ARIZONA
CHIROPRACTIC
NEUROLOGY
CENTER

Welcome to our Clinic

"Where there is health there is hope, we provide both"

Setting Up a New Patient Appointment

Step 1- Contact our office and speak with a staff member to determine if you are a good candidate for our program.

Step 2- Our staff will discuss all financials with you during scheduling. A 50% non-refundable deposit will be collected to secure your 1-2 hour appointment for your initial examination and intensive programs in order to reserve your appointment time. Because the schedule fills quickly, we highly suggest that if you are participating in an intensive program, you pre-schedule ALL appointments at this time.

Step 3- Once your initial evaluation has been scheduled, please fill out and complete the new patient paperwork here: NEW PATIENT INTAKE

Step 4- Please arrive on-time for your examination with all of your paperwork completed, if you are unable to complete your paperwork prior to your appointment, please arrive at least 15 minutes early to complete in office. If you arrive late or with incomplete paperwork, your deposit and time slot may be forfeit.

Who Can We Help?

What Type of Patients Do We Work With?

We treat patients of all ages, athletes, and non-athletes. We have patients who have traveled to work with us from all over the United States and Canada!

We work with patients who understand the value of in-depth diagnostic testing and an individualized therapy plan that's tailored to generate precise results.

Our patients want personal, individualized care – therapy and solutions that address their unique needs based on the root cause of their specific symptoms and conditions. They're not interested in a general, broad, "cookie cutter" approach to health problems. Improving chronic conditions is a process with ups and downs, individuals looking for a "quick fix" or an "easy" solution are not likely to find success in our program.

We find the patients who experience the highest level of results are those with a good attitude about their ability to feel better and improve their health, who are open to alternative solutions and are committed to doing what it takes to get well.

If yours is a "tough case" other practitioners have failed to successfully manage, and you are ready and willing to make the necessary changes in order to improve your chronic health condition, we may be the solution you have been looking for.

ARIZONA CHIROPRACTIC NEUROLOGY CENTER

Conditions We Work With

- Anemia
- Autoimmunity
- Balance Disorders
- Chronic Infections
- Chronic Pain
- Chronic Regional Pain Syndrome (CRPS)
- Concussions
- Diabetes (T1D and T2D)
- Digestive Problems
- Disc Herniation
- Food Sensitivities/Leaky Gut
- Gut Infections
- Hashimoto's Thyroid
- Headaches and Migraines
- Herniated Discs
- Hypothyroid/Hyperthyroid
- Immune System Problems
- Inflammation
- Insomnia
- Liver Detox Problems
- Medical Weight Loss (Laser Guided)
- Memory Loss (Alzheimer's)
- Migraines
- Neuropathy (Feet or hands)
- Parkinson's Disease
- Sports Injuries
- Strokes
- Tics, Myoclonus, Dystonia
- Tingling/Numbness/Pain in Feet or Hands
- Traumatic Brain Injuries
- Tremors
- Vertigo and Dizziness
- Vitamin D Deficiency
- Individuals wanting to optimize Brain Health and Performance

What Our Patients Are Saying About Us

Check out our Success Stories page HERE to watch video testimonials from some of our patients who have completed either the intensive or less intensive programs and have all had excellent results!

Here you will find examples of testimonials from the following conditions:

Relief from Dizziness - Healing from Post-Concussion Syndrome - Healing from Trigeminal Neuralgia - Improving 20+ years of Migraines – Improving Pain – Improved Neuropathy (after other doctors said no) – Healing After Managing Diabetes – Addressing Atypical BPPV and Symptoms of 60% Almost Immediately -

About Our Clinicians

Dr. Berry and Dr. Teames
are Board Certified in Chiropractic Neurology
which is one of the highest certifications amongst chiropractors.

The providers at ACNC truly care about all of our patients
and want you to have Better Brain Health.

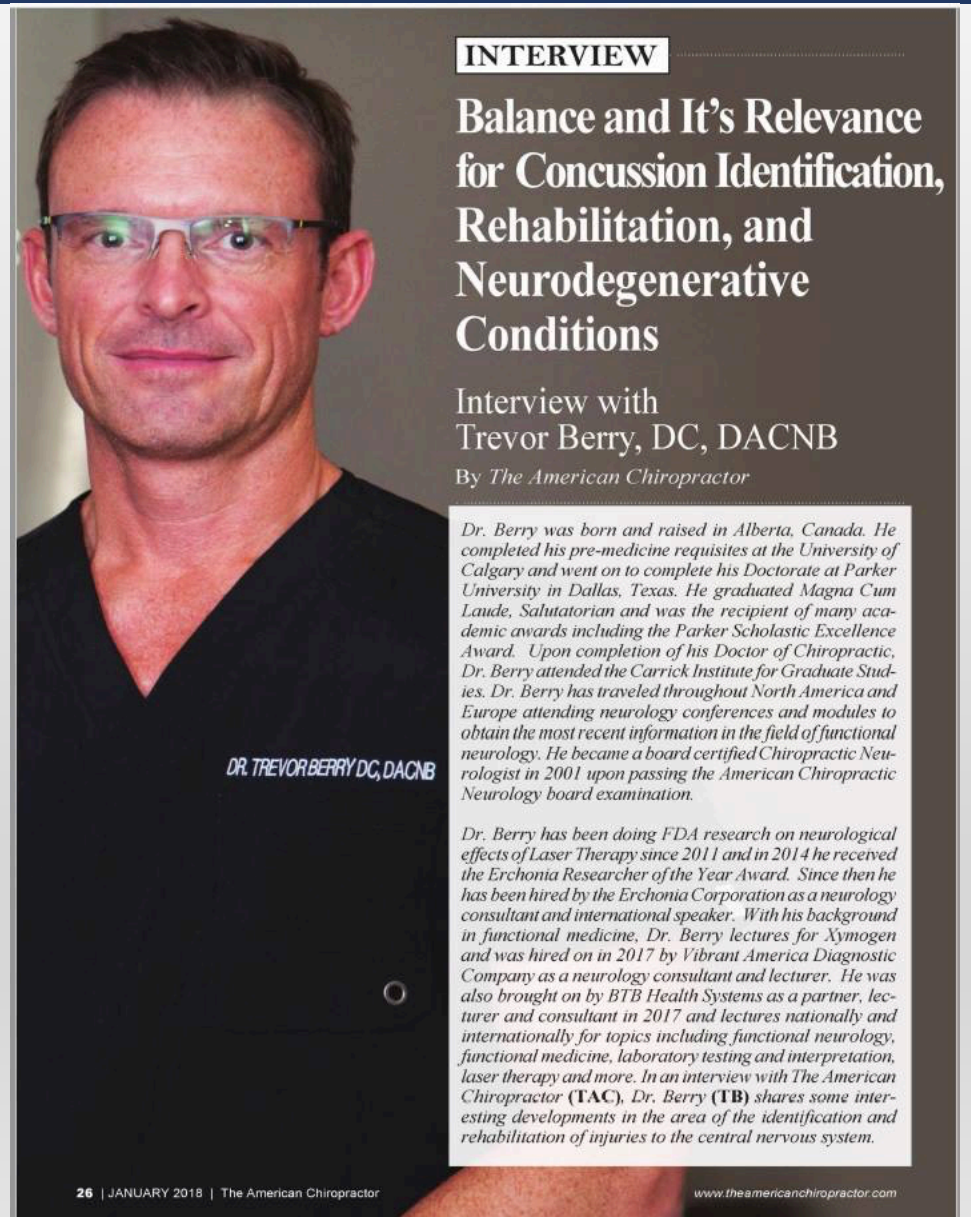
Both Dr. Berry and Dr. Teames lecture internationally to educate doctors and students in the medical field on topics of functional neurology, functional medicine, laser technology, lab testing and interpretation, and nutritional interventions. Dr. Berry has also been featured in XX

Combined, our doctors have over 26 years experience and have delivered over 20 presentations since 2017 lecturing for Erchonia Corporation, Xymogen, Vibrant America, and BTB Health Systems on the advancements of nutrition, neurology and laser application educating MD's, DO's, DC's, Pharmacists, Nutritionists, and Acupuncturists on Brain Health and Clinical Management of conditions like Neurodegeneration, Inflammation, Autoimmunity, Infectious Disease, and Traumatic Brain Injury and Concussion, among others.

