

January 2017!



Functional and Integrative Medicine of Idaho, P.A.

Gail Eberharter, MD
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Dear Patients and Friends

NEW Class. Robert Spencer, MS is offering a new Feldenkrais class in January and February.

The Vaccine Project. This year we will review several sources on a variety of vaccines and try to make sense of the science available. this month: HPV vaccine.

Seasonal Blues. How to support neurotransmitters and minimize Seasonal Affective Disorder.

Gail Eberharter MD

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NEW: Feldenkrais with Robert Spencer. Use of Rollers.

A Short Course with Rollers
A Feldenkrais® class with Robert Spencer, MS

Six weeks in January and February

A lot of people use rollers to work on trigger points and myo-fascial release, along with augmenting exercise routines.

Let's do something different!
Something that doesn't hurt!

Feldenkrais lessons with rollers can:
improve balance,
help make all movements efficient, safe and comfortable
heighten sensitivity and awareness, and
integrate all areas of your body into your actions

These are challenging and fun.
If you have your own styrofoam roller, you can bring it.
Or you can use my rollers and keep them after class.

Two sessions available:
Mondays, Jan 9 to Feb 13
7 to 8:00 pm
or Tuesdays, Jan 10 to Feb 14.
10 to 11:00 am

Location:
Functional and Integrative Medicine of Idaho.
3858 N. Garden Center Way, Boise
(corner of Hill Road and 36th Street)

Tuition: \$100
From Robert:
To Register: On-line registration through my web site is down temporarily. Please reserve your space by emailing me at robert@feldenkraisandmore.com or calling (208) 880-6788.

I hope to have this corrected soon. Sorry for any inconvenience.

The Vaccine Project: HPV Vaccine

Vaccine Project # 1: HPV Vaccine

We are often asked if a child or an adult should receive a certain vaccine. I have decided to review multiple sources of information on a series of vaccines to give more specifics. I have used The Vaccine Friendly Plan by Paul Thomas MD and The Vaccine Book by Robert Sears MD for the HPV vaccine.

HPV or Human Papilloma Virus.

There are more than 150 strains of this virus also known as the wart virus. About 30 of those strains can be sexually transmitted causing genital warts in both men and women, cervical cancer in women and throat cancer. We now test for the high-risk strains of HPV when we do a Pap smear. They are the most likely strains to cause cancer. In 90% of people the immune system clears the virus. Where it is not cleared warts can appear depending on the strain of the virus and are treated by topical liquid nitrogen. Cervical cancer is highly preventable and usually very slow growing, easily detected by a Pap smear in the pre-cancer stage. Unfortunately there is no detection system for throat cancer from high risk HPV and the vaccine books did not mention the current epidemic of throat cancer from high risk HPV in heterosexual men, which is thought to result from oral sex with female partners. There are also cases of infants becoming infected with HPV from the mother during delivery and eventually requiring removal of warts from the throat.

General information: HPV vaccine is a three shot series for ages 11 - 26. Two companies have developed HPV vaccines - Gardasil protects against the two most common strains of genital wart causing HPV (6 and 11) the two most common strains of cervical cancer causing HPV (16 and 18). It is approved for use in both males and females and has been available since 2006. Cervarix is the other brand protecting against HPV 16 and 18 and is approved only for females age 10 - 26. The original Gardasil and Cervarix both have aluminum in the 200 microgram per dose range. There is a new form of Gardasil called Gardasil 9 with 9 forms of HPV covered. This has 500 micrograms of aluminum in it.

These vaccines are made from yeast cells that produce the proteins found on the outer capsule of the HPV virus. There is no live vaccine in the vaccine and it is not possible to be infected with HPV from the vaccine.

The Vaccine Book by Robert Sears MD : This book reminds us that HPV infection is very common, sometimes serious and it is treatable. It is the most common sexually transmitted disease in the United States.

Injection site reactions are very common - 80% have pain and 50% have redness and swelling.

Headache, fatigue, muscle aches or joint pain are seen in 255 of people receiving the vaccine. Severe injection reactions occur in 10% which is much more common than with any other vaccine. There is a low risk of an autoimmune reaction and there is an increased risk of birth defects if a woman is pregnant during vaccination or becomes pregnant within one month of vaccination. Although Dr. Sears does think this vaccine is a fairly good idea he acknowledges that it is a fairly new vaccine and we are not sure how long protection lasts. It is possible that vaccinating against a few strains will cause the remaining risky strains to become more of a problem.

