcium, build up of plaque or cholesterol, uric acid and oxalic acid, pathogenic compounds, muscular skeletal stress, muscle spasms around muscles of the circulatory arteries and

veins, accumulation of thrombosis and platletts, and congealed blood in the circulatory system.

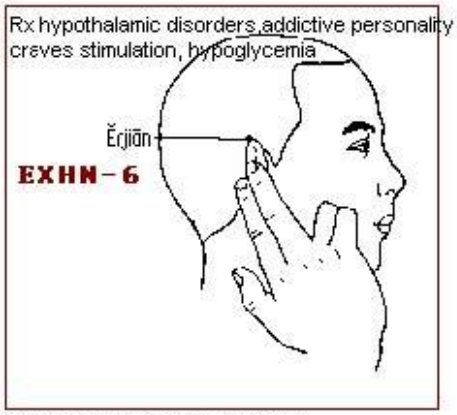
5. *CIRCULATION is a blend of vitamins, minerals, sarcodes, and venoms designed to help break-up circulatory blockages very slowly. *CONVALERIA is another product which helps to restore circulation in the brain (ref. Cerebral Ischemia Study).
6. *CIRCULATION should be taken as follows: 10 drops/2 times per day, for a period of 4 to 6 months to help break-up the circulatory blockage. If the circulatory blockage is broken-up too quickly, this can result in a more severe disturbance. Thus, *CIRCULATION works on a slow bases to help the circulation to recover slowly (ref. Microvascularity Study)
7. When using *CIRCULATION we must realize that often times we are going to restore circulation to parts of the bodywhich have not had proper circulation for some time. The body sometimes sequesters toxins or reduces blood flow to an area for its own particular reason. Often times when blood is restored to an area that has not had proper blood flow for some time, this may produce pain or discomfort. Much like blood returns to your arm after having slept on it. At first their is numbness, then after the blood returns it develops some pain. This is usually short-lived, but should be brought to attention.
8. Light exercise is encouraged at first and later building into moderate exercise. Good nutrition along with stress reduction and management is also recommended.

BLOCKAGE FROM CALCIUM BUILD-UP , THROMBOSIS(excess blood clotting after a trauma), PLAQUE , CHOLESTEROL, OR FROM OTHER ARTERIAL BUILD-UP.

This emergency point rests on the upper jaw not the lip. Pressure here can help to revive a person who has fainted. If the person does not respond suspect poisening.



Vasculitis Natural Treatments



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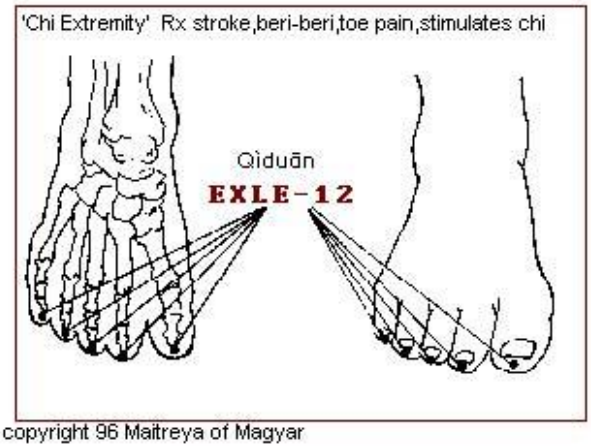

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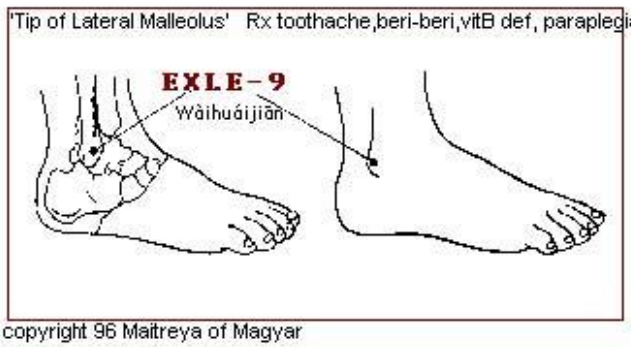