Our mission at ACNC is to deliver the most comprehensive and specific patient centered care by utilizing cutting edge technology and research to our advantage, while educating the patient to be self dependent in their health, and have the greatest experience possible on the road to recovery.

ARIZONA
CHIROPRACTIC
NEUROLOGY
CENTER

Some of the things we are up to



INTERVIEW

Balance and It's Relevance for Concussion Identification, Rehabilitation, and Neurodegenerative Conditions

Interview with
Trevor Berry, DC, DACNB

By *The American Chiropractor*

DR. TREVOR BERRY DC, DACNB

Dr. Berry was born and raised in Alberta, Canada. He completed his pre-medicine requisites at the University of Calgary and went on to complete his Doctorate at Parker University in Dallas, Texas. He graduated Magna Cum Laude, Salutatorian and was the recipient of many academic awards including the Parker Scholastic Excellence Award. Upon completion of his Doctor of Chiropractic, Dr. Berry attended the Carrick Institute for Graduate Studies. Dr. Berry has traveled throughout North America and Europe attending neurology conferences and modules to obtain the most recent information in the field of functional neurology. He became a board certified Chiropractic Neurologist in 2001 upon passing the American Chiropractic Neurology board examination.

Dr. Berry has been doing FDA research on neurological effects of Laser Therapy since 2011 and in 2014 he received the Erchonia Researcher of the Year Award. Since then he has been hired by the Erchonia Corporation as a neurology consultant and international speaker. With his background in functional medicine, Dr. Berry lectures for Xymogen and was hired on in 2017 by Vibrant America Diagnostic Company as a neurology consultant and lecturer. He was also brought on by BTB Health Systems as a partner, lecturer and consultant in 2017 and lectures nationally and internationally for topics including functional neurology, functional medicine, laboratory testing and interpretation, laser therapy and more. In an interview with The American Chiropractor **(TAC)**, *Dr. Berry* **(TB)** *shares some interesting developments in the area of the identification and rehabilitation of injuries to the central nervous system.*

26 | JANUARY 2018 | The American Chiropractor

www.theamericanchiropractor.com

Dr. Teames being interviewed by other leading doctors in the community on brain health

Dr. Berry featured in *The American Chiropractor* for his approach to clinical applications in concussion

ARIZONA CHIROPRACTIC NEUROLOGY CENTER

Our Programs

We offer several prgbram options based on the specific severity of each case.

The intensive program lasts 4-5 days and patients are seen for 30-60 minutes 2-3 times per day M-Th. and Friday if available.
We prefer to work with patients for 2-3 visits per day over the course of 1 week as we find this program offers the most impactful changes.

It is possible for these 10 visits to be spread out over 2 weeks if the intensive 1-week program is not manageable with the patients schedule.

Examples of Program Intensities:

Intensive Program (Recommended Program):

12 visits in 1 week. 2-3 visits per day. Includes diagnostic testing OR 10 visits over 2 weeks at 2 visits per day.
Less Intense Program: Two visits per day - Week 1 = 3 days, Week 2 = 2 days. Includes diagnostic testing

Traditional Program (Also Recommended):

12 visits over 4 weeks at 3 visits per week. Includes diagnostic testing.

Metabolic and Nutrition Program:

12 contacts (email/phone) over 4-6 Months. Labs and supplementation additional (this is often for distance support)

Migraine and Headache Program:

Intensive program, Modified Intensive Program combined with Nutritional, CNS and brainstem/trigeminal/physical rehab for headaches

Neurological Based Spinal Care:
Traditional Program combined with anti-inflammatory nutrition, optimization of labs, vestibular/balance retraining and neuro-core exercises to strengthen spinal stability and postural reflexes

*The cost does not differ for each program if it is paid for in full prior to starting rehab.

*A 50% deposit is collected over the phone when scheduling in order to secure your initial examination and to your follow up therapy visits.

Step One

History, Examination, Diagnostic Testing, Referrals for Lab Testing (if indicated)

We utilize advance diagnostic testing to get a better idea of how your brain is performing. By combining functional neurology, functional medicine and manual therapies we can help accelerate recovery.

Videonystagmography [VNG] (Eye testing)

Functional Neurology Examination

Videonystagmography and Balance Testing

Autonomic testing

Gait Analysis

Motor, Sensory and Reflexes

Vestibular and Ocular Assessment

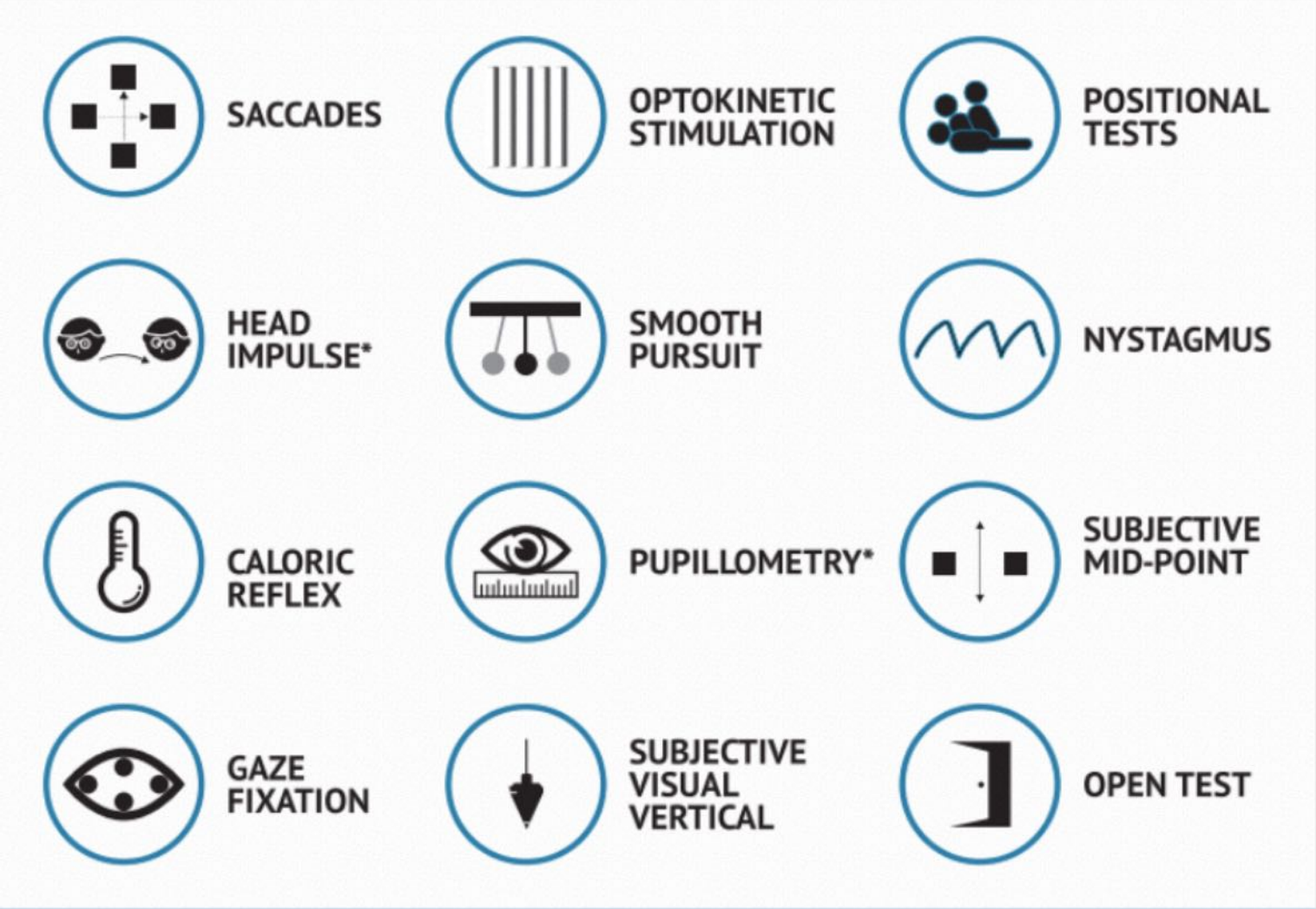
Neuro-Orthopedic and Structural Assessments

