



Winter Newsletter

To B or not to B: What is the difference?



Dr. James L. D'Adamo
Director and founder of the D'Adamo Institute

There are 8 B's in the vitamin B family, and all play a significant role in the functioning of the nervous system and for the formation of blood cells. It is the largest and most structurally complicated vitamin and can be produced industrially only through bacterial fermentation-synthesis.

Vitamin B deficiency includes but is not limited to hair loss, skin irritations, impaired energy, irritability, fatigue, constipation, memory loss and depression. Vitamin B12 deficiency can potentially cause severe and irreversible damage, especially to the brain and nervous system. In infants, signs of a vitamin B12 deficiency include failure to thrive, problems with movement, delays in reaching the typical developmental milestones, and megaloblastic anemia.

I offer 5 types of vitamin B's at the Institute. B12-B2, Pantothenic

Acid and B6-B2 are in pill form. I offer B12 & B5 injections and B6 in IV form. Your health condition determines the type of B vitamin needed and how best to administer it.

B6-B2 are often referred to as B complex vitamins, as they help the body metabolize fats and protein. They are necessary for healthy skin, hair, eyes and liver. They also help the nervous system function properly.

B12-B2 helps make DNA, the genetic material in all cells. They also help prevent a type of anemia that makes people feel exhausted and generally weak.

B5 also known as Pantothenic Acid is helpful in treating depression and anxiety. It's also needed to make hormones, healthy red blood cells, aid in the formation of antibodies, and enhances energy. There is also some evidence that an enzyme converted from Vitamin B5, coenzyme A, is used by the body for detoxification and removal of harmful herbicides, insecticides and drugs.

B6 also known as Pyridoxine is used in our IV's along with other vitamins tailored to you. B6 aids in the processing of amino acids—the building blocks of all proteins and some hormones. It is also needed to make serotonin, melatonin and dopamine, so it essentially helps regulate mental processes and mood. Vitamin B6 aids in lowering homocysteine levels—a substance that has been linked to heart disease, stroke, osteoporosis, and Alzheimer's disease.

B12 when given through injection typically raises your energy level quickly. Injections bypass the stomach and go straight into the blood stream; thereby, offering quick relief from fatigue and the toll stress takes on the body.

In today's society, when most are running on empty and generally feeling overworked, everyone can benefit from taking B vitamins. If you are not sure which ones are most helpful, give us a call. We'll be glad to help.

What do all these books have in common?

We are very excited to announce that, *Just an Ounce of Prevention is Worth a Pound of Cure* is printed in Germany, England, Poland and Russia.

Keep a look out for them in French and Estonian.



SAD— By Michele D’Adamo Ph.D., LCMHC

I have a friend who used to save all his vacation time and leave for Florida for a few weeks every winter, and this was not because he loved Floridian life, although his wife often questioned that possibility. It was, however, necessary to alleviate his depression that would come every fall and stay until spring. "There was a significant change in his mood," said Joyce who is married to someone with Seasonal Affective Disorder. "It was like the depression light switch would turn on in the fall, and he'd be miserable and depressed until the switch would turn off in mid-spring. Then, he'd be back to being my happy husband again."

According to the American Academy of Family Physicians, between 4% and 6% of people in the United States suffer from Seasonal Affective Disorder, also known as SAD. Another 10% to 20% may experience a mild form of winter-onset SAD. SAD is a type of depression that is more common in women than in men. During the winter months some people experience mood changes that are not typical for them during other times of the year, when there is more natural sunlight. Typically, during the spring and summer, the depression lifts and life resumes to normal.

Although symptoms can be clues to a diagnosis, not everyone who has SAD experiences the same symptoms. Common symptoms, however, may include:

- A change in appetite
- Weight gain
- A drop in energy level
- A tendency to oversleep

- Difficulty concentrating
- Irritability and anxiety
- Increased sensitivity to social rejection
- Avoidance of social situations and a loss of interest in the activities you used to enjoy
- Feelings of hopelessness and/or pessimism
- Feelings of guilt, worthlessness or helplessness
- Thoughts of death or suicide

There is no blood test that can diagnose SAD, but your healthcare provider or psychotherapist would be the best ones to determine if you have this disorder. They would ask you a series of questions about your history with depression and other symptoms you are experiencing. Your primary care physician might run some blood tests to rule out other health issues that might mimic SAD.

