

Christian HealthCare

NEWSLETTER

MEMBER LETTERS:

I appreciate Samaritan not compromising the truth

God has blessed me in many ways far beyond what I deserve or could even measure, including being on the receiving end of this ministry for my Need. It was amazing to receive notes of encouragement and financial provision from all across the country.

It is so humbling and encouraging to know that fellow believers share my concerns and cares and lift up prayers to the Lord Almighty on my behalf.

Glory be to God for Samaritan Ministries, and may He continue to bless and guide those who have the responsibility of oversight for this ministry. With a world of compromise surrounding us, I deeply appreciate that Samaritan Ministries does not compromise the truth. You are being blessed for it.

Gerry
Indiana

Choose American-made medicine, not socialized medicine

by Samaritan member Twila Brase

Through social media and political rallies, proponents of Medicare for All are touting the benefits of a single-payer universal health care system for America.

But socializing medicine bit by bit, as the Affordable Care Act has done, or in one fell swoop, such as Medicare for All would do, certainly isn't the answer.

Unfortunately, the United States already has partially socialized government programs such as Medicare, Medicaid and Obamacare that are facing insolvency, jeopardizing state budgets and restricting access to care. This is the wrong direction and dangerous to boot. Americans need to recognize that these "free" government programs are not free but instead jeopardize the very freedoms we prize, such as the freedom to choose a doctor, the freedom to receive individualized care, and the freedom to use our hard-earned dollars as we choose.

Our focus should not be on how slowly or quickly progressives want to switch us to a socialized medicine system of government control and global budgets. It should be on how much it would cost in patient lives, citizen pocketbooks, access to medical care, and individual freedom. The vulnerable, the sick and the injured have the most to lose.

As has been proven over and over, socialized medicine leads to negative outcomes for patients: long waits to see a doctor, limited options in choosing a

doctor, denials in coverage and delays in treatment, which can be deadly.

White House hopeful and self-described socialist U.S. Senator Bernie Sanders recently posted a tweet saying the U.S. should follow in the footsteps of Finland's socialist health care system, where the individual's direct cost to have a baby is just \$60.

But Bernie spoke too soon. Just two days later, the Finnish Prime Minister and his entire cabinet resigned. His government had failed to implement significant and necessary reforms of Finland's health care system. The country's universal system is too expensive for taxpayers, so, to cut costs and to prepare for 2030, when 25 percent of Finland's population will be over age 65, the PM had tried to centralize regional authority over the system. It didn't work. So regardless of

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He remembers that we are dust

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Sharing Summary from June

| | | |
|----------------|--------------|---|
| Shares: | \$29,247,383 | Personalized prayer requests of the members with Needs are in the Prayer Guide. Please use your version of the Prayer Guide to support the members assigned to you. |
| Needs: | \$29,281,536 | |
| Deficit: | \$1,641,710 | |
| New Needs: | 4,442 | |
| Total Needs: | 10,871 | |
| New Rewards: | 238 | |
| Miscarriages: | 29 | Member Households: 82,405 |
| Final Rewards: | 12 | (as of 5/21/19) |

Contact Us: 877-764-2426 Dash.SamaritanMinistries.org

Questions about?

Your medical need

Shares you are sending or receiving

Your membership

Email

needs@samaritanministries.org

membership@samaritanministries.org

membership@samaritanministries.org

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Health Resources

Have a Need? Use the Health Resources app on Dash.

- Compare quality and cost of health care services in your area using Healthcare Bluebook.
- Use MediBid to receive bids from doctors for tests or treatments you are seeking.
- Email a medical professional or call a nurse (free), or call a doctor who can write a prescription (\$25).
- Access discount tools for prescriptions and lab tests.

Remember:



SEND A NOTE—

Burdens can be lightened emotionally as we encourage one another in the Lord.



PAY YOUR SHARE—

Burdens can be lightened physically as we do our part to financially meet others' needs as they would in our time of need.



ALWAYS STAY ALERT IN PRAYER—

Burdens can be lightened spiritually as we unite to call upon the God of the impossible.

Prolotherapy helps members get pain relief and avoid surgery

By Michael Miller

Samaritan Ministries member Paul McLellan was dealing with pain.

Again.

Years before, it had been in his jaw. This time it was in his back and neck.

“There was significant damage to my back and spine,” says Paul, who lives in Minnesota.

So he returned to a treatment that had worked well for him before—prolotherapy.

Specifically, Paul went back to Dr. Mark Wheaton, a pain and sports medicine specialist in the Twin Cities and fellow Samaritan member who had helped him with his jaw years before with prolotherapy, which the physician calls “a natural injection technique that stimulates the body to repair itself from injury or from joint laxity.”

It’s also an inexpensive alternative to more invasive surgery.

The solutions, usually dextrose, glucose, calcium, zinc, or other natural substances, cause a mild inflammation in the injection area. No drugs or cortisone is used in prolotherapy. The inflammation attracts cells called fibroblasts, which in turn secrete collagen, which in turn rebuilds ligaments and tendons and even helps preserve cartilage. Dr. Wheaton says that this essentially replicates the body’s natural wound healing process, which had been incomplete and caused chronic pain.

During treatment, the treated joint or area is quickly “peppered” with “a relatively slender needle in under two minutes,” Dr. Wheaton says.

There are three phases to healing through prolotherapy:

1. The inflammatory phase. Dr. Wheaton uses his thumb “to probe the joint tissues for tenderness or laxity” then “peppers” the tissues with several quick injections per session. The session is typically brief, usually a few minutes, and resulting soreness and stiffness dissipates over a few days.
2. The fibroblastic phase. Growth of collagen tissue takes over where the inflammation left off for about two to three months, creating stronger ligament attachments. That allows the tendons and ligaments to do the work they’re supposed to do, relieving local muscle spasm and compensation and increasing blood flow.
3. The maturation phase. A protracted maturation phase that can take up to a year and a half. New blood vessels mature, tissue is strengthened, and pain subsides.