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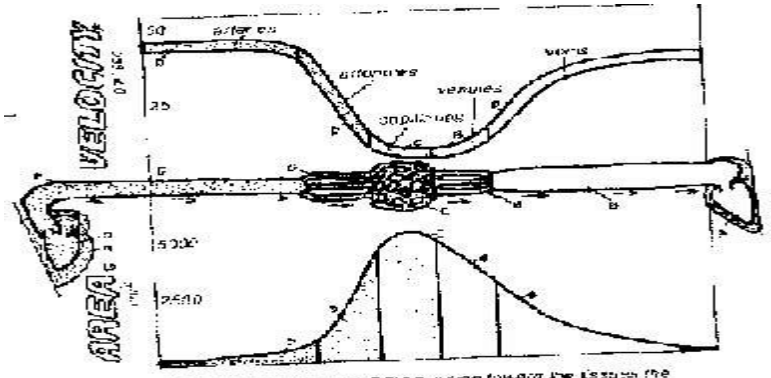

SCIO TREATMENT SUGGESTED

Color - set patient's favorite if desired, or choose color by chackra that is deficient.
Cosmic: set 1 for physical body, 2 for astral, 3 for etheric, 4 for mental, 5 for cosmic, 6 for other.
Magnetic Method - 1+10 is universal, 7 for detox, 8 for regrowth of new tissue, 3 for injury, 2 for metabolic correction, 5 for inflamation, 6 for infection, 9 for psych stress, 2 for energy stimulation.
Frequency - 1k, 555hz , 333hz, 1111hz, 5000--15000hz
Auto Frequency for 30 min once a month in early stages once a week in later stage.
Auto Trivector for 30 min once a month in early stages once a week in later stage.

Discussion:

The results show significant improvement in symptoms and feeling better. The Collective results show a dramatic benefit to the SCIO therapist visit.

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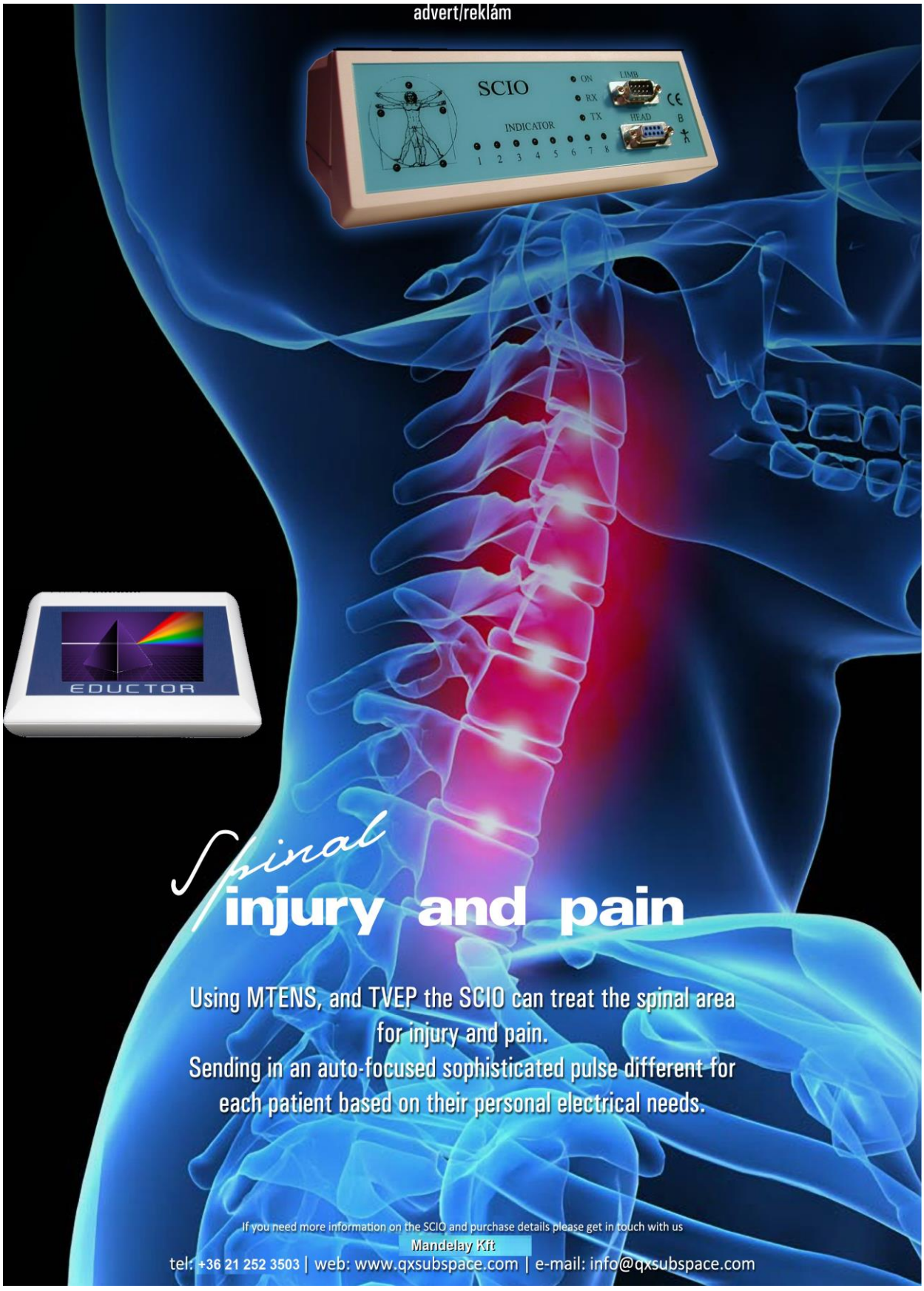

