

# Smart Life Forum

[www.smartlifecycleforum.org](http://www.smartlifecycleforum.org)

Thursday, December 17<sup>th</sup>, 2009

Dawson Church, PhD

On

Epigenetic Medicine

## **Smart Life Holiday Potluck** by Anna Coulter

*This year, we would like to open our December SLF Meeting with a really healthy potluck featuring raw food dishes and organic ingredients.*

*So, please bring your favorite raw food dish - or, if preparing dishes is not your thing, please bring a bottle of Martinelli sparkling apple cider or some organic vegetable juice. Some simple things to bring that require little or no preparation include: organic apples, pears, persimmons, sliced mango, grapes, raw nuts and seeds, cucumbers, broccoli, bell pepper and celery sticks with raw hummus.*

*Please: No sugar or artificial sweeteners, no gluten, no dairy or meat products, no chocolate and no alcohol. Instead, let's make this holiday feast a fun challenge with organic whole foods like those above.*

*Looking for more inspiration? Click the link below!*  
<http://www.smartlifecycleforum.org/2009/12/recipes.pdf>

*Let's be smart and celebrate the holiday season in a healthy way!*

**Editor's Note:** Anna Coulter is a raw foods advocate and founder of the Starting Point Wellness School in San Carlos, CA.

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### **Presentation Location:**

Cubberley Community  
Center

Room H1

4000 Middlefield Rd.

Palo Alto, CA

## **Future Speaker**

**Jan 21, 2010 : Dave Asprey, MBA**

*On Microtoxins in Our Environment*

## Meet Dawson Church, PhD

*Dawson Church, Ph.D., is a researcher in the field of energy medicine, who coauthored the book "Soul Medicine" in 2006 (with neurosurgeon Norman Shealy, M.D., Ph.D.), and founded Soul Medicine Institute to study and teach these mechanisms. Church ties together the advances of electromagnetic medicine, including advanced therapies such as the use of Pulsed Electromagnetic Fields (PEMS) for depression, with popular emerging therapies such as Emotional Freedom Technique (EFT) in a scientific framework.*

*Dawson has edited or authored over 200 books in the fields of health, psychology, and spirituality. He has collaborated on articles with many of the leading voices of our time, including John Gray, Bernie Siegel, and Barry Sears. He has been quoted in many national media outlets. He earned his undergraduate degree at Baylor, and doctorate in Integrative Healthcare at Holos University under the mentorship of distinguished neurosurgeon Norman Shealy, M.D., Ph.D., founder of the American Holistic Medical Association. He went on to receive a postgraduate Ph.D. in Natural Medicine, as well as clinical certification in Energy Psychology (C.EHP).*

*Church and Shealy coauthored a survey of spiritual healing throughout history called Soul Medicine. They culminate this work with a landmark profile of accreditation standards for the emerging fields of Energy Medicine and Energy Psychology. Church founded Soul Medicine Institute (SMI), a nonprofit institution dedicated to education and research into science-based medical interventions which use consciousness and energy as primary modalities. As a member of the Research Committee of ACEP, the Association for Comprehensive Energy Psychology, Church has been active in researching the empirical basis for leading edge techniques. He is participating in several scientific studies at Kaiser Permanente, a large hospital chain, and private institutions, and presents regularly at conferences to update colleagues on his findings, as well as presenting workshops for corporations and retreat centers.*

*Among the research initiatives at Soul Medicine Institute is the first database of Energy Psychology clinical case histories. Church is the former president of The Family Connection, one of just 53 US nonprofits honored as "Points of Light" by former President Bill Clinton. Books on which he has worked have won over two dozen awards, including Best Health Book (Independent Press Awards) and Best Science Book (USA Booknews Awards).*



Dawson Church,  
PhD

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For questions, please contact Mike Korek at (650) 941-3058.

## Main Presentation

*Conventional medical wisdom holds that our DNA is our destiny, a blueprint we must follow for life. If it were, identical twins would all get the same diseases - but they do not. Genes are subject to regulation and various degrees of expression; they can be turned on or off, especially when lifestyles - choices we as individuals control - differ. A Nova clip on twins and epigenetics states that over time, large differences accumulate in gene expression, even between twins.*  
<http://www.pbs.org/wgbh/nova/sciencenow/3411/02.html>.