Asked to name the conditions it benefits, Dr. Wheaton had to take a deep breath.

He listed chronic neck pain, headaches, whiplash, migraines, TMJ pain, dislocated or loose shoulders, rotator cuff damage, typical “wear-and-tear” arthritis in the joints, lower back problems, various disc injuries, sciatica, loose or slipped ribs, golfer’s elbow, tennis elbow, sprains and strains, loose wrist joints, carpal tunnel syndrome, small joint (knuckle) pain of the fingers and toes, plantar fasciitis, ankle injuries, knee and hip pain, ligament damage and weakness, and more. “Many sizes and

kinds of meniscal tears, rotator cuff tears, and herniated discs can be helped,” he says.

Similar to other medical treatments, though, Dr. Wheaton acknowledges that the “prolotherapy batting average is not perfect.”

“Nine out of 10 have good to excellent results,” he says.

While Dr. Wheaton also understands that sometimes surgery is unavoidable, he encourages those in chronic pain to seek other routes first that are healthy alternatives and less invasive.

“The downtime after surgery is usually longer than advertised,” he says. “People can’t afford to be off work for six weeks to three months or even longer. You also need to consider the fact that if you have back surgery you are going down a road you can’t come back from. You could be facing multiple surgeries, with more and more scar tissue. Cutting and removing tissue causes more instability. Would you rather have things taken out or fused, or would you like to keep your original parts as long as possible, which is what prolotherapy does? It takes what you’ve got and structurally makes it better.”

Prolotherapy is also better than cortisone shots, which are used to relieve joint pain, Dr. Wheaton says.

“Cortisone is extremely damaging to cartilage tissue, soft tissues, and any joint it’s injected into,” he says. “At best it can give temporary relief by masking it, but it always damages the joints. I quit using it over 20 years ago. And taking drugs for pain

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The Muldrows Dual Credit At Home

by Michael Miller



Adam Muldrow earned 121 college credits in 22 months for \$3,100 and entered law school at the age of 17 debt free.

That's because his parents, Gene and Becky Muldrow of Texas, found

a way for him to earn those credits by exam at the same time he was being homeschooled. For the past several years, the Muldrows have been sharing their experience and guidance on accumulating college credit at a reasonable cost through Dual Credit at Home (DualCreditAtHome.com).

The Muldrows estimate they saved over \$319,000 on college expenses for four children—and expenses have only continued to increase.

Dual Credit at Home offers study plans and workshops to parents who want to pursue this option for their own children.

The Muldrows see four benefits from this approach:

1. Financially. By only having to pay for materials from Dual Credit at Home and then only for testing to earn the college credit, families can stay debt free. Plus, the approach also allows students to make money during a period of life—immediately after high school—in

which others are building college debt.

2. Vocationally. By cutting their college career short, whether by four years or one year, students can enter a vocation sooner rather than later. The Muldrows' daughter Julie had her bachelor's degree in hand at age 18 and became a kindergarten teacher. One of their sons was a prosecutor for the Harris County District Attorney's office in Houston by age 20.

3. Motivationally. By spending many high school hours working on college credit, teen students—notorious for lack of purpose—can see high school, college, and career merge. “Then they can see the finish line,” Becky says. “It's no longer just a hazy picture in the future.”

4. Worldview. Since students are self-teaching, they are able to avoid the secular environment of college classrooms, textbooks, and professors.



The idea for Dual Credit at Home started when the Muldrows realized that their children could earn high school credit while studying for college credit tests like the College Level Examination Program (CLEP), Advanced Placement (AP) and DSST exams. Then, by taking the tests, they could earn college credit.

But could a college degree be earned this way? they wondered.

The breakthrough came when Becky found Charter Oak State College, a regionally accredited college formed by the state of Connecticut for adult learners that applied test credits to a college degree. They have since found a similar school in New Jersey, Thomas Edison State University, that accepts credit tests.

“Adults require a lot more flexibility for earning college credit,” Becky says. “They have families. They have a career already. They just need to finish a degree either to get a pay raise or for other advancement. Yet a 15-year-old could enroll as well and take advantage of that flexibility.”

So a 16-year-old named Adam who wanted to go to law school but earn his college degree quickly and inexpensively did so and was able to earn a bachelor’s degree through Charter Oak. He then headed to law school at the University of Houston. Many of the Muldrows’ other children started to follow course. Some earned complete degrees through the method, others satisfied their general education requirements and then took classes in their specialty, like nursing, at a college of their choice after transferring credits.

Many of the Muldrows’ 10 children have now taken advantage of the method. One daughter is a nurse practitioner, a son is earning a marketing degree, another daughter also attended law school, one son earned his undergraduate degree through Charter Oak and then went to a Bible college for his divinity degree, a daughter who has a history degree became a kindergarten teacher, and a daughter who is a senior in high school this year is about three-fourths of the way

through her college work and wants to be an elementary school teacher.

The idea to start Dual Credit at Home jelled after a graduation ceremony for home school graduates at the Muldrows’ church. Other parents became aware that Adam had not just completed high school but college as well.

“Friends began to ask, ‘How did you do that?’” Becky says.

That led Becky to start putting together the pieces that would become DualCreditAtHome.com. She had just had Jason, their 10th child, so didn’t have much time to start a home business at that point. But by the time Jason was about 8 years old and had become somewhat independent with his schoolwork, Becky had time to write lesson plans for him in a format that could be shared with other families. The Muldrows then hired two women from their church to create a website and curriculum, and the business was launched in 2013.

Since then, several hundred

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Why SMI?

Gene and Becky Muldrow’s family have been in and out and back in Samaritan Ministries, but even when they were away for a short while, they sang the praises of health care sharing.

The creators of Dual Credit at Home first joined SMI in the late 1990s as a young family in Texas with six children with no health care provision. After deciding to look into health insurance, they were stunned by the “staggering” cost of it, even back then.

A friend from their church who worked at an insurance agency then told them about Samaritan. “We got ahold of y’all,” says Gene. “It’s been amazing ever since. We’ve been so blessed.”