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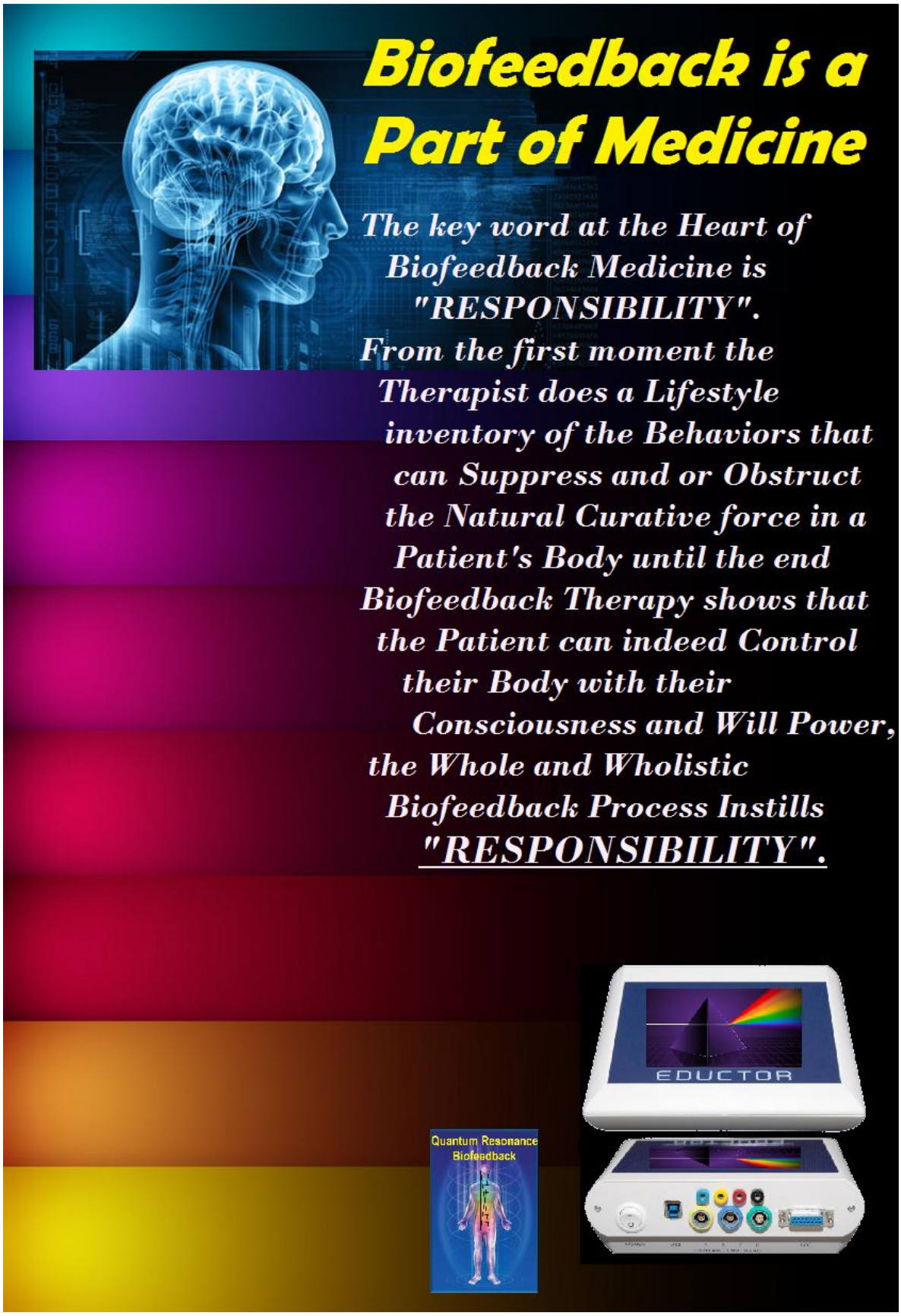

