

Help, My body is Killing Me!

Solving the connections of autoimmune disease to thyroid problems, fibromyalgia, infertility, anxiety, depression, ADD/ADHD and more

By Dr. Kevin Connors

Section 1

Introduction

I believe we serve a sovereign God and he has ordained everyone for distinct purposes. One of mine is to share hope to those who are at the 'end of their rope'. Those suffering from autoimmune disorders seem to be the outcast of the medical community since they have no real answers to offer them. If you find yourself in that category, I hope this book changes that for you.

If you Google 'Auto-Immune disease', you'll find that it is a process where your body is destroying its own tissue. There tends to be an unnecessary mystery around auto-immune disorders and like many named diagnoses, we are sometimes lead to believe they are curses we have inherited from our ancestors or unexplainable phenomena that have no known cure. I will try to refute such myths and shed a bit of light on disease in general so that the average person on the street may better understand management of their own condition.

Autoimmune diseases in general are commonly overlooked in both traditional medicine and alternative healthcare. This is at least in part due to the fact that neither traditional medicine nor the alternative model of care has had much, if any, success in treating them. If we look at the traditional model of care, we find that complete immune suppression is the treatment of choice; its success rate is horrible and the patient is often killed by the medications meant to help them. Alternative solutions have fared better only as far as they didn't kill the patient.

In nearly 30 years of practice, I've seen the failings of both models and have experienced my share of disappointments in attempting to give patients a fuller life. Quite simply, both models do not work. In my quest to find a solution for the tremendous suffering that autoimmune conditions bring upon their victims, I first had to admit that what I was doing just did not work either. It was so frustrating; my brain could not rest and my mind would not be at ease. Though I take no credit

of my own in the methods of correction this book/course will lay out, I am ecstatic over the thousands of patients I have been able to help since discovering the solution.

The “solution” to treating patients with autoimmune disease lies in understanding the mechanism. The mechanism assumes knowledge of biochemistry, anatomy, physiology and neurology. I simply stand on the shoulders of the many far more intellectual than I who have paved the way to help those in need. My hope is that this book/course brings true HOPE to those who have suffered too long!

In this book/course you’ll find patient testimonials scattered throughout. I changed most of the names for obvious reasons, but these are just a few of the stories we hear on a daily basis. We have six, three-ring binders full of ‘success stories’, so many that we stopped asking for them about 5 years ago. Believe me when I say that there IS HOPE. Don’t ever give up! If you are sick and in pain, call me personally, I am always open for consultations. God led you to this for a reason; you need to believe!

Identifying Mechanisms

“Even in literature and art, no man who bothers about originality will ever be original: whereas if you simply try to tell the truth (without caring twopence how often it has been told before) you will, nine times out of ten, become original without ever having noticed it.”