Gene got a shift-work job in 2014 that provided insurance, but after about a year, decided to go back to remodeling and building homes. The Muldrows

rejoined Samaritan.

The family has had four maternity Needs with SMI as well as several other Needs and have been blessed every time.

“When you’re hurting and someone says they’re praying for you and you’ve never seen them before and they’re sending you a check, that is just so encouraging,” Gene says.

The Muldrows, who are used to thinking outside the box when it comes to education through their Dual Credit at Home business, are a natural fit for health care sharing, especially Samaritan’s approach.

“I enjoy reading in the newsletter so much about diet, health, and exercise and things we can do to take better care of ourselves so that we don’t have a lot of medical bills,” Becky says. ♦

How I lost weight and got healthy at 57

by member Steve Panayiotou

On the day after Christmas in 2017 I was left debilitated, and it wasn't the first time I had gotten massively sick over the holidays. After indulging in lousy eating and way too much sugar, I would lay in bed for days feeling miserable. To recover, I loaded up on supplements and slowly got back on my feet. I'm grateful for those products, but they only put a Band-Aid on what my real issue was. Even though I've been athletic for most of my life and have sons who help keep me active, I had become a sloth. I wasn't just thinking, "I'm getting old." I was starting to accept it!

I've been a clinical nutritionist for the past 13 years. While focusing on others, I ignored the slippery slope called age, and that left me really feeling it these past few years. It became evident at our family Christmas ping-pong tournament. I became lovingly known as "frail old man" and the title started haunting me. When my son kept encouraging me to get off my butt and exercise, my response was, "Leave me alone, I'm getting old and I'm not going to be a world-class athlete anytime soon." I was giving in to age and resigning myself to becoming older, fatter, and weaker because I didn't have an effective solution to do anything about it. It was affecting me physiologically, emotionally, and relationally. I was nappy, lazy, grumpy, and so uncomfortable. I was a mess! Some of you may know the feeling.

If a person is drowning because they don't know how to swim, telling him to swim harder doesn't help. I, like many of you, have dieted

most of my life, but I was so tired of starving myself and exercising while knowing it wouldn't work long term. This cycle was never sustainable for me. Sure, I'd lose 15 pounds in a few months, but the weight would come right back on. At some point, my willpower failed me. I was drowning and didn't know what to do about it.

For years I held seminars for Health Care Practitioners to learn about micronutrients and how they affect

I learned something new that would change my life: the effect of macronutrients from diet on my metabolism.

the body, but on February 11, 2018, I learned something new that would change my life. There is a world of difference between supporting your body with supplements and the profound effects of macronutrients in your diet on your metabolism.

The doctor presenting that day went over vitamins and supplements that were familiar territory to me, but then he explained about macronutrients—carbs, protein, and fat. He described how the wrong ratios of macronutrients can lead to the horrific effects of insulin resistance and metabolic syndrome, which in turn

leads to many chronic debilitating diseases. I realized I was slowly dying from the inside as well as on the outside from hyperinsulinemia. This disease is characterized by chronically elevated insulin levels. It described me perfectly! The doctor suddenly got my undivided attention. I was all ears and was determined to retain all the information he presented. I knew I didn't want to die the same early death as my father did at age 48. I needed a sustainable solution for my metabolic health and the encouragement not to continue doing what I had been doing.

I continued to read and research, and I discovered that positive metabolic health is associated with minimizing prolonged elevated insulin and optimizing fat metabolism. That discovery led to the following questions: "How do I manage insulin and reverse my metabolic syndrome to save my life while also improving its quality for the remaining time I have left?" Ultimately, "How do I finish my life strong?" From there I began a deep dive into studying metabolism and the possibilities of regaining some control of my metabolic health, permanently losing some fat through sustainable methods, and getting rid of the "frail old man" symptoms.

The night I came home from the seminar I had told my family, "When I get down to 10 percent body fat, we'll do a Spartan race as a team!" Of course, I didn't know what I was getting into. They sneered and mocked a bit, but I was totally serious. Little did I know that I had set a course that would change my metabolic status and start addressing all

the “frail old man” symptoms.

Keto Clarity by Jimmy Moore was one of the first books I read, and I started following doctors (some of which you’ll read about in this newsletter) who are having success with the high fat-low carb lifestyle. I read books on metabolism and watched all kinds of YouTube videos. Armed with this knowledge, I was able to break old habits and start new ones, and hope of some level of control re-entered my life. I adjusted my fuel source—that is, my macronutrients—and my whole demeanor started changing. I started feeding my body nutrient dense foods and removed all the “fluff” that sneaks in along-side real food. As I shifted my fuel source to delicious bacon, eggs, cheese, avocados, meats, fish and some organ meats, I never went hungry or felt unsatisfied.

My source of fuel went from sugar to fat as I became fat adapted. I started burning my own fat stores 24/7 by eating steak and eggs! I began having more energy, my sleep and snoring improved, and I became less grouchy. I found new hope that this old, former athlete didn’t have to prematurely give in to the natural decline of age. I had a plan and I was determined to get my life back, so I could finish my life strong instead of frail!

It was simple, but not easy.

Twelve months after that seminar I had transformed my garage into a gym, lost 25 percent of body fat—I dropped 40 pounds—and I was approaching the best fitness I’d experience since my early 20s! My wife also embraced the process with me and she has had just as much success as I have with this way of eating and exercise program. She is now much more metabolically

healthy, and she looks amazing!

There was no magic bullet. I stuck to a simple plan that also fueled my determination to nourish my body, mind, and spirit, to fulfill what God has for me on earth. Although I had been a clinical nutritionist for more than a decade, I was so focused on micronutrients that I lost any understanding for the role of macronutrients. Now I’ve been so blessed by this transformation that I love to share it with others through my website, FinishingStrong.co. I believe



**FINISHING
STRONG.CO**

we all need to have an understanding of how our metabolism works and the effects of macronutrients in our diets. If you have a need and want to do something about it, I will help you by pointing you to the right resources. I’m not the hero, or a doctor, but rather a guide who can help direct you. That’s what this is all about.

