

The MEMORY reVITALIZER HOUR

with Dr. William Summers

(CALL-in, 505 -444- 5059) SAT Sept 7 , 2024.

© Summers ,2024

TOPICS: 9/11_Mem reVIT_AL_BRAIN PACEMAKER_
GABA__Covid vaccines_Vicks Vapor Rub_Exercise_HFCS
TBI__Shingles vaccine_Essential Oils;
Rezdiffra & NASH

Quotes & Quips

- Make the LIE big, ...Make the LIE simple,
...KEEP SAYING IT, and eventually they will
Believe it. — Adolph Hitler.

● **REMEMBER ...and TAMPON TIM AND Kamila
are conservative MARXISTS .**

- – The Marxist Binary oppressor & victim

<https://dangerouslyliberal.com/>

- “I have never let my schooling interfere
with my education.” – Mark Twain
- How much does a Chimney cost? NOTHING, its on the house!
- I found a book called How to Solve 50% of Your Problems. So I bought 2.

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

THE PURPOSE OF THIS SHOW IS TO EDUCATE AND EMPOWER YOU THE LISTENER To MAKE THE COMPLEX UNDERSTANDABLE EACH & EVERY SHOW.

-R. Limbaugh

Word FROM OUR SPONSOR

WHERE TO GET Memory reVITALIZER® / life IMAGINED®

Local Stores

Share N'Care Pharmacy in Belen , **Duran's** Central Pharmacy, Arnett's Regent Pharmacy, **Best Buy** Pharmacy, **MENAUL** Pharmacy, **VINTAGE** PHARMACY (on Montgomery), Evergreen Herbal Market (Rio Rancho), Moses Kountry Store (4th Street), Village Apothecary in Cedar Crest, **HIGHLAND PHARMACY**, Kare Drug (AZTEC, NM), **PURPLE SAGE HERB & HEALTH** (Bosque Farms), and Sierra Blanca Pharm in RUIDOSO, NM

§ <https://www.memoryrevitalizer.com>

www.LifeLink.com

Order Direct at 800.606.0192

MED PRACT: Tired of 8 min Gov't med visit. Call Margaret

@ 505-878-0192

Albuquerque NeuroScience MEMORY
DIFFICULTIES? • AGE 50-87 • poor
memory>6months • ?? possible ALZHEIMER'S?
• must have caregiver / loved one to participate.
ALBUQUERQUE NEUROSCIENCES
101 Hospital Loop NE, Unit 209,
Albuquerque, NM 87109
Tel: 505-848-3773

THANK YOU FOR LISTENING, CALLING AND
TELLING OTHERS ABOUT THE SHOW

TRIBUTE TO 09- 11-2001

Rush Limbaugh (1/12/1951 - 2/17/2021) wrote an editorial published in the
September 2021 Limbaugh Letter. How Prescient.

"No January 6th was NOT 'worse than 9/11"

April 13th 2021 NYTimes, "President Biden-Harris will withdraw Am. Combat
troops from Afghanistan by Sept 11, declaring an end to the nation's longest
war...(a Photo_Op)

The Taliban very much liked the schedule and their spokesman Suhail Shaheen
flipped the tables saying, "The US MUST remove all of its troops from
Afghanistan by September 11". Another Taliban spokesman Zabiulla Mujahid,
crowed, "We have defeated a great power."

No, you defeated Jo Biden-Harris, the most feckless President in U.S. history.

In an amazing twist, Biden-Harris who sought an aggrandizing American Exit photo-op to mark the big 9/11 20th anniversary, instead got images of human beings plunging to their deaths from U.S. military aircraft flying out of Kabul. As a direct result of Biden-Harris's orders and the complete collapse of his Presidency, people fleeing the Biden-Harris spawned Taliban takeover tried to escape by climbing to the landing gear. The falling men instantly reminded everyone watching of the iconic Falling Manfalling in his suit head down from the World Trade Center.

The moral clarity from that moment has come rushing back. For the LEFT, it's like holding up the cross to a vampire. The left has worked very hard to squelch our collective memory: they have had 20 years to transform the post-9/11 appreciation of cops into hating and de-funding them. To convert the ubiquitous flag lapel pins into "flag protests." To morph from celebrating the American Way of Life into denigrating it as the repulsive repository of systemic racism.

AND the LEFT's latest attempt to step on the memory of 9/11 is to claim that the four-hour riot on January 6th, 2020 was "WORSE than 9/11":

- "Jan 6th is the biggest security threat we face.... Osama Bin Laden never took over the Capitol. – Paul Rieckhoff, MSNBC (7/29/21)
- "The January 6th attack for the future of the country was a profoundly more dangerous event than the 9/11 attacks." – Steve Schmidt, McCain 2008 strategist 7/8/21.

- “1000 percent worse – S.V. Dáte, White House Correspondent, The Huffington Post on Twitter 5/24/1921.
-
- The **only** way such statements could even come out of the unworthy mouths of these people is due to 20 years of Leftism’s blanket over the truth. **Because YOU know what’s really “worse than 9/11”?** THE NEXT 9/11, engendered by stupid feckless leftist policies. **UNLESS WE NEVER FORGET.**

Never Forget **IS** OUR absolute mission, forever. NEVER forget the 3,000 who died and the twenty-five thousand who got out, thanks to the 500 firemen and cops who laid down their lives. NEVER forget... that we Americans are the good guys, and never forget what freedom is and what it costs.

– Rush Limbaugh

Memory reVITALIZER

Chromium

25 - 100 mcg (low moderate dose rare in other multivitamins)

Chromium is a mineral antioxidant an essential trace mineral essential for human health.

Mineral elements are vital for homeostasis and as electrolytes (charge carriers) play a major role in maintaining acid-base balance and osmotic balance. Minerals help regulate the heart beat and are involved in muscle and nerve activity through their effects on cell membrane permeability.

Yet minerals as a class constitute only about 4% of the body mass, with the vast majority of the minerals being Calcium, potassium, and sodium. The trace minerals, such as Chromium, are incorporated into metalloproteins called enzymes.

