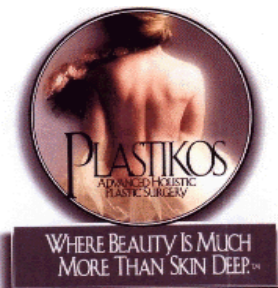


Silicone and Saline Implant Support Group Newsletter



Introducing Your SSISG Publisher

Susan E. Kolb, MD, FACS

Six years ago, I became ill from the effects of silicone gel leakage out of my own *Dow Corning Implants*. During those years I had the opportunity to see a multitude of problems caused by defective silicone gel implants in my patients and more recently these same problems have been associated with saline implants.

Since many of the original support groups no longer exist, we wanted to share what we've learned and update our patients as well as others who've expressed their interest and need for this information.

We've learned that *Silicone Disease* begins as an adjuvant disease of the immune system, which proceeds to a whole spectrum of multiple system problems. These include multiple infections from immune disorders, progressive neurological disease and finally autoimmune disease. The end stage of this autoimmune disease appears to be similar to scleroderma and

may be mediated by the cell wall deficient bacteria mycoplasma or other pathogens. As we will explore later in the newsletter, there are other aspects to silicone disease which warrant inquiry, including potential platinum toxicity; as platinum salts are used in the manufacturing process of some implants which may cause disease.

We will explore similar illnesses, such as the *Gulf War Syndrome* which may indeed be an adjuvant disease. Anti-squalene antibodies have been found in many people with the *Gulf War Syndrome*, even when they had not actually served in the Gulf but merely received their vaccinations prior to being deployed. As both *Silicone Illness* and *Gulf War Syndrome* tend to be politically incorrect diseases, it is no surprise non-biased funding for the study of such diseases has been in short supply. If you go to the Archives of the Internet groups listed in this newsletter, you will find information pertaining to why this is so.

Since few medical doctors know how to treat silicone immune dysfunction and

other adjuvant diseases, or even acknowledge they exist, these illnesses remain extremely complex, involving multiple systems and usually require a holistic approach. While studying for my board exams in Holistic Medicine, I was given the chance to learn more about Environmental and Holistic Medicine necessary in the treatment of these diseases.

My thanks to Barbara Crawford, our editor and my patient, for her efforts in updating the patients' e-mail, fax and mailing list, as well as writing, editing and supervising the creative design and production of this newsletter. We are grateful for the commitment and continuing efforts of women like Ilena Rosenthal and Patty Faussette and the excellent job they've done in providing us with current information via their Internet Based Support Groups.

We hope you find this newsletter informative and strongly encourage you to educate yourself about your illnesses through the Internet. Computers are accessible everywhere, even at your local library.

Knowledge empowers us all!

Mission Statement

The Mission of the *Silicone and Saline Implant Support Group Newsletter* is to:

Inform and discuss choices for treatment and healing for the multiple illnesses and conditions of *Silicone toxicity*,

Provide a forum for expressing our concerns and sharing knowledge and give patients with silicone illness hope for recovery.

We're on the web!
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Saline Support; the difficult life of an implant survivor

By Patty Faussett
(Faussettdp@msn.com)

The advance of the Internet as a source of communication has been the lifeline for thousands of women harmed by breast implants. As the number of women getting saline breast implants increases, so will the number of those who eventually have problems with them. Saline-Support on Yahoo.groups (<http://groups.yahoo.com/group/SalineSupport>) was created in response to the need for women with saline breast implants to talk with one another and share stories, with the freedom to post messages at will.

Many women who get saline implants believe that their implants are safer than silicone gel, which has been banned, and therefore, will not experience the same problems that their earlier counterparts did. Somehow, we like to think that we haven't had the same "exposure". Saline Support addresses the needs of this group, with the goal of educating its members

on the studies that have been done, and providing a place where women can compare notes on their symptoms, their options, their experiences, their healing, and any other area of their life that has been affected by their decision to get saline implants.

"I remember feeling troubled as I read this post which described the illnesses some women had gone through..."

My own story would have had a completely different ending had I not been fortunate enough to get connected to the Internet. I had saline breast implants in May of 1997, the same month that I got on the Internet for the first time, but unfortunately did not discover the truth about implants until July of 1997, when I stumbled upon the newsgroup alt.support.breast-implant. There, I ran across an article by Lynda Roth of COSS entitled "THE 'SAFE' SALINE BREAST IMPLANT?"

I remember feeling troubled as I read this post which described the illnesses some women had gone through, and the risks I was not told about by my doctor. I decided to print it off and file it away for future reference. Life was good, so why dwell on anything negative? I went on my merry way, blessed with wonderful health and vitality. I was feeling great, and after all, the doctor had told me that my implants would go with me to my grave! I was enjoying my new implants and having too much fun to be that worried about it.