So, who is Finishing Strong for? Primarily guys like me who have allowed themselves to become complacent. Maybe they have given in to the temptation of getting old and feeling overweight and grumpy, becoming physically, emotionally, intellectually, or spiritually unhealthy. I am by no means a perfect example of a man who has all these areas dialed in. However, what I do have is knowledge gained from my 13 years as a clinical nutritionist and from the experience of going through this myself. A number of people made a dramatic impact on my life and helped me off that slippery slope of personal decline as I was entering

into the third-quarter season of my life. My intent is to share these people and the information they gave me, all in one spot so that someone else can also benefit from their knowledge and expertise. My hope in doing this is that you too can live out the rest of your years not in decline but thriving with more joy and purpose than ever!

Getting old doesn’t have to stink! Chronological age is inevitable, but we can slow the biological, intellectual, emotional, and spiritual decline by implementing the principles that you’ll find in my podcasts. I’ve compiled wisdom from people who have inspired me from different disciplines around the globe. I cover many topics: nutrition, exercise, money, relationships, the Christian world view, and other things throughout these podcasts. I’ve also developed a nutritional guide and do individual consultations to help men in this season of their lives. These resources are also meant as a legacy for my kids, family, and friends, because I value how each of these individuals have changed my life and contributed to my 57 years of life. You’ll agree with some of my ideas and not with others, depending on where you are and your worldview, and that’s OK! I hope they will at least give you something to think about and that you’ll gain inspiration to take control so you too can enjoy thriving during this time in your life! ♦

A native of southern California, Steve Panayiotou is a graduate of UCLA (Sociology) and Western Seminary (M.Div). After working in technology sales, he became a clinical nutritionist in 2006 and also owns a consulting company in Los Angeles. A lifelong athlete, Steve is a huge sports junkie, especially baseball. He can be found at finishingstrong.co, on Twitter @stevepanayiotou, and on Instagram @finishingstrong.co.

Fat for Fuel

A Revolutionary Diet to Combat Cancer, Boost Brain Power, and Increase Your Energy

by Dr. Joseph Mercola, reviewed by Jed Stuber

Dr. Joseph Mercola says we all need “Mitochondrial Metabolic Therapy,” which is “a system of eating that will help you shift your metabolism from burning glucose to burning fat to fuel your body.”

Mercola is a prolific author who does most of his publishing these days on his website, one of the most visited health sites in the world with 40 million unique page views per month. He still does book length treatments of what he believes are the most important topics, and *Fat for Fuel* is the latest.

Dr. Mercola reports that amazing discoveries have been made about our mitochondria, tiny micro organs found in nearly all our cells:

- Mitochondria are so small that a billion of them would fit on the head of pin.
- There about 10 million billion mitochondria in our body and they account for 10 percent of our weight.
- They are a key part of our body’s energy production process that combines nutrients from the sugars and fats we eat with oxygen from the air we breathe.
- They continuously generate energy molecules called adenosine triphosphate (ATP) and make about 110 pounds of it every day.
- The more metabolically active cells are—such as those in the heart, brain, liver, kidneys, and muscles—the more mitochondria they have.

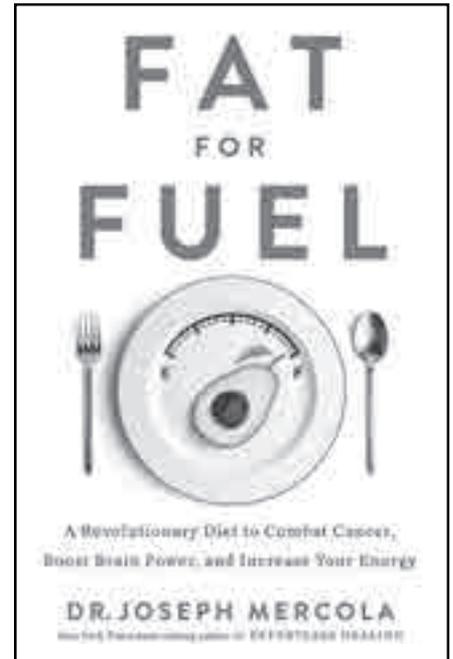
What have we done to ourselves?

Mercola says there is good evidence that mitochondrial dysfunction is at the root of disease and is causing the epidemics of diabetes, heart disease, and cancer that we are experiencing today. He believes we’ve done it to ourselves through our modern diets that are full of highly processed food and overloaded with sugar and refined grains. This unhealthy diet results in our body burning the “dirty fuel” of glucose when it should be running off of fats and ketones.

A negative effect of continually running on glucose is an excess of oxidation at the biochemical level. Out of control oxidation degrades cell and mitochondrial membranes, which in turn leads to tissue damage. Mercola says it can even cause genetic problems that disrupt DNA replication and gene expression.

The key to reversing these processes and restoring health is changing what we eat and *when* we eat, Dr. Mercola says. He is proponent of a “keto” diet, meaning that the macronutrient balance should be high-fat, adequate protein, and low carbohydrates.

In the first chapter, Mercola reviews the history of how the American diet shifted to unhealthy extremes. Our great-great-grandparents ate mostly whole, unprocessed foods, but vegetable oils and hydrogenated fats infiltrated the food supply by the early 1900s, which made possible the “super market” full of processed foods with longer shelf life.



We now know that these trans fats contribute to the damaging oxidation process because of their chemical structure. They’ve been prevalent in our diets for a century, and there has been some official recognition of the problem in recent years as the FDA has taken action to phase them out of food products.

Mercola says that with the hindsight of history and current scientific research we should be able to clearly see that rise of trans fat corresponded with a massive rise in cancer, diabetes, and heart disease. Unfortunately saturated fat ended up taking all the blame in a massive public health blunder. This mistake can be traced to the enormous influence of researcher Ancel Keys, who was an advisor to US presidents and a prominent member of the American Heart Association.

