

February 2017



## Functional and Integrative Medicine of Idaho, P.A.

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### Dear Patients and Friends

**NEW Class.** Renee Silvus from McCall is offering an evening slideshow and discussion on the Hero(ine)'s Journey translating Jungian archetypes into relevant modern stories.

**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: Polio vaccine.

A Review of an excellent podcast on Sleep Disordered Breathing - if you snore or grind your teeth, this is for you.

Gail Eberharter MD

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## NEW: Hero(ine)'s Journey Slideshow and Discussion with Renee Silvus

The Hero(ine)'s Journey  
Evening Slideshow & Discussion  
Monday, March 13, 2017

with Renée Sílvus, Luminaire

6:30-8:30 pm

\$10 donation or whatever works for you.

Why does this storyline continue to fascinate us? Star Wars, The Matrix, Harry Potter, Lord of the Rings, The Hunger Games. Same story, same cast of characters, different settings.

The adventures and archetypes of the hero(ine) is our human experience, especially our search for meaning and purpose.

This evening presentation will explore the rich terrain of the journey with art, film, literature, sacred texts, historical figures, and an engaging discussion integrating our own lives.

Renée brings a blend of perspectives as an educator, therapist, and coach. She offers courses, retreats, community-building events and celebrations with Luminaire. She taught high school English for 17 years across 5 schools and 2 continents. Her passion with the Hero's Journey arrives from years of humanities study blended with soul work from bodywork and coaching. Her facilitator training is with Authentic World San Francisco and the Integral Center Boulder, bringing an Integral lens to this topic. She is in the inaugural class of the West Central Mountains Leadership Academy and is assisting in coordinating the 2017 Cohort. She is currently enrolled in yoga studies with the Himalayan Yoga Meditation Tradition. Read more at [reneesilvus.com](http://reneesilvus.com).

## The Vaccine Project: Polio Vaccine

Having been a child in the 1950's when polio epidemics affected the United States the discussions in the books I reviewed were of great interest. Polio is a virus with 3 major subtypes. Type 1 is the only remaining subtype. Less than 1% of people contracting the polio virus will suffer paralysis. Children who contract paralytic polio have a mortality rate between 2 - 10%. Type 2 polio appears to have been eradicated globally and type 3 has not been seen since 2012.

There is some debate about how significant the polio vaccine has been in eradicating polio. There was considerable natural variation in the number of cases of polio noted each year as with many other viruses. Although the vaccine may not have been responsible for the decreased number of polio cases in 1956, between 1992 and 2000 the number of

naturally occurring cases fell to zero and has remained there. I think this makes it difficult to argue that the vaccine played no part in the dramatic reduction of polio inside the United States over the last 20 years.

The polio vaccine was changed in 2000 to an inactivated virus to avoid the small number of cases where children became ill from the live virus in the earlier vaccines. There is no aluminum in the polio vaccine but it does contain 100 micrograms of formaldehyde. There are also trace amounts of calf serum 1 part per million and monkey kidney cells. IPOL is the only US licensed polio vaccine that is an individual vaccine. There are combination vaccines that contain polio vaccine but neither I nor Dr. Thomas would recommend these due to aluminum content and higher adverse reaction rates.

Dr. Sears comments (The Vaccine Book): Dr. Sears usually recommends the standard vaccine schedule. He notes local reactions of redness and swelling are seen about 10% of the time and that safety testing showed no severe reactions. He finds this vaccine very well tolerated. He sees the use of this vaccine useful in protecting herd immunity or for children who will be traveling outside the United States. He does not see this as a critical vaccine for early childhood as the disease is not present within the United States but recommends it overall.

Dr. Paul Thomas comments (The Vaccine Friendly Book):

Dr. Thomas feels that this vaccine is very safe and effective but does not see a reason for children to get it at age 2 months unless traveling outside the US. He recommends against any combo vaccines due to significantly higher rates of reactions and concerns about significant

aluminum content. He has a suggested Vaccine Friendly Plan for delaying certain immunizations that seems safe. He recommends avoiding aluminum containing vaccines if you have a family history of autism, immunodeficiency or MTHFR genetic variations. He is very comfortable with parents choosing to have 1 vaccine at a time. He recommends against giving a vaccine when a child is ill.

Summary: Functional Medicine experts such as Dr. Kenneth Bock have suggested delayed vaccine administration to avoid overtaxing the immune system and his schedule is the one we recommend unless there are significant reactions or concerns about autism, autoimmunity etc in the family. In Europe there are no vaccines given until 3 months of age. The one vaccine at a time method helps parents monitor their child's response carefully. I am comfortable recommending the individual polio vaccine in the delayed schedule (unless there is travel abroad) which I will include in the next newsletter.

Gail Eberharter MD

## Sleep Disordered Breathing - do you snore or grind your teeth? Read on.....

I have been listening to many of the excellent podcasts put on by Mike Mutzell from Xymogen. His website is [highintensityhealth.com](http://highintensityhealth.com) You can search from topics listed on the feed and scroll to find topics of interest. He interviews many of the Functional Medicine leaders around the country on a variety of topics. You can also find written notes from many podcasts on his website if you don't have time to listen.

Most recently I listened to his Sleep Disordered Breathing podcast and learned more about PREVENTING sleep apnea. Our local dentist Dr. Dan Bruce has been very active in this area as well. Anyone with snoring or grinding of the teeth at night is at risk of sleep apnea. It is possible to work with correcting the position of the

tongue in the mouth to allow normal breathing through the nose. Many people have had these abnormal breathing patterns their entire life and have not known it was abnormal. They also talk about the importance of correct tongue tie so the tongue can have a normal positioning in the mouth. It should lie against the upper palate with the tip behind the upper front teeth. It is interesting to pay attention to where your tongue lies as it is usually quite unconscious.

Chronic food allergies and sinus/nasal congestion are areas that contribute to this tendency to breath through the mouth. The anti-inflammatory diet that we work with many people on can be helpful for these problems. There is also myofunctional tongue retraining to help re-educate the tongue and jaw for proper alignment.

Prenatally the risk of these problems is higher with lack of methylation if the MTHFR and other methylation gene variations are present. Lack of vitamin D in the mother can also contribute to the narrow jaw and crowded teeth of people with these problems.

I myself have this issue (mild snoring!) and will be meeting with a myofunctional tongue specialist to see if I can reverse the pattern of unhealthy breathing at night. Stay tuned for my adventure.

To Your Health,  
Gail Eberharter MD