The trace mineral, such as chromium, are located at or near the active sites of these enzymes. As such they contribute to the antioxidant defenses of the body.

Chromium specifically helps control blood sugar levels and reduces resistance to insulin within living cells. It lowers cholesterol and reduces body fat. A chromium dose of 200 mcg per day is essential. Yet the average American receives less than 50 mcg / day.

FROM A LISTENER

ON ALUMINUM

We are in the midst of a mass poisoning.

We have been for a long, long time.

This poisoning leads to unhealth, to disease. Obviously.

These diseases are given names.

They are given hypotheses and “explanations.”

They are often explained by viruses and genetics, the two go-to “sciences” when you don’t want to talk about the poisoning. They never want to talk about the poisoning.

Cures are frowned upon. Disdained.

Important ignorances are constructed. For “mortgages create beliefs” and Alzheimer’s genetic researchers have mortgages.

They are used to harvest unimaginable wealth.

The Alzheimer’s story has it all.

35 Questions & Answers

Question 1: What is the dominant hypothesis that has driven Alzheimer's research for decades?

The dominant hypothesis driving Alzheimer's research for decades is the "amyloid hypothesis" or "amyloid cascade hypothesis." This theory posits that Alzheimer's disease is primarily caused by the accumulation of amyloid beta protein plaques in the brain. The hypothesis has led researchers to focus on developing treatments that target these plaques, with the belief that eliminating or reducing them would effectively treat the disease.

Question 2: How have clinical trials targeting amyloid proteins in Alzheimer's disease fared?

Clinical trials targeting amyloid proteins in Alzheimer's disease have largely been unsuccessful. Hundreds of trials have failed to produce meaningful benefits for patients. Despite billions of dollars invested in research and development, only one controversial drug, Aduhelm, has gained FDA approval. These consistent failures have led to growing skepticism about the validity of the amyloid hypothesis and the effectiveness of treatments based solely on targeting amyloid plaques.

Question 3: What percentage of NIH Alzheimer's funding went towards amyloid research in 2022?

In 2022, half of the NIH Alzheimer's funding, which amounted to \$1.6 billion, was allocated to amyloid research. This significant allocation of resources towards a single hypothesis highlights the ongoing dominance of the amyloid theory in Alzheimer's research, despite the lack of successful treatments resulting from this approach.

Question 4: What issues arise from using reductionist models to understand chronic diseases?

Reductionist models, which attempt to break down complex systems into simpler components, often fail when applied to chronic diseases like Alzheimer's. These models can work for acute conditions but struggle to capture the complexity of chronic diseases. Chronic conditions typically result from multiple small problems compounding over time, disrupting normal functioning in ways that cannot be adequately explained by focusing on a single cause or mechanism.

Question 5: How does peer review potentially entrench flawed beliefs in medical research?

Peer review can entrench flawed beliefs in medical research through several mechanisms. Publishing standards tend to favor ideas that align with prevailing medical opinions or industry interests, while holding conflicting views to much higher standards of evidence. Once certain ideas become established as authoritative, subsequent papers will validate them without sufficient critical analysis, simply to pass peer review. This process perpetuates and reinforces flawed concepts, making it difficult for new or contradictory evidence to gain traction in the field.

Official Story vs reality

The cause of Alzheimer's disease is more complex and multifaceted than the Official Story. Here's a comparison:

Official Story (Amyloid Hypothesis): The official narrative, which has dominated research for decades, posits that Alzheimer's disease is primarily caused by the accumulation of amyloid beta protein plaques in the brain. This "amyloid hypothesis" has driven most research and drug development efforts.

Alternative Perspective on Causes:

Aluminum Exposure: Dr. Christopher Exley's research suggests a strong link between aluminum and Alzheimer's. His studies found high levels of aluminum in the brain tissue of all Alzheimer's patients examined.

Vascular Factors: There are parallels between heart disease and Alzheimer's, suggesting that repeated damage to blood vessels over time contributes to both conditions.

Glymphatic System Dysfunction: Impairment of the brain's waste clearance system (glymphatic system) is implicated in the development of Alzheimer's.

Zeta Potential and Blood Flow: Disruptions in the electrical charge balance of blood (zeta potential) may lead to impaired circulation and contribute to Alzheimer's.

Toxins and Infections: Various toxins, metals, and pathogens are linked to cognitive decline and play a role in Alzheimer's development.

Cellular Dysfunction: An imbalance in the brain's natural process of pruning neural circuits contributes to the disease.

Metabolic Dysfunction: Insulin resistance and diabetes are strongly linked to dementia, with some researchers referring to Alzheimer's as "Type 3 diabetes."

Hormonal Factors: There is a protective role for estrogen and other hormones against Alzheimer's.

Question 6: What was the significance of the 2006 research on A β 56 in Alzheimer's disease?

The 2006 research on A β 56 was a pivotal moment in Alzheimer's research. It claimed to provide major evidence confirming the amyloid hypothesis by identifying a new toxic molecule called A β 56, which was shown to cause Alzheimer's-like symptoms in rats. This study further entrenched the amyloid theory and boosted the careers of the authors. It led to billions more being invested in amyloid-based research and solidified the direction of Alzheimer's studies for years to come.

Question 7: How did the A β 56 research scandal reveal perverse incentives in scientific research?

The A β 56 research scandal revealed several perverse incentives in scientific research. Despite image manipulation and data doctoring in multiple papers, the authors faced limited consequences. Even after notification of potential fraud, one author continued to receive grants. This situation demonstrates how financial and reputational investments in a particular research direction can override ethical concerns and proper scientific scrutiny, potentially perpetuating flawed or fraudulent research.

Question 8: What parallels are drawn between heart disease and Alzheimer's disease?

Both heart disease and Alzheimer's disease result from long-term, cumulative processes rather than single, acute causes. Heart disease is described as arising from repeated damage to blood vessels over time, not from high cholesterol. Similarly, Alzheimer's is seen as the result of multiple factors compounding over decades. The reference material suggests that treatments improving cardiovascular health, such as chelation therapy, may also benefit Alzheimer's patients, indicating shared underlying mechanisms.

Question 9: How does zeta potential relate to blood flow and Alzheimer's disease?