Vasculitis Natural Treatments

10 Natural Treatments For Vasculitis

The problem of vasculitis is also referred to as ''Angiitis'' and "Palpable Purpura". It is characterized by an inflammation of the blood vessels. Autoimmune disorders may result in vasculitis. This problem can affect both **arteries** and veins. A person suffering from this problem may exhibit symptoms such as red bumps on the skin, **headache,** abdominal and **joint pain**, nausea, vomiting, asthma, fever, **weight loss**, rapid heart rate and fatigue. Different natural treatments can provide relief from this problem. A person should discuss his/her health condition with a doctor before using any natural treatment.

Natural Treatments for Vasculitis

Ginkgo Biloba

Intake of ginkgo biloba leaf extract can improve the blood circulation. It can help in reducing the swelling and pain associated with the problem.

This natural treatment can also protect the cells from the effects of reduced blood oxygen levels. T**he dosage of ginkgo biloba should be discussed with a medical professional**. Further, a person taking blood thinners is advised to avoid this natural treatment.

Hawthorn

Hawthorn is also known as ''Crataegus Laevigata''. **Hawthorn leaves, flowers and berries can be used in the treatment of vasculitis**. It is important to note that this treatment should not be used along with heart and blood pressure medications.

Bilberry

Bilberry is also referred to as ‘’Vaccinium Myrtillus’’. **It has anti-inflammatory properties.** Bilberry is rich in flavonoids which can protect the blood vessels from the inflammation. Further, it can increase the blood circulation and strengthen the blood vessel walls.

Ginger

Regular consumption of ginger can treat the symptoms of the problem. A person can drink ginger tea or ginger soup multiple times in a day to obtain relief. Ginger ale can also be used in the treatment.

Turmeric Powder

Another effective natural treatment is turmeric. **Turmeric powder can be consumed on a frequent basis to relieve the problem.**

A paste made with the use of turmeric powder, wheat flour and sesame oil can be applied on the affected area to reduce the bumps. Another alternative is to apply a mixture of turmeric powder, curd and soy flour on the spots caused by vasculitis.

Cayenne Pepper

Cayenne pepper can also be used as a natural treatment. The red rashes resulting from the problem can be reduced with the use of cayenne pepper.

Green Tea

Green tea can help in protecting the blood vessels. Consumption of green tea several times in a day can provide relief from the symptoms of the problem.