Advanced Headache and Cranial Nerve Testing

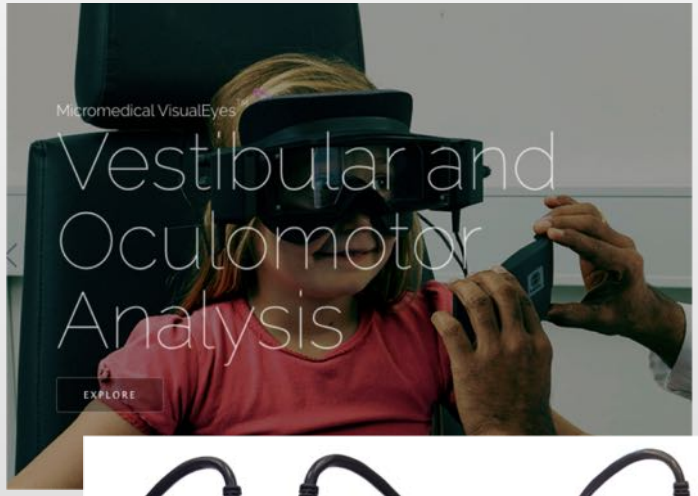
Functional Blood Chemistry Analysis

Balance Testing

Types of Testing Performed Based on Your Condition



Video Recording of Eye Movements



Why We Measure Eye Movements

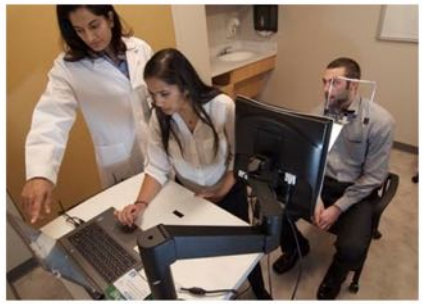
"VNG assessment gives us a functional window into the brain". Unlike MRI that is just a static image, VNG shows how certain brain regions are working or not working as well as they should. Balance testing also gives us feedback to your nervous system. Unlike the minimal bedside exam most doctors provide, we perform a comprehensive neurological examination on all of our patients as well as an extensive history and records review.

Click HERE to check out an interesting article on Eye Movements from the Huffingotn Post

Eye Movements May Be Key In Detecting Brain Injury, Concussion

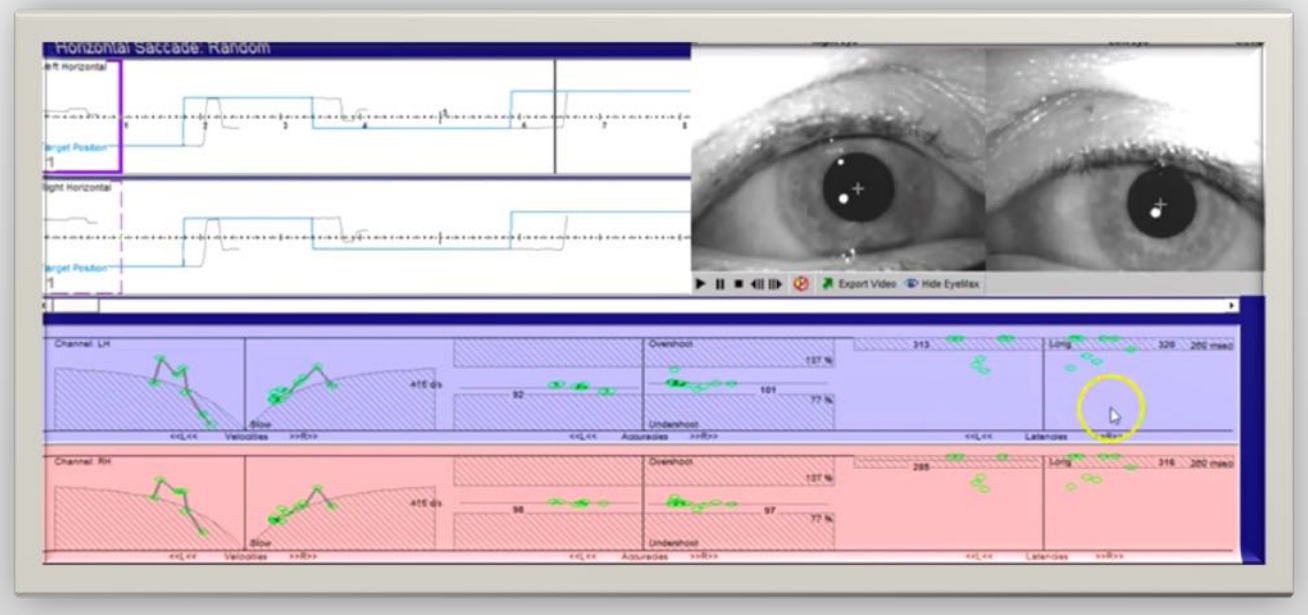
08/02/2017 10:54 am ET | Updated Aug 02, 2017

Dr. Uzma Samadani, M.D., Ph.D. is paving the way for new eye-tracking diagnostic measures after a brain injury.



Measuring Eye Movements

Example from one test: We look at the saccadic eye movements (fast), pursuits (slow), and fixation (no movement), and vestibular (head movements) to determine which parts of the head, neck and brain aren't functioning properly.

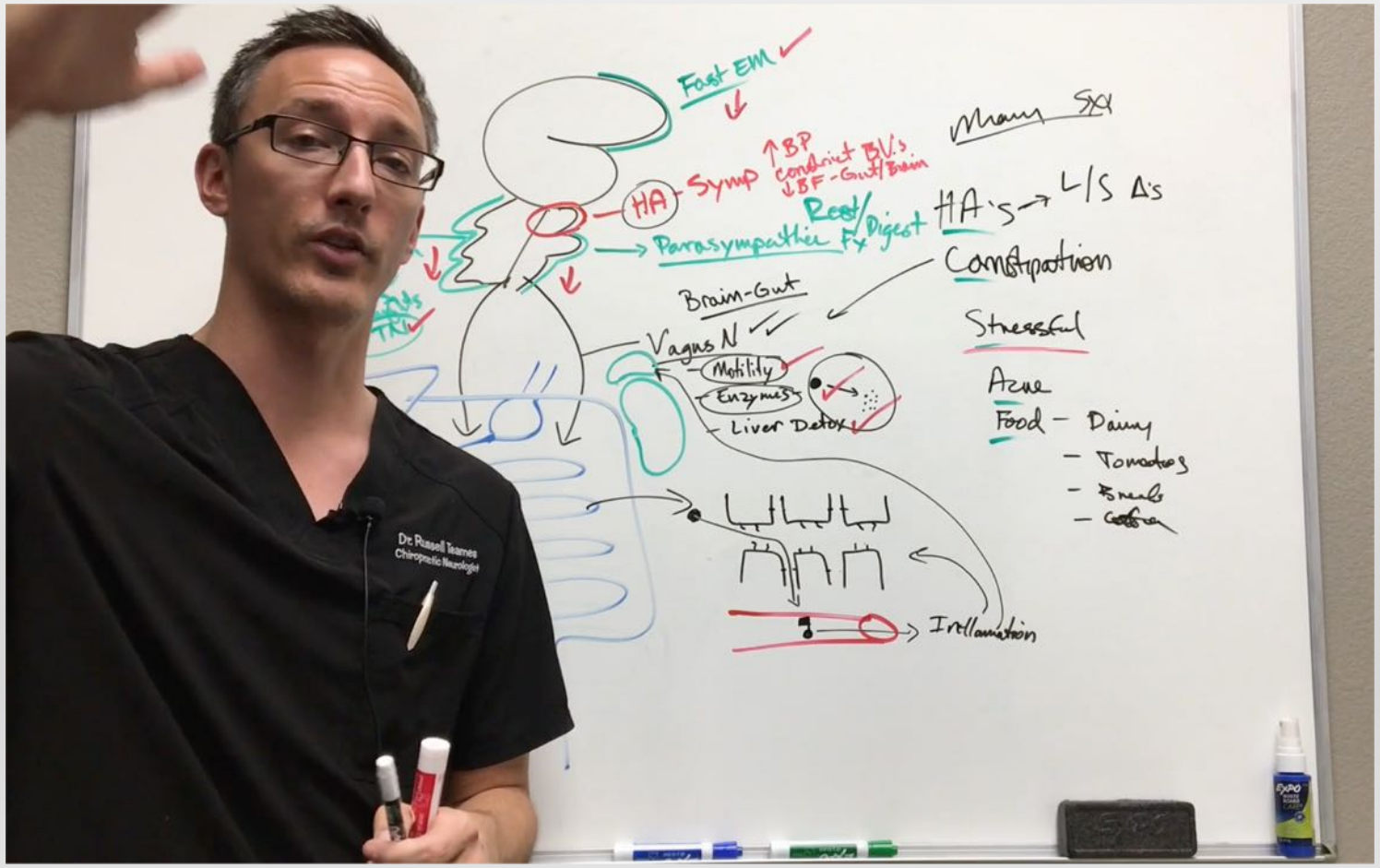


Once we know where the problems are, we can get to work with rehab

Step Two

Report Of Findings and Program Recommendation

<u>Developed Specifically For You</u>



Step Three

Step THREE: Initiate Personalized Rehabilitation Program

Each patients case is unique and the treatment plan is custom tailored to the individual. Whether you are participating in a week long “Intensive Program” or an extended program based on your condition.

