

Doctor's-Practice-Fax-10-2012

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704-825-5710 attn. Lynn Witherspoon

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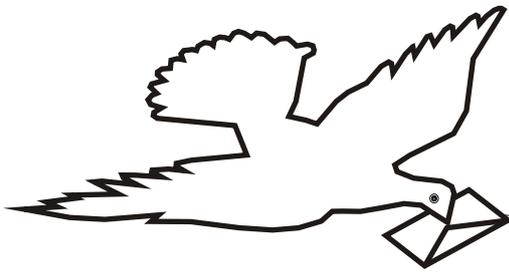
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LOGO ① Willing doctors must be allowed to join Blues HMO

In Georgia the state's any-willing-provider law, much like those in many other states, grants doctors and health care providers licensed to practice and in good standing the right to become health insurance participants. But the law did not necessarily require an HMO to take in any physician who wanted to join it. This ruling was the first time a regulator said it did.

Blue Cross Blue Shield Healthcare Plan of Georgia must allow Northeast Georgia Cancer Care of Athens to participate in its health maintenance organization network, according to statements issued April 7 by the state's Dept. of Insurance. The ruling does not necessarily include all HMOs in the state, but the commissioner reserves the right to extend it in the future.

Source: Georgia's state Dept. of Insurance, April 2010

LOGO ② Doctor gets jail time for online, out-of-state prescribing

In a case that could have ramifications for online prescribing, a Colorado physician was sentenced to nine months in jail for prescribing an anti-depressant over the Internet to a California teenager who later committed suicide

The prosecutors charged the psychiatrist with a single felony count of practicing medicine without a valid California license.

The case could set a dangerous precedent and is able to destroy telemedicine nationwide, because no one would dare practice telemedicine without being licensed in all 50 states for fear of criminal charges.

Sources: San Mateo County Superior Court, 12/2010

LOGO ③ Assisted suicide legal in Montana

Physicians in Montana should not fear criminal prosecution when writing lethal prescriptions for mentally competent patients with terminal illnesses, the state's supreme court said in a 4-2 decision.

Because patients consent to their own deaths and administer the lethal medications themselves, physicians would be shielded from homicide liability under state law. The ruling makes Montana the third state, after Oregon and Washington, where physician-assisted suicide is legal.

The physician and terminally ill patient work together to create a means by which the patient can be in control of his own mortality. The patient's subsequent private decision whether to take the medicine does not breach public peace or endanger others. Now there is no basis for prosecuting a physician who provides that care unless and until the Legislature were to pass a law that makes a crime of aid in dying.

Source: Montana State Supreme Court 2&2011

LOGO ④ Insurance denials

A new law allows an insured person to appeal the denial of payment for a treatment on the grounds that it is either medically unnecessary or investi-gational.

The member may appeal to an accredited independent review organization after exhausting an insurer's internal appeal process. The independent review board is required to take into consideration the person's medical record, recommendations and consulting reports from physicians and other health care professionals, appropriate practice guidelines, and other medical and scientific evidence.

The law requires that the review be completed within 42 days under a standard review or 72 hours if the person's treatment is urgently needed and he or she qualifies for an expedited review.

Only five states now have no laws mandating external review of denials: Mississippi, Nebraska, North Dakota, South Dakota and Wyoming.

Source: Max Langen, Health Attorney, Miami Florida 2011

LOGO ⑤ Maternal Supplementation should include probiotic bakteria

Promotion of nonimmunologic defense barrier in the gut includes normali-zation of increased intestinal permeability and altered gut microecology.

The gutstabilizing effect could be improvement of the intestine's immunologic barrier, particularly intestinal IgA responses, and alleviation of intestinal inflammatory response.

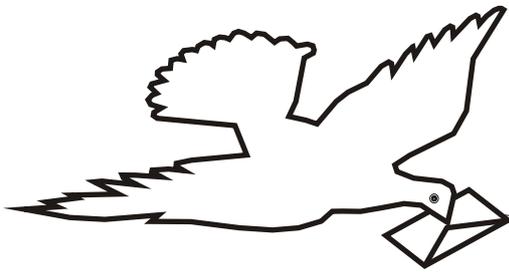
Probiotic bacteria have several immunomodu-latory effects: adjuvant-like properties-and antiinflammatory properties. Moreover, both quantitative and qualitative differences in immune exclu-sion, immune elimination, and immune regulation exist among candidate probiotic bacteria.

These data point to the conclusion that probiotics can be used as innova-tive tools for treating dysfunctions of the gut mucosal barrier, including acute gastroenteritis, food allergy, and inflammatory bowel disease especially during pregnancy.

In the US only Orthomol® NATAL contains not only the perfect doses of essential probiotics but also 0.5 mg folic acid (which is instead of the usual 1,0 mg the optimal dosis), valuable omega-3 fatty acids to support he attachment of probiotics and vitamin D3 needed by the immun system and as a boost for the bone meta-bolism.

For more information and samples of the Orthomol Natal supplement please respond and mark Nr. 5 on page 1.

*Sources: ¹Erika Isolauri et al, Am J Clin Nutr 2001;73(suppl):444
Allderm Inc. August 2011*



Service Literature 10 - 2011

Today's focus:

Immun system and the role of orthomolecular medicine

LOGO 6 The effects off antioxidants on exercise-induced lipid peroxidation in patients with COPD

Agacdiken A, Basyigit I, Ozden M, et al. *Respirology* 2004;9(1):38-42.