Omega-3 Fatty Acids

Omega-3 fatty acids may help in reducing the inflammation. A person can consume fatty fish like salmon, tuna, trout and mackerel to obtain omega-3 fats. **Intake of flaxseeds can also provide the desired results**. Fish oil is also a rich source of omega-3 fatty acids.

Grapeseed Extract

Grapeseed extract has antioxidant compounds which can protect the blood vessels and make them more elastic. **Grapeseed extract should be taken as per the instructions of a medical professional.**

Calcium

Intake of calcium may provide relief from the symptoms. However, the Intake of dairy products should be avoided. A person can obtain calcium from green leafy vegetables, beans and soy.

Urticarial Vasculitis

Natalie A. Brown, MD, and John D. Carter, MD

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Urticarial vasculitis can present in a variety of ways, ranging from a primarily cutaneous disease consisting of chronic urticaria to a lupus-like disease with severe cardiopulmonary disease. Low complement levels and positive anti-C1q antibodies are markers of more severe disease. Care must be taken to look for an underlying condition. The mainstay of therapy is treatment of any underlying condition. Therapies most often employed include corticosteroids, antihistamine, and dapsone, but many others have been utilized.

Introduction

Urticarial vasculitis (UV) is a clinicopathologic entity characterized by inflammatory injury to capillaries and postcapillary venules [1]. This injury is associated with a neutrophilic perivascular infiltrate with "fibrinoid degeneration" of endothelial cells and nuclear dust, indicative of leukocytoclastic vasculitis (LCV) [2]. LCV is often found on biopsy [2], although lymphocytes may be the only cell type in later vasculitic lesions [1]. UV is often associated with underlying disease such as systemic lupus erythematosus (SLE) [1], and symptoms can be similar to that of chronic urticaria, which is characterized by daily pruritic wheals lasting for more than 6 weeks [3,4]. Patients with UV may have systemic symptoms, and reports on the true incidence of hypocomplementemia vary [1,2]. However, low complement levels are clearly associated with increased disease severity.

Clinical vignette

A 55-year-old white female with a past medical history of hypertension, hyperlipidemia, hypothyroidism, type 2 diabetes mellitus, mitral valve prolapse, and rheumatic fever developed episodes of loose bowel movements, hematochezia, and abdominal pain about 3 years ago. She was evaluated by her primary care physician and ruled out for carcinoid tumor. Her symptoms were stable until almost 1 year later, when she developed an episode of hives on her trunk with facial swelling eventually spreading to the rest of her body. She described the hives as burning. The facial swelling was accompanied by perioral numbness and paresthesias. Her symptoms improved with Claritin® (Schering-Plough Corp., Kenilworth, NJ) and Benadryl® (McNeil PPC Inc., Fort Washington, PA).

She was evaluated by an allergist and diagnosed with angioedema. Her angiotensin-converting enzyme inhibitor was discontinued, and later her β-blocker was discontinued, and her symptoms resolved. A trial of Singulair® (Merck and Co. Inc., Whitehouse Station, NJ) caused an exacerbation of hives and angioedema. She had occasional flares treated with 20 mg of prednisone.

On physical exam, vitals were normal, and significant findings included an obese, oriented female in no acute distress. Cardiovascular exam showed a mid-systolic click. Her lungs were clear, muscle strength was 5 of 5 bilaterally in upper and lower extremities, and she had a diffuse lacy erythematous rash that was blanchable, with few petechiae on her upper trunk.

Routine laboratories were normal. CH50, C3, C4, and hepatitis A, B, and C serologies were also normal. Antinuclear, anti–double-stranded DNA, anti-Smith, ribonucleoprotein, anti-Ro, and anti-La antibodies were not detected. Creatine phosphokinase, aldolase, and tryptase levels were within normal limits.

A picture of her active cutaneous lesions is provided in Fig. 1. A biopsy at that time was indicative of UV. She was started on hydroxychloroquine without any change in symptoms after 4 months. She started methotrexate with resolution of her symptoms. Her symptoms then recurred upon decreasing the dose of methotrexate.