Zeta potential refers to the balance of electrical charges in blood, which affects how blood cells and vessels interact. As zeta potential decreases, blood cells and vessels tend to attract each other, leading to clumping and impaired circulation. Many Alzheimer's risk factors, including pathogens, metals, and the COVID-19 spike protein, carry positive charges that can reduce zeta potential. This disturbance in blood flow is linked to oxidative stress and impaired brain function, contributing to the development of Alzheimer's disease.

Question 10: What is the glymphatic system and how does it relate to Alzheimer's disease?

The glymphatic system is a recently discovered waste clearance system in the brain. It's responsible for draining inflammatory products and toxic byproducts from the brain's interstitial fluid. This system is driven by vascular pulsations and is highly dependent on sleep and melatonin levels. Impairment of the glymphatic system is implicated in Alzheimer's disease and other neurodegenerative conditions. As people age and melatonin levels decrease, glymphatic function declines, creating a toxic environment in the brain that contributes to the development of Alzheimer's disease.

The Amyloid Scandal

Near the end of 2021, a neuroscientist physician was hired by investors to evaluate an experimental Alzheimer's drug and discovered signs its data consisted of doctored images of Western Blot protein tests (and therefore erroneous assessments of what oligomers were present within research subjects' brains). As he explored the subject further, he discovered other papers within the Alzheimer's literature had been flagged by Pubpeer (a website scientists use to identify suspect studies) for containing doctored Western Blots.

Before long, he noticed three of these papers had been published by the same author and decided to investigate their other publications. This led him to the seminal 2006 Alzheimer's publication, which like the author's other works contained clear signs of fraud (note: one of the most common reasons why criminals get caught is because they repeatedly commit the same crime—humans after all are creatures of habit). In short, these findings suggested the presence of the infamous $A\beta^{*56}$ may have actually been a result of doctoring the Western Blot to support the author's desired conclusion.

A subsequent investigation uncovered 20 papers written by the author, 10 of which pertained to $A\beta^{*56}$. Many outside investigators agreed that the images had been doctored and a co-researcher came forward stating he had previously suspected the author of scientific misconduct and withdrawn his collaboration with the author for that reason. Despite being notified of this investigation, the suspect author was nonetheless awarded a coveted research grant by the NIH (which was signed off by another one of the authors of the 2006 paper) and the author remains employed by the University of Minnesota medical school.

As far as I can gather, the scientific community has been hesitant to directly condemn the author's findings (as I believe he created a "too big to fail" situation). Thus far, notices of possible data integrity issues have been placed on some of his publications, and a gradual investigation has been launched of his findings which may eventually result in something being done.

In reviewing the saga, I find it interesting to consider how many forces will conspire to support a medical dogma once a sufficient financial and reputational investment has been made into it. In many ways, this process is identical to what occurs within the body as the process of a chronic disease establishes itself within normal physiology, and sadly is just as difficult to address.

***** August 30, 2024

Samuel McKenzie

University of New Mexico Health Science Center

A third of people with **EPILEPSY** have seizures that do not respond to medication.

For these individuals, one treatment option is deep brain stimulation, in which electrical current is delivered continuously, in intermittent cycles, or after a seizure has been detected.

Using neural recordings, the seizure forecasting community has made great strides in predicting the timing of upcoming seizures. These algorithms succeed by identifying and anticipating proictal brain states, those in which seizures are more likely to occur.

No attempts have yet been made to use the output of seizure forecasters to drive treatment timing in people with epilepsy. In this talk, I will present **A RODENT MODEL** that may be used to couple responsive neural stimulation to the output of seizure forecasters.

I will also show several potential stimulation strategies that may be used control upcoming seizures, and propose a principled framework for optimizing patient-specific stimulation parameters. Finally,

I will introduce a large a database of seizure-related EEGs that may be used to determine whether certain epilepsy etiologies or seizure types will be more suited to a treatment based off of responsive neural stimulation driven by seizure forecasters.

Good Find. I am familiar with Sam's work, but do not agree with his baseline hypothesis that 30% of seizure disorders are untreatable.... hence opening the door for his aggressive approach.

- Currently there are 28 anti-seizure medications. One skilled in the art should be able to control near 100% of seizure disorder by combinations and timing of the 28 agents.

- Good topic for the radio show.

Y E S F O L K S ... THIS IS YOUR SHOW... PLEASE FEEL FREE TO CONTRIBUTE.

~ ~ S L E E P ~ ~

GABA is one of the supplements patients ask me about a lot, often with looks of confusion on their faces. I think the confusion comes from the fact that GABA is both a chemical produced within the body and a supplement that's made for ingestion.

Unlike melatonin, which is also produced within the body and as a supplement, GABA isn't nearly as well known—nor has it received nearly the amount of scientific attention.

Given the interest and popularity of GABA—and the importance of the body's own GABA for mood, and health—it's definitely worth spending some time talking about.

What is GABA?

Gamma-Aminobutyric acid is an amino acid produced naturally in the brain. GABA functions as a neurotransmitter, facilitating communication among brain cells. GABA's big role in the body is to reduce the activity of neurons in the brain and central nervous system, which in turn has a broad range of effects on the body and mind, including increased relaxation, reduced stress, a more calm, balanced mood, alleviation of pain, and a boost to sleep.

Many medications interact with GABA and GABA receptors in the brain, altering their function to achieve certain effects, typically relaxation, pain relief, stress, and anxiety reduction, lower blood pressure, and improved sleep. Barbiturates, anesthetics, benzodiazepines, antidepressants, and anti-seizure medications are some of the medications that target GABA.

A number of natural supplements also affect GABA activity, to help relieve stress and anxiety, promote a balanced mood, and help with sleep. I've written about valerian and hops, magnesium, and L-theanine, all of which have an effect on the brain's GABA activity. Other natural supplements that may affect GABA activity include L-arginine, kava, passionflower, and American ginseng.

GABA is found naturally in varieties of green, black, and oolong tea, as well as in fermented foods including kefir, yogurt, and tempeh. Other foods contain GABA or may boost its production in the body, including whole grains, fava beans, soy, lentils, and other beans; nuts including walnuts, almonds, and sunflower seeds; fish including shrimp and halibut; citrus, tomatoes, berries, spinach, broccoli, potatoes, and cocoa.

