The reVITALIZER HOUR
with"The Swing Sounds of Dr.William Summers

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SATURDAY November 23, 2024

SPECIAL GUEST: Dr. Carla Garcia

TOPICS: TfC– HxNSK, Thermography

Quotes & Quips HUMOR & WISDOM

" The man who does not read has no advantage over the man who cannot read."

— Mark Twain the sage from Missouri

Unless bureaucracy is constantly resisted, it breaks down representative government and over-whelms democracy. — Ronald Regan

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

I MAKE THE COMPLEX UNDERSTANDABLE EACH & EVERY SHOW.
— R. Limbaugh

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THERMOGRAPHY

Thermography is a noninvasive imaging test that is used to detect temperature differences on the skin. The test uses an infrared camera and no radiation. Thermography has many uses.

Thermography can be used for:

- Cancer screening: Thermography can be used as a supporting tool alongside mammograms to detect breast cancer. Infrared thermography can detect skin cancer because of the temperature changes and temperature distribution on the skin.
- Neurological uses: Thermography can be used to screen for certain neurological conditions. These include complex regional pain syndrome, peripheral nerve disorders, and nerve root compression. Some scientists question the use of thermography in diagnosing neurological conditions.

- Cardiovascular screening: Thermography can be used in the diagnosis of atherosclerosis. Plaque thermography is used to detect the increased temperature in plaques that have active inflammation.

- Ophthalmology use: Ocular thermography can be used to detect ocular inflammation, dry eye, and eye functionality after glaucoma surgery.

TO PREPARE for a thermography exam:

Do not smoke for 2 hours before the imaging test.
Do not exercise before the test.
Do not receive acupuncture, massage, or chiropractic adjustment before the test.
Avoid sun exposure on the day of the test.
For breast thermography, do not use antiperspirant, deodorant, lotion, or powder on your breasts or underarms.

- Thermography **TYPICALLY COSTS** $175–$250 and is not usually covered by insurance. Costs will depend on where you live and what part of the body is being scanned. In some cases, you may be able to submit a claim to your insurance company for possible reimbursement.

RESEARCH FOR Memory reVITALIZER

"Over-the-counter **anti-oxidant therapies** for use in multiple sclerosis: a systematic review. Plemel JR, Juzwik CA, Benson CA, Monks M, Harris C, Ploughman M.
Multiple Sclerosis Journal Feb 4, 2015.

They looked at 145 papers concluded ALA*, Ginkgo Biloba* resveratol* and epigallocatechin (green tea)were beneficial.

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Hx You are NOT SUPPOSE TO KNOW:

** **Mohammed** IS considered the perfect Muslim. Islam is NOT just a religion, but a political/ judicial and military system.

When Mohammed immigrated to Medina there were three Jewish tribes who facilitated his move.

Banu Qaynuqa, the 1st tribe offended Mohammed, so he accused them of being intolerant ("projection") and his 300 warriors who robbed caravans for a living (Sura 8) Suddenly attacked Banu Qaymuqa and drove them out of Medina.

Banu nadir did something, Mohammed considered offensive so he stirred up his followers who again attacked, confiscated their property and drove them out of Medina.

This sent the Islamic **Principal of "Hudna**, which means when weak make treaties// when strong disregard the treaties.

Finally was ***Banu Qur ay za***, the 3rd tribe. His followers bottled up their neighborhoods for 25 days. When they surrendered Mohammed took them to the market square and beheaded an estimated 700 men. The women and children were sold into slavery. Mohammed did keep one attractive Jewish woman (Rayhana) for his personal harem.

Within five years of arriving in Medina not a single free Jew survived.

J E W S IN UKRAINE

■ The Jewish presence in Kyiv can be firmly established by the 10th century. Sources in the Cairo Geniza note a Jewish presence in the city as early as 930.

- 1492 – Pogroms in Spain, Jews fled to Ukraine.

Even before the arrival of the Nazis, antisemitism was rife in Ukraine. In 1913, a Ukrainian Jew named Menachem Beilis was tried in Kyiv on charges that he had ritually murdered a teenage boy two years earlier. Beilis was ultimately acquitted and later emigrated to the United States, but the case — much like the Dreyfus Affair in France a decade earlier — convinced many Jews of the deep antisemitism at the heart of the Russian Empire and drove many to emigrate. Violent pogroms against Jews continued as the 19th century turned to the 20th. In the wake of World War I and the 1917 Russian revolution, Jews in Ukraine were subject to one of worst massacres in Jewish history. As many as 100,000 were killed, raped and tortured over a period of several years, and many more were left homeless when their towns were burned. The violence was so horrifying that when a Russian Jew was tried in Paris for killing one of the leaders of the anti-Jewish violence, a jury acquitted him.