Incidence/Epidemiology

An estimated 15% to 23% of the US population has had urticaria [5]. Of these, approximately 25% of patients develop chronic urticaria at some time [5]. The incidence of UV is about 5% of those with chronic urticaria [2], and majority of these are women (60%–80%), with a peak age in the fourth decade [2]. Hypocomplementemic UV syndrome (HUVS), a subtype of UV, occurs rarely in UV patients. It has been described in identical twins, suggesting a genetic predisposition [6].

Vasculitis homeopathy treatment

Vasculitis homeopathy treatment

Homeopathic medicines a must for all forms of vasculitis
Cases presented: Leucocytoclastic vasculitis and drug induced vasculitis

Case 1: Leucocytoclastic Vasculitis

Vasculitis homeopathy treatment and medicines

Leukocytoclastic vasculitis (LCV), also known as hypersensitivity vasculitis, typically involves inflammation of small-vessel and palpable purpuras (red or purple discoloration of skin) measuring 1-3 mm. In some cases the purpura may not be palpable and their distribution can be anywhere on the body. Immune complexes in the blood and a host of other auto-antibodies are involved in its manifestation.

Causes:
An identifiable cause can be found in half the cases, the remaining being idiopathic (cause unknown). Antibiotics, NSAIDS, diuretics, vaccines, infections, respiratory infections, HIV, allergens in food, Hepatitis c, Ulcerative colitis, Crohn's disease etc are some known causes.

vasculitis homeopathy medicine

Clinical presentation:
The case photos shown here are of an young female who visited Dr. Anish Vaknalli with typical signs of palpable purpura and joint pains. Her symptoms had started soon after being administered antibiotics. She suffered from severe itching with lesions on her arms, back and legs.

Vasculitis Natural Treatments

Homeopathic treatment and mode of action:

After carefully evaluating all her symptoms homoeopathic remedies capable of stabilizing her immune response were prescribed.

Remedies commonly used are Lycopodium, Natrum Mur, Rhus Tox, Sepia, Bovista, Antipyrinum, to name a few. However, the remedy may vary since the etiology and presentation does vary in most cases and can be entirely different. Kindly abstain from self-medication.

Also, since her condition was a result of a reaction to anitbiotics, a remedy capable of antidoting it homeopathically was also considered.

She recovered and started showing improvements within 3 weeks of treatment.

Case 2: Drug-Induced Vasculitis

vasculitis homeopathic treatment

Ms. V presented with papular eruptions on her feet, arms and abdomen which itched and left blackish discoloration post the inflammation. It was spreading though she was prescribed some conventional allopathic medicines (presumably steroids).

Her remedy was based on the totality of her present symptoms as well as based on her constitution which includes a persons personality, thermal activity, and functional response of our various systems to stimuli.

She recovered within a span of 2 months.

Note:
The treatment prescribed here first stabilizes the altered immune response. The inflammation, vasculitis and itching will first reduce, followed by lightening of the skin to its original color.

The homeopathic medicines are prepared from natural plant and mineral sources and have no side effects whatsoever.

Some may argue that the purpura eventually may subside on its own. Contrary to this belief, the patients treated here were suffering from this condition for over 4-6 months and the results achieved were immediate post the medication we administered.

We can safely conclude that the treatment administered here by Dr. Anish Vaknalli has immense therapeutic value and should be opted for as soon as possible.

How can I opt for this treatment?

Vasculitis Natural Treatments

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Dr. Anish Vaknalli (MD, HomeoConsult RD)

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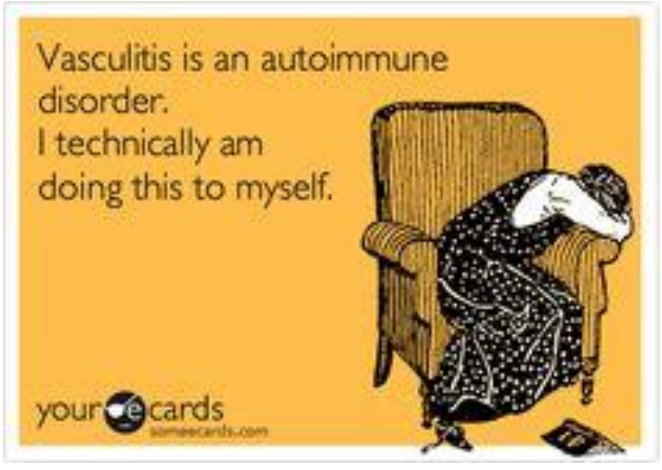