C. S. Lewis

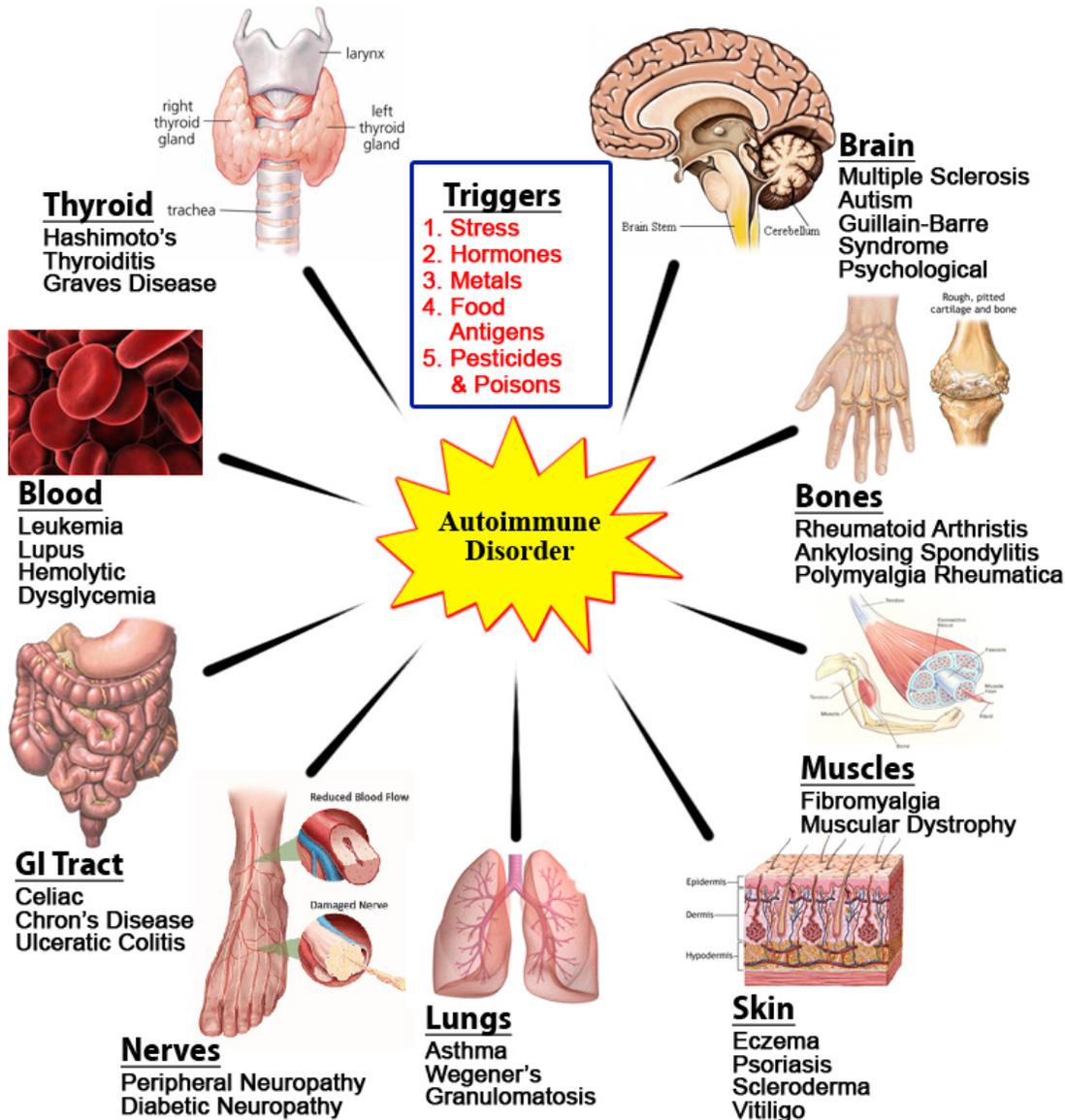
Anna's Story

At 47 years of age, Anna thought her life was going to get a little easier. As the mother of three boys, crazy days were the norm throughout the toddler and school years. Now Tom, her youngest, just graduated from High School and was to be leaving for college in the fall. Though Anna had been secretly fanaticizing about going back to school, getting a job she'd enjoy, or just taking up painting again, a hobby she enjoyed 'before kids', she now wonders if she'll be able to do anything at

all. Just a few months before Tom graduated, Anna started getting severe knee pain that started in the right leg and soon became bilateral. She passed it off as stiffness from non-use until it grew in intensity and both knees swelled for no apparent reason. After her medical doctor prescribed 800mg of Advil to be taken every four hours, she grew suspicious that there was little attempt to discover the cause. The pain and swelling worsened and Anna was referred to a rheumatologist who, after some testing, diagnosed her with Rheumatoid Arthritis. Anna was devastated and her prognosis seemed grim – medications for life to simply ‘manage’ the condition.

One of the things that happened over time, in traditional medicine, is that their model for care has become governed by whether there exists pharmaceutical intervention. The purpose in obtaining a diagnosis is simply to administer medications to manage the symptoms. They may look at autoimmune conditions and believe that as long as they give the condition a Latin name, the investigation is over and they simply need to open the Merck Manual and prescribe the appropriate drug. If the person has Rheumatoid Arthritis, let’s try Tramadol, if the diagnosis is Multiple Sclerosis, our protocol may be Interferon; if the person is hypothyroid, we’re going for replacement hormones, and at first we don’t succeed, then try, try again.

Tissues of The Body Affected By Autoimmune Attack



Success is measured by the suppression of symptoms not correcting the cause that is producing an effect. The population seems to be okay with this model: Give my symptoms a name and then drug them into

oblivion. Unfortunately, we are going to discover that this type of mentality is leading us down the road of destruction. The question they really need to ask is why they became sick in the first place. The answer to this question for many suffering people may lie in the fact that they have an immune destruction against their tissue that, unless stopped, is continuously progressing and may ultimately cause death. We cannot be satisfied with symptom suppression while ignoring the cause; we must never settle for a treatment that does not address the reason the disease exists; and we must become our own advocates, studying and demanding that our healthcare practitioner ‘proves’ their cure with logical understanding of the process itself.