Micronutrients – nutritional support for the immune system

The oxidant-antioxidant balance plays an important role in the pathogenesis of COPD. The aim of the present study was to evaluate the effects of exercise, as an oxidative stress factor on the oxidant-antioxidant balance and to investigate whether short-term antioxidant treatment affects lipid peroxidation products.

Twenty-one stable COPD patients and 10 control subjects were included in the study. Symptom-limited exercise tests were performed by all subjects. Blood was collected before and 1 h after exercise in control subjects and before, 1 and 3 h after exercise in COPD patients, for analysis of malondialdehyde (MDA), reduced glutathione (GSH) and vitamin E (VE) levels. VE and vitamin C treatments were added to the regular bronchodilator therapy in 10 COPD patients for 1 month. After the treatment period, an exercise test was performed and blood was collected again for MDA, GSH and VE levels.

RESULTS: Baseline GSH and VE levels were significantly lower in the COPD group when compared with the control subjects. There was no statistically significant difference in MDA levels between the two groups. In the COPD group, MDA levels 3 h after exercise were significantly higher than at baseline. In contrast there were no significant differences in MDA, VE and GSH levels in the control group after exercise. VE and MDA levels increased significantly after exercise in COPD patients but there was no difference in GSH levels. Baseline exercise time was significantly lower in the COPD group than in the controls. In 10 COPD patients who were given antioxidant therapy, their exercise time increased significantly and there was no increase in MDA and VE levels after the repeated exercise test.

CONCLUSIONS: Antioxidant levels were significantly lower in COPD patients than in control subjects. In these patients, exercise results in more significant oxidative stress and lipid peroxidation than in control subjects and antioxidant therapy may decrease lipid peroxidation following exercise and improve exercise capacity.

LOGO 7 Are vitamin and mineral deficiencies a major cancer risk?

Ames BN, Wakimoto P, *Nat Rev Cancer*. 2002 Sep;2(9):694-704

The immune system has an especially high turnover rate in chronic diseases or infections. Immune cells must be activated rapidly in the right place at the right time. This is why the immune system is particularly vulnerable to a lack of micronutrients in such cases.

Diet is estimated to contribute to about one-third of preventable cancers -- about the same amount as smoking. Inadequate intake of essential vitamins and minerals might explain the epidemiological findings that people who eat only small amounts of fruits and vegetables have an increased risk of developing cancer. Recent experimental evidence indicates that vitamin and mineral deficiencies can lead to DNA damage. Optimizing vitamin and mineral intake by encouraging dietary change, multivitamin and mineral supplements, and fortifying foods might therefore prevent cancer and other chronic diseases.

LOGO 8 Randomized, double-blind, placebo-controlled trial: Effect of a multivitamin and mineral supplement on infection and quality of life

Barringer TA, Kirk JK, Santaniello AC, Foley KL, Michielutte R, *Ann Intern Med*. 2003 Mar 4;138(5):365-71.

Use of multivitamin and mineral supplements is common among U.S. adults, yet few well-designed trials have assessed the reputed benefits.

To determine the effect of a daily multivitamin and mineral supplement on infection and well-being multivitamin and mineral supplement or placebo have been taken daily for 1 year from 130 community-dwelling adults stratified by age (45 to 64 years or ≥ 65 years) and presence of type 2 diabetes mellitus.

MEASUREMENTS: Incidence of participant-reported symptoms of infection, incidence of infection-associated absenteeism, and scores on the physical and mental health subscales of the Medical Outcomes Study 12-Item Short Form.

RESULTS: More participants receiving placebo reported an infectious illness over the study year than did participants receiving multivitamin and mineral supplements (73% vs. 43%; $P < 0.001$). Infection-related absenteeism was also higher in the placebo group than in the treatment group (57% vs. 21%; $P < 0.001$). Participants with type 2 diabetes mellitus ($n = 51$) accounted for this finding. Among diabetic participants receiving placebo, 93% reported an infection compared with 17% of those receiving supplements ($P < 0.001$). Medical Outcomes Study 12-Item Short Form scores did not differ between the treatment and placebo groups.

CONCLUSIONS: A multivitamin and mineral supplement reduced the incidence of participant-reported infection and related absenteeism in a sample of participants with type 2 diabetes mellitus and a high prevalence of subclinical micronutrient deficiency. A larger clinical trial is needed to determine whether these findings can be replicated not only in diabetic persons but also in any population with a high rate of suboptimal nutrition or potential underlying disease impairment.

LOGO 9 Effekt of vitamin and trace-element supplementation on immune responses and infection in elderly subjects.

Chandra RK., *Lancet*. 1992 Nov 7;340(8828):1124-7

96 independently living, healthy elderly individuals were randomly assigned to receive nutrient supplementation or placebo. Nutrient status and immunological variables were assessed at baseline and at 12 months, and the frequency of illness due to infection was ascertained. Subjects in the supplement group had higher numbers of certain T-cell subsets and natural killer cells, enhanced proliferation response to mitogen, increased interleukin-2 production, and higher antibody response and natural killer cell activity. These subjects were less likely than those in the placebo group to have illness due to infections (mean [SD] 23 [5] vs 48 [7] days per year, $p = 0.002$). Supplementation with a modest physiological amount of micronutrients improves immunity and decreases the risk of infection in old age.