Jpn J Ophthalmol 2005;49:261–263
DOI 10.1007/s10384-004-0180-x

BRIEF COMMUNICATION

Radiation Retinopathy Caused by Low Dose Irradiation and Antithyroid Drug-Induced Systemic Vasculitis

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[1] Department of Ophthalmology, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan; [2] Department of Ophthalmology, Fukuoka Saiseikai General Hospital, Fukuoka, Japan

Abstract

Background: We report on a patient with Graves' disease with radiation retinopathy caused by low-dose irradiation and antithyroid drug-induced antineutrophil cytoplasmic antibody (ANCA)-positive vasculitis.

Case: A 38-year-old woman with Graves' disease presented with bilateral blurred vision, microaneurysms, telangiectasia, and macular edema. The patient was examined by ophthalmoscopy and fluorescein angiography, and radiation retinopathy was diagnosed.

Observations: The patient had been treated with low-dose irradiation for her Graves' ophthalmopathy a few years earlier. She also had ANCA-positive vasculitis induced by the antithyroid drug (propylthiouracil, PTU) that had been prescribed for her at that time. Because of multiple avascular areas on both retinas, she was treated by intensive retinal photocoagulation to control progressive retinopathy.

Conclusions: The radiation doses used to treat Graves' disease ophthalmopathy are low. Nevertheless, there is still a risk of radiation retinopathy developing in patients with PTU-induced ANCA-positive vasculitis. **Jpn J Ophthalmol** 2005;49:261–263 © Japanese Ophthalmological Society 2005

Key Words: antineutrophil cytoplasmic antibody, Graves' disease, propylthiouracil, radiation retinopathy

Introduction

Radiation retinopathy is a slowly progressive retinal vascular disorder with characteristic fundus abnormalities.[1] The structure and permeability of the retinal and optic nerve vessels are affected by radiation exposure. Frequent opthalmoscopic findings include microaneurysms, retinal telangiectases, dot and blot retinal hemorrhages, cotton-wool spots, macular edema, and intraretinal microvascular abnormalities.[1] In general, radiation retinopathy is rare for total radiation doses of less than 45 Gy.[1]

Antineutrophil cytoplasmic antibody (ANCA)-positive vasculitis was first described by Davies et al.[2] and is useful for diagnosing cases of systemic vasculitis. The presence of antibodies to specific target antigens (proteinase 3 and myeloperoxidase) of antineutrophil cytoplasmic antibodies is highly specific for several types of systemic vasculitis, including Wegener's granulomatosis, microscopic polyangiitis, Churg-Strauss syndrome, and idiopathic necrotizing crescentic glomerulonephritis.[3]

Recently, ANCA-positive vasculitis has been observed in patients with Graves' disease who were treated with propylthiouracil (PTU).[4] We report a case of radiation retinopathy induced by low-dose radiation (25 Gy) and ANCA-positive vasculitis.