*As we read in the February 2008 issue of the SLF newsletter, the reductionist medical paradigm used everywhere in conventional medicine - because it's easy to test in a lab - does not work all the time: biology is too complicated. Complex biological systems do not behave deterministically. Instead, they exhibit "emergent properties" where a large number of simple interactions combine in complex and unpredictable ways (as in the behavior of ant colonies, flocks of birds, or schools of fish).*

*Cellular biologist Bruce Lipton's 2005 book, "The Biology of Belief" discussed experiments examining in great detail the molecular mechanisms by which cells process information. Dr. Lipton concluded that genes do not in fact control our behavior, instead, genes are turned on and off by influences outside the cell, including the energetic messages emanating from our positive and negative thoughts.*

### Epigenetic Medicine

*Epigenetics has been referred to as "the study of heritable changes in gene function that occur without a change in the DNA sequence", and epigenetics examines the sources that control gene expression from outside the cell. It's a study of the signals that turn genes on and off. Some of those signals are chemical, others are electromagnetic. Some come from*

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the environment inside the body, while others are our body's response to signals from the environment that surrounds our body.

Dawson Church holds that there are over 100 genes in your body that are activated by your thoughts, feelings and experiences. Those genes dramatically affect your immune system and your resistance to disease. Those genes can be turned on or off deliberately through thoughts, emotional responses, and experiences that you can choose. These genes can be activated within a very short time, as little as three seconds. This is a radically new theory of how our bodies work and puts more control back in the hands of an empowered patient.

Dawson Church contends that Epigenetic Medicine is a new form of therapy destined to upend many of the certainties of today's medical and psychological practice. Epigenetics (epi = above, epigenetic = control of genes from above or outside the cell) is a new science less than ten years old. Its position is genes are activated or deactivated by many factors originating outside the cell and even outside the body. These factors include emotionally triggering events such as childhood nurturing, belief, spirituality, prayer, visualization, and the quality of our social network. It seems incredible that our cells could be conditioned daily by these epigenetic influences.

Yet the most cutting-edge scientific research shows that our consciousness is dynamically affecting gene expression in every moment, and that a life filled with positive

experiences can add a decade or more to our lifespan. Large-scale scientific studies have shown that success in resolving emotional trauma can lower our chances of getting cancer, heart disease, hypertension, and diabetes. Dawson Church coined the term "Epigenetic Medicine" and identifies an Epigenetic Health Cycle in his book "The Genie in Your Genes" (2nd edition, 2009) . "Psychology is physiology" - what we believe and think has an immediate effect on our bodies.

In this presentation, he shows that the power over our health and well being does not lie in an untouchable realm of DNA strands, but in our own consciousness, and how we can turn this knowledge to our advantage, engaging powerful epigenetic processes through the quality of our emotions and thoughts, and the nature of our intentions. This presentation also includes a description of several simple, free techniques we can use in our everyday lives to trigger health and lifespan-boosting epigenetic changes in our mindset/attitude, and then our bodies.

#### Editor's Note

*The implications of what Dawson discusses are large enough to have attracted the attention of large pharmaceutical companies. Early trials of drugs intended as epigenetic therapy to alter gene expression have had promising results - but drugs are not the only way to alter gene expression - just the most expensive. In the end, epigenetics means more of an individual's destiny is under their own control than conventional medicine might have you believe. We inherit our genome, but our epigenome we can alter - for the better.*

#### Resources

Epigenetic Therapy for certain cancers:

<http://www.pbs.org/wgbh/nova/genes/issa.html>

## The Mammography Scandal

By Len Saputo, M.D.