GABA is also available as a supplement. GABA supplements are often used to treat high blood pressure, stress and anxiety, and sleep, as well as to stimulate the body's natural growth hormone, often by athletes.

How does GABA work?

I call GABA the brakes of the brain. It is the body's most important inhibitory neurotransmitter, which means it lowers the activity of neural cells in the brain and central nervous system, having the effect of moving the brain and the body into lower gear. By inhibiting neural activity, GABA facilitates sleep, reduces mental and physical stress, lowers anxiety, and creates a calmness of mood. GABA also plays an important role in regulating muscle tone. In combination with glutamate, the body's most important excitatory neurotransmitter, GABA is an important contributor to the body's overall mental and physical homeostasis, or balance.

GABA plays a role in the healthy functioning of the body's immune and endocrine systems, as well as in the regulation of appetite and metabolism. There's also interesting emerging research about GABA's role in gut health and gastrointestinal function, where it may work to support motility, control inflammation and support immune system function, and help regulate hormone activity.

Low GABA activity in the body can result in:

Anxiety.

Chronic stress.

Depression.

Difficulty concentrating and memory problems.

Muscle pain and headaches.

Insomnia and other sleep problems.

Low GABA activity is also associated with substance use disorders.

There is ongoing investigation and debate about how GABA supplements work in the body, and how their mechanisms of action may differ from the body's internally-produced GABA. Specifically, scientists have not reached consensus about whether, or how effectively, supplemental GABA crosses what's known as the blood-brain barrier — meaning, how well it moves from the bloodstream directly into the brain. There remains real need for additional research into the effects of supplemental GABA, including how it may affect the nervous system via the gut.

Below, I'll discuss what science tells us today about the potential effectiveness of GABA supplements for sleep and other conditions.

BENEFITS OF GABA

For **SLEEP**: The body's own GABA activity is important for sleep. GABA enables the body and mind to relax and fall asleep, and to sleep soundly throughout the night. Low GABA activity is linked to insomnia and disrupted sleep. In one study, GABA levels in people with insomnia were almost 30 percent lower than in people without the sleep disorder. And these low GABA levels also corresponded to more restless, wakeful sleep. Sleep medications including those with zolpidem (Ambien and others) and eszopiclone (Lunesta and others) target the body's GABA system to increase sedation and sleep. Research indicates that one negative side effect of these sleep medications — hallucinations — may result from their alterations to GABA activity.

There's relatively limited research on the direct benefits of supplemental GABA for sleep. Some recent research suggests that GABA produced in fermented food may increase sleep time and decrease the time it takes to fall asleep. Another recent study showed that a combination of GABA and 5-HTP may together improve sleep quality and increase sleep time. Given the importance of GABA to the body's sleep patterns, more research into the effects of GABA supplements on sleep is sorely needed.

For **STRESS AND ANXIETY**: As a natural chemical the body produces, GABA's primary role is to diminish the activity of neurons in the brain and central nervous system, which puts the body in a greater state of relaxation and alleviates stress and anxiety. Supplemental GABA may benefit sleep by aiding relaxation and providing relief from anxiety and stress. There remains debate among researchers about supplemental GABA's effectiveness in reducing anxiety and stress because of longstanding questions over supplemental GABA's ability to enter the brain from the bloodstream. (It's important to note that GABA, in supplement form, may have other ways of relaxing the body, including possibly through GABA's activity in the gut microbiome.)

While the scientific debate goes on, some studies have shown GABA to be effective in lowering anxiety and boosting relaxation. One small study of 13 adults showed GABA to be effective as a relaxant and anxiety reliever, with slowed brain waves seen within an hour of taking the supplement. This study also found that a boost to the immune system also occurred with GABA, suggesting supplemental GABA may enhance immunity in people undergoing mental stress.

Another larger study investigated the effects of 100 milligrams of GABA among a group of people who'd recently undertaken a stressful mental task. Scientists measured a slowing down of brain waves in people who'd taken GABA, pointing to an alleviation of mental stress. Another study tested the effects of GABA in people who were about to take a stressful math test. Those who ate chocolate infused with GABA rebounded more quickly from test-related stress, including stress-lowering changes to heart-rate variability.

For **HIGH BLOOD PRESSURE**: GABA supplements are sometimes used by people as a natural way to lower blood pressure. There is evidence indicating that GABA may work to reduce high blood pressure. In one study of people with borderline high blood pressure, 12 weeks of use of the supplement chlorella, a type of algae rich in GABA, significantly lowered blood pressure. In addition to being important on its own, maintaining healthy blood pressure can also help protect your sleep. A natural drop in blood pressure at night is one part of the body's progression into sleep. High blood pressure can be a sign of hyperarousal, a state of physical alertness and vigilance that can make it difficult to fall asleep and stay asleep. Poor sleep and sleep disorders, particularly sleep apnea, contribute to high blood pressure, and can lead to the kind of hypertension that is difficult to treat.

What to know

Always consult your doctor before you begin taking a supplement or make any changes to your existing medication and supplement routine. This is not medical advice, but it is information you can use as a conversation starter with your physician.

DOSING

The following doses are based on amounts that have been investigated in scientific studies. In general, it is recommended that users begin with the lowest suggested dose, and gradually increase as needed.

For sleep, stress and anxiety: 100-200 mg and higher doses, in scientific studies. Individual dosing and length of use will vary.

For high blood pressure: 10-20 mg, in scientific studies.

Possible side effects

GABA oral supplements are generally well tolerated by healthy adults. Some people may experience negative

SIDE EFFECTS, including:

Gastric distress.	Nausea.
Diminished appetite.	Constipation.
Burning throat.	Drowsiness and fatigue.
Muscle weakness.	Shortness of breath, at very high doses.

INTERACTIONS WITH MEDICATIONS

High blood pressure medications. GABA can lower blood pressure. If you take GABA in addition to taking blood pressure medication, your blood pressure may drop too low.