The Vaccine Friendly Plan by Paul Thomas MD

Dr. Paul refers to an editorial in the New England Journal of Medicine about HPV in 2008 that pointed out we cannot know yet if this vaccine will indeed prevent cervical cancer as women have not been followed long enough yet to know this. What we do know is that there is a death rate of 1 out of 733 and an adverse reaction in 1 out of 114. Dr. Paul did a Vaccine Adverse Events Reporting system search (vaers.hhs.gov/data/data) and found that Gardasil was reported for 29 of the 59 deaths from vaccines in children 6 - 17 and 17 of 48 deaths in adults aged 18 - 29. He discusses the newer Gardasil vaccine that covers 9 strains of HPV and has 500 micrograms of aluminum in it. The safety studies for this vaccine does not have a control group meaning they cannot really know what the side effects are. There is still a 2.3% rate of autoimmune disease and other serious side effects. He also does the analysis to show that there will be 2300 adverse effects per 100,000 doses of vaccine while the cervical cancer diagnosis rate in the US is 7.7 out of 100,000. Japan stopped recommending the vaccine in 2013. Utah's SW Public Health Department does not recommend or stock this vaccine and feels it has eroded trust in other vaccines. Dr. Paul does not recommend this vaccine.

Over all I would agree with Dr. Paul. I am not convinced that this vaccine gives a clear benefit for the high potential of serious adverse reactions including autoimmune disease and even death. Continued use of Pap smears and scientific sexual education would be a better plan. We know that use of condoms decreases risk of HPV transmission and a test for oral HPV is on the horizon. Overall attention to immune system health is the ultimate preventive tool as most people who get the virus become immune on their own. I hope this information is useful about the pros and cons of HPV vaccination.

Seasonal Blues

Our health and mood is intricately tied to exposure to sunlight. It's no coincidence then, that as many as 20% of Americans are thought to be affected by Seasonal Affective Disorder (SAD) each winter, suffering from the blues, fatigue, and in some cases, more serious depression as the days begin to darken and sunlight grows scarce. Suicides also tend to be highest during this time of

year.

Contributing to the problem is what some medical observers are calling "outdoor deprivation disorder" (ODD), described as a lack of physical activity out of doors and a growing disconnect with the natural environment. While most adults work inside every day, children aged 8 to 18, according to the Kaiser Family Foundation, are spending more time than ever—seven and a half hours a day—using electronic media indoors, and less time outside. Case in point: when the No Child Left Behind law went into effect, 30% of kindergarten classrooms eliminated recess to make more room for academics.

If you know or suspect that YOU suffer from the winter blues a combination of bright light therapy, exercise and supplements, such as Vitamin D₃, have been found to be helpful in relieving symptoms. Testing is the first step to detect and correct deficiencies or imbalance.

Test your Vitamin D levels: Any reading below 30 ng/ml in a bloodspot test is a clear sign of D-deficiency. For all-around health, you want to be in the optimal zone between 50-80 ng/ml year-round. In the summer, getting plenty of sensible sun exposure is the way to go. In the winter, supplementing between 2000 and 5000 IUs of Vitamin D₃ can raise levels into this optimal zone, resulting in a "sunny" mood, increased energy and decreased feeling of stress, sadness and depression. Always retest within 3 months to make sure you're staying within the zone.

Test your Melatonin levels: dried urine testing measures the peaks and troughs of melatonin production at critical time points to determine average overnight production and whether levels are where they should be (e.g. high at night, low in the morning) in relation to cortisol, the master stress hormone.

Bright Light Therapy during the day not only improves your emotional outlook, it also helps your sleep. Bright light in the morning decreases your daytime levels of melatonin, but it will raise nighttime levels, helping you to sleep well. Poor sleepers with SAD respond best of all to light therapy. A total of 30 to 60 minutes a day under a lamp something close to natural daylight, without glasses or contacts on can help you feel the benefits right away.

Ecotherapy involves exercising outdoors instead of inside a facility. A research study done with 20 people who each walked outside and at an indoor shopping center rated feelings of self-esteem, depression, and tension after both walks. Improvements were greater when walking outdoors as compared to walking indoors (self-esteem: 90% vs. 17%, depression: 71% vs. 45%, and tension: 71% vs. 28%, respectively) (Mind, 2007).

To Your Health,
Gail Eberharter MD