*Sometimes an unvarnished truth can escape from the mouths of genuine scientists who are otherwise ensconced in politicized medical bureaucracies. To his great credit, Dr. Otis Brawley, chief medical officer of the American Cancer Society (ACS), made one of those refreshing slips in a conversation with the New York Times that was published on October 21. Brawley admitted that screening practices for breast cancer endorsed by the ACS lead to treating many people whose cancer would spontaneously clear while missing many of those that are lethal. Oddly, within hours he recanted his courageous declaration in a shocking reversal posted on the ACS website! How can this scenario be explained? A little research reveals what may be behind the motivations of the ACS in putting the kibosh on Dr. Brawley's honest science: a pattern of conflict of interest involving—yup, you guessed it—Big Pharma.*

*Big Pharma passes huge sums of money through the ACS, which happily accepts the offering. It is clear that the more people who need chemotherapy, the more money that Big Pharma makes for its shareholders. Wouldn't it be inconvenient for Big Pharma if those people whose cancer did not need treatment were suddenly eliminated and therefore not*

*treated? This number could be as high as 30% of all breast cancers! It makes one wonder if somehow this scenario could lead to the ACS being horrified by Dr. Brawley's bold statements for fear of losing Big Pharma's funding.*

*As this transparency began to dissipate from public attention, the NY Times inconveniently reported in an article published in the November 17, 2009 issue of the prestigious *Annals of Internal Medicine* stating that the US Preventive Services Task Force (USPSTF) recommended exactly what Dr. Brawley did; namely, women should start regular breast cancer screening with mammograms at age 50, not age 40. How inconvenient for the ACS and potentially costly for Big Pharma!*

*The USPSTF reports that for women in the 40-49 year old age group one cancer death is prevented for every 1904 women who are screened for 10 years with mammography. However, we must also consider that there is one breast cancer caused by the radiation from every 1000 mammograms. In addition it has been found that as many as 25% of breast cancers found on mammography do not need treatment because they would*



spontaneously resolve on their own. Lastly, this overdiagnosis leads to far too many unnecessary biopsies, surgeries, radiation treatments, and chemotherapy treatments that result from identifying breast cancers that would have spontaneously resolved. This comes at the price of a certain, as yet unknown, amount of morbidity and mortality as well as a cost of no less than \$300,000 for the mammograms (2,000 at \$150 each to save one life while causing cancer in two others), without considering the far greater expense of unnecessary biopsies, surgeries, radiation treatments, and chemotherapies. It should not come as a surprise that radiologists, breast surgeons, plastic surgeons, Big Pharma, and the ACS are outraged by the USPST's position statement. There are a lot of dollars at stake and, as we are learning, the *business of medicine trumps service!* By the way, this is not the first US medical organization to question the value of mammograms in women under 50. In the April 3, 2007 issue of *Annals of Internal Medicine* the American College of Physicians, with a membership of 120,000 physicians, came to the same conclusion as the USPSTF! What's a woman to do? There is an answer, but it too has financial implications that have put the political kibosh on its emergence into the cancer screening marketplace. In 1993 I wrote an article called *Beyond Mammography* that was published in the

*Townsend Newsletter* that remains accurate today. Although *Townsend Newsletter* is not the most prestigious medical journal, it does publish information that is often too much on the cutting edge for mainstream journals. The reasons for this are described in my recent book, *A Return to Healing: Radical Health Care Reform and the Future of Medicine*. The bottom line is that breast thermography has been well documented to screen for those breast cancers that are most likely to need treatment, and it does so far more sensitively, accurately, safely, and cost effectively than any other test in medicine today. When the story behind why thermography has not made it into the mainstream of medicine is revealed, it sickens the stomach. Once again the answer is found when you follow the dollars regardless of whether or not it is the right action to follow.

**Editor's Note:** Len Saputo, MD is founder of the Health Medicine Forum and Health Medicine Center, and Author of *A Return to Healing: Radical Health Care Reform and the Future of Medicine*.

## **Raising Serum Vitamin-D Levels to Reduce Risk of Infection and Death from Pandemic H1N1 “Swine Flu”**

**by William B. Grant, Ph.D.**

There has been much concern raised about preparing for pandemic (H1N1) 2009 virus. The primary health system defense proposed is vaccine, which is still under development, approval, manufacture, and distribution. That being the case, it is worthwhile to consider other public health options for limiting the effects of the pandemic. I would like to propose that vitamin D be given fast-track consideration based on evidence that exists to date. In this article, I outline the evidence of high probability of significant benefits in reducing both incidence and death from H1N1 2009 virus and seasonal influenza and very few adverse effects.