That is, until my life came to a screeching halt in January 1998. My health took a nosedive from which I never recovered. I never made the connection to my implants, and in fact, each doctor that I saw told me that the implants had nothing to do with it. However, going back to Ms. Roth's article was my lifesaver..... there I found all the answers to my questions, and after sending some e-mails, got connected to hundreds of women who were going through exactly what I was going through. Without this link, I would have been on an unending medical merry go round listening to those who said my implants were safe and not the cause of my devastated health.

For the past 3 years, I have been living the difficult life of a breast implant survivor—a SALINE breast implant survivor, and am almost fully recovered. I am thankful for the women that were there for me, many of whom have had silicone gel breast implants. With Saline-Support, dozens of women are getting connected who have had saline breast implants, and are now traveling this same journey of discovery and healing. We laugh, we cry, and we share our innermost thoughts and feelings as we struggle with the decisions we've made. Our goal is to be available to women who need help, to be an encouragement to one another, and to expose the truth about the experiences we have each had with our saline implants.

You can become a member of SalineSupport by first registering with an ID and password at Yahoo.groups on the web at <http://groups.yahoo.com/>. Then look for us at <http://groups.yahoo.com/group/SalineSupport>.



Saline Support Breast Implants America's Silent Epidemic

By Ilena Rosenthal

Daily my phone rings and my email overflows with urgent and painful calls from women just awakening from the ether of their breast implants.

Although their first surgeries may have been decades ago, they are finally emerging from the web of deceit that their plastic surgeons and the Silicone manufacturers have woven through the media for years, in a brilliant, expensive public relations coup of enormous proportions.

Now reality has struck as they join scores of thousands of ill and disfigured women in learning the hidden truth - their cherished breast implants may cost them their insurance, their health, their beauty, their vitality, their families, their careers, and too often, even their lives.

Everything I have ever done or thought or studied for 47 years brought me to November, 1995 when I created a Newsgroup(alt.support.breast-implant) on the Internet to provide an International Forum to discuss this perplexing issue and create a place for the women to connect with each other. I had no idea of the depth, breadth, or width of the Pandora's Box I was opening. Five years later, after unknown thousands of communications from women, doctors, loved ones, attorneys, supporters and tormentors alike, I admit I am no longer without bias. I now know that a huge fraud has and continues to be committed on women, and the background on this issue reads like a non-fiction espionage bestseller.

"We know how cruel truth often is, and we wonder whether delusion is not more consoling."

No stranger to plastic surgery (first nose job during my Dallas high school years) I do not now, nor have I ever had implants. There, but for the grace of God go I. A few million of our sisters have made that choice for a variety of reasons. However, two common denominators remain the same -- they were always assured they were "safe" and the "risks minimal," and eerily, they have come up against a medical establishment unwilling and unable to cure their illnesses.

In 1992, after 30 years of unimpeded marketing, the FDA finally banned silicone gel implants for most women. Because of the lobbying of the manufacturers and plastic surgeons -- who flew in around 400 women to lobby Washington DC on their behalf -- women post-mastectomy were and are still allowed to get these unproven, highly risky medical devices.

Even though early studies were resurrected, long hidden by the manufacturers, proving they knew that their implants would break, immune reactions

would occur, the gel would migrate, and even more disturbing, could cross the placenta and affect the unborn fetuses, almost never did this information make it to the women it could have protected.

They also hired visible spokes doctors to misled the public into believing that implant rupture -- a devastating medical event -- was "only 4-6%." They also claimed to examine and find "no association"

between implants and a myriad of painful and debilitating autoimmune diseases suffered in disproportionate percentages. In fact, the Executive Editor of the New England Journal of

Medicine, Dr. Marcia Angell, chose to publish two very flawed, small and short studies funded by those who stood the most to gain by the results. She then promoted and defended these studies as if they were gospel in her pro-manufacturer book, Science on Trial, and flooded the media with this corporate science while branding a scarlet "Junk Scientist" on any doctor who dared to dispute the "experts." This PR campaign includes labeling the women "crazies" and their leaders and supporters "fear mongers" and "wicks" so desperate are they to destroy the credibility of any of us who dared to speak out on the dangers. The result is that for years, women have been lulled into a false belief, that they had a 95% chance of being rupture free. The contrary is true.

Alarming, indisputable evidence was released in October 2000, when the FDA published a landmark study of implanted women, many still without symptoms. This

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**Do not believe a thing said merely because it is said;
Nor in traditions because they have been handed down from antiquity;
Nor in rumors as such;
Nor in writing by sages, merely because sages wrote them;
nor on the mere authority of your own teachers and masters.**

But we are to believe when the writing, doctrine or saying is corroborated by our own reason and consciousness.