Following Keys lead the US developed national dietary guidelines calling for Americans to cut back on fat. That dogma has now held sway for 60 years. In 2013 the medical journal *Open Heart* published a thorough review of the studies and data used to establish the national guidelines, and found that there was absolutely no basis for the dietary recommendations! Despite this debunking the confusion about fats remains to this day.

Dr. Mercola explains that the real tragedy is that much of the medical community and most Americans remain largely ignorant about this history. They continue to follow misguided assumptions that natural fats are something bad to be avoided. This error has cost us our health because the healthy fats in our diets were replaced by trans fats, and at the same time carbs and sugars became dominant in our diet.

We are throwing gasoline on the fire of oxidative stress, damaging our mitochondria and fan.

Why we need Mitochondrial Metabolic Therapy

The second chapter of *Fat for Fuel* explains what happens if we can get our bodies into fat burning mode.

- It creates significantly less oxidation which fights against the inflammation driving nearly all diseases.
- It promotes healthy neurological and brain function. The brain is 60 percent fat.
- It keeps blood sugar down so you don't develop the insulin resistance that is the main driver of diabetes and obesity.
- It results in a natural satiation of hunger.

When it comes to cancer the lat-

est research is fascinating. It turns out that cancer cells have a fundamentally different energy metabolism than healthy cells. They don't use mitochondria to produce energy and have a radically reduced number of mitochondria. Mercola writes, "It's not genetic mutations that cause cancer. We know now that mitochondrial damage happens first."

Again the antidote lies in what we choose to eat: "When you remove processed foods, sugar, grains, and

Take control of your health simply by giving your body the proper fuel.

high-net-carb fuels from your diet, you essentially stress cancer cells and deprive them of their preferred metabolic fuel."

How to do MMT

Dr. Mercola spends a chapter talking about the "protein paradox" because so many people want to take a low-carb approach such as the popular Atkins, Paleo, or Primal diets, but they end up eating too much meat and protein. He explains that too much protein can also lead to insulin resistance and excessive oxidation. That's why he recommends investing in good digital kitchen scale to be able to measure your meat portions precisely when you are getting started on MMT.

Next Mercola explains that too much iron in our blood cans also cause mitochondrial dysfunction, but there are effective strategies for lowering it. It's usually as simple

as donating blood a couple times of year.

The specific dietary recommendations are of course the heart of MMT. Carbs must be cut to less than 50 grams of *net* carbs or fewer. More fiber helps lessen the impact of carbs. Sugar must be studiously avoided but there are three alternative sweeteners that can be used judiciously. Don't be discouraged by the strictures about carbs and sugars, Mercola says, because eating healthy fats are quite tasty and satisfying. Think of the rich tastes associated with butter, lard, and bacon.

Mercola hopes that MMT will help both reasonably healthy people who want to optimize their health and fight aging, and anyone who is facing any kind of health challenge. Whatever the case, Mercola says it takes precision, especially at first. The main tool everyone needs to invest in is an inexpensive glucose monitor. Yes, you have to be willing to prick your finger to make sure you are getting MMT right. You may also want to get a few blood tests done to make sure you are becoming "fat adapted."

Mercola also includes a chapter on the important of fasting to help get into MMT, and he's big fan of Dr. Jason Fung's book, *The Complete Guide to Fasting*, which we reviewed in last month's newsletter.

Mercola has never been one to shy away from controversy, and he acknowledges that MMT has plenty of critics. That doesn't stop him from passionately advocating for MMT as a major breakthrough. Even if his readers don't find his arguments convincing, they will be be treated to a groundbreaking book that pulls together cutting edge information in a way few others can. ♦



Why primary care costs a trillion dollars more than it should

by Samaritan member Dr. Robert Berry

A cartoon featured in *The Greeneville Sun* on Father's Day weekend was both sad and sobering. A young girl was shown graciously offering Uncle Sam a gift exclaiming, "Happy Father's Day! I got you something," only to be handed a gigantic ball and chain from Uncle Sam complete with leg iron stating, "\$21 TRILLION NATIONAL DEBT."

No one knows for sure exactly what will happen if our government continues to accumulate more debt. Since "the borrower is slave to the lender," the liberties we have been blessed to inherit will most likely be threatened for future generations

if we don't start doing something about it now.

Many readers probably have various insights from their own experience about ways to reduce this debt. As a Direct Primary Care physician in Greeneville who has not accepted health insurance for over 18 years, I have been in a unique position to see how insurance for nonemergency outpatient medical care not only increases our country's debt but also how it stifles our overall economy leading to reduced tax revenues from which to resolve this debt.

Americans carry insurance for unexpected catastrophes such as

car accidents, burned houses, and inpatient hospital care. We don't purchase it for routine car or home maintenance, so why do we have it for everyday medical care? The reason is, unlike other insurance, it is a pre-tax expense enjoyed primarily by large and medium size corporations that exert a large amount of political influence.

Most people don't know that this tax exemption for employer-provided health insurance adds about \$350 billion to our national debt each year while discriminating against the self-employed and employees of small businesses, many of whom can't afford health

insurance yet were cruelly forced to pay Obamacare penalties. The increasing number of families in Greene County choosing membership in Christian health care sharing ministries don't benefit from this tax exemption. As a matter of justice both to future generations who will be responsible for this debt and to these many uninsured, Congress should eliminate this tax favor. While they are at it Congress should remove the tangle of insurance regulations so companies will have to compete by offering consumers the chance to buy policies that make sense.

Doing so—I estimate—would return to the economy as much as \$1 trillion a year, mainly because insurance for routine health care makes it easier to conceal and inflate prices while charging for services that patients wouldn't necessarily allow to be done if they knew ahead of time they would have to pay for them with their own money.