Effective treatment can include light therapy, and many do well with taking long walks in the daylight hours and keeping social, even if it feels like it's too much effort. One can use a Light Box/light therapy which is the use of a very bright florescent light (10,000 lux) that mimics the light from the sun. Sitting by it, without looking directly into it every morning for 30 minutes, has been reported to be helpful within 3 to 4 weeks after starting treatment. However, nearly half of the people with SAD do not respond to light therapy alone. Antidepressant medi-

cines and talk therapy can reduce SAD symptoms, either alone or combined, with light therapy. The D'Adamo Institute does have herbal preparations for those who might want to start naturally first before going to a pharmaceutical drug to alleviate symptoms. With no treatment, symptoms usually get better on their own with the change of seasons. However, symptoms can improve more quickly with treatment.

Joyce's husband has done much better now that they have found a light therapy lamp. He reads by it every morning, and he increases his exercise routines starting in the fall. He takes certain supplements in the fall that are prescribed by the D'Adamo Institute. They still go to Florida, but no longer out of necessity. Now they go because they enjoy Floridian life.

Dr. Michele D'Adamo is a licensed Clinical Mental Health Counselor who works collaboratively with her clients, applying strategies for dealing with stress, anxiety, depression and their affects on one's physical state. Dr. D'Adamo holds a PH.D in Health Psychology, and a M.S. in Clinical Mental Health Counseling. Additionally, she is certified in holistic psychology, hypnotherapy, and advanced energy work— Reiki and Shamballa. She completed Harvard Medical School's Intensive Clinical Training in Mind/Body Medicine with Dr. Herbert Benson. Dr. Michele D'Adamo is available by phone and in person at the D'Adamo Institute in Portsmouth, NH.

On-line Supplement Ordering

Did you know you can order our supplements online? Many of our patients have reported that they prefer ordering online because of the ease of ordering, quick access to

previous orders made and the convenience of ordering anytime. Just log onto DAdamoInstitute.com and click "shop" on the tool bar, or visit MyNaturalHealthShop.com for a direct link.

We hope to see you there. If you have any questions or suggestions on how we can improve the site to make it more user friendly, please do not hesitate to speak with Peter.

Vaccinations by Dr. Robert Medrek



In 18th century England, smallpox claimed 60 million victims. To help prevent the disease, an apothecary would scratch the patient's arm with a knife and rub in a bandage smeared with dried scabs of smallpox virus. The results were varied and included decreased immunity, fatality, complications such as blindness or simultaneous transmission of hepatitis, syphilis or TB. The procedure was called variolation. In 1796, Edward Jenner, who himself underwent this brutal treatment, attempted to develop a safer method. He knew that some farmers voluntarily infected themselves with the cowpox hoping to prevent smallpox. He made the first vaccine from milkmaids' cowpox sores and demonstrated that it actually prevented smallpox in a young boy. Soon the authorities accepted Jenner's vaccination for mass use, and in 1979, the World Health Organization declared smallpox to be eradicated.

Early polio vaccinations in the 1930's and early 50's were actually causing paralytic polio. In the 1950's, a poorly manufactured lot of polio vaccine caused polio in 40,000 children with some deaths. A safer, inactivated vaccine was created by Salk in 1954, and Sabin created a live vaccine in 1960. Presently, polio is almost eradicated in developed countries. Soon more vaccines were developed. Inoculations for measles and mumps were started in 1970, hepatitis A and B in 1981, pneumococcal in 1978, *H. influenzae* type B in 1985, chickenpox in 1995, rotavirus in 1999 and others. Presently, children of 2, 4, 6, 18 months and 4-6 years of age are

vaccinated for diphtheria, pertussis, tetanus, polio and *Haemophilus influenzae* type B.

There are some hotly debated vaccine controversies. For example, the MMR vaccine with mercury and its relationship to autism, the *H. influenzae* vaccine with influenza, hepatitis B and its relationship to MS and DPT's to SIDS. Multiple immunizations accelerated susceptibility to infection, type 1 diabetes, SIDS and increased mortality.

A study published in May 2011 in *Human and Experimental Toxicology* reported, "That developed nations with worse mortality events tend to give more vaccine doses." In the US, infants are given 26 doses, the most in the world, yet more than 6 infants die per year per 1000 live births. In contrast, Swedish and Japanese infants are given 12 doses and have less than 3 deaths per 1000 live births. Why? The answer is not clear, but the researchers point to multiple vaccination effects.