Antidepressant medications. People taking antidepressants should consult with their physician before taking GABA.

Neurally-active medications. People taking medications that affect brain activity should consult their physician before taking GABA.

Interactions with other supplements

Herbs and supplements that may lower blood pressure. Because GABA may lower your blood pressure, if you take GABA along with other herbs or supplements that also may lower blood pressure, the combination may lead to your blood pressure dropping too low. Herbs and supplements that lower blood pressure include, but are not limited to:

Cocoa.	Alpha-linolenic acid.
Blond psyllium, and other fiber supplements.	Cod liver oil.
Magnesium.	Calcium.
Potassium.	Folic acid.
Coenzyme Q10.	L-arginine.
Garlic.	Omega-3 fatty acids.

I've seen patients experience relief from anxiety, reduced stress, and improved sleep via the relaxing impact of supplemental GABA. I don't think we've seen nearly enough research to have a sufficient understanding of how GABA supplements might affect stress, mood, and sleep, or other ways GABA as a supplement may benefit emotional, cognitive, and physical health. As we learn more—which I hope we do, soon—I'll be sure to update you.

BATTLE CRIES are a universal form of display behaviour (i.e., threat display) aiming at competitive advantage, ideally by overstating one's own aggressive potential to a point where the enemy prefers to avoid confrontation altogether and opts to flee. In order to overstate one's potential for aggression, battle cries need to be as loud as possible, and have historically often been amplified by acoustic devices such as horns, drums, conches, carnyxes, bagpipes, bugles, etc. (see also martial music).

samizdat

Vaccinated People Can Still Transmit Disease, FDA and CDC Officials Admit

by Marina Zhang Epoch Times Feb 15 2024

- Public health officials from the Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) admitted that people vaccinated with the COVID-19 vaccine can still get COVID and can transmit COVID at a Feb. 15 congressional hearing.
- “COVID vaccines are the most closely monitored vaccines that have ever been rolled out in U.S. history,” Dr. Jernigan said. He listed five systems that are tracking COVID-19 vaccine safety data.

Call-in 505-444-5059

February 24, 2024 pg 6

- However, Rep. Debbie Lesko (R-Ariz.), during her five minutes for questioning, gave an example of a former constituent who was diagnosed as having Guillain Barre syndrome from his COVID vaccination, but two years later, has not yet received any response from VAERS nor CIGP. She also mentioned a case in New York where a family is struggling to update the status of a VAERS ID from hospitalized to deceased on the database.

NEWS BREAK:

SMELLING VICKS VAPORUB COULD HELP EASE DEPRESSION, NEW STUDY SUGGESTS

by Cassidy Morrison, Feb 13, 2024 Daily Mail

- Smelling familiar scents to evoke memories could potentially assist in recovery
- Vicks Vaporub, coffee and some hand soaps were among most effective

Neuroscientists from the University of Pittsburgh found that patients who sniffed 12 recognizable scents had better access to positive memories - stopping negative thought patterns that perpetuate the mental illness.

The participants recalled specific memories from their lives when they smelled Vicks Vaporub, coffee, vanilla extract, lavender hand soap, and more common household items.

For their study, neuroscientists enrolled 32 people aged 18-55 with major depression. They were exposed to 12 smells in airtight jars along with a written clue as to the scent.

Scents included coconut oil, cumin powder, clove bulbs, red wine, wax shoe polish, vanilla extract, ketchup, and orange essential oil.

Each participant rated memories on how good or bad it made them feel, how exciting it was, how clear it was, and how often they thought about it. They were then asked to identify each scent but were told it wasn't important to get it right.

Participants identified the smells correctly about 29 percent of the time on average. Smells evoked more specific memories from their lives than word cues. For instance, hearing the word 'menthol' was far less evocative than opening a jar and smelling Vicks Vaporub.

The olfactory bulb, responsible for processing smells, directly connects to key brain regions associated with memory and emotion, such as the amygdala and hippocampus.

- published in the journal JAMA Network

Study Finds: Moderate Impacts in Daily Physical Activities Preserve Bone Density in Older Adults

– By Devon Andre Epoch Times Feb 15 2024

- Engaging in a year-long exercise program can help older adults (aged 70 to 85) maintain or even slightly improve the structural properties of their femoral neck despite a decrease in bone mineral density, a recent study at the University of Jyvaskyla in Finland has discovered. The participants, who were previously physically inactive, underwent a multi-component exercise training intervention.
 - those who included more moderate and high-intensity activities in their routines experienced less bone density decline than those with lower activity levels or intensity. Postdoctoral researcher Tiina Savikangas emphasizes the significance of even short bursts of activity for bone health, noting that impacts comparable to brisk walking contribute to better preservation of bone mineral density.
- in daily life, such as performing jumping-like impacts without actually jumping—by lifting up on tiptoes and then dropping down onto the heels. This simple addition to routine activities can contribute to better bone health, especially in the femoral neck, which is susceptible to fall-related fractures.
- published in the journal Bone.

HIGH FRUCTOSE CORN SYRUP

High-fructose corn syrup (HFCS) is about 55% fructose, a type of sugar. It takes your body more steps to breakdown fructose compared to glucose. High amounts of this sugar can lead to serious health issues.

1. Adds an unnatural amount of fructose to your diet HFCS comprise around 45% glucose and 55% fructose

2. Increases your risk of fatty liver disease NASH Rezdiffra

3. Increases your risk of obesity and weight gain
HFCS, plays a key role in the development of obesity

4. Excessive intake is linked to diabetes

5. Can increase the risk of other serious diseases

HFCS and sugar have been shown to drive inflammation, which is associated with an increased risk of obesity, diabetes, heart disease, and cancer.

HFCS may exacerbate inflammatory diseases like gout.

6. Contains no essential nutrients. The definition of “Hallow calories”

Candy, packaged sweets (Twinkies), Soft drinks,
Juice drinks, Fast food products (Apple Pie, dipping sauces)
Ice Cream, breakfast foods (pancake syrup)

fruit preserves & Jams Many breads and crackers
applesauce

CONCLUSION: STAY away from this stuff.