Yet the Jewish population remained robust. Depending on how one counts, Ukraine was home to the largest Jewish community in Europe on the eve of the Nazi invasion, with some 2.7 million Jews, equaling about 5 percent of the population.

Leukemia: Symptoms, Causes, Treatments, and Natural Approaches

As the 10th most common cancer in the United States, leukemia will affect up to 2 percent of Americans at some point in their lifetime.

By Mercura Wang November 17, 2024 Epoch Times

Leukemia is a general term for cancers affecting blood cells. The specific type of leukemia is determined by the type of blood cell involved and the rate at which the cancer progresses.

In the United States, the incidence rate of leukemia cases was 14.1 per 100,000 people annually, with a mortality rate of 5.9 per 100,000, based on data from 2017 to 2021 for cases and 2018 to 2022 for deaths.
Leukemia is most commonly found in adults over 55, but it is also the most prevalent cancer in young people under 15.

image-5759945
Blood stem cells form in the bone marrow and develop into various types of cells. If something causes a DNA mutation, certain blood cells can begin to grow out of control and crowd out the healthy blood cells, resulting in leukemia. Illustration by The Epoch Times, Shutterstock

What Are the Types of Leukemia?

Leukemia begins in blood stem cells, which are formed in the bone marrow and develop into various types of cells.
Blood stem cells develop into either lymphoid or myeloid stem cells.
Lymphoid stem cells produce lymphocytes, a type of white blood cell that fights infections, while myeloid stem cells produce red blood cells, platelets, granulocytes, and monocytes, with the latter two also being white blood cells.
Before maturing into blood cells, lymphoid and myeloid stem cells first differentiate into blast cells, such as lymphoblasts and myeloblasts, which are immature blood cells.

In leukemia, abnormal blast cells are overproduced and do not mature into functional blood cells. These leukemia cells often grow and survive more effectively than normal cells, gradually crowding out and suppressing the production of healthy blood cells. The progression and impact on normal cells vary depending on the type of leukemia.

This article will discuss the four main types of leukemia.

1. Acute Myeloid Leukemia (AML)

Acute myeloid leukemia is characterized by the presence of over 20 percent myeloid blasts. AML was estimated to account for 34 percent of all leukemia cases in the United States in 2023. It is the most prevalent type of leukemia in adults but is less common among children.

It is the most aggressive cancer, with its prognosis varying depending on the molecular subtypes, and usually urgent treatment is needed. Cancer cells can rapidly spread to other parts of the body, including the central nervous system, liver, and lymph nodes. AML primarily affects white blood cells, although in very rare cases, it can involve red blood cells or platelets, as seen in acute erythroid leukemia and acute megakaryoblastic leukemia.

2. Chronic Myeloid Leukemia (CML)

Chronic myeloid leukemia is a slow-growing cancer of the bone marrow and blood, with less than 20 percent myeloid blasts. It occurs when two parts of our DNA get mixed up, creating an abnormal chromosome called the Philadelphia chromosome, an acquired chromosomal abnormality that develops after birth. This leads to the production of a faulty protein that causes certain blood cells to malfunction. These dysfunctional cells are mostly neutrophils, basophils, and eosinophils—all white blood cells.

CML was estimated to account for 15 percent of all leukemia cases in the United States in 2023. CML can sometimes progress into AML, which is difficult to treat.

3. Acute Lymphoblastic Leukemia (ALL)

Acute lymphoblastic leukemia involves the blastic transformation of B- and

T-cells, which are lymphocytes. The bone marrow produces too many of these abnormal lymphocytes, which cannot effectively fight against infections, while crowding out the healthy cells. It can spread to the brain, liver, lymph nodes, spine, and spleen.
ALL is the most common leukemia in children, making up about 80 percent of cases in this age group. Most children with ALL have the B-cell subtype.

It was estimated to account for 11 percent of all leukemia cases in the United States in 2023. In about one-quarter of adults with ALL, the leukemia cells have the Philadelphia chromosome.

4. Chronic Lymphocytic Leukemia (CLL)

Chronic lymphocytic leukemia occurs when a specific type of white blood cell called a monoclonal lymphoid cell grows out of control. It mostly affects people between the ages of 60 and 70. CLL usually progresses slowly, so not everyone with it will need treatment right away; treatment typically starts when symptoms become noticeable.
It was estimated to account for 31 percent of all leukemia cases in the United States in 2023.

Symptoms and Early Signs of Leukemia?

Leukemia often doesn't have early signs or symptoms. It might not be discovered until a person undergoes a routine checkup. Symptoms and signs vary by the type of leukemia. The following are more common across any type:

- Anemia: Anemia (insufficient red blood cells) may present as fatigue, weakness, pallor (pale skin), malaise, dyspnea on exertion (shortness of breath with activity), tachycardia (rapid heartbeat), and chest pain during exertion.
- Thrombocytopenia: Thrombocytopenia (insufficient platelets) can lead to bleeding from mucous membranes, easy bruising, purpura (small red

or purple spots on the skin), nosebleeds, bleeding gums, and heavy menstrual periods. Spontaneous bleeding, including in the brain or abdomen, may also occur.