-Lord Buddha

By Susan E. Kolb, MD, FACS

The November 2000 issue of *Glamour Magazine's* headline, "Could Breast Implants Make You Sick?" caught the attention of many women with silicone and saline implants, as a national publication looks at potential problems with breast implants. The article featured one of my patients, Kathryn Gordon, who came to me in May 1999 with symptoms consistent with infected breast implants and silicone immune dysfunction. When the patient underwent explantation surgery in June 1999, we found black implants, full of fungus and bacteria, accounting for the patient's systemic illness.

The *Glamour Magazine* article is very informative in documenting problems associated with saline implants, revealed through the *McGhan and Mentor Corporation Studies*. Norman

Anderson, M.D. is quoted as saying, "Saline implants have the highest failure rate of any device ever approved by the FDA." Doctors are concerned that the results of the Mentor Corporation studies show 2% of augmentation patients and 9% of reconstruction patients developed unspecified infections within three years. The article addresses our concern with health risks, should contaminated implants rupture inside the body, and emphasizes that a closed system to fill the implants is important.

The role of autoimmune disorders, which take years to develop, is discussed in the article. Dr. Frank Vasey points out, "Many women do not realize that saline implants are surrounded by a silicone shell, just like the ones surrounding silicone gel implants." The need for *Informed Consent* is emphasized in this article, including the

need for more research into these devices.

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America's Silent Epidemic...

Continued from page 3

objective work revealed that 69% of these women had at least one ruptured implant, most without any knowledge of it, although implanted a median time of less than 17 years.

Other studies had already revealed over a 90% chance of rupture within 20 years. Hardly, the "lifetime" product they were promised.

The cover up continues to fall apart . . .

Dr. David Feigal, director of the Center for Devices and Radiological Health at the FDA, said it so clearly, "When it happens to you, the rupture rate is 100 percent."

By January 2000, over 127,000 women had written the FDA about the serious complications from their silicone gel implants. The tragedy is that still today, they are unable to get good medical care as the majority of doctors refuse to believe the connection. Even worse, doctors don't have a clue what

to do to heal these assaulted immune systems and rid women's bodies of the dozens of dangerous ingredients found in implants such as platinum, silica, formaldehyde, plasticizers and organic solvents.

Implant formulations were frequently changed -- shells and gel thicker then thinner then thicker again -- and "new and improved" was marketed so often, it appears silicone merchants believed their own hype. In the 1980s, as "the" answer to capsular contracture, over 100,000 women received gel implants with polyurethane foam glued to them. Not only did the foam disintegrate, often within just weeks of implantation, but it broke down into TDA, a known carcinogen, decades ago removed from hair dyes. These women are amongst the most ill, and even when these dangerous implants were hurriedly taken off the market in 1991, no recall or even courtesy call was made to warn the implanted women.

The most recent implant disaster was exported to Europe, where well over 5,000 women, mainly in Britain, were implanted with soy oil filled implants, unlovingly known as "tofu titties." The American protocol for this product required this new round of female "lab rats" to be past child-bearing age, but somewhere on its way across the Atlantic, this requirement was dropped. Health advocates and cautious scientists were warning of the serious potential dangers but were ignored and the "experts" made fortunes implanting them even in very young women. Their bubble burst as shocking reports and the rancid soy oil leaked out in the Spring of 2000, and all the women were advised to have them removed as quickly as possible. The damage to many had already been done.

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Now, like the millions with failed gel implants, they are faced with yet another difficult decision, should they replace them with saline filled implants? Is Saline the Solution?

From her wheelchair, Jackie Strange, the former Deputy Postmaster General of the United States spoke of the destruction of her life at hearings by the Institute of Medicine at the National Academy of Sciences in Washington, DC. Infections, peripheral neuropathy, and a myriad of autoimmune diseases struck in both rapid and slow succession following her implantation with saline filled, silicone implants.

Concurrently, the manufacturers and plastic surgeons were creating a multimedia blitz touting saline implants from billboards, glossy magazines and TV. With ads reminiscent of "You've come a long way, baby," young women were featured praising their implants and plastic surgeons did the Talk Show circuit assuring women that saline was "natural" and leakage benign.

In Spring, 2000, in spite of over 50,000 reports of serious adverse reactions from water-filled implants, the FDA made the fateful decision to give their highly valued stamp of "safety approval" on two brands of saline implants, declaring them "safe enough."

How can this be? The manufacturers own studies show that within just the first 3 years, nearly 40% of post-mastectomy patients had to have additional surgeries with these implants. The complication rate for these women is around 80% in just 4 years time. After cancer, invasive surgery to remove the tumors, often radiation and / or chemotherapy, the body is simply not strong enough to handle this foreign invader.