In 2006, John Cannell and colleagues published a hypothesis paper suggesting that annual variations in solar ultraviolet-B (UVB) doses and, hence, vitamin D production largely accounted for seasonal influenza (1). The mechanism proposed was induction of human cathelicidin, LL-37, which is an important component of the innate immune system. This hypothesis was quickly supported by the post-hoc analysis of seasonal influenza and rhinovirus infections in a randomized controlled trial of vitamin D supplementation with African-American post-menopausal women: those taking 800 IU/day of vitamin D3 had a 60% reduction in risk compared to those taking a placebo, while those taking 2000 IU/day had a 90% reduction in risk. The benefit of vitamin D in reducing the risk of seasonal influenza was recently reviewed (2).

Since pandemic H1N1 2009 virus shares some features with the 1918-19 pandemic (H1N1) virus, it is useful to examine what can be determined about the role of vitamin D for that virus. There is some evidence that vitamin D reduced the risk of infection in that infection rates were highest in fall and winter, although that seasonality could have been due to a genetic drift of the virus which started in the summer, becoming much more virulent and deadly. An important finding associated with the 1918-19 pandemic virus in the United States was that case-fatality rates were much lower in southern communities than in northern communities, based on comprehensive surveys in 12 cities and counties (3). An ecological study of the case-fatality rates with respect to summertime and wintertime solar UVB indices found that over 70% of the variance was explained (4). Since vitamin D was unknown at that time, such ecological studies are the only way to make such determinations. Most of the deaths occurred about 10 days after infection and were due to bacterial pneumonia. It was also noted that many suffered from the cytokine storm that accompanied the influenza infection. Thus, the mechanism leading to death seems to be disturbance of the epithelial lining of the lungs by the cytokine storm followed by opportunistic infection by bacteria normally present in the lungs. The active metabolite of vitamin D, 1,25-dihydroxyvitamin D [ $1,25-(\text{OH})_2\text{D}$ ], is effecting in reducing the cytokine storm by shifting cytokine production from TH1 to Th2 cytokines. LL-37 seems to be very effective in fighting bacterial infections. Thus, vitamin D has shown promise in the past in reducing both risk of infection and death from both seasonal and pandemic influenza.

What do we know about the epidemiology of the pandemic (H1N1) 2009 virus? It has been reported

that groups with greatly increased risk, up to 4-6 times that for others, are pregnant women, those with metabolic diseases such as diabetes and obesity, Australian Aborigines. What these diverse groups have in common is low serum 25-hydroxyvitamin D [25(OH)D] levels. Pregnant women are not told by their doctors that they require 4000-6000 IU/day of vitamin D and have low levels. Vitamin D has been found to be a risk factor for diabetes in observational studies. Serum 25(OH)D levels are inversely correlated with body mass index and fat. Aborigines have dark skin and now live indoors, so have very low serum 25(OH)D levels. Thus, these groups can be considered modern day “canaries in the coal mine”, giving advanced warning that low serum 25(OH)D levels predispose people to increased risk of infection and death from pandemic (H1N1) 2009 virus.

### **How Much Vitamin-D to Take**

Those of us who study the health benefits of vitamin D are now recommending serum 25(OH)D levels of 40-60 ng/mL based on meta-analyses of observational studies on cancer risk and randomized controlled trials of influenza and cancer. The human body can use 3600 IU/day. As an example, Canadians (who live in a northern latitude) have a mean annual serum 25(OH)D level around 27 ng/mL, somewhat lower in winter. Each 1000 IU/day raises serum 25(OH)D levels by 6-10 ng/mL. Thus, Canadians would have to obtain 2000-3000 IU/day to reach the 45 ng/mL level. Oral intake at amounts up to 20,000 IU/day appear to be completely safe for 99% of the population (5). Those with granulomatous diseases or hematopoietic cancers have to worry about hypercalcemia at lower serum 25(OH)D levels due to increased production of 1,25-(OH)<sub>2</sub>D in the serum. There are many health benefits of vitamin D, so embarking on a public health campaign to raise the public's awareness of the potential of vitamin D to reduce the risk of infection and death from pandemic (H1N1) 2009 virus would have many benefits in addition to reducing the impact of this year's virus.

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