- Granulocytopenia or neutropenia: Neutropenia (insufficient neutrophils, a type of white blood cells) increases the risk of infections from bacteria, fungi, and viruses. Symptoms may include fevers and severe or repeated infections. The exact cause of the fever is often unclear, but granulocytopenia (insufficiency in a type of white blood cell) can lead to rapidly worsening and serious bacterial infections.

Pancytopenia: Pancytopenia is characterized by low levels of all three above types of blood cells.

- Swelling of the lymph nodes, liver, or spleen: When leukemic cells infiltrate organs, it can enlarge the liver, spleen, and lymph nodes.

Fever and chills.

- Unexplained weight loss.
- Night sweats.
- Loss of appetite.
- Joint pain.
- Bone pain.

CAUSE

Leukemia occurs when there are changes in the DNA of bone marrow cells, but the reason for these genetic changes is not understood. Leukemia development is influenced by various genetic and environmental risk factors, which vary depending on the type of leukemia.

Stages of Leukemia?

Each type of leukemia is staged differently. The types are staged accordingly:

- ALL is staged according to leukemia cell maturity and the type of lymphocyte involved.
- AML is staged using the French-American-British (FAB) system, which accounts for how many leukemia cells there are and what size, number of healthy cells, chromosome changes, and other genetic issues.

- CLL is staged with the Rai system, which considers the blood's lymphocyte count, the degree of spleen, lymph node, and liver enlargement, and whether there is anemia or low platelet count.
- CML is staged according to how many diseased cells are in the blood and bone marrow.

RISK FACTORS

AGE: Age is a risk factor that differs among types. The highest incidence rates for ALL occur in children and adolescents under 15 years old, and children to middle-aged people are more at risk for CML. However, adults 50 years or older are more at risk for AML and CLL.

SEX: Men are more at risk for all four types of leukemia than women.

GENETIC SYNDROMES: These include Down syndrome, Fanconi anemia, Bloom syndrome, ataxia-telangiectasia, neurofibromatosis type 1, Shwachman-Diamond syndrome, congenital dyskeratosis, Kostmann syndrome, Wiskott-Aldrich syndrome, Li-Fraumeni syndrome, Klinefelter syndrome.

GENETICS AND FAMILY HISTORY: Inherited genetic mutations present from birth may increase the risk of developing AML.
Race: In the United States, ALL is more common among whites and Hispanics, and CLL is more common among whites than other races.

GENE ALTERATIONS: Most DNA changes associated with AML develop during a person's lifetime rather than being inherited at birth. Changes in specific genes such as FLT3, c-KIT, and RAS are common in AML cells. These changes can prevent bone marrow cells from maturing properly or cause them to grow uncontrollably.

SMOKING: Smoking is associated with about a 50 percent increased risk of leukemia, possibly due to the presence of the carcinogen benzene in tobacco.

RADIATION EXPOSURE OR CHEMOTHERAPY: People who have received radiation therapy or chemotherapy (e.g., with drugs called etoposide and alkylating agents) have a higher risk of leading to AML, known as treatment-related or therapy-related AML. People exposed to very high levels of radiation, such as survivors of atomic bomb blasts or nuclear reactor accidents, are also at increased risk of AML and CML. Leukemia from radiation exposure takes many years to develop, and most people treated with radiation for cancer do not develop the disease. CML has also been reported in those who have undergone excessive diagnostic X-rays or CT scans.

BENZENE EXPOSURE: Benzene is present in unleaded gasoline and is used in the chemical industry. People can be exposed to benzene through their work, the environment, or by using certain products. It is found in paint strippers, adhesives, forest fire smoke, and volcanic gas.
Blood and bone marrow disorders: People with certain blood disorders, such as myelodysplastic syndrome and myeloproliferative disorders, and bone marrow diseases are at higher risk for developing AML and CLL.

EPSTEIN-BARR VIRUS (EBV): EBV is associated with a type of ALL. In the United States, EBV is the virus that commonly causes infectious mononucleosis.

WEAKENED IMMUNE SYSTEM due to immunosuppressive drugs.

EXPOSURE TO HERBICIDES: Researchers have identified a possible link between CLL and exposure to herbicides such as Agent Orange used during the Vietnam War. The U.S. Department of Veterans Affairs provides disability compensation to those exposed to this herbicide.