The treatments administered on any given visit may consist of a variety the following components:

1. Specific Head-Eye Vestibular Movements performed 2-3 times per day
2. Head-Hand-Eye Coordination Movements utilizing Neuro Sensorimotor Integration (NSI) performed 2-3 times per day
3. Vestibular-Only Therapies in a tilting-rotational chair performed 2-3 times per day
4. Peripheral Stimulation, Gait Rehabilitation, Interactive Metronome performed 2-3 times per day
5. Non-Invasive Cranial Nerve Stimulation performed 2-3 times per day
6. LLLT Non-Invasive Cranial, Bacterial and Orthopedic Laser Therapy performed 2-3 times per day
7. Combined Neural Integration with Visual and Auditory Frequency Therapies performed 2-3 times per day
8. Specific Nutrition and Supplementation Based on History, Exam, Condition, Stage of illness (when indicated)
9. Patients are typically seen anywhere from 30-60 minutes 2-3 times per day for4-5 days (intensive program), or 2-4 times per week for 3-5 weeks (modified intensive program)

Follow up testing will indicate further need for treatment or graduation to maintenance from the program.

Neuro Sensorimotor Integrator (NSI)

The NSI is specifically designed for Functional Neurologists. Using a 50 inch HD TV and touch screen, the NSI is designed to offer a host of therapy procedures to a wide range of patients requiring visual or neuro therapy
following: Decelerated closed head injury, Accelerated closed head injury, Strokes and CVA, Concussion and Diffuse Axonal Injury, Whip Lash Injuries, MVA, Neurological Disorders, Vestibular and Balance Disorders and Upper Extremity or Spinal Cord Injury.

The programmable instrument offers procedures to improve; Pursuits, Saccades, Eye-Hand Coordination, Visual Reaction Time, Speed and Span of Recognition, Visual-Vestibular Integration, Ocularmotor Skills, Visual Motor Skills and Neuro-Cognitive Skills.

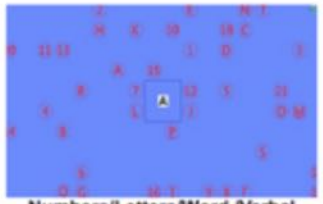
12 Categories offering
40 Procedures, including:

- Eye Hand
- Saccades
- Custom Tracking
- Auditory Visual Timing
- Tachistoscope
- OptoKinetics
- Visual Motor
- Vestibular Balance

Eye-Hand
Visual Abilities Remediated/Enhanced in the Eye-Hand Program

Programmable Metronome
Visual Abilities Remediated/Enhanced in the Metronome Program

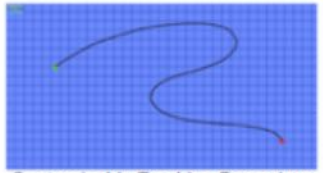
Balance Board
The NSI incorporates a Wii Balance Board allowing a Vestibular component to be added to all therapy procedures.



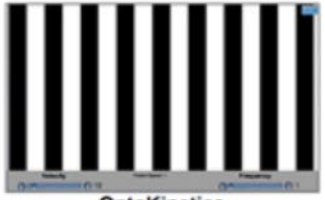
Numbers/Letters/Word /Verbal Saccades
Builds skill in saccadic accuracy and develops automaticity.

Tachistoscope
Visual Abilities Remediated/Enhanced in the Tachistoscope Program

The adjustable stand accommodates patients of different heights and also allows wheelchair access for disabled/non-ambulatory patients.

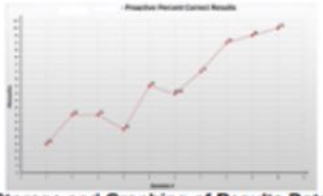


Customizable Tracking Procedure
The Customizable Tracking Procedure allows the creation of custom Pursuits, Saccades and Saccadic Gap Pursuits procedures.



OptoKinetics

Visual Motor



Storage and Graphing of Results Data
The results of each patient's therapy sessions are stored for review. The data

Non-Invasive Transcranial Laser for Post Concussion

Anti-inflammatory Effects of Low Level Laser Therapy

BBA Clin. 2016 Dec; 6: 113–124.
Published online 2016 Oct 1. doi: 10.1016/j.bbacli.2016.09.002
PMCID: PMC5066074

Shining light on the head: Photobiomodulation for brain disorders

Michael R. Hamblin*

Author information ▶ Article notes ▶ Copyright and License information ▶

This article has been cited by other articles in PMC.

Abstract

Go to:

Photobiomodulation (PBM) describes the use of red or near-infrared light to stimulate, heal, regenerate, and protect tissue that has either been injured, is degenerating, or else is at risk of dying. One of the organ systems of the human body that is most necessary to life, and whose optimum functioning is most worried about by humankind in general, is the brain. The brain suffers from many different disorders that can be classified into three broad groupings: traumatic events (stroke, traumatic brain injury, and global ischemia), degenerative diseases (dementia, Alzheimer's and Parkinson's), and psychiatric disorders (depression, anxiety, post traumatic stress disorder). There is some evidence that all these seemingly diverse conditions can be beneficially affected by applying light to the head. There is even the possibility that PBM could be used for cognitive enhancement in normal healthy people. In this transcranial PBM (tPBM) application, near-infrared (NIR) light is often applied to the forehead because of the better penetration (no hair, longer wavelength). Some workers have used lasers, but recently the introduction of inexpensive light emitting diode (LED) arrays has allowed the development of light emitting helmets or "brain caps". This review will cover the mechanisms of action of photobiomodulation to the brain, and summarize some of the key pre-clinical studies and clinical trials that have been undertaken for diverse brain disorders.

Keywords: Photobiomodulation, Low level laser (light) therapy, Ischemic stroke, Traumatic brain injury, Alzheimer's disease, Parkinson's disease, Major depression, Cognitive enhancement

Anti-inflammatory Effects of Low Level Laser Therapy

AIMS Biophys. 2017;4(3):337-361. doi: 10.3934/biophy.2017.3.337. Epub 2017 May 19.

Mechanisms and applications of the anti-inflammatory effects of photobiomodulation.