Even for women wanting implants just for augmentation to boost their self-esteem, the complication rates are staggering. Glamour Magazine, in their November 2000 issue published a full page

photo revealing a saline filled implant, entirely black with aspergillus niger and other fungi.

Nearly 200,000 American women -- our sisters, mothers, teachers, lovers, daughters, friends --will be diagnosed with breast cancer this year. Cancer and implant survivor, retired Professor of Health Education, Henrietta Farber, recently summarized the feelings of many who know, "The cancer was

challenging. The implants almost killed me."

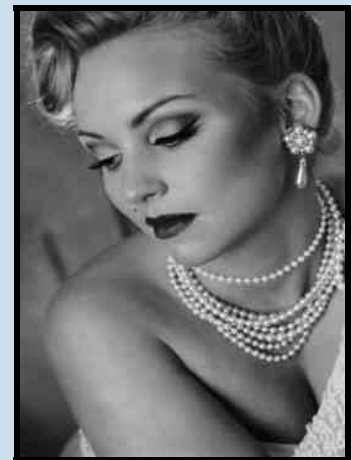
While the manufacturers press releases rage "The Case Against Implants Collapses," and try to close this ugly chapter in medical history, the women, now united, have a plan of their own.

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Mycoplasmal Infections in Silicone Immune Dysfunction, Fibromyalgia, Chronic Fatigue Illness, and the Gulf War Syndrome

Susan E. Kolb, MD, FACS

In a paper by Garth L. Nicolson, Ph.D. entitled Mycoplasmal Infections and Fibromyalgia/Chronic Fatigue Illness (Gulf War Illness) which were associated with deployment to operation Desert Storm, published in the International Journal of Medicine 1988, Volume one, pages 80 to 92, we find a potential link with Silicone Immune Dysfunction. In his paper, Dr. Nicolson discusses the association between fibromyalgia and chronic fatigue illnesses, such as the Gulf War syndrome with associated mycoplasmal infections. Dr. Nicolson's web site www.immed.org contains a wealth of information regarding microorganisms as important agents or cofactors in chronic disease. Both the Gulf War syndrome and silicone disease may be mediated by an adjuvant reaction in the body. In the case of the Gulf War Syndrome, adjuvants such as squalene or other adjuvants added to the multiple vaccines, were given to the Gulf War personnel prior to deployment. These adjuvants may have been the initial insult to the immune system, leading to a series of events, which caused these patients to be susceptible to multi-system disease.

Dr. Garry at Tulane University has demonstrated anti-squalene antibodies are present in patients with the Gulf

War syndrome. Silicone is also a known adjuvant and of great interest is the similarity between the Gulf War syndrome and silicone immune dysfunction. Dr. Garth Nicolson has a treatment program very similar to the silicone immune protocol developed at Plastikos, with the addition of six-week rounds of doxycycline, which he uses to treat mycoplasmal



infections when they are present. The majority of Gulf War syndrome patients, as well as silicone patients, appear to have problems not only with chronic bacterial infections, but also with chronic viral and chronic fungal infections. The defective immune system must be treated rather than simply treating the multiple infections, although, concurrent treatment of the infections is advisable.

Mycoplasmal infection can be diagnosed with blood tests and if present, can be treated with long courses of doxycycline antibiotic. It is important to protect the patient against fungal overgrowth during


the antibiotic treatment and Dr. Nicolson has had a great degree of success with his protocol in Gulf War syndrome.

Mycoplasma organisms are intracellular, slowly growing chronic infections, which are not easily treated with the majority of antibiotics, especially antibiotics that are targeted against cell walls, which these bacteria do not have. We have found that many silicone patients have identifiable chronic infections including mycoplasma and other chronic bacterial infections similar to that found in Gulf War Veterans by Dr. Nicolson. It is interesting that scleroderma, which is the end stage of the autoimmune disease caused by silicone, has been reported to respond to tetracycline antibiotics, such as Minocin and doxycycline. If we would devote sufficient research funds to investigating this, we may very well find the answer to many autoimmune diseases, which are becoming more and more prevalent as the toxic chemicals in our environment continue to increase. Unfortunately, if the medical profession continues to insist that this disease does not exist, it will be difficult to access funding sources to study a non-existing disease.

America's Silent Epidemic....

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With the health of women and their offspring at stake, Martha Murdock, Co-Founder of the National Silicone Implant Foundation in Dallas, with four generations of her family affected by silicone toxicity, says it best, "It's not over 'til we win."



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1. Implants can rupture during mammography.

2. Implants make routine self exams and mammography more difficult. More views are necessary, meaning additional radiation each time.

