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From the Publisher

Majid Ali, MD, on Oxygen and Aging

Although I have established my life in the Pacific Northwest, I haven't let go of my New York roots, so I make it a point to return to the Big Apple at least once yearly. Strangers and acquaintances don't let me forget that fact, noticing a subtle East Coast accent, although they aren't quite sure until I admit that I grew up in New York. This year we opted to do a vacation sojourning on the beach at the end of Long Island – no, not the Hamptons, but the extreme eastern end, at Montauk. In June the weather is quite warm without being unbearably hot, and given that one can only travel west from Montauk (unless boating in the Atlantic), there is hardly any traffic. One can certainly see why the rich and famous love this section of Long Island, and if the fired-up real estate prices in nearby Sag Harbor are any indication, the summer parties will continue here for a long time.

At the end of our week's stay, Deborah and I met with my colleague and friend Majid Ali, MD, and his wife, Talat, who live near Central Park in NYC. I found it refreshing to take a vacation in the city without taking in Times Square, the shows, museums, galleries, landmarks, and glitz – just enjoying the city like the residents walking their dogs, taking their clothes to the dry cleaner, and dining in local eateries. Majid has an integrative medical clinic only blocks away from his home. While Dr. Ali continues his clinical work with fellow doctors, he remains passionate about his medical research in integrative medicine, having published numerous papers and a 10-volume series of books on the subject. Ali's training and experience as a pathologist in England and then at Columbia University Medical School have given him a unique perspective on the limits of hospital-based medicine. He delights in showing how scientific journals, particularly *Nature*, validate much of what he has discovered working with integrative medicine.

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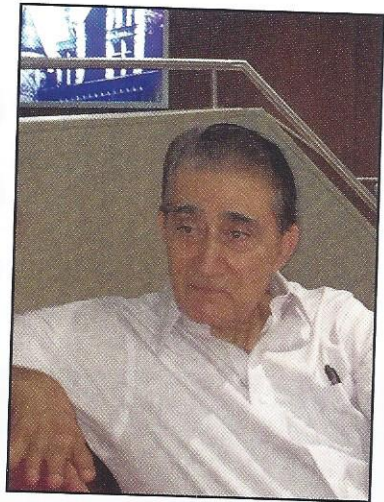
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In the mid-1990s Majid founded an institution dedicated to offering fellowship training in integrative medicine to physicians, dentists, and other practitioners. The Capitol University of Integrative Medicine brought together faculty in many disciplines to teach practitioners the fundamentals and advanced aspects of functional, orthomolecular, nutritional, and integrative medicine, followed by examination and certification. Until the 2000s there had not been any university that offered such specialty education. The program flourished for over a decade but ultimately was not financially self-sustaining. Currently some medical schools, such as the University of Arizona, offer a fellowship program in integrative medicine, but these are restricted to licensed MDs. Over the past decade, A4M has offered fellowship training to all licensed practitioners with certification provided through Florida State University. Like the program established by Dr. Ali, the A4M fellowships allow for training to be offered as modules that permit the practitioner to remain in practice while participating in the program.

One of the disciplines offered in the Capitol University program was diagnosis using darkfield or phase microscopy. Unlike microscopic examination of stained specimens, darkfield and phase microscopy permit the examination of

live blood specimens. In one of Majid Ali's books, *Oxygen and Aging*, a series of micrographs are illustrated demonstrating what Ali calls "oxidative coagulopathy."¹ Ali frames ill health and disease based on three key aspects of abnormal oxygen functioning: oxidation, acidosis, and dysoxygenosis. *Oxidation* refers to an abnormal degree of oxidation injuring tissues, *acidosis* pertains to excess organic acids building up in tissues, and *dysoxygenosis* is abnormal utilization of oxygen by mitochondria. When an individual experiences a marked level of oxygen dysfunctioning, their blood demonstrates oxidative coagulopathy consisting of deformities of red and white blood cells, clumping of blood platelets, and formation of plasma microclots and microplaques. All of these abnormalities are easily demonstrated on phase microscopy of live freshly examined blood.



Majid Ali, MD

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Amount per serving		%DV
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Magnesium (as Glycinate)	25 mg	7%
Zinc (Citrate)	5 mg	33%
Astragalus membranaceus extract (16% polysaccharides) (root)	100 mg	*
DMG (as Dimethylglycine)	100 mg	*
Arabinogalactan (Larix spp) extract (85% arabinogalactans) (all parts)	100 mg	*
Olive leaf extract (Olea europaea) (18% Oleuropein) (leaf)	100 mg	*
Mushroom Blend (Organic)	100 mg	*
Cordyceps sinensis (Caterpillar) (Bionectria ochroleuca)		*
Coriolus versicolor (Turkey-tail)		*
Grifola frondosa (Maitake)		*
Letitula edodes (Shiitake)		*
Schizophyllum commune (Split-gill)		*
Trametes fuciformis (White Wood-ear)		*
Alpha-Lipoic Acid	50 mg	*
Beta glucan (1,3 / 1,6 glucan) (70%)	50 mg	*
Isatis extract (5:1) (as Ban lang gen) (root)	50 mg	*
Lactoferrin	25 mg	*
Schisandra extract (Schisandra chinensis) (10:1) (fruit)	20 mg	*