I have observed that patients and health care providers today don't seem to know what—or even if—insurance will pay for elective outpatient care. My Direct Primary Care patients who pay me directly are not confused by such uncertainty. They make me cost-justify diagnostic strategies and therapeutic interventions before they are undertaken. As a result, lab tests purchased at my clinic to evaluate fatigue cost about \$500 less than what insured patients

have told me they have had to pay other providers after receiving bills from them in the mail for amounts not covered by their insurance.

My uninsured and high—deductible insured patients regularly drive to private, for-profit facilities in nearby towns and cities to save around \$100 on X-rays, several hun-

Insurance for routine care makes it easy to conceal and inflate prices. It also makes it easy to charge for services patients would refuse if they were paying with their own money.

dred dollars on ultrasounds and cardiac stress tests, over a thousand dollars on CT and MRI scans, and several thousand dollars on colonoscopies. One patient traveled 900 miles to save more than \$10,000 on outpatient surgery at the Surgery Center of Oklahoma, which posts all-inclusive prices on its website and offers patients a way to pay for such procedures on credit.

These examples show that when Americans pay directly for outpatient medical care at facilities that make their pricing transparent, they pay much less than they would at facilities that don't.

Since Direct Primary Care practices such as mine don't bill insurance, we require three fewer employees per physician than those that do. With roughly 350,000 primary care physicians in this country, health insur-

ance drains approximately 1 million dependable, hard-working persons from our labor force when there is less than 4 percent unemployment and jobs unfilled that are arguably of greater service to our fellow citizens than the settling of small medical claims that require such a ridiculous and onerous level of documentation

in electronic medical records as to make both patients and doctors miserable.

So, from my perspective, simply eliminating the tax exemption for employer-provided health insurance would bolster the economy by reducing health care costs and supplying

much needed labor to our nation's employers while leveling the tax playing field for all Americans. Most importantly, it would help to reduce our national debt and preserve our legacy of freedom for generations to come. ♦

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A version of this article was previously published in The Greeneville Sun, the local paper of Greeneville, Tennessee, where Samaritan member Dr. Robert Berry practices medicine. Dr. Berry ran an insurance-free fee-for-service practice for 18 years before transitioning it this January to a Direct Primary Care named DirectMD Greeneville <directmdgreeneville.com>. To read an interview with Dr. Berry visit samaritanministries.org/drberry. For resources to help you find a Direct Primary Care near you, visit SamaritanMinistries.org/dpc.

inevitably results in side effects.”

There’s typically joint stiffness or soreness for one to three days after a prolotherapy session, “but not severe pain,” Dr. Wheaton says. Patients drive themselves to the appointment and back home within minutes after their prolotherapy treatment is over.

He also says that prolotherapy is low-risk.

“I have to remind myself to tell

people there is a risk, that anytime a needle is used, there is a remote chance of infection or bleeding, but it’s rare, which is why I can do prolotherapy at my stand-alone clinic away from large medical facilities,” Dr. Wheaton says.

Only physicians are licensed to do injection procedures such as prolotherapy.

Prolotherapy is also a lot more affordable than surgery, he points

out. Dr. Wheaton charges per joint. A typical cost is about \$280-\$350 per joint or area per visit. One of the reasons for the low expense is that he is able to keep overhead to a minimum due to the simplicity of the procedure, natural, low-cost substances, and low overhead. He has one part-time employee and his wife, Gina, is office manager and also a registered nurse.

The treatment has helped the

Why is prolotherapy often overlooked?

Prolotherapy has been around for almost a century but is only now becoming well-known.

It’s been helping people that entire time, though, says Dr. Mark Wheaton of Lakeside Sports and Pain Clinic near Minnesota’s Twin Cities.

“High-tech medicine in the last 50 years, such as the MRI to look inside and the surgery or other invasive procedures that often followed as well as the explosion of pharmaceutical drugs, pushed prolotherapy into the background,” Dr. Wheaton says. “But that all has changed with the internet and people interested in searching for alternatives for their injuries and pain.”

Surgeon General C. Everett Koop, for example, wrote the introduction (available at injurycaremedical.com/dr-koop/) to 1997’s *Prolo Your Pain Away* by Dr. Ross Hauser. Dr. Koop, who served under President Ronald Reagan and died in 2013, was able to overcome back pain through prolotherapy, performed by Dr. Gus Hemwall, who would later teach the technique to Dr. Wheaton and give him his first treatment.

Yet, the medical establishment hasn’t embraced prolotherapy.

Dr. Wheaton thinks that’s due to “politics and money.” The big players in health care are the medical device companies and the drug companies. And, since prolotherapy is so simple and natural, there’s no money to be made for them.

“Prolotherapy is not well known,” Dr. Wheaton says. “It’s not taught in medical schools. It’s not a quick fix, but is definitely a long-term, healthy fix for people

who want to avoid surgery and drugs.”

No equipment is needed to perform prolotherapy, either, he notes, just needles and syringes. The only equipment he has in his office is a centrifuge, which is used to isolate platelet rich plasma (PRP) out of the patient’s own blood drawn minutes earlier by his nurse. In that treatment, the patient’s PRP is injected back into the patient’s knee, hip, shoulder, or elbow or anywhere there is an injury, “supercharging” the healing and repair process.

“Think of PRP as prolotherapy with the patient’s own blood, which acts like stem cells,” Dr. Wheaton says.

Insurance doesn’t normally cover prolotherapy or PRP treatments, which Dr. Wheaton blames on the outsized influence of big players in health care.

“They’re the ones deciding what is good and what isn’t,” Dr. Wheaton says. “Some people will say, ‘There’s not enough studies on prolotherapy.’ That’s untrue. There are actually a number of good studies. It’s just that they’re not funded by drug companies.”

The use of both prolotherapy and PRP is increasing, though. Many doctors who do prolotherapy are on getprolo.com. Organizations that support prolotherapy can be found at JournalOfProlotherapy.com by clicking on the Prolotherapy Info tab.

Samaritan Ministries shares up to 40 sessions of prolotherapy when lawfully prescribed by a licensed medical professional. Documentation of a treatment plan may be required. See Guidelines Section VIII.B.37. ♦

active Paul McLellan keep up with his six sons and two daughters.