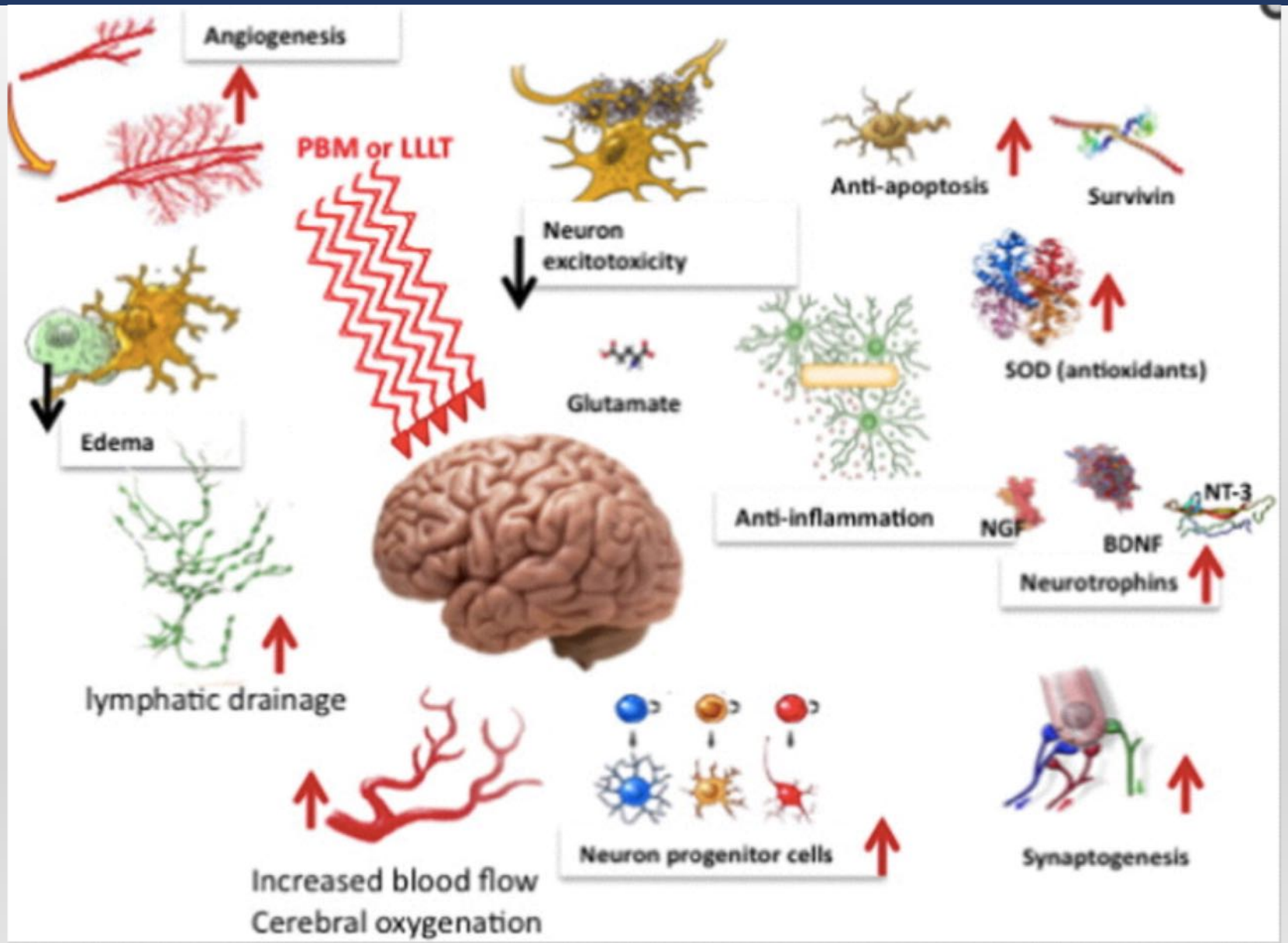
Hamblin MR[1,2,3].

Author information

Abstract

Photobiomodulation (PBM) also known as low-level level laser therapy is the use of red and near-infrared light to stimulate healing, relieve pain, and reduce inflammation. The primary chromophores have been identified as cytochrome c oxidase in mitochondria, and calcium ion channels (possibly mediated by light absorption by opsins). Secondary effects of photon absorption include increases in ATP, a brief burst of reactive oxygen species, an increase in nitric oxide, and modulation of calcium levels. Tertiary effects include activation of a wide range of transcription factors leading to improved cell survival, increased proliferation and migration, and new protein synthesis. There is a pronounced biphasic dose response whereby low levels of light have stimulating effects, while high levels of light have inhibitory effects. It has been found that PBM can produce ROS in normal cells, but when used in oxidatively stressed cells or in animal models of disease, ROS levels are lowered. PBM is able to up-regulate anti-oxidant defenses and reduce oxidative stress. It was shown that PBM can activate NF-kB in normal quiescent cells, however in activated inflammatory cells, inflammatory markers were decreased. One of the most reproducible effects of PBM is an overall reduction in inflammation, which is particularly important for disorders of the joints, traumatic injuries, lung disorders, and in the brain. PBM has been shown to reduce markers of M1 phenotype in activated macrophages. Many reports have shown reductions in reactive nitrogen species and prostaglandins in various animal models. PBM can reduce inflammation in the brain, abdominal fat, wounds, lungs, spinal cord.

Anti-inflammatory Effects of Low Level Laser Therapy



Neurology in the Research

Clin J Sport Med. 2015 May;25(3):237-42. doi: 10.1097/JSM.0000000000000128.

Brain or strain? Symptoms alone do not distinguish physiologic concussion from cervical/vestibular injury.

Leddy JJ[1], Baker JG, Merchant A, Picano J, Gaile D, Matuszak J, Willer B.

Author information

Abstract

OBJECTIVE: To compare symptoms in patients with physiologic postconcussion disorder (PCD) versus cervicogenic/vestibular PCD. We hypothesized that most symptoms would not be equivalent. In particular, we hypothesized that cognitive symptoms would be more often associated with physiologic PCD.

DESIGN: Retrospective review of symptom reports from patients who completed a 22-item symptom questionnaire.

SETTING: University-based concussion clinic.

PATIENTS: Convenience sample of 128 patients who had symptoms after head injury for more than 3 weeks and who had provocative treadmill exercise testing.

INDEPENDENT VARIABLES: Subjects were classified as either physiologic PCD (abnormal treadmill performance and a normal cervical/vestibular physical examination) or cervicogenic/vestibular PCD (CGV, normal treadmill performance, and an abnormal cervical/vestibular physical examination).

MAIN OUTCOME MEASURES: Self-reported symptoms. Univariate and multivariate methods, including t tests, tests of equivalence, a logistic regression model, k-nearest neighbor analysis, multidimensional scaling, and principle components analysis were used to see whether symptoms could distinguish PCD from CGV.

RESULTS: None of the statistical methods used to analyze self-reported symptoms was able to adequately distinguish patients with PCD from patients with CGV.

CONCLUSIONS: Symptoms after head injury, including cognitive symptoms, have traditionally been ascribed to brain injury, but they do not reliably discriminate between physiologic PCD and cervicogenic/vestibular PCD. Clinicians should consider specific testing of exercise tolerance and perform a physical examination of the cervical spine and the vestibular/ocular systems to determine the etiology of postconcussion symptoms.

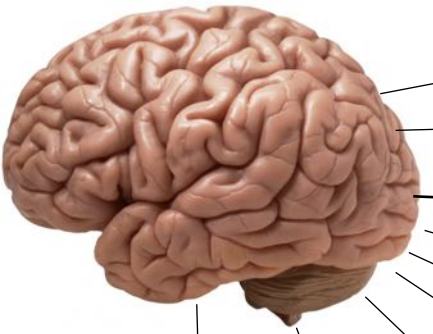
CLINICAL RELEVANCE: Symptoms after head injury, including cognitive symptoms, do not discriminate between concussion and cervical/vestibular injury.

The Cornerstone Of Our Program

Low Level Laser Therapy Helps in the Following Ways

- Increases Blood Flow and Circulation
- Decreases Inflammation and Inflammatory Cytokines
- Decreases Free Radical Activity
- Decreases Oxidative Stress
- Improves Mitochondrial Function, ATP Synthesis and Cellular Energy Output
- Accelerates Tissue Healing
- Increases BDNF (Brain-Derived Neurotrophic Factor)
- Prevents Neuronal Death through greater membrane stability
- Increases body's natural opioid release
- Downregulates Glial Priming (Concussion/Traumatic Brain Injury)
- Decreases Amyloid Beta Burden (i.e. Alzheimer's)
- Improves Transport Mechanisms to Counteract Tau Hyperphosphorylation (i.e. Parkinson's)
- Stimulates Repair and Regeneration of Damaged Cells
- Causes Fat Cells to Release Stored Fat
- Decreases Stress Hormones
- Turns on Genes That Regenerate and Repair the Cell