Robert’s Story

He was only eight years old when he was diagnosed with Type 1 Diabetes. He’s been on insulin injections for 23 years now and has a difficult time keeping his blood glucose levels perfect, with frequent spikes and drops. That’s not what brought him to seek help though. Four years ago his energy was going through extreme hills and valleys. His wife questioned him about stress at work and they frequently fought over things that ‘bothered him’ that previously were never an issue in their 9 years of marriage. Robert refused to go to counseling but did agree to a visit to the family doctor. After a routine blood workup revealed nothing out of the normal range, his MD ordered a TSH, the test for the Thyroid Stimulating Hormone. In traditional medicine approaches, the TSH alone is run to determine the health of the thyroid gland. Sure enough, Robert’s TSH was 47, more than 40 points above normal and it gave the doctor what he wanted – a diagnosis! Robert was diagnosed with low thyroid and placed on synthetic thyroid medication for life.

Robert's story is identical to the millions of other 'hypothyroid' patients. Typically, when people do have a hypothyroid response, they generally don't really feel that much better with replacement after what I call the "honeymoon period". Their TSH's look really nice and pretty with lab work but in reality, the patient does NO better, even if symptoms are subtly suppressed. They still have NOT addressed the cause of their condition and if you don't fix the cause, the disease progresses! We'll discuss the fact that hypothyroidism is NOT really a disease of the thyroid at all but an autoimmune attack on the thyroid from a normal functioning immune response that has 'gone awry'. We will discuss why that takes place.

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 G4-related sclerosing disease • Immunoregulatory lipoprot
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 biliary cirrhosis • Primary sclerosing cholangitis • Psoriasis
 idiopathic pulmonary fibrosis • Pseudomonas aeruginosa • P

We also have to be fair and address how hypothyroidism has been traditionally supported from an alternative medicine model. In Robert's case, after two and a half years of dissatisfaction in the replacement model of care through his MD, he decided to take the advice of a friend

and visit a Naturopath. The naturopathic doctor gave Robert iodine and tyrosine supplements and a glandular product to support the thyroid in an attempt to give the gland the building blocks to recover. As was true in Robert's case, these usually don't do anything to correct the cause of the problem because they do NOT dampen the immune response against the thyroid. It is equally a failing approach and will often do less for the patient's symptoms than replacement therapy.

My "RULE" in treating autoimmune disease is simple and stated below. Unfortunately, rarely will one find a doctor who takes these steps or even knows how to do so. This is why we created our Hope' Healing Place, our virtual, on-line clinic to help people walk through these steps and move towards health. We'll speak more about this in this book but first my rules as I teach doctors:

RULE 1 – Is the patient autoimmune? There are symptoms that mimic autoimmune disorders that may not yet be an actual immune attack on one's tissues. If the patient has already been diagnosed with an autoimmune disease, this step is complete. Move to RULE 2.

RULE 2 – What is the Antigen and How are we going to get RID of the antigen? You will learn that, by definition, an autoimmune disease is a disorder where your immune system is creating antibodies of self-tissue. Whatever you have antibodies for, be it a bacteria or your thyroid tissue, your killer side of your immune system will destroy it. I don't think ANY autoimmune patient that I have ever consulted over the decades has had this addressed by their doctor! It is crucial to know what the antigen is, and as you'll see through this book, a person cannot have an autoimmune condition without initially having an antigen that the immune system originally was trying to kill.

When this question is posed to the doctor by the patient – "Doctor, if I have an autoimmune disease, what is the antigen?" – The blank stare and awkward pause that follows should be a sign that the discussion

probably won't end well. Immunology 101 states that the immune system does many things but the single-minded focus of the cell-mediated, TH1 response (more on this later) is to KILL the foreign invader – AKA the ANTIGEN.

In autoimmune disease, the immune system is killing self-cells but it didn't start this way. Initially, it was attempting to kill a pathogen and LATER started creating antibodies to self-tissue – usually because the antigen was able to HIDE inside the patients cells! We'll discuss this as we go.

