The Atlas Times

Issue # 2

Baker - Borski Chiropractic, S.C.

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Welcome to the following New Patients!

William S. Mary S. Ann H. Marc E. Dan K. Rosina K. John S.

Thank you for your referrals!

Denise S. Erin H.
Julie E. Jon M.
Dustin K.

<u>A new favorite saying:</u>

If you are not eating it (nutritionally dense food), take it (supplementation)! David Hogsed, D.O.M., A.P.

Good health is not an accident

Have you noticed how infrequently Dr. Borski and Dr. Baker are ill? This is not by accident. We each do several things to make sure we stay well so we can care for our patients without interruption. We actually work at it. Here are our "secrets" for mostly good health:

- 1. <u>Get adjusted</u> regularly to keep our nervous system working at peak performance to help other systems and immune function stay at optimal levels.
- 2. **Eat organic** as much as possible. Rely on vegetables (and fruits),

- healthy oils/fats, leaner proteins and clean water.
- 3. **Get enough rest**. This is **SO** important and often corners are cut here. If you have irregular hours, this will greatly affect your health negatively over time. Doubly important when it comes to children!
- 4. **Take supplements**. There are a lot of people who really believe you can get what you need from your food alone. Our food supply is very poor nutritionally compared to decades ago, full of toxins and most of us don't consistently make wise choices we eat a heavy Western diet.
- 5. Exercise a little something everyday for even 30 min. Do something you enjoy: dance doing housework; calisthenics between laundry loads; walk, bike, swim whatever works with your lifestyle and schedule. A recent Swedish study of 2,205 participants over 35 years proved that with some mild activity, bone strength increases and your risk of bone fractures decreases
- 6. Try to have some **interests** outside work: quilting, painting, music, volunteer work, church activities, and travel something for just you. Strike a balance between your physical, emotional and spiritual needs.
- 7. Make regular deposits into your "good health" savings account. It

adds up!! Jack LaLanne said it is <u>NEVER</u> too late to get in shape! It doesn't happen overnight but keep working at it – it is a work in progress for ALL of us!

<u>Supplements</u>

Make sure you are taking a good multivitamin including Vit. D3; DHA/EPA, probiotics/digestive enzymes if you're over 50; immunity boosters such as Vit. C/zinc, Vit. D3 during winter months; and joint/bone supplements if you have issues with pain/dysfunction with movement. We carry a regular supply of high quality supplements including multivitamins for adults and children, fish/DHA/EPA supplements, Vit.C/zinc and joint supplements.



Children

There were several important articles that came out recently related to our children's health.

1. 25% of our children are on prescription drugs. This is not a good trend. Lifelong dependence on drugs only leads to greater problems later in life when organ systems start to fail from long term use. You will see liver and kidney function fail, digestion issues of all sorts including acid reflux, irritable bowel syndrome and colon issues.

2. Medication dosing for children

is a guessing game. In fact a recent medical article relates that dosing instructions and amounts are highly variable and unreliable with 99% of children's

medications. The pharmaceutical manufacturer generally adjusts as if they are little adults. This is bad science since they are experiencing tremendous growth spurts and their metabolism is very different. Again, if they are taking more than one drug, the outcome is a guess as well. No one can predict the interaction of the drugs. 25% of the medications did include standardized dosing devices as well.

Journal of the American Medical Association (JAMA) Nov. 30, 2010.

3. Otitis Media treatment with antibiotics

A rather large clinical study was done on children aged 6 mos. to 2 yrs. with acute (onset within 48 hrs.) otitis media (middle ear infection). The study also discerned between bilateral vs. unilateral infections. Another interesting aspect was the outcome based on exposure to other children after treatment and the relapse rate at set periods of time following treatment. Amoxicillinclavulanate was the medication used vs. a placebo. The study was conducted at the Children's Hospital of Pittsburg and Armstrong Pediatrics, an affiliated facility in Kittanning, PA. between March 2006 and Nov. 2009. 1, 385 children were screened, 498 were eligible and 291 were enrolled. New England Journal of Medicine Jan. 13, 201; 364: 105-115.

25.8 million Americans
have diabetes (Type 1 and 2); 79
million adults are estimated to have prediabetes which means they are at high
risk to develop Type 2 diabetes!

Ann Ital Chir. 2015 May-Jun; 86(3):192-200.

Preliminary results after upper cervical chiropractic care in patients with chronic cerebrospinal venous insufficiency and multiple sclerosis.

Mandolesi S, Marceca G, Moser J, Niglio T, d'Alessandro A, Ciccone MM, Zito A, Mandolesi D, d'Alessandro A, Fedele F. Abstract

PURPOSE:

The aim of the study is to evaluate the clinical and X-ray results of the Upper Cervical Chiropractic care through the specific adjustments (corrections) of C1-C2 on patients with chronic venous cerebral-spinal insufficiency (CCSVI) and <u>multiple</u> sclerosis (MS).

METHOD:

We studied a sample of 77 patients before and after the Upper Cervical Chiropractic care, and we analyzed: A) The change of the X-ray parameters; B) The clinical results using a new set of questions. The protocol of the C1- C2 upper Cervical Chiropractic treatment, specific for these patients, lasts four months. From a hemodynamic point of view we divided the patients in 3 types: Type 1 - purely vascular with intravenous alterations; Type 2 - "mechanical" with of external venous compressions; Type 3 - mixed.

RESULTS:

We found an improvement in all kinds of subluxations after the treatment with respect to the pre-treatment X-ray evaluation, with a significant statistical difference. The differences between the clinical symptoms before and after the specific treatment of C1-C2 are statistically significant with p<0.001 according to the CHI-Square test revised by Yates.

CONCLUSIONS:

The preliminary X-ray and clinical improvements of the Upper Cervical Chiropractic corrections on C1- C2 on these patients with CCSVI and MS encourage us to continue with our studies. We believe that the Upper Cervical correction on C1-C2 could be the main non-invasive treatment of the CCSVI mechanical type in patients with MS. Further studies are required to evaluate the correlation between the Upper Cervical Chiropractic correction on C1-C2 on the cerebral venous drainage and the cerebral-spinal fluid.



Recipe - Fruit salsa

- Diced up, peeled apples; or apple sauce.
- Organic preserves or jam of strawberry, raspberry, apricot, peach, rhubarb, etc.
- Pineapple, peeled pears or whatever fruit you have on hand.

Mix in a food processor to texture preferred (chunky or not). Refrigerate.

Chips (or use fruit to dip):

Cut tortilla flats into pie shaped pieces. Mist with water, sprinkle with cinnamon lightly. Bake at 250 for about 10 minutes. Or use Blue Diamond Almond Nut-Thin crackers. Our favorite flavor is Nut and Rice: they are wheat/gluten free.