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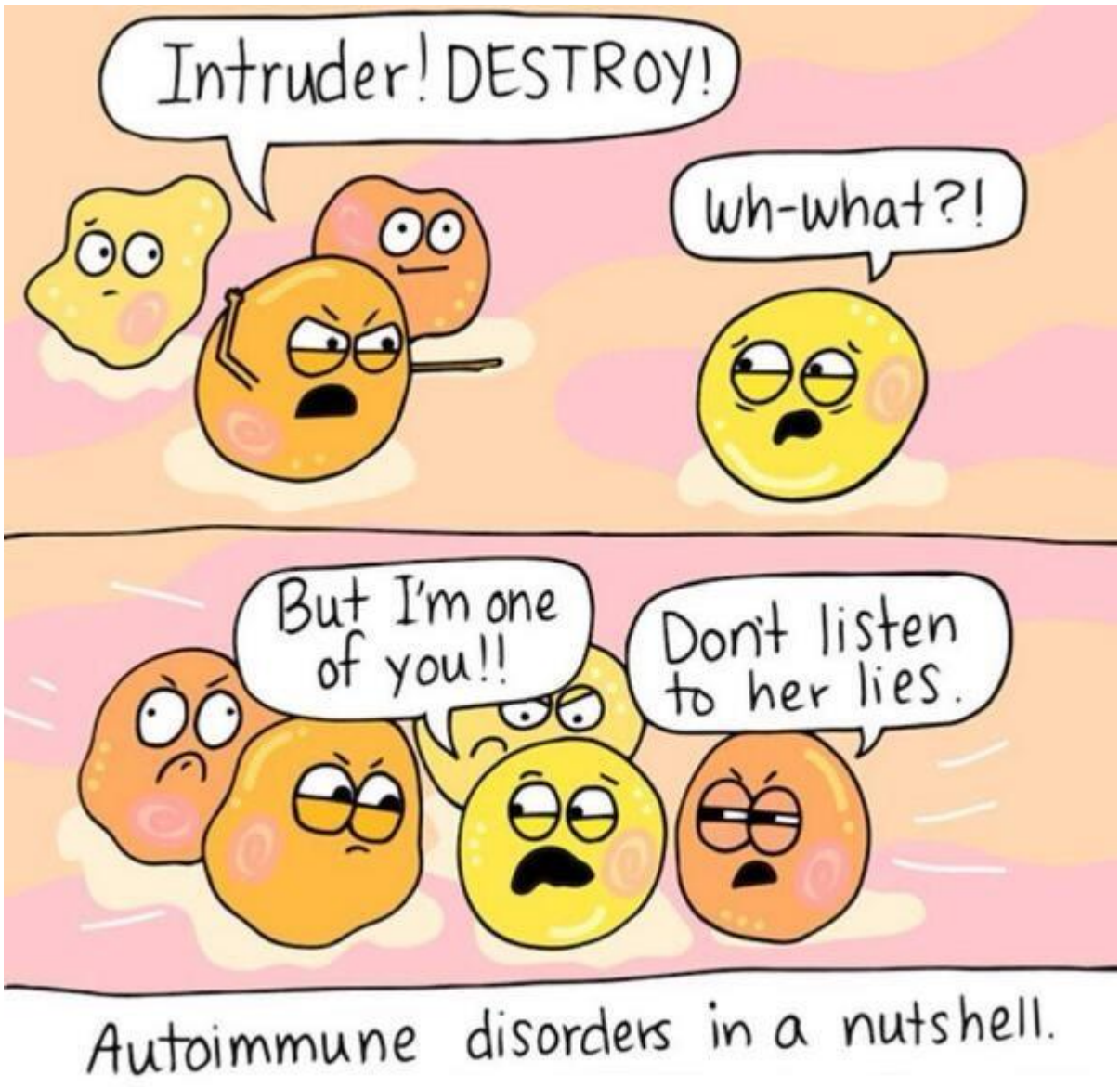
e-mail: sonodak@med.kyushu-u.ac.jp

Vasculitis is most often an auto-immune disease, complicated by allergy, genetics, bad diet, bad moods --- caused or irritated by infection, toxicity . Vasculitits is more of a symptom than a disease

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Desiré is the Professor Emeritus of IMUNE. IMUNE is an accredited and legally registered medical university in Europe.
Since 1995 IMUNE has been offering medical education in a variety of subjects to defend and perpetuate Natural Medicine. There are many small minded people being driven by the SINthetic chemical companies to destroy Natural Medicine as a viable choice in Medicine. IMUNE has offices in Switzerland, Mexico, Dubai, Budapest, England, and the British Virgin Islands. The small petty minded picayune minions of the chemical companies constantly attack with their anal retentive biased short sided views.
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