As long as the antigen remains in the patient's body, there is NO way to correct the situation. The immune system may be likened to a viper that will never let go until it has killed its prey. You NEED to find out WHAT the antigen IS and then RID it from your body!

RULE 3 – Is the patient Th1 or Th2 dominant? When a patient is autoimmune, there is usually one 'side' of their immune response that is in hyper-response mode. You'll learn about these two important parts of the immune response and their role in self-destruction. Knowing if you are Th1 or Th2 dominant is CRUCIAL for several reasons but most importantly, it dictates proper care.

RULE 4 – How are we going to balance the rest of the organ systems? When a person has nay long-standing illness, there will be other organs that have paid the price. The barrier systems of the gut and brain are most assuredly compromised; the hormones, adrenals, pituitary, and thyroid are strained; and other systems like liver detox pathways and kidneys need support.

We MUST investigate all these systems with SPECIFIC functional testing and then develop appropriate protocols to support and re-charge the cellular batteries.



If there is any ‘take away’ from this book may it be to stimulate the reader to ask one simple question as to their symptoms – “why?” If the answer to your question leads you to believe you may have an autoimmune disorder, don’t stop asking and don’t accept any treatment that isn’t logically treating the answers to your constant questions of, “Why?” When we see a person that has an autoimmune disease of any name, the goal really is to discover the cause (the reason ‘why’) of the immune dysregulation and make every effort to correct that. If you don’t support and modulate your immune system you will NEVER improve your physiology and the disease will simply progress to complete destruction and then begin to attack other organs and systems.

In the case of autoimmune disease against a specific organ like Hashimoto’s hypothyroidism, there is little help in direct organ support without correcting the cause. The mechanism for the issue is the immune response in the first place and not that the organ is deficient in any type of nutrient; the reason the person may need hormone

replacement (such as Synthroid) in hypothyroidism is because the immune system is actually destroying the cells, but replacement without halting the destruction is missing the point. Both approaches are like throwing a sandwich to a man being attacked by a pack of wolves; even if your intent was to help him, he has bigger problems than hunger.

What WE typically do in OUR Clinic:

Since we see patients from all over the world (most never step foot in our office) we had need to develop a testing protocol based on specific testing:

1. We always begin with a Doctor phone/Skype CONSULTATION. This enables the doctor and potential patient to communicate and see if our method would be a “good fit”. For this Consultation, we require our initial paperwork (available for download on our website www.ConnersClinic.com) be completed.

2. Should both decide to continue, we require even more detailed History/Questionnaires be completed to prepare for what we call an EXTENDED CONSULTATION. This usually includes an hour with the doctor (usually on phone/Skype).

3. When we complete our EXTENDED CONSULTATION with a new patient, we make some clinical decisions based upon our communication as well

as the paperwork completed. We then order testing (very specific labs) to determine the answers to our **FOUR NECESSARY QUESTIONS**. The patient is sent specific test kits with detailed collection instructions.

4. When **ALL** test results have come in, another **DETAILED PROTOCOL CONSULTATION** will be scheduled where the patient will receive a complete **PLAN OF ATTACK** with all of the doctor's recommendations.

5. Every patient is then enrolled in our **PATIENT FORUM** where answers to questions, supportive information, and relationships with like-minded, fellow patients can be found.

Simply contact our office for more information – 651-739-1248.

but why?

When we look at a person that is not well, one of the first questions needs to be, “what’s the mechanism”. One of the main mechanisms is an autoimmune mechanism, and we’ll talk about how to test for antibodies, and to follow these up with immune panels and specific antigen testing to discover the cause.

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Let’s face it, if either traditional medical or the alternative models had any great percentage of success treating autoimmune disease, you wouldn’t be reading this book. Robert understood that it was “reasonable” that failure to discover the cause of thyroid destruction would lead to further destruction. He also saw that it was “reasonable” that someone ‘out there’ must be able to find out what was causing the destruction; and he thought that it was “reasonable” that if whatever was at cause for such destruction could be evaded, then it was “reasonable”

that the destruction would at least slow down. He also reasoned that this deductive thought process would yield him success. Robert was a ‘man with a mission’ and his hard work and refusal to ‘own his disease’ led him to find the answers that would change his life forever!