3. Implant rupture can go undetected for years and silicone is known to migrate through the lymph system and has been found in the brains, spinal fluid, ovaries, livers, and other organs of implanted women.

4. Implants are not lifetime devices, and may need to be replaced (even without systemic problems) more than once a decade.

5. At any time infections are possible, including fungal and antibiotic resistant bacterial infestations.

6. Loss of breast sensation, especially around the nipple area is reported, as well as hyper-sensitivity to touch.

7. Capsular contracture can be very uncomfortable, to the point of severe pain and deformation.

8. Many women have experienced severe necrosis and other forms of breast tissue loss.

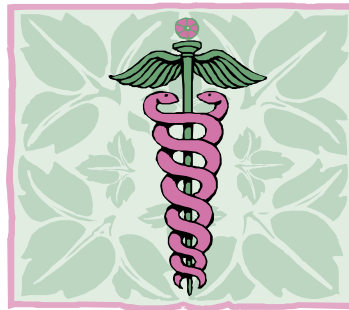
9. Many women have experienced serious autoimmune diseases post implantation including: rheumatoid arthritis, scleroderma, multiple sclerosis, Sjögrens Syndrome (severe dry mouth, eyes, etc.), and lupus. Those women with pre-existing compromised immune systems are now warned to avoid implants.

10. Disproportional numbers of implanted women have reported neurological and cognitive complications, as well as endocrine disruption including hysterectomies, miscarriage.

11. Children born of implanted women have experienced the same autoimmune conditions and have been inadequately studied .

12. Breast implants often negatively affect the ability to produce milk for breast-feeding.

13. Health insurance carriers are routinely denying coverage for implanted (and explanted) women.



Ilena Rosenthal Author of Breast Implants: The Myths, the Facts, the Women, Ms. Rosenthal has been connecting, supporting and educating women harmed by breast implants for over 5 years. As director of The Humanics Foundation for Women based in San Diego, she created and heads the largest Breast Implant Support Group in the world.

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Phone: 858/270-0680.

Doctor, Are you Listening?

Susan E. Kolb, MD, FACS

What happens when a new disease is emerging that cannot be pigeonholed into any existing diagnosis? What if this disease mimics other diseases but fails to consistently fit into a pattern or worse yet is variable over time. Sometimes lab tests are normal and sometimes they are abnormal. What if it takes years to develop this disease, it is slowly progressive, and the main symptoms are non-specific such as fatigue, muscle aches, joint aches, and increased susceptibility to infection? Add this to the massive media campaign and funding of research into this disease that has no intention of defining and studying the disease, but instead is intent on “disproving” the association of this disease with other known diseases, and you have a sad state of affairs for the women who are ill from leaking and/or ruptured silicone breast implants.

Given the facts, does it make any sense to wonder why these women are ill?

1. Most silicone-filled breast implants leak or rupture within 8-15 years.
2. The implant companies never intended for silicone to migrate out of the breast implant and indeed Dow Corning stated in its brochure that the implants would “last a lifetime”.
3. Most series report a significant range of positive bacterial cultures around leaking and/or ruptured implants.
4. Women with advanced disease have similar symptoms to the miners who developed silicosis or silica in the lungs.
5. The initial epidemiological studies on this illness were flawed and the National Institute of Health panel has asked that they be repeated. These are the studies that were so well publicized in print and media. Of course, we did not hear on television or in the newspaper that they were found to be flawed and not large enough to be statistically significant. Another *important* factor to consider in any study is that those conducting the studies looked at women whose implants are fewer than 5-8 years old. Studying women with intact implants is like studying smokers of five years or less and concluding that cigarettes have no relationship to lung cancer. I am sure that the tobacco companies would be happy to contribute funds for such studies.

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So how do you study a new disease? Well, I am not an epidemiologist, but I am a plastic surgeon who had leaking silicone gel breast implants and I have been able to study the problem over the four year period in which I developed “silicone” related symptoms. Unlike many of my patients, I had a lot of help recognizing that these symptoms were silicone related, as I had 150 patients with the same problems. The symptoms develop in a fairly predictable order and progress over time. It is similar to a “toxic” problem in that the longer the toxin is in the body and the further it spreads (i.e. dose related) the more the symptoms progressed.

The symptoms often start in the chest wall on the side of the implant “leak”. There is sometimes a burning sensation or a nonspecific discomfort that can radiate or travel down the arm. We see numbness, especially at night, of that arm that later involves all the extremities. *Actual silicate crystals* are found in the nerves, which explains why the disease affects the nerves in particular.

The other early symptoms are nonspecific including fatigue, muscle aches, and increased susceptibility to infections. Often patients come into my office for a “check-up” but state that they are having no medical problems related to their implants. Upon careful questioning, however, most have increased frequency of viral infections, sinus problems and yeast infections. Women who would only get one cold a year cannot seem to shake these viruses and are sick for a longer period of time with bacterial and yeast infections as well.