DIAGNOSIS

- CBC with differential
- prothrombin time (PT), partial thromboplastin time (PTT), and international normalized ratio (INR).
- Peripheral blood smear
- Bone marrow Bx

COMPLICATIONS

- D I C (disseminated intravascular coagulation)
- severe infections
- other cancers
- organ dysfunction (liver, kidney, brain

RX:

– Chemotheray

– Targeted chemotherapy Imatinib, nilotinib, dasatinib, bosutinib, and ponatinib are tyrosine kinase inhibitors (TKIs) that block the abnormal protein produced by the Philadelphia chromosome. Most patients respond well to TKIs, which are the standard treatment for CML, so acute chemotherapy is usually only necessary if the disease progresses to an accelerated phase or blast crisis. These drugs have also been successful in combination with chemotherapy for treating the blast phase, which previously had a poor prognosis.

– STEM CELL TRANSPLANT

– **INTERFERON THERAPY**: Interferons are natural substances produced by the immune system, and interferon-alpha is a manmade version that mimics this natural substance. Interferon therapy helps slow the growth of leukemia cells.

– **Active surveillance: CLL** progresses more slowly than other types of leukemia and usually doesn't significantly shorten a person's lifespan. Early treatment isn't helpful unless the patient meets specific criteria for starting therapy.

— Radiation Therapy

NATURAL APPROACHES

Medicinal Herbs
FEVERFEW (Tanacetum parthenium): Feverfew, also known as bachelor's button, is a daisy-like plant commonly found throughout North America. Malignant stem cells play a key role in the development and persistence of AML. The compound parthenolide, derived from feverfew, has been found to selectively trigger the death of these AML stem cells, unlike standard chemotherapy, which often misses these vital cells and leaves the root cause of leukemia unaddressed. However, parthenolide's effectiveness in medical treatments was limited as the body didn't absorb it well. In 2019, researchers at Birmingham University developed a new parthenolide derivative that is better absorbed by the body and has promising effects against leukemia based on in vitro and in vivo studies. So far, clinical trials haven't been completed on this derivative's effectiveness in treating leukemia.
KOREAN RED GINSENG: A 2009 study found that treating U937 human leukemia cells with Korean red ginseng extract slowed their growth and triggered cell apoptosis (programmed cell death). A 2016 study tested a water extract of Korean red ginseng on a leukemia tumor model created by transplanting T-cell lymphoma cells (RMA cells) into mice. When given orally, the extract reduced the size of the tumors, increased the levels of certain enzymes involved in cell death, and decreased another enzyme linked to cancer metastasis. Although the extract boosted the presence of CD11c+ immune cells, it did not directly kill the cancer cells.

Based on cell line studies and mouse models, other medicinal herbs that can inhibit leukemia cell growth or trigger their apoptosis include:

Euphorbia formosana a very large and diverse genus of flowering plants, commonly called spurge They range from tiny annual plants to large and long-lived trees. with perhaps the tallest being Euphorbia ampliphylla at 30 m (98 ft) or more.

– Euphorbia formosana Hayata (EF) is a native Taiwanese medicinal plant used to treat rheumatism, liver cirrhosis, herpes zoster, scabies, and photoaging, along with tumor suppression. However, the mechanisms by which it suppresses tumors have not been explored.

Moringa oleifera drumbstick tree, Moringa tree, horseradish tree
From Southeast Asia -30-40 high

Typhonium flagelliforme a species of flowering plant in the family Araceae. is native to China (Guangdong, Guangxi, Yunnan), Bangladesh, Bhutan, Cambodia, India, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Sri Lanka, Thailand, New Guinea, Australia (Queensland, Northern Territory)

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from Newsmax.com
AFib Treatment Reduces Dementia Risk

– Dr. Chauncey Crandall, M.D., writes:

A procedure to restore normal heart rhythm is more effective than medication for reducing dementia risk in people with the heart rhythm disorder atrial fibrillation (AFib).

Previous studies have shown that AFib is associated with increased risk of dementia. A new study assessed whether catheter ablation and medication for AFib reduced that risk.

In catheter ablation, doctors insert a tube through a blood vessel to the heart to pinpoint the source of the arrhythmia, and then use radiofrequency energy to inactivate or isolate the affected area. Researchers analyzed data on patients in South Korea who were diagnosed with AFib between 2005 and 2015, including more than 9,100 who had catheter ablation and nearly 18,000 who were treated with medication. During a 12-year follow-up, catheter **ablation reduced the incidence of dementia by 27% compared to medication**.

When researchers focused on specific types of dementia, they found that ablation was associated with a 23% lower incidence of Alzheimer's disease compared to medication and a 50% decrease in vascular dementia.

After patients who suffered a stroke during follow-up were removed from the analysis, ablation was still significantly associated with a reduced risk of overall dementia and vascular dementia, but a statistically insignificant reduced risk of Alzheimer's.