"I want to be an active participant in their lives," he says. That includes playing catch, shooting hoops, hiking.

But, of course, at 40 his body doesn't recover as quickly as it used to. He says he returns to Lakeside for occasional "tune-ups" when he's starting to feel pain, but, in general, prolotherapy has given him his "life back."

A jaw injury 18 years ago from water tubing left the owner of LightBulbs.com in pain and barely able to talk. He heard about prolotherapy from a jaw specialist and visited Dr. Wheaton.

"I experienced significant relief from that injury," Paul says.

Years later, after what Paul called "aggressive" chiropractic treatment,

he had to go see Dr. Wheaton again for pain relief. By that time, Paul was a Samaritan member, and had been happy to discover that prolotherapy could be shared even though insurance doesn't typically cover it. The Ministry Guidelines allow for up to 40 therapy visits to be shared as long as it's done by a licensed provider. He mentioned that to Dr. Wheaton, who was impressed enough that he considered Samaritan Ministries for his family. They're now members as well.

Seth Rhoden, a Samaritan member from South Dakota, also has experienced pain relief for his shoulder from prolotherapy. He started driving the 500 miles with his parents to Dr. Wheaton's office when shoulder surgery was ruled out for him because of the possibility of

having an epileptic seizure during the operation. Seth, who works on his parents' cattle ranch in the Black Hills, has grand mal seizures, which in turn aggravate his bad shoulder.

His mother, Sylvia Rhoden, was told about prolotherapy, and they contacted Dr. Wheaton.

It took about eight injection sessions spaced out by a few weeks each, but the pain in Seth's shoulder, neck, and jaw, aggravated by his seizures, started decreasing.

Now ranch work, like carrying food for calves or holding them down for branding, or other tasks like shoveling snow, doesn't hurt his shoulder, he says, although the seizures can still result in pain.

Seth says he didn't care for getting the shots "right at the moment, but it was worth the effort." ♦

Member Spotlight: The Muldrows

Continued from page 5

families have bought the Muldrows' study package.

A typical plan involves reading assignments over several weeks using Christian textbooks. For instance, Dual Credit at Home's plan for taking an American history test is to have the student read assignments for five weeks, then take a practice test before the real thing.

"Even though they're college-level exams, they're not difficult, and you can use Christian high school textbooks to prepare for them," Becky says. Students as young as 13 can take the tests, she says.

Dual Credit at Home's site offers a free workshop that gives families an in-depth idea of how the program works as well as a description of

what's available for purchase, including a package of lesson plans for 13 exams on core subjects like math, English, government, and history. The package also includes support as well as a "College Degree Roadmap" course. That course, however, can be bought separately if a family would like to map their own way.

The Muldrows are very clear that acceptance of test results by colleges differs, so families need to perform due diligence on how these credits will be applied if the students are planning to apply to complete a bachelor's degree somewhere.

"Parents do need to have their students take exams and earn credit in accord with the college they're going to choose to earn a degree,"

Becky says.

Also, Dual Credit at Home doesn't supply or conduct the tests; families are responsible to arrange for that as part of the study plan.

As for tests besides those for core credits, the Muldrows believe that, once a student has finished the 13 exams, families will have enough experience on how to direct students to study for other subjects. DualCreditAtHome.com also provides plenty of continuing guidance through its webinars, templates, and social media and email connections.

So far, over 300 families, including several members of Samaritan, have purchased the complete set, with many using it for multiple children. ♦

Prayer for the Persecuted Church

Hebrews 13:3 tells us to “Remember those who are in prison, as though in prison with them, and those who are mistreated, since you also are in the body.” Our brothers and sisters in Christ around the world are being persecuted for the sake of the Gospel. We need to remember them in prayer. Each month, we will provide updates and offer prayer points gleaned from a variety of sources. Please use them in your personal or group prayer time.

Burkina Faso attacks kill 14

Four attacks by Islamists on Christians in Burkina Faso had claimed 14 lives, including four pastors, Mission News Network says. The attacks on Assembly of God and Catholic congregations occurred on April 28, May 12, May 13, and May 26 in the northern part of the west African country. Some Christian leaders say that militants from groups that are part of al-Qaeda are coming across borders from Mali and Niger. *Pray for strength for Christians under pressure in that part of Africa, for the Church to grow in influence and service every day, and for the hearts of the terrorists to be transformed.*

Turks crack down

Turkey appears to continue a crack-down on Christians.

- A re-entry ban has been imposed on resident non-Turkish believers who try to return to Turkey after traveling abroad. A pastor who has led a church in Istanbul for 20 years was refused re-entry in April and deport-

ed, MNN says. In February, a Christian couple returning to Istanbul also were deported.

- A baptism ceremony was interrupted in a church of Iranian Christian asylum seekers on March 21, International Christian Concern says. Police said the church had not been given permission to meet by authorities. Turkey does not have a process for church legalization. The church has been closed.

Pray that Turkish authorities would treat Christians with respect and that churches would be allowed to meet without fear. Pray also that Christians would be able to enter the country to evangelize.

Historic church closed

Xunsiding Church, a house of worship in China's southeastern Fujian Province for more than 40 years, was closed on May 19 and fined about \$3,600, ICC says. Officials accused leadership of running the church without state approval. The church's kindergarten was closed in May 2018, and the church and kindergarten were raided simultaneously on January 19, 2019. *Pray that the congregation would stay united and strong in their faith, for the Gospel to continue to thrive under persecution, and for greater religious freedom in China.*

Kidnapping attempt fails

A failed abduction attempt in May left a Nigerian pastor with injuries on his head and hands, ICC says. Pastor Femi Ajayi of Redeemed Christian Church of God in Akure was hit with machetes by his attackers, believed to be Fulani militants. *Pray for the pastor's full healing*

and for protection of Christians in that area of Nigeria. Praise God that the kidnapping attempt failed.