Now one can say that “everyone” has these symptoms from time to time. What I found was that after four years of progressive problems, I had an amazing recovery with resolution of my sinus problems and only one viral illness instead of four this year. The difference? I had my leaking silicone implants removed in January of 1997.

Recently I had a patient demand I tell her why her left hand was no longer swollen and her joints were no longer aching one week after surgery. She had a leaking silicone breast reconstruction but had, like so many others, been told by her physician that her hand swelling and pain was due to arthritis. I had two patients in the recovery room ask why their shoulder pain with which they had suffered for years was gone. Most pa-



tients experience an increased energy level and gradual relief of symptoms as the silicone is cleared from the body by natural means.

Holistic methods are used to help speed up the detoxification process. To help support the immune system, we recommend a combination of immune supplements and antioxidant vitamins. The patient is started on these prior to surgery to help reduce complications, as the majority of these women have depressed immune systems. Inositol, which is a vitamin that helps increase the amount of silicate the body eliminates in the urine, is recommended as well.

What are my patients’ most frequent frustrations? The patients ask me, “why did I go to so many doctors only to be told that there was no relationship between my symptoms and my breast im-

plants?” How can so many doctors be such experts on this newly-emerging illness that even the doctors studying the illness at universities are only beginning to understand? The irony is that the medical community helped to *create* this new disease, yet it firmly argues that it does not exist. Where is the responsibility of the medical community, not to mention the responsibility of the implant companies who produced defective products that became infected and made people ill?

Our Hippocratic oath states, “first do no harm”. If harm has occurred, then why not spend our energy in studying the problem and finding a solution rather than denying its existence. The medical community would be well served to respond with more compassion and understanding. These women are ill. As a physician, if you simply say that you do not know what is making a patient ill, you are certainly in a better position later on when their symptoms improve after removal of the implants, than if you insist there is no relationship.

Why is this such a critical issue? Studies are showing that the longer the silicone implants have been leaking and/or ruptured prior to removal, the less likely the women are to get well. Think of arsenic; you can recover from a little, but after a long period of taking arsenic daily, you may not fare so well.

Silicone-related illness is a toxic problem. This is why toxicologists are now studying the illness. We know that women have died from the complications of this disease. If you have silicone implants, show this article to your doctor if he or she is not listening.

Dr. Kolb is a Board Certified Plastic Surgeon and the founder and senior surgeon at Plastikos Surgery Center in Atlanta. She is also Board Certified in Holistic Medicine.

SILICONE IMMUNE PROTOCOL LEVEL I

1. Avoid land animal protein (red meat, pork, chicken) and restrict dairy products. Deep-sea fish are allowed—tuna, cod, salmon, mackerel, herring.
2. Emphasize fresh fruits, vegetables, and whole grain.
 - a. Eat 50% raw foods.
 - b. Avoid night shade plants (potato, tomato, bell pepper, eggplant).
 - c. Clean the fruits and vegetables in a lemon and saltwater solution before eating.
 - d. No sweets, no candies, no pastries.
 - e. No bananas and limit the citrus fruits.
3. Drink 8 glasses of either filtered or distilled water a day.
4. Recommend a weekly program of walking followed by stretching.

<u>Program</u>	<u>Schedule</u>
5 min warm up	3 days on
30 min walk	one day off
10 min stretch	2 days on
5 min warm down	one day off

5. Liver detox with Turmeric 600 mg 3 times a day or eat curry powder (cooked) 40 gm a day. Milk thistle (Super Thistle X) is also an herb that aids in liver detoxification.
6. Supplements:
 - a. Multivitamin with minerals, one twice a day. (DaVinci Spectra or Phytopharmica) Not needed if you are already taking Thymate.
 - b. Vitamin C with flavinoid 500 mg 4 times a day.
 - c. Flax seed oil/capsules or hemp seed oil; one tablespoon/100 pounds of weight a day.
 - d. Inositol 500 mg two 3 times a day. (Helps the body to eliminate silicate)
Natural Source; Beans, lentils, nuts, oats, rice, wheat germ, cantaloupe, citrus (except lemon), whole grain.
 - e. Thymic factors 3 twice a day to 6 twice a day, depending on severity of immune/autoimmune problems. Thymate has thymic factors, vitamins, minerals and herbs or see (i.) below.
 - f. Ginkgo biloba 40 mg 3 times a day. Avoid two weeks prior to surgery.
 - g. Bromelain 300 mg 3 times a day or eat 1/3 pineapple a day.(Note: Phytopharmica makes a supplement called CurcuMax that contains Curcuma Root Extract & Bromelain, which are natural anti-inflammatory agents). Boswellia serrata, an Ayurvedic herb is also an anti-inflammatory.
 - h. Immunocal one packet (10gm) twice a day is recommended to rebuild intracellular stores of glutathione. Colostrum or BioPure protein (Metagenics) may be substituted.
 - i. Transfer Factor Plus contains transfer factor, thymic factors, and glyconutrients (IP6, Cordyceps, Maitake, and Shitake mushrooms, Beta Glucans, and Aloe).
Transfer Factor Plus is a combination of many immune supplements also listed separately on the protocol.
 - j. MSM 1/4 teaspoon per 30 lbs body weight dissolved in liquid orally once per day. Capsules are available. For patients with joint problems, Joint Connection, which contains