Traumatic BRAIN INJURY

TBI is one of **two subsets of acquired brain injury** (brain damage that occur after birth); the other subset is non-traumatic brain injury, which does not involve external mechanical force (examples include stroke and infection).

A traumatic brain injury (TBI), also known as an intracranial injury, is an injury to the brain caused by an external force. TBI can be classified based on severity ranging from mild traumatic brain injury (mTBI/concussion) to severe traumatic brain injury.[5] TBI can also be characterized based on mechanism (closed or penetrating head injury) or other features (e.g., occurring in a specific location or over a widespread area).[6] Head injury is a broader category that may involve damage to other structures such as the scalp and skull. TBI can result in physical, cognitive, social, emotional and behavioral symptoms, and outcomes can range from complete recovery to permanent disability or death.

ANOXIC BRAIN INJURY:

Anoxia is a condition in which the body or parts of the body do not receive oxygen to function correctly. This can occur due to a lack of oxygen to the entire body (typically in newborns during a difficult delivery), respiratory failure, or other medical conditions.

Anoxia is different from hypoxia, as anoxia is a complete lack of oxygen, whereas hypoxia is some lack of oxygen. Anoxia can cause serious health complications, including brain damage and organ failure, and can even be fatal if left untreated.

Anoxia is a medical emergency that requires immediate attention. When the body does not have enough oxygen, the brain and other vital organs can be damaged within minutes.⁹

National Institute of Neurological Disorders and Stroke. Cerebral hypoxia. **X** Therefore, it is important to call for emergency medical services as soon as possible if you suspect anoxia.

X Early intervention can greatly improve the outcome for someone experiencing anoxia, so it is essential to act quickly.

SYMPTOMS:

- Shortness of breath and difficulty breathing
- Headache
- Confusion
- Restlessness
- Palpitations and a rapid heartbeat
- Blue or purple lips or skin (cyanosis)
- Loss of consciousness
- Seizures
- Signs of brain damage

COMPLICATIONS:

- Organ dysfunction and failure (e.g., TBI, kidney failure, heart failure)
- Lack of consciousness
- Seizure-like activity or jerking movements
- Tremors
- Speech impairments
- Irritability
- Hearing problems
- Motor problems
- Memory difficulties
- Spasticity (increased muscle tone and stiffness)
- Behavioral problems

Cerebral hypoxia is a form of hypoxia (reduced supply of oxygen), specifically involving the brain; when the brain is completely deprived of oxygen, it is called cerebral anoxia. There are four categories of cerebral hypoxia; they are, in order of increasing severity: diffuse cerebral hypoxia (DCH), focal cerebral ischemia, cerebral infarction, and global cerebral ischemia. Prolonged hypoxia induces neuronal cell death via apoptosis, resulting in a hypoxic brain injury.

FOUR CATEGORIES depending on the severity and location of the brain's oxygen deprivation:

ANEURYSM in a cerebral artery, one cause of hypoxic anoxic injury (HAI).

DIFFUSE CEREBRAL HYPOXIA – A mild to moderate impairment of brain function due to low oxygen levels in the blood.

FOCAL CEREBRAL ISCHEMIA – A stroke occurring in a localized area that can either be acute or transient. This may be due to a variety of medical conditions such as an aneurysm that causes a hemorrhagic

STROKE, or an occlusion occurring in the affected blood vessels due to a thrombus (thrombotic stroke) or embolus (embolic stroke).

FOCAL CEREBRAL ISCHEMIA constitutes a large majority of the clinical cases in stroke pathology with the infarct usually occurring in the middle cerebral artery (MCA).

GLOBAL CEREBRAL ISCHEMIA – A complete stoppage of blood flow to the brain.

CEREBRAL INFARCTION – A "stroke", caused by complete oxygen deprivation due to an interference in cerebral blood flow which affects multiple areas of the brain.

MEMORY

MEMORY – there is more than ONE TYPE

For years, researchers and experts have debated the classification of memories. Many experts agree that there are FOUR MAIN CATEGORIES OF MEMORY. All other types of memory tend to fall under these four major categories.

Memory is sometimes also classified into stages and processes. People who classify memory into only two distinctive types, implicit and explicit memory, view that other types of memories like sensory, short-term, and long-term memories aren't types of memory but stages of memory.¹

SENSORY MEMORY (very short term memory)

Sensory memory allows you to remember sensory information after the stimulation has ended. Researchers who classify memory more as stages than types believe that all other memories begin with the formation of sensory memories.

Call-in 505-444-5059

February 17 pg 21

Typically your sensory memory only holds onto information for brief periods. Remembering the sensation of a person's touch or a sound you heard in passing is sensory memory.

When a sensory experience keeps recurring, and you start to attach other memories to it, the sensory experience stops living in your sensory memory. It might move to your SHORT-TERM MEMORY or more permanently to your LONG-TERM MEMORY.

There are **THREE TYPES OF SENSORY MEMORY:**

- iconic, which is obtained through sight;
- echoic, which is auditory; and
- haptic, which is through touch, taste, or smell.

SHORT-TERM MEMORY

As the name implies, short-term memory allows you to recall specific information about anything for a brief period.

Short-term memory is not as fleeting as sensory memory, but it's also not as permanent as long-term memory.

Short-term memory is also known as PRIMARY OR ACTIVE MEMORY.

Research estimates that short-term memories only last for about 30 seconds.

When you read a line in a book or a string of numbers that you have to recall, that's your short-term memory at work.

You can keep information in your short-term memory by rehearsing the information. For example, if you need to recall a string of numbers, you might keep repeating them to yourself until you input them. However, if you are asked to recall those numbers about 10 minutes after inputting them, you'd most likely be unable to.

EIDETIC MEMORY: The Reality Behind the 'Photographic' Mind
Working Memory

Call-in 505-444-5059

February 17 pg 22

WORKING MEMORY is a type of memory that involves the immediate and small amount of information that a person actively *uses as they perform cognitive tasks*.

While some experts view working memory as a fourth distinct type of memory, working memory can fall under the classification of short-term memory and, in many cases, is even used interchangeably.