When we look at any thyroid loss of function, we know that the metabolic rate of the person will decrease over time. We know that thyroid hormones have very powerful effects on controlling the metabolism which enables the body to attain homeostasis – a balance of health. This is why when people are truly hypothyroid, their cellular metabolic rate decreases, they cannot produce the energy in the mitochondria and they have a very hard time attaining a balance in their well-being; their response to viruses and bacteria may diminish, they struggle recovering after stress, just don’t feel as well as they used to and have very low energy. Many of these symptoms come on gradually and if the person is in their thirties or older when the attack takes its hold, they often chock it up to symptoms of aging.

We also know that when a person has thyroid problems they have a diminished gastrointestinal motility, with sluggish gastrointestinal tracts,

and they're often diagnosed with deficiencies in digestive enzymes when the reality is that the body doesn't have enough metabolic capacity to move food along so there's fermentation, bloating, gas and constipation. This leads to re-absorption of intestinal toxins and intestinal permeability. This problem is true for many other autoimmune conditions, since many end up attacking parasympathetic nervous centers in the brain that control peristaltic motion.

Another common lab finding with all autoimmune conditions and most certainly in Hashimoto's patients is that their serum gastrin levels are low. This is an obvious sign of hypochlorhydria or a decreased production of hydrochloric acid in the stomach. There exist strict influences between loss of thyroid activity and gut function.

We also know that when people are autoimmune, several anemias become more probable for developing. One of them is the microcytic hypochromic anemia associated with iron deficiency. Many times when people have low thyroid function, they become iron anemic because they lose ability to absorb iron (and a variety of other nutrients) due to the gut connection listed above. Their slowed intestinal motility has irritated the absorption sites in the small intestines and decreased the ability of enzyme reactions necessary in bringing these nutrients across the gut wall. The decreased intestinal motility also breeds biological attacks in the gut where opportunistic organisms take advantage of static food sources and wreak havoc. The decreased movement of fecal matter also leads to leaks in the gut membranes and systemic infections that remain 'low-grade' and sub-clinical. Then, to make matters worse, because their metabolic rates are down, these people don't respond well to iron supplements and they often bring about further constipation and misery. What a mess!

Another type of anemia that is common with autoimmune patients are the normocytic-normochromic anemias. This is when the hemoglobin, hematocrit, and RBC levels are depressed but the MCV, MCH and

MCHC are normal. Many things can cause normocytic-normochromic anemia, but one of the possibilities is always autoimmune disorder.

Pernicious anemia is an autoimmune attack against a chemical called Intrinsic Factor which is the agent personally responsible for the absorption of vitamin B12. It is not uncommon to see someone that has one autoimmune condition and pernicious anemia, another named autoimmune disease at the same time since the diagnosis of autoimmune disease is named after the organ it is attacking, and the attack has no end if the treatment is centered on suppressing symptoms.

How would the lab panels look to a traditional medical or alternative doctor that doesn't understand that they are really dealing with an autoimmune mechanism: they diagnose the patient with primary hypothyroidism and B12 deficiency – thinking that they are dealing with two, separate and distinct disease processes. Though the next step should be to look for Intrinsic Factor antibodies along with thyroid antibodies, this step is often skipped yet, would be the telltale sign of an autoimmune response. Treatment with oral doses of B12 doesn't work well if the problem is a lack of functioning Intrinsic Factor and if your doctor is thorough and re-tests to discover the B12 'deficiency' still exists, B12 injections may be in order. This may solve the problem of the low lab tests for B12 but has done NOTHING for the autoimmune attack on Intrinsic Factor and the stomach where it is produced let alone the thyroid. So the cycle of chasing symptoms continues!

It is important to understand that an autoimmune disease is a 'state' that the immune system is in. It is NOT a disease of an organ; and even though it is given a multitude of names depending on the tissue currently affected, it is a STATE of the immune system attacking the tissue it was meant to protect.

We also know that when people have low thyroid activity, Insulin Growth Factor 1 (IGF1) levels seem to drop. We know that the hypothalamus-pituitary axis releases this Growth Hormone; that's the part of the brain loop with the pituitary gland, also known as the 'master gland' since it stimulates so many other hormonal systems. Growth Hormone generated from the production of Insulin Growth Factor 1 then has all the positive anabolic effects on the physiological systems that we attribute to Growth Hormone such as youthful energy, slowed aging, faster healing and everything good about being young. So, when people have autoimmune conditions, they age faster, seem to lose energy quickly, they can't recover after workouts if they still have the ability to force themselves to do such, and they just don't feel well in general. Of course, they could probably find some 'doctor' to administer Growth Hormone injections for a price.