There is an effort to make vaccines safer which can be noted in 1997 when safer, acellular pertussis vaccine was developed; however, now we are expected to take 30 to 50 vaccinations compared to the 8 standard ones in the 1960's which were smallpox, DPT, MMR and polio. There are presently vaccines for adults such as tetanus, influenza, MMR, pneumococcal vaccine, HPV, chickenpox, meningococcal vaccine, hepatitis, varicella and vaccines are being developed for chronic diseases.

Dr. James Shannon, former director of The National Institute of Health declared, "The only safe vaccine is one that is never used." However, Assistant Secretary for Health, Surgeon

General David Satcher, M.D., PH.D. reported, "Implementation and enforcement of school immunization laws have played a key role in reducing vaccine-preventable diseases in the U.S. For example, during the first 31 weeks of 1978, six States that enforced school laws reduced measles incidence by more than 90%, compared to the rest of the country." There is no pharmacological intervention that is 100 percent without risk, but the positive effects vaccinations have had in the United States have been significant. Immunizations have eradicated smallpox, eliminated poliomyelitis in the Americas and controlled measles, rubella, tetanus, diphtheria, *Haemophilus influenzae* type B, and other infectious diseases. While vaccinations are thought to be one of the greatest public health achievements in the 20th century, Dr. Satcher states, "There are tremendous accomplishments but more remains to be done."

As a parent, only you can decide what is best for your child. There are certainly many pros and cons with this issue and far more than I was allotted space for in this article. If you have any concerns, arm yourself with the facts about the potential risks and benefits and speak with your pediatrician.

There is much to be explored on this topic. The treatment of vaccination has proven effective, but more needs to be done to decrease the fatalities and side effects. We suggest you do your own research, and in the meantime, feel free to ask any questions.

What's on the menu tonight?

Roasted Root Vegetables

(From Wolfgang Puck Cooking Class - Episode Spectacular Roasts)

Ingredients:

12 slender carrots, peeled & trimmed

8 to 12 baby turnips, peeled

1 or 2 large parsnips, peeled, trimmed, and cut diagonally into 1-inch-thick slices

1 or 2 medium onions, trimmed, peeled and halved, each 1/2 cut into quarters

1 or 2 large beets, peeled and cut into thick wedges

1 or 2 kohlrabi bulbs, peeled and cut into thick wedges

1 celery root, trimmed and halved, halves cut crosswise into 1-inch-thick slices

1 whole head garlic, separated into cloves, unpeeled

2 or 3 sprigs fresh rosemary, sage, or thyme

Himalayan salt

Freshly ground black pepper

Extra-virgin olive oil

Directions

Preheat the oven to 400 degrees F.

Put all the vegetables and the herb sprigs in a large baking dish. Season well with Himalayan salt and black pepper, drizzle generously with olive oil, and toss them with your hands to coat them evenly. Put the baking dish in the preheated oven and cook, stirring the vegetables occasionally, until they are tender and golden brown, about 45 minutes.

Prime Rib

1 (10 pound) prime rib roast

10 cloves garlic, minced

2 tablespoons olive oil

2 teaspoons Himalayan salt

2 teaspoons ground black pepper (optional)

2 teaspoons dried thyme

Directions

Place the roast in a roasting pan with the fatty side up. In a small bowl, mix together the garlic, olive oil, Himalayan salt, pepper and thyme. Spread the mixture over the fatty layer of the roast, and let the roast sit out until it is at room temperature, no longer than 1 hour.

Preheat the oven to 500 degrees F.

Bake roast for 20 minutes in preheated oven, then reduce the temperature to 325 degrees F and continue roasting for an additional 60 to 75 minutes. The internal temperature of the roast should be at 145 degrees F (53 degrees C) for medium rare.

Employee Spotlight: Jennifer Kunz

Jennifer has been working at the D'Adamo Institute for two years. You may recognize her as one of the friendly faces that greet you as you walk into the office. "Always happy, friendly and enthusiastic" is how Michele D'Adamo would best describe Jennifer, "...and we are thrilled she is a member of the team."

Jennifer's favorite part of her job

as a receptionist is, "I am able to interact with all of our patients and consequently establish close relationships with them. It is a privilege to watch our patients heal from one week to the next, and you feel as though you are family." Jennifer has a lot of personal experience with goal setting given that her interest in house flipping, architecture and design has had to be completed

one room at a time.

Dr. D'Adamo says, "Jennifer's infectious smile and positive attitude light up a room. Empathetic, compassionate, resourceful and reliable is how I would describe Jennifer. I'm very happy she is a part of this team and supporting not only the patients, but the staff."

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