The Brain-Gut Axis in Chronic Disease/TBI



HP-Axis- TSH, LH, FSH, ACTH, Prolactin, GH,

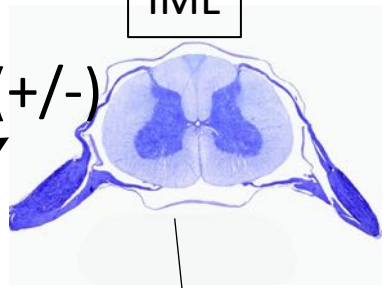
Midbrain → Medulla

Prefrontal Cortex → Medulla

Stress Reduction/Mediation/Health

IML

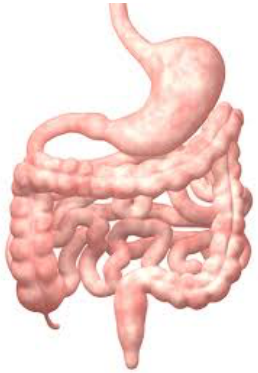
(+/-)



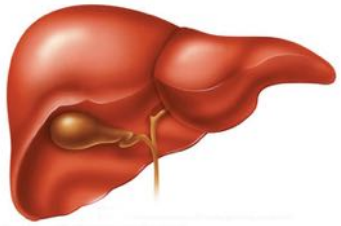
Autonomic Control
i.e. Sacral Parasympathetics

BLOOD FLOW
PERFUSION
TO GUT
TO BRAIN
TO EXTREMITIES

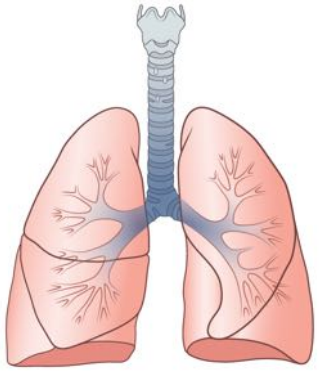
Motility, HCL, Enzymes, SIBO, Absorption, Leaky Gut, dysbiosis, infection



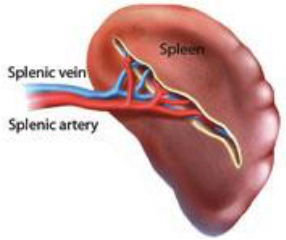
CP450, Detox



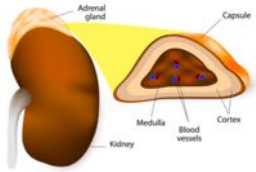
Secretions, resp. rate



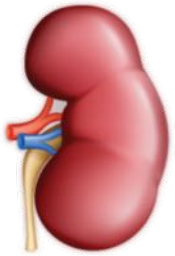
Immune Function



Cortisol/Epi/NE



Clearance
Blood Pressure
EPO



Non-Invasive Trigeminal & Vagal Nerve Stimulation to the Brain-Gut Axis

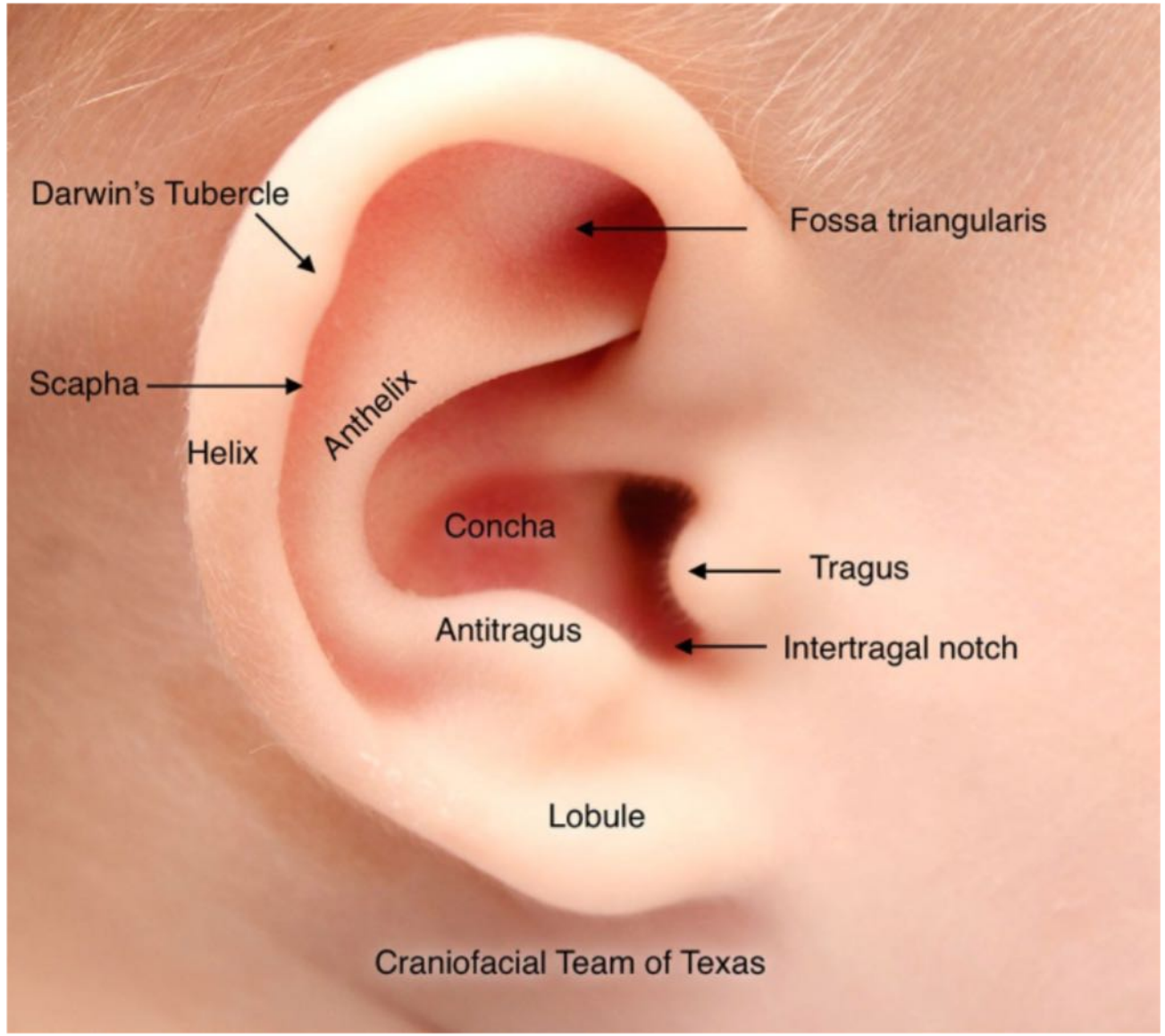
Vagal Nerve

Conchae

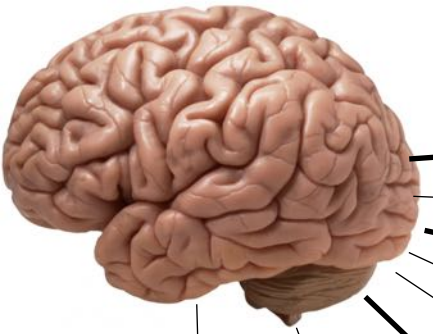
SCM

NTS and LC

Tragus



Fight or Flight



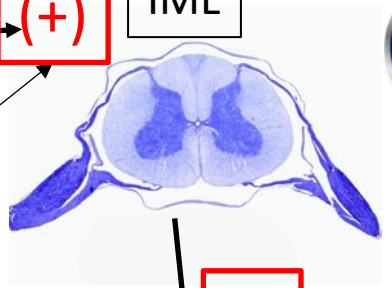
Stress
Infection

Midbrain

Medulla

(+)

IML



Prefrontal

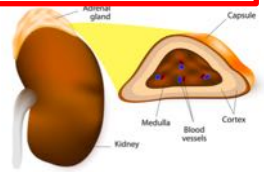
Stress Reduction/Mediation/Health

Medulla

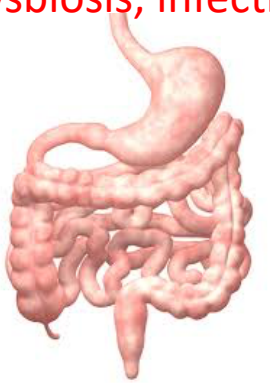
(-)