Improving Your Memory With ADHD

LONG-TERM MEMORY

We store a vast majority of our memories in our long-term memory. Any memory we can still recall after 30 seconds could classify as long-term memory. These memories range in significance—from recalling the name of a friendly face at your favorite coffee shop to important bits of information like a close friend’s birthday or your home address.

There is no limit to how much our long-term memory can hold and for how long. We can further split long-term memory into TWO MAIN CATEGORIES: explicit and implicit long-term memory.

EXPLICIT LONG-TERM MEMORY

Explicit long-term memories are memories we consciously and deliberately took time to form and recall.

Explicit memory holds information such as your best friend’s birthday or your phone number. It often includes major milestones in your life, such as childhood events, graduation dates, or academic work you learned in school.

In general, explicit memories can be episodic or semantic.

Episodic memories are formed from particular episodes in your life. Examples of episodic memory include the first time you rode a bike or your first day at school.

Semantic memories are general facts and bits of information you absorbed over the years. For instance, when you recall a random fact while filling in a crossword puzzle, you pull it from your semantic memory.

Conditions such as Alzheimer’s disease heavily affect explicit memories.

IMPLICIT LONG-TERM MEMORY

We are not as deliberate with forming implicit memories as we are with explicit ones.

Implicit memories form unconsciously and might affect the way a person thinks and behaves.

Implicit memory often comes into play when we are learning motor skills like walking or riding a bike. If you learned how to ride a bike when you were 10 and only ever pick it up again when you are 20, implicit memory helps you remember how to ride it.

We can retrieve long-term memories a few different ways.

The three types of **MEMORY RETRIEVAL** are
recall, recognition, and relearning.

Shingles Vaccine May Increase Risk of Ocular Shingles Recurrence

by Marina Zhang Epoch Times February 23, 2024

- Ocular shingles refers to all shingles that manifest in the eye area. Milder cases of ocular shingles typically occur near the eyelids, while more severe cases may cause inflammation inside the eyes and potentially lead to blindness.

- Researchers at the University of California (UC)–San Francisco found that, compared to unvaccinated people with a history of ocular shingles, those who receive the RZV have a 93 percent higher rate of developing ocular shingles again.

A BETTER TREATMENT FOR CLEARING COVID RELATED BLOOD CLOTS, SULODEXIDE, SEEMS TO BE APPROVED FOR USE BY MOST COUNTRIES, BUT NOT THE UNITED STATES.

— <https://www.sciencedirect.com/topics/medicine-and-dentistry/sulodexide>

ESSENTIAL OILS

Lavender Essential Oil

Lavender essential oil is the number one of must have essential oils for first aid. Lavender essential oil can be used to disinfect wounds and burns, promote healing, and reduce scarring. Lavender essential oil is commonly used to help with inflammation from bug bites, bee stings, and sunburns, and is known for its antihistamine properties.

Lavender essential oils gentle uplifting aroma is deeply soothing and relaxing making it very helpful for insomnia. Lavender essential oil is known to help relieve high temperatures in children (do not use on newborns). This oil is also great for help with bruises, headaches, muscle inflammation, and sprains. For example mix a couple of drops of lavender essential oil into a lotion or aloe vera gel and use for minor burns, headaches, mosquito bites, sunburn, even sore muscles. Make a travel friendly inhaler with lavender essential oil for inhalation in the case of headache or insomnia.* You may also like our lavender essential oil rollon. Safe for direct skin contact. Convenient to carry in pocket or purse.

Helichrysum Essential Oil

Hel•i•chrysum essential oil is commonly used as a painkiller due to its analgesic properties and is helpful for bruises, sprains, and swelling. It is known to stop bleeding in seconds, and reduces bruising remarkably. Helichrysum essential oil when applied to any injury that does not involve broken skin is reported to have

wonderful results in speeding up healing. For a bruise immediately apply diluted (10% dilution in jojoba carrier oil) to helichrysum essential oil to ease the pain, swelling and discoloration, reapply frequently.* Do not omit helichrysum essential oil when building your must have essential oils for first aid kit.

Peppermint Essential Oil

Peppermint essential oil can aid in healthy digestion, soothe nausea, and help relieve muscle aches and pains, headaches, and fever. This oil is great to have in the car to keep the driver awake and aware and is also great for car sickness. Peppermint essential oil is also beneficial for indigestion or constipation, migraines, sunburn, congestion, poison ivy and other itching.* Peppermint essential oil is wonderful for sinus congestion caused by summer pollen. Inhaling diluted peppermint essential oil helps clear a stuffy nose, or blend with some diluted lavender essential oil and gently rub into cheekbones and forehead to ease a summer sinus headache.*

Tea Tree Essential Oil

Using tea tree essential oil for first aid helps disinfect skin irritations such as bug bites, and scrapes.* Tea tree essential oil has been known to help with healing of chicken pox, relieving the itching and helping with healing. After washing a scrape, try diluted tea tree essential oil to help keep the injury germ free.*

Frankincense Essential Oil

Frankincense essential oil is a great oil to use in first aid blends as it helps enhance the properties of other essential oils. It is also commonly used for skin issues. See our blog on the 20 Uses of Frankincense Essential Oil to see what benefits this oil has in first aid.* Frankincense essential oil is a truly versatile oil that should be in everyone's first aid essential oil collection!