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From the Publisher

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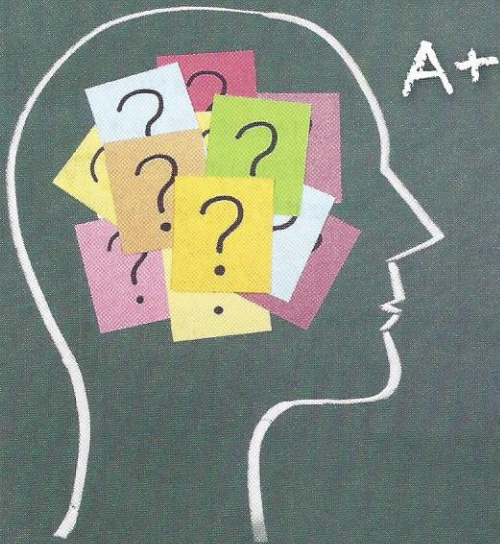
In addition to disruption of blood cells and abnormal coagulation, Ali is concerned with the presence of what he terms *primordial life forms* (PLFs) present in the blood. These organisms are not oxygen-loving organisms such as lactobacillus. Instead PLFs are microbes that tend to thrive in oxygen-deprived environments and are missed in ordinary microscopic exams. With high-resolution phase microscopy of live blood, Ali has observed a vast biodiversity of organisms that is underappreciated. Such organisms are pleomorphic and change when the blood plasma becomes favorable for their overgrowth. Ali contends that excess oxidation, acidosis, and dysoxygenosis lead to excess numbers of PLFs observable by microscopy. Routine exams of ill individuals reveal budding PLFs as well as larger and smaller colonies of PLFs together with microclots and microplaques and very damaged blood cells. Ali thinks that routine microscopic examinations of patients with fibromyalgia and chronic fatigue would very likely demonstrate oxidative coagulopathy as well as evidence of rampant PLF infection. When patients are successfully treated, the coagulopathy is minimized and there is little evidence of PLFs. Hence, the microscopic exam offers an effective screen for monitoring patient treatment protocols. Unfortunately, conventional medicine has not accepted phase microscopy as "evidence-based medicine," preventing practitioners and patients from having access to an effective diagnostic tool. However, many integrative and naturopathic clinics do offer live blood microscopic examinations. Not only is the exam helpful for the fibromyalgia and chronic fatigue patient, but it is also useful for monitoring cancer and neurologic, autoimmune, metabolic, and inflammatory disease.

As a doctor who sees a small number of patients, it would be very useful to have easy access to live blood microscopic exams. However, conventional medical laboratories have not standardized this analysis and so the exam is limited to offices that offer this testing. I think that live blood analysis should be standardized and readily available through commercialized laboratories. Would one of the naturopathic colleges like to initiate a clinical research study of live blood microscopic analysis?

When the Patient 'Gets It'

As a physician, my biggest frustration is when I find that my patient is unable to make any progress. Nothing is more discouraging than when the patient lets me know that his or her symptoms are unchanged – still experiencing fatigue, pain, headache, joints aching, and feeling depressed and anxious. My usual thought is that I'm just not giving the patient the right medicine, the right supplements, herbs, homeopathics. But then I think perhaps I'm not recommending enough of the right supplements – and yet, why aren't they working? Maybe it's the wrong diagnosis or I'm missing something. Then I consider that we need to look at additional laboratory tests. Is it a food allergy? A stealth infection – perhaps Lyme disease

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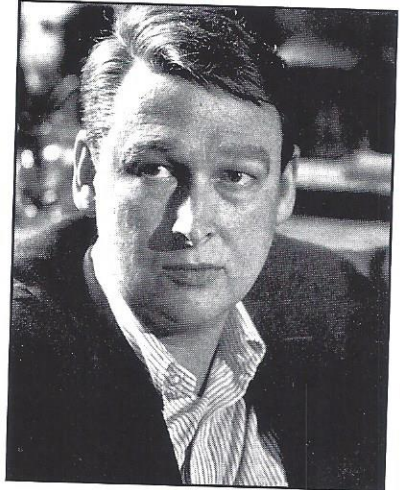
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From the Publisher

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or mold toxicity? Are we missing chemical or heavy metal toxicity? Then I look at the possibility that there is an energetic imbalance. Somehow the treatment is appropriate but doesn't seem to address what is wrong with the patient so that the healing process can begin. But what exactly is needed to bring on that healing?

I was watching a documentary recently, *Becoming Mike Nichols*. This is the Academy-award and Emmy-award-winning director of movies and plays such as *Who's Afraid of Virginia Woolf?* and *The Graduate*. Undoubtedly Nichols was one of the most talented directors in theater and film, and this talent brought out the best in such actors as Richard Burton, Elizabeth Taylor, Dustin Hoffman, Meryl Streep, and many others. But Nichols shares that what is the most exciting thing about his directing is when he can spur his actors into "getting it," when they take a scene



Mike Nichols c. 1970

that is just dialogue and there is a shift in their consciousness, when their participation becomes transformative and they become what they are acting. That moment when they transform, when they get it, is when the dialogue, the scene, the play or movie becomes magical and empowering. For Nichols, "getting it" is at the core of brilliant direction, but it is from his viewpoint the core of transforming one's work, relationship, and life.

I was struck that what Nichols was describing is what occurs when the patient overcomes their illness. There is a moment when the patient "gets it," pulling some very key healing aspect out of their subconscious, and it is at that moment when the healing process occurs. It is very transformative, and both the patient and doctor realize it. This is also for me the goal of what I want for my patient – seeking for them to "get" from within their subconscious what is needed for their healing to occur. There is a great level of frustration because there are many barriers to get through before that moment arrives. There is no easy path to making this happen. Doctors need to recognize that the patient needs to be coaxed to work conscientiously on this process. Patients must "open themselves up" to break through those barriers that limit their healing process, and take the risk to experience what they may prefer to avoid in their subconscious before "getting it." But when it happens, it is so worth it!

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