glucosamine sulfate, chondroitin sulfate and MSM is recommended. SAME may also help symptoms of joint and muscle pain.

- k. Olive leaf extract one 500mg capsule twice a day for three days then two 500mg capsules twice per day. Liquid Olea Europaea extract, 10 drops three times a day may be used instead of the capsules.
- l. B-12 sublingual (B-Active by Phytopharmica) or B-12 shots may help neurological symptoms. Lipoic acid (Ultra Lipoic Forte by Douglas Labs) is also recommended for nerve pain.

- 7. Stress management:
 - a. Relaxation exercises.
 - b. Meditation.

SILICONE IMMUNE PROTOCOL

Level II

- 1. See Silicone Treatment Protocol Level I.
- 2. For patients with symptoms of candidiasis (fatigue, muscle aches, diarrhea, abdominal cramps, memory loss, vaginal yeast infections) we recommend: Use of yeast diet (see the *Yeast Connection* or other popular books) and acidophilus or other probiotics or a yeast program such as Harmony Formulas Candida Program or Candistroy by Nature's Secrets. May require oral Nystatin 5 cc three times/day if ever on antibiotics, and may require Diflucan 200 mg a day for 10-30 days if liver function tests are normal and you are not on any medicines which should not be taken with Diflucan, i.e. Seldane, Propulsid, some diabetic medications, some anticholesterol medications and some anti-hypertensive medications.. Sporanox 100 mg 2 each day with food for 3-6 weeks may be needed if stool yeast tests show yeast is resistant to Diflucan. Add Lipoic acid 1000-2000 mg p.o. q.d. while on Diflucan or Sporanox. Ask your physician or Dr. Susan Kolb if you feel you have candidiasis. IV therapies are also available for candidiasis. Additional natural yeast therapies include garlic/oregano oil and enteric-coated caprylic acid. Molbydenum 100 mcg three times a day may help adverse symptoms caused by the yeast's production of aldehyde.
- 3. For patients with longer and more severe silicone exposure, we recommend: Intravenous therapy to include trace minerals and vitamins to help restore missing nutrients and hydroxylate the crystallized silicate in the tissue so it can more readily be eliminated. We recommend IV therapy twice a week for four weeks. Transfusion time is 1-2 hours. Cost of IV vitamins is \$75 per IV treatment and cost of membrane stabilizer is \$65 per IV treatment. For more toxic patients, IV treatment with a membrane stabilizer once a day x14 days then 3 times per week for 2 weeks is recommended.
- 4. Additional nutritional therapies:
In addition to thymic factors and vitamin formulas, we recommend anti-inflammatory nutrients such as grape seed extract and Pycnogenol. Beta 1.3 D Glucan (Beta Gold) may also be effective as an immune system enhancer. MgN3 250 mg capsules 2-4 capsules 4 times a day for 2 weeks then 2 twice a day helps to increase natural T killer cells. Cellular Forte with IP6 also helps enhance the immune system. Super Malic 8-12 per day is effective in the treatment of fibromyalgia. Aloe vera juice 3oz 3 times per day. DHEA supplementation if deficient in DHEA. Melatonin supplementation for sleep disorders. B12 sublingual may be more effectively absorbed than oral B12.