Citronella Essential Oil

Citronella essential oil works wonders as a natural insect repellent. It may also help rid pets of fleas. Mixed with a carrier oil and rubbed on the skin, citronella essential oil will keep mosquitoes from biting. See our blog article on Essential Oils that Repel Insects like mosquitoes, flies and ticks. Citronella essential oil is also known for its tonic effect on the body as it helps stave away colds, flu, and minor infections.*

Lemon Essential Oil

Lemon essential oil is a great oil for first aid. In aromatherapy, lemon essential oil is known for aiding sore throats, nervous conditions, blood pressure, digestive problems, gallstones, debility, fever, and anxiety.* This oil can also be used as a tonic, astringent, and antiseptic. The body is aided from lemon essential oil due to its abilities to ward off infections, sickness, and fatigue.*

Roman Chamomile Essential Oil

Roman chamomile essential oil supports relaxation, lessens panic attacks, relieves sore muscles, muscle spasms, skin abrasions, and scrapes.* This oil is antispasmodic and is useful for intestinal cramps (massage diluted oil clockwise onto abdomen).*

Cajeput Essential Oil

Cajeput essential oil can be applied undiluted immediately to fire ant bites, reapply several times the first day. On the second day, switch to diluted lavender essential oil to hasten healing. Cajeput essential oil has been known to be used for colds and congestion, headaches, toothache, skin infections, and pain.*

Lemongrass Essential Oil

Lemongrass essential oil is used as a natural remedy to heal wounds and help prevent infection. Lemongrass essential oil has properties of relieving headaches, sore throats, respiratory problems, and fevers, as well as being a tonic, antiseptic, and insect repellent.*

These must have essential oils for first aid can be used in many ways. Salves, creams, sprays, or simply diluting with a carrier oil before applying to an area of pain or swelling are a few ideas.

Roselle, a nutrient-dense plant, is commonly used in various food products and supplements. Growing research has demonstrated that roselle may offer significant health benefits, including potentially helping prevent cancer and cardiovascular diseases, lowering blood sugar levels, and even improving symptoms of Alzheimer's disease.

Rich in polyphenols, dietary fiber, and organic acids, roselle can contribute to overall well-being. These compounds help protect against oxidative stress, promote skin health, support weight management, and enhance physical fitness.

<https://newsaddicts.com/trucking-company-boss-blows-whistle-biden-harris-admin-transporting-monkeypox-vaccines-nationwide-before-election/>

Trucking Company Boss Blows Whistle: Biden-Harris Admin Transporting Monkeypox ‘Vaccines’ Nationwide before Election

by Hunter Fielding September 6, 2024

A trucking company boss has come forward to blow the whistle and reveal that his company has been hired by the Biden-Harris administration to transport monkeypox mRNA “vaccines” across the country – enough to double-dose for every American – ahead of the November elections.

The business owner issued this warning during a recent episode of “The Alex Jones Show” on InfoWars.

He reached out to Jones to spread awareness, telling the InfoWars founder that the order to distribute the Big Pharma monkeypox mRNA injection came from top federal officials.

“All of a sudden, [my company] was blowing up with [inquiries] about ‘Can you help us?’ ‘Can you send more trucks and drivers?’ It is for the next three to four days and into next week,” he disclosed.

“They must be pumping out a large volume of this what they called mpox (not monkeypox) vaccines.”

The trucker answered affirmatively when Jones clarified if the orders specifically pertained to monkeypox vaccines.

The caller continued: “Specifically it will go onto our trucks to the airports and then onto cargo aircraft, possibly for a worldwide distribution, or at least throughout the country.”

It's Hard Out There for a Doctor

by Sally Pipes Epoch Times Oct 7, 2013

- America’s doctor shortage is quickly becoming a crisis. No less than 14 states have introduced legislation or created new programs to deal with the problem.

The Association of American Medical Colleges reports that the country is currently short 20,000 doctors. Over the next decade, that number could quintuple.

And “Obamacare” is only making things worse. Physicians are responding to the health reform law’s intrusive regulations and insufficient payments by treating fewer patients—or even abandoning the medical profession altogether.

One cornerstone of “Obamacare” is its expansion of Medicaid, the jointly run federal-state health insurance program for the poor.

Starting in 2014, the program will cover all Americans with incomes up to 133 percent of the federal poverty level. The federal government will absorb 100 percent of the cost of this expansion through 2016, and then a declining share in subsequent years, until its responsibility rests at 90 percent in 2020. By then,

some 12 million people will have gained coverage anew through Medicaid.

But the program is already dysfunctional. Reimbursement rates are so low—about 60 percent of the rate paid by private insurers—that doctors routinely refuse to see Medicaid patients. A recent study published in Health Affairs found that 33 percent of doctors did not accept new Medicaid patients in 2010 and 2011.

The story is much the same for the government's other big health program—Medicare. More than 9,500 doctors opted out of treating Medicare patients in 2012. That's almost triple the number that abandoned Medicare in 2009.

According to American Medical Association President Dr. Ardis Hoven, “While Medicare physician payment rates have remained flat since 2001, practice costs have increased by more than 20 percent due to inflation, leaving physicians with a huge gap between what Medicare pays and what it costs to care for seniors.”

Unsurprisingly, “Obamacare” will exacerbate the problem. The law creates a new government entity—the Independent Payment Advisory Board (IPAB)—charged with ensuring that Medicare hits designated spending targets. IPAB is forbidden from rationing care or changing seniors' benefits. So the board's only real cost-cutting option will be to ratchet down reimbursement rates for doctors.

Byzantine Regulations

“Obamacare” will also reduce payments to doctors who do not adhere to the law's Byzantine new regulations. For instance, doctors who fail to comply with the Centers for Medicare and Medicaid Services' Physician Quality Reporting System or order a certain number of prescriptions electronically could see their reimbursements docked up to 7 percent by 2017.

In many cases, doctors will have to make substantial investments in their office infrastructure and computer systems just to follow all the new rules.

Many doctors—particularly those nearing the end of their careers—will simply hang up their scrubs instead of spending heavily to comply with “Obamacare.” According to Dr. Jeff Cain, president of the American Academy of Family Physicians, “Almost a third of family doctors in rural America are thinking about retiring in the next five years.”

A 2013 Deloitte survey of physicians found that 6 in 10 doctors believe that many in their profession “will retire earlier than planned in the next one to three years.”

Those who can’t afford to retire may look to partner with hospitals in order to offload increases in overhead fueled by “Obamacare.” That’s bad news for physicians, hospitals, and patients alike.

American Enterprise Institute senior fellow Dr. Scott Gottlieb predicts that doctors will work less, once they become salaried employees of hospitals. Their employers will respond by reducing their paychecks. And patients will find that they’re competing for an ever-scarcer number of appointments.

“Obamacare” is causing a doctor depression. And what’s bad for doctors is ultimately bad for patients. The cure for this sickness is full repeal of “Obamacare”—and the installation of market-based reforms in its place.