Autonomic Control
i.e. Sacral Parasympathetics

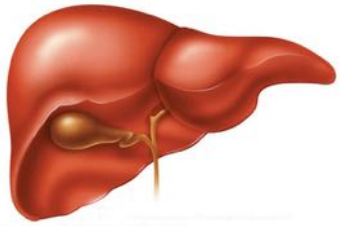
Cortisol/Epi/NE



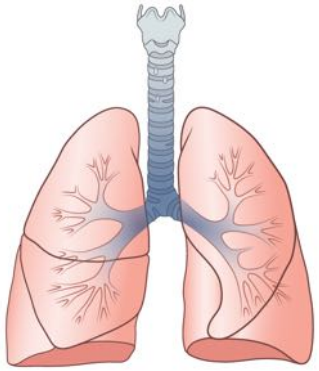
Motility, HCL,
Enzymes, SIBO,
Absorption,
Leaky Gut,
dysbiosis, infection



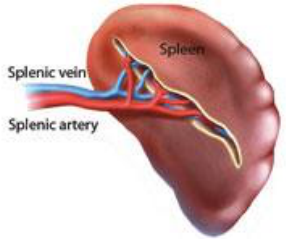
Detoxification



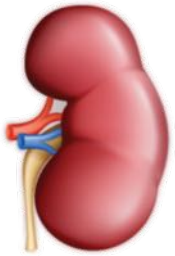
Secretions, **resp. rate**



Immune Function



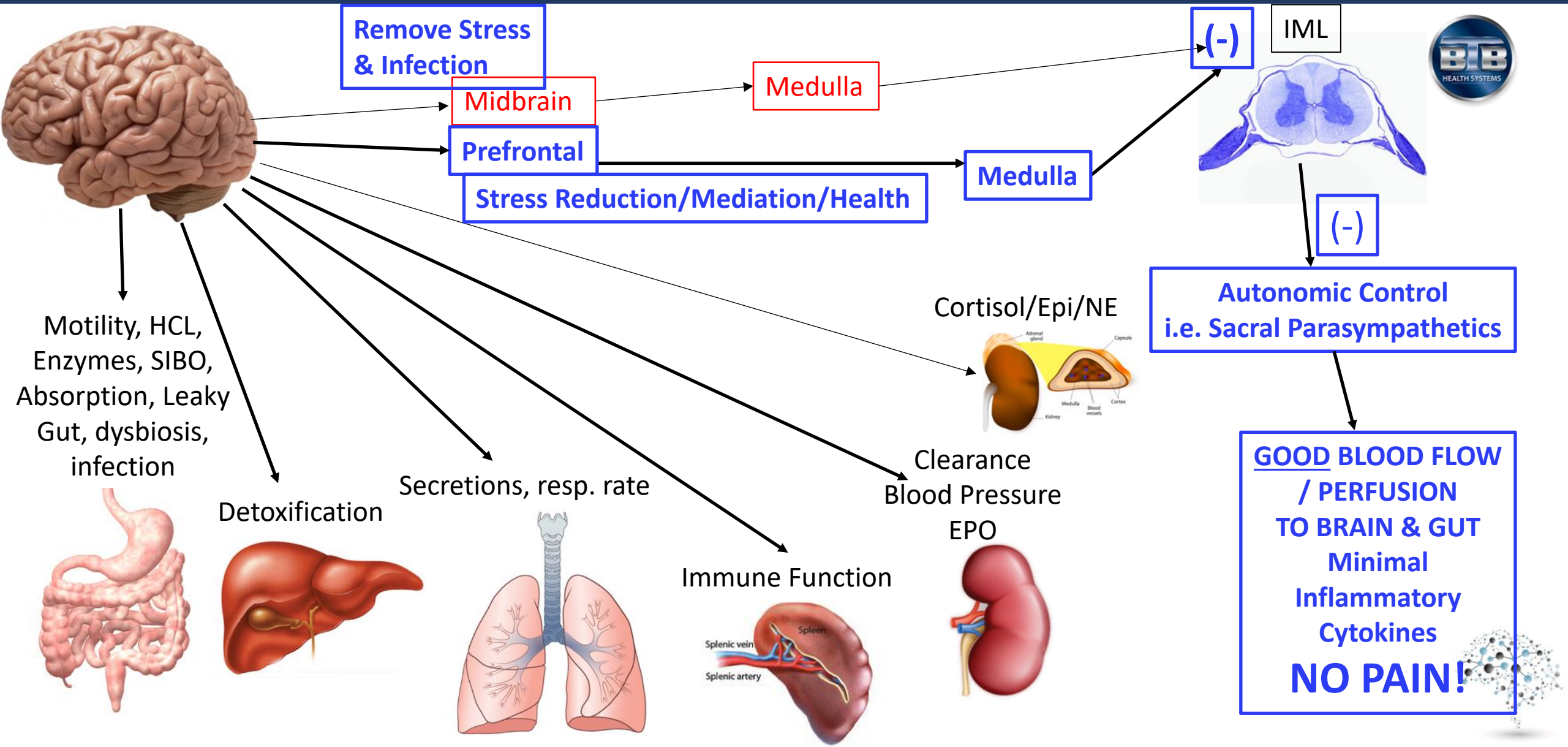
Clearance
Blood Pressure
EPO



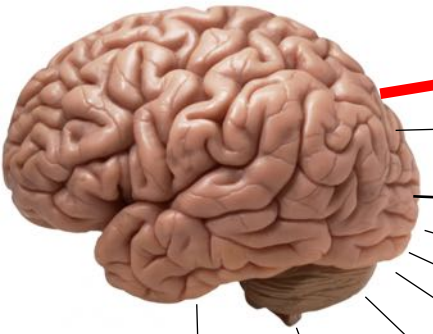
POOR BLOOD FLOW / PERFUSION
TO BRAIN & GUT
+ Increase in
Inflammatory Cytokines

PAIN!

Rest and Digest



Running Lab Work



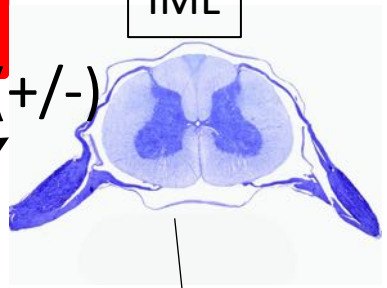
HP-Axis- TSH, LH, FSH, ACTH, Prolactin, GH,

Midbrain → Medulla

Prefrontal Cortex → Medulla

Stress Reduction/Mediation/Health

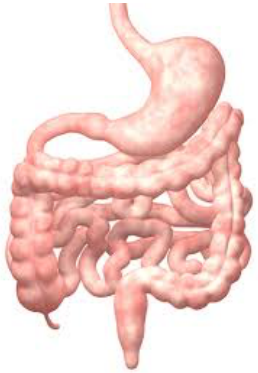
IML (+/-)



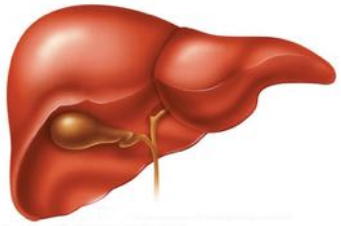
Autonomic Control
i.e. Sacral Parasympathetics

BLOOD FLOW PERFUSION

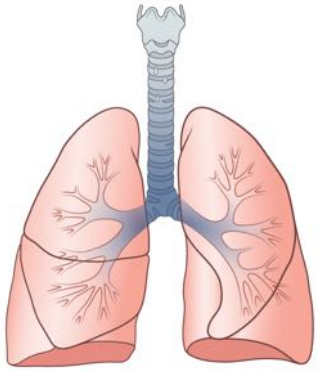
Motility, HCL, Enzymes, SIBO, Absorption, Leaky Gut, dysbiosis, infection



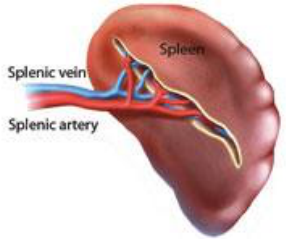
CP450, Detox



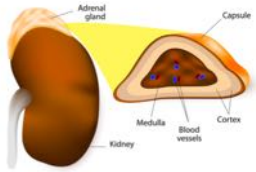
Secretions, resp. rate



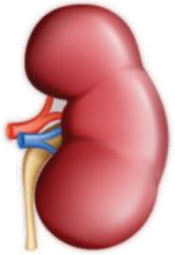
Immune Function



Cortisol/Epi/NE



Clearance
Blood Pressure
EPO



We use functional blood chemistry & functional patterns on lab work. We often request recent complete blood lab panels plus stool and saliva, or run updated complete lab panels when working with complex cases