Sri Lanka violence continues

Religious tensions in Sri Lanka following the Easter Sunday bombings of churches have resulted in mobs attacking Muslim homes, businesses, and mosques. Christian spokesmen have not said whether Christians are part of the attacks. *Pray for peace in Sri Lanka, and that the Gospel message would be communicated with love.*

Girl, 16, still held captive

A 16-year-old Nigerian girl kidnapped by terrorist group Boko Haram in 2018 with more than 100 other girls spent her second birthday in a row in captivity, ICC says. Leah Sharibu's birthday was on March 14. The lone Christian in the kidnapped group, she is the only one of the kidnapped girls who has not been released. *Pray that Leah will be released soon, for more attention to be paid to her case, and for Leah to stay safe and strong in her Christian faith.*

Christian homes destroyed

Three Christian homes were ransacked by a mob May 23 in central India after the families refused to recant their Christian faith, ICC reports. Approximately 300 villagers took part in the attack, which also resulted in the destruction of the houses' roofs. *Pray for provision for the families and their efforts to bring legal action.* ♦

For more on the persecuted church, contact International Christian Concern (persecution.org, 800-422-5441) or World Watch Monitor (worldwatchmonitor.org)

Choose American-made medicine, not socialized medicine*Continued from page 1*

what a patient may pay at the point of care, expect Finnish taxpayers to pay much more all year long.

Under socialized medicine, a country's underlying total costs are far greater than they appear on the surface. Consider the Canadian system, which lets Canadians die waiting for care—44,000 women over the last two decades, according to the Fraser Institute. Other patients lose bodily functions. For example, one boy with severe scoliosis faced a three-year wait for surgery, despite guidelines recommending no more than three months. While waiting, he became a paraplegic. As the Canadian Supreme Court noted in a 2005 ruling, a waiting list is not the same thing as access to health care.

Canada's national "waiting for medical care" system is also not free, despite claims otherwise. Taxation rates range from \$496 for Canadians with the lowest incomes to \$38,903 for those with the highest.

Let's return to Sen. Sanders' favorite socialized system. Finland faces an aging population and rising costs for treatment; its government struggles to pay the bills as a result; and care shortages have begun. For example, hospital beds have decreased almost 40 percent, and patients are waiting longer to see a general practitioner. In fact, patients can't see a specialist unless they visit a GP first; the government forbids it.

Finland's situation and Canada's painful realities show real-life medical consequences America should be running away from, not moving toward. There is abundant evidence that socialized medicine systems don't work, and its patients are the ones who suffer the most.

What should America do instead? There are plenty of alternatives that support both freedom and affordability. We should embrace direct payment for care, such as by practices found on The Wedge of Health Freedom website (jointhewedge.com). We should exit third-party payment systems (employers, government, prepaid health plans), which have inflated the cost of everything from a simple physical to a complex surgery. Americans should ask Congress to repeal the Affordable Care Act's prohibition on catastrophic coverage, restore indemnity (true) medical insurance, repeal the pricey government list of mandated "essential health benefits," end the pre-existing condition conundrum by encouraging parent purchase of individual, portable, medical insurance pre-birth for each child, and give senior citizens the right to opt out of Medicare and keep private insurance.

American-made medicine is still the best in the world. Let's keep it that way. ♦

Twila Brase, RN, PHN, has been called one of the "100 Most Powerful People in Health Care." She is president and co-founder of Citizens' Council for Health Freedom and author of the new book, Big Brother in the Exam Room: The Dangerous Truth About Electronic Health Records.

I'm so glad my family heard about, researched, and joined Samaritan in 2009. I remember that even after making the decision we still had a "trust, but verify" attitude.

I wanted to believe Christians "bearing one another's burdens" was possible and sustainable, but my husband was more of a skeptic. The insurance driven system was all he knew, so he readily accepted what insurance companies and doctors said, and just couldn't believe there was another way that could work without bankrupting families.

The month we joined there were 13,504 memberships and \$2,968,869 in Needs shared. Three years in we experienced our first Need. Frightened that chest pains might be heart-related, my husband went to the ER at our local hospital. Three hours and \$3,055 later, we learned it wasn't his heart. A few lifestyle changes were needed, and he would recover from extreme acid reflux.

Members met our financial Need and demonstrated that Christians praying for and supporting one another genuinely works. Fueled by personal experience we tried to explain to our friends, but most of them just couldn't seem to make the transition.

Every month I would see the number of memberships and Needs increase. I enjoyed the newsletter articles that sought to inform and strengthen Christian families.

This is our tenth year as members. As of March there were 81,988 memberships and \$29,080,877 in Needs shared! Since becoming members we've sent shares to 113 households in 37 states, and received Shares from 25 households in 17 states. Based on what we were paying for monthly insurance premiums, we believed we've saved well over \$100,000 by making the switch to Samaritan.

The member banquet held in Arizona this spring was another important experience. We sat with three couples we'd never met before, and the more we talked, the more we appreciated how each was seeking to provide for their families and minister to others with God's inspiration and direction. ♦

As a father shows
compassion to his
children, the Lord shows
compassion to those who
love Him. For He knows
our frame; He remembers
that we are dust.

Psalm 103:13-14

Bless the Lord, O my soul, and all that is within me bless His Holy Name.

Psalm 103 reminds us of how great the benefits of Lord's compassion are for us—His children. He is merciful and gracious, slow to anger and abounding in steadfast love. He does not repay us according to our sins but forgives all of them, removing them from us as far as the east is from the west. His steadfast love for us is great, as high as the heavens are above the earth.

He heals all our diseases. He redeems our lives from the pit. He crowns us with steadfast love and mercy. He satisfies us with good so that our youth is renewed like the eagle's.

From the very first sin in Eden, He has remembered what we are made of---that we are dust. He could have destroyed us all, but instead He had compassion on us, sending His only begotten Son to pay for the sins of every one of us who turns to Him, so we could live and know Him..

Bless the Lord, O my soul, and all that is within me, bless His Holy Name.

For the Kingdom,



Ray King