Another expression of autoimmune processes and Hashimoto's altered thyroid activity involves neurotransmitter production and expression of the neurotransmitters epinephrine and norepinephrine. These are made in the adrenal glands that sit right above each kidney. They are another part of that hypothalamus-pituitary axis we spoke of. A change in the normal rhythm of release of the adrenals will eventually lead to depression, anxiety, and swings between the two. This leads to a struggle with the ability to handle emotional stress, process and sort consequences in difficult circumstances, etc. These integral expressions of the Frontal Lobe's Pre-Frontal Cortex are dependent on neurotransmitter function. A decreased stimulation of these processes combined with a diminished oxygenation due to the iron anemia previously discussed is a vicious cycle that spirals the patient downwards. Though appropriate Brain Based therapies are beneficial for the firing into the neuronal centers, the inflammatory process must be stopped. We give these patients named diagnoses like ADD, ADHD, anxiety, depression, OCD and the likes.

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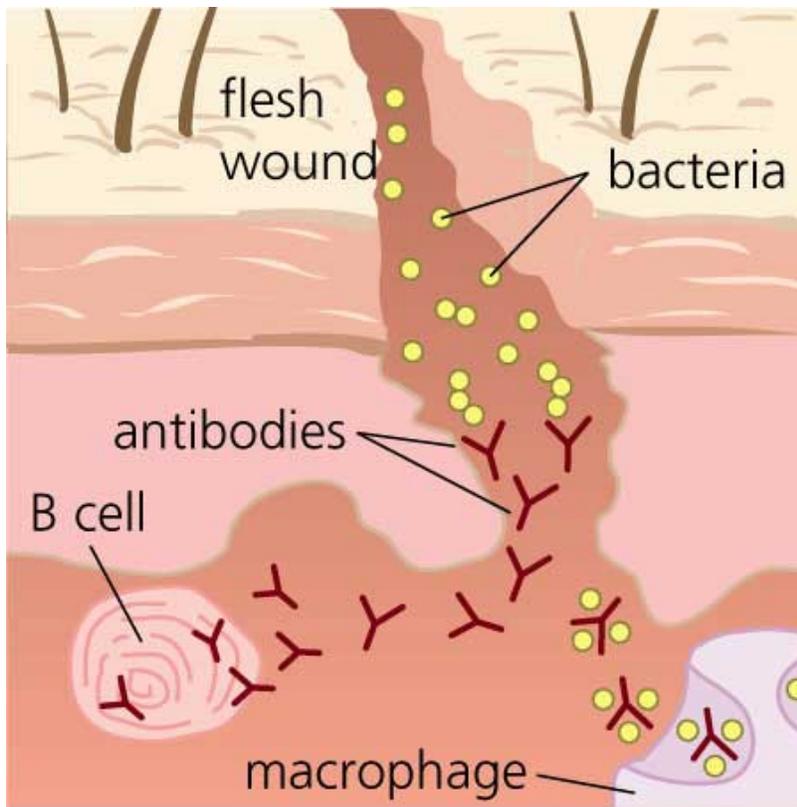
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Academy Artworks

I know it all can get very confusing so I'll try to summarize the information as best as possible.

What to do if I've been diagnosed autoimmune OR think I might be:

(This list builds through this book)

1. Get proper testing. Antibody testing is essential to diagnose an autoimmune disorder but can be expensive. You do NOT need to test for antibodies to multiple organs of attack; having ANY antibodies to self-tissue is a diagnosis of autoimmune.
2. Identify other, correlated organ dysfunctions:
 - a. Anemia – a simple blood test
 - 1) B12 Anemia
 - 2) Iron deficiency Anemia

- 3) Folate Anemia
- 4) Anemia of chronic disease



CONNERS

C L I N I C

Final Remarks

Regardless of what you choose about healthcare, I pray that you make wise, rational decisions based on facts (though often hidden) and not fear. You need to take responsibility and not hand it over to any practitioner, conventional or alternative. Get advice from many, weigh it all against their biases, and pray for peace about your decisions.

Kevin Connors, Pastoral Medical Association, Fellowship in Integrative Cancer Therapy and Fellowship in Anti-Aging, Regenerative and Functional Medicine, both through the American Academy of Anti-Aging Medicine.

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