MYPERIOPATH®
FINAL REPORT

ORALDNA LABS
Innovations in Salivary Diagnostics
A Quest Diagnostics Company

Result: POSITIVE - 4 PA
Bacterial Risk: HIGH - V

Legend
= Pathogen Load Thr
DL = Detection Limit

High Risk P

Aa Aggregatibacter actinomycetemco
Td Treponema denti
Fn Fusobacterium

VibrantWellness

Wheat Zoomer

Final Report Date:	04-12-2016 15:03	Specimen Collected:	11-30-2015
Accession ID:	1512010000	Specimen Received:	12-01-2015 00:00

Last Name	First Name	Middle Name	Date of Birth	Gender	Physician ID
TESTNAME	PATIENT	VIBRANT	1994-10-10	Female	999994

	Test name	In Control	Moderate	High Risk	In Control Range	Moderate Range	High Risk Range	Previous
Celiac	Total IgA (mg/dL)	100			89~404		<=88 >=405	>0 08/20/2015
	Transglutaminase 2 IgG			1.09	<=1.01		>=1.02	0.46 08/20/2015
	Transglutaminase 2 IgA	0.94			<=0.95		>=0.96	2.80 08/20/2015
	DGP IgG	0.45			<=0.47		>=0.48	2.00 08/20/2015
	DGP IgA	0.44			<=0.48		>=0.49	1.20 08/20/2015

	Test name	In Control	Moderate	High Risk	In Control Range	Moderate Range	High Risk Range	Previous
Leaky Gut Panel	Zonulin (ng/mL)	<10.0			<=45.3	45.4~55.3	>=55.4	<10.0 08/20/2015
	Anti-Zonulin IgG	0.60			<=0.94	0.95~1.05	>=1.06	0.77 08/20/2015
	Anti-Zonulin IgA	0.05			<=0.94	0.95~1.05	>=1.06	0.20 08/20/2015
	Anti-Actin IgG	0.31			<=0.94	0.95~1.05	>=1.06	0.67 08/20/2015
	Anti-Actin IgA	0.73			<=0.94	0.95~1.05	>=1.06	0.09 08/20/2015
	LPS IgG (U/ml)	<6.3			<=60.0	60.1~80.0	>=80.1	<6.3 08/20/2015
	LPS IgM (U/ml)	<6.3			<=38.3		>=38.4	<6.3 08/20/2015

	Test name	In Control	Moderate	High Risk	In Control Range	Moderate Range	High Risk Range	Previous
Wheat Germ Panel	Wheat Germ Agglutinin IgG	0.79			<=0.94	0.95~1.05	>=1.06	0.57 08/20/2015
	Wheat Germ Agglutinin IgA	0.00			<=0.94	0.95~1.05	>=1.06	0.21 08/20/2015

BIB HEALTH SYSTEMS

Diagnostic Solutions

GI-MAP ™ DNA Stool Analysis

Patient: Kendra Perry
Collected: 11/20/2016
DOB: 04/29/1984

Accession: 20161123-0044
Received: 11/23/2016
Completed: 12/22/2016

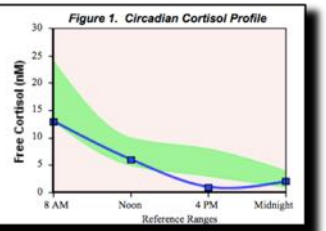
VibrantAmerica

Final Report Date:	03-07-2018 15:55	Specimen Collected:	03-01-2018
Accession ID:	1803020087	Specimen Received:	03-02-2018 11:35

Last Name	First Name	Middle Name	Date of Birth	Gender	Physician ID
			1936-07-02	Male	2905

CBC w/ differential and Platelets	Current	Reference Range	Previous
WBC (x 10^3/µL)	7.68	4.23~9.07	
RBC (x 10^6/µL)	**4.50 L**	4.63~6.08	
Hemoglobin (g/dL)	13.9	13.7~17.5	
Hematocrit (%)	41.6	40.1~51.0	
MCV (fL)	92.4	83.5~99.5	
MCH (pg)	30.9	25.7~32.2	
MCHC (g/dL)	33.4	32.3~36.5	
RDW - SD (fL)	43.8	35.1~43.9	
RDW - CV (%)	13.0	11.6~14.4	
Platelet Count (x 10^3/µL)	**429.0 H**	129.0~326.0	
Neutrophil (%)	62.1	34.0~67.9	
Lymphocytes (%)	23.4	21.8~53.1	
Monocytes (%)	**12.6 H**	5.3~12.2	
Eosinophils (%)	1.2	0.8~7.0	
Basophils (%)	0.3	0.2~1.2	
Immature Granulocyte (%)	0.4	≤2.1	
Neutrophil Count (x 10^3/µL)	4.77	1.78~5.38	
Lymphocyte Count (x 10^3/µL)	1.80	1.32~3.57	
Monocytes Count (x 10^3/µL)	**0.97 H**	0.30~0.90	
Eosinophil Count (x 10^3/µL)	0.09	≤0.54	
Basophil Count (x 10^3/µL)	<0.03	≤0.08	
Immature Granulocyte Count (x 10^3/µL)	0.030	≤0.100	
MPV (Mean Platelet Volume) (fL)	10.0	9.4~12.4	
Nucleated RBC count (x 10^3/µL)	<0.010	≤0.012	
Nucleated RBC % (/100WBC)	0.0	≤0.2	

TEST	RESULT			
Array 12 - Pathogen-Associated Immune Reactivity Screen **	IN RANGE (Normal)	EQUIVOCAL*	OUT OF RANGE	REFERENCE (ELISA Index)
Porphyromonas gingivalis	0.87			0.2-1.9
Streptococcus mutans	1.11			0.2-1.5
Helicobacter pylori		1.44		0.2-1.9
Campylobacter jejuni	0.39			0.2-1.7
Yersinia enterocolitica	0.90			0.2-1.8
			2.88	0.2-1.9
	1.06			0.3-1.8
	1.13			0.2-1.9
	1.14			0.2-1.9
		1.54		0.2-1.6
	0.96			0.2-1.4
	0.74			0.2-2.0
	0.68			0.2-2.1
	1.28			0.2-2.4
			2.29	0.2-1.8
	0.45			0.2-2.1
	0.59			0.2-1.8
	0.38			0.2-1.7
		1.74		0.2-2.4
	0.70			0.2-1.8
	0.96			0.2-1.8
	0.31			0.2-1.9
	0.77			0.2-2.1
	0.40			0.2-1.9
	0.76			0.2-1.7
	0.60			0.2-1.7
	0.73			0.2-1.9
	0.84			0.2-1.7
	0.81			0.2-1.8



Before and After Stool Testing (Symptoms reduced to 0/10)

Before

Parasites			
Protozoa	Result		Normal
Blastocystis hominis	**<dl**		<2.00e3
Chilomastix mesnili	**<dl**		<1.00e5
Cyclospora spp.	**<dl**		<5.00e4
Dientamoeba fragilis	**<dl**		<1.00e5
Endolimax nana	**5.56e3**		<1.00e4
Entamoeba coli	**1.22e8**	**High**	<5.00e6
Pentatrichomonas hominis	**<dl**		<1.00e2

After

Parasites			
Protozoa	Result		Normal
Blastocystis hominis	**<dl**		<2.00e3
Chilomastix mesnili	**<dl**		<1.00e5
Cyclospora spp.	**<dl**		<5.00e4
Dientamoeba fragilis	**<dl**		<1.00e5
Endolimax nana	**<dl**		<1.00e4
Entamoeba coli	**<dl**		<5.00e6
Pentatrichomonas hominis	**<dl**		<1.00e2

Example of Complete vs. Incomplete Labs

Commonly Ordered – Incomplete Labs

CBC

Chemistry Panel

Lipids

TSH, T4

Complete Labs Ordered at ACNC

CBC w/ differential

Chemistry Panel

Includes liver, kidney, blood sugar, electrolytes, proteins

Lipids

HbA1c, C-Peptide, LDH

Complete Thyroid

TSH, Total T3/4, Free T3/4, TPO and TG Antibodies, T3U, RT3