5. Additional detoxification therapies: For maximizing Phase II of intracellular detoxification, we recommend a dl-Methionine vitamin & mineral supplement (i.e. Redoxal-HMF) as well as glycine either as a supplement or in food (gelatin is 25% glycine) and glutamine. Also see fasting, colon cleansing, and detoxification programs.
6. Modified fasting:
A fast lasting one to three days using vegetable broth and organic diluted apple juice combined with oral aloe vera gel (2 cups a day) to cleanse the colon.
7. Colon Cleansing:
Used as an adjunct to fasting to cleanse the lower colon of toxins. Colon therapists are available. Coffee enemas to assist the liver detoxification. (raises intracellular levels of glutathione).
8. Detoxification programs such as Metagenics Ultra Clear Plus.
9. Saunas and/or hot baths with Epsom salts for mild hyperthermia.
15-20 minutes 3 times per week
Add Liquid Needle Body Soaks to hot baths as directed.
10. Energy medicine:
Techniques to enhance the immune system and release toxic emotions from the body to help facilitate healing.
11. Endermologie for tissue lymphedema. Cost is \$85 per treatment. This is a physical means of clearing the lymphatics, especially of the upper extremities and chest wall, which may be blocked by silicone. Lymphatic massage may also be helpful.
12. Hypnotherapy to deal with the anger. Women often feel angry due to the circumstances surrounding the breast implants or due to the lack of sensitivity of the medical community to the patient's illness. Anger is a toxic emotion that can block the healing process, and hypnotherapy is an effective means to release the anger so healing can proceed.
13. Chelation Therapy: Recommended especially if testing shows heavy metals that chelate with EDTA. Combined with ozone. (Alternate days ozone, chelation) or HBO (hyperbaric oxygen) depending on availability.
14. Homeopathic preparations prescribed for cellular detoxification. If no silicone or saline implants are present, may use Silica 30 cc, 3 granules sublingual a week for 6 weeks.
15. Additional therapies for fibromyalgia:
In addition to Super Malic (Malic acid and magnesium) which is helpful as 94% of fibromyalgia patients are magnesium deficient, we recommend Relaxin hormone replacement therapy (Vitalaxin 20). Joint Connection and SAME may be beneficial. Other glandular or hormonal support including adrenal and thyroid may be needed. Supplemental digestive enzymes are recommended if the patient has problems digesting food and/or absorbing nutrients. GABA 750 mg before bedtime may aid in deeper more restful sleep.
16. Craniosacral and mild chiropractic spinal manipulation.

Web Pages and Links



- >> <http://www.cpr4womenandfamilies.org/>
- >> <http://www.homestead.com/sosalines/sos.html>
- >> <http://www.plastikos.com/silicone.htm>
- >> <http://www.info-implants.com/USA/indexusa.html>
- >> <http://community-2.webtv.net/Silly-Cones/BreastImplantshe/>
- >> <http://www.magiclink.com/web/spudnik/smoke.html>
- >> <http://www.toxic-exposure.com/>
- >> <http://members.aol.com/wisgroup/webring>
- >> <http://www.homestead.com/siliconecity>
- >> <http://www.webstarmagic.com/wisletter.htm>
- >> <http://www.fredlummus.com/implants/vbb/index.htm>
- >> <http://www.info-implants.com>
- >> <http://www.info-implants.com/Smoke/index.html>
(Smoke Documents)
- >> <http://www.guardianunlimited.co.uk/Archive/Article/0,4273,4028637,00.html>
- >> <http://www.fda.gov/cdrh/breastimplants/index.html>
(FDA implant information page)
- >> http://www.fda.gov/cdrh/breastimplants/labeling/mcghan_patient_labeling_5900.html
(MCGhan implant information page)
- >> http://www.fda.gov/cdrh/breastimplants/labeling/entor_patient_labeling_5900.html
(Mentor implant information page)



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*Call and mention this ad to receive a free 30 minute Chinese Medical Massage. (This is an ancient Chinese medical massage that balances the body's energy system.) Good for first visit only.

Point of View

Dr. Lynda Bribach, Chiropractor

In my experience working with patients having fibromyalgia and silicone poisoning, the use of craniosacral therapy, very gentle chiropractic and energy healing techniques has facilitated remarkable results. They symptoms of sensitivity, chronic pain, muscle spasms and confusion can be reduced and often relieved. After just a few sessions of the combined therapies, patients state they feel better than they have in years.

Silicone Immune Protocol

Cont. from page 11

17. Migraine therapy including magnesium replacement (Super Malic), feverfew (Mygra-Free by Phytopharmica), and 5-HTP.
18. Essential oils: Immunopower, Pane Away, black cumin, and lavender. Please refer to an essential oil manual for precautions using these oils. These are usually applied topically.
19. For patients with chronic inflammation and elevated C reactive protein, oral enzyme therapy may be effective.

For further information on Super Malic, Transfer Factor Plus, Inositol, Plaquenil and the Platinum Detox Program, please see the articles on www.plastikos.com.

Please note that there is an individuality as to presentation as well as biochemistry of each silicone-toxic patient. Not necessarily all of the above is necessary and that for some individuals only part or an addition to this protocol may be important.

Web Pages and Links...

Cont. from page 12

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Plastikos

TAKE NOTE...



Dr. Arthur Brawer will be at Plastikos on June 29th if you need a medical evaluation for silicone disease compensations for the Dow Corning settlement.

Please call Kathy Keithley Johnston, R.N., at 1-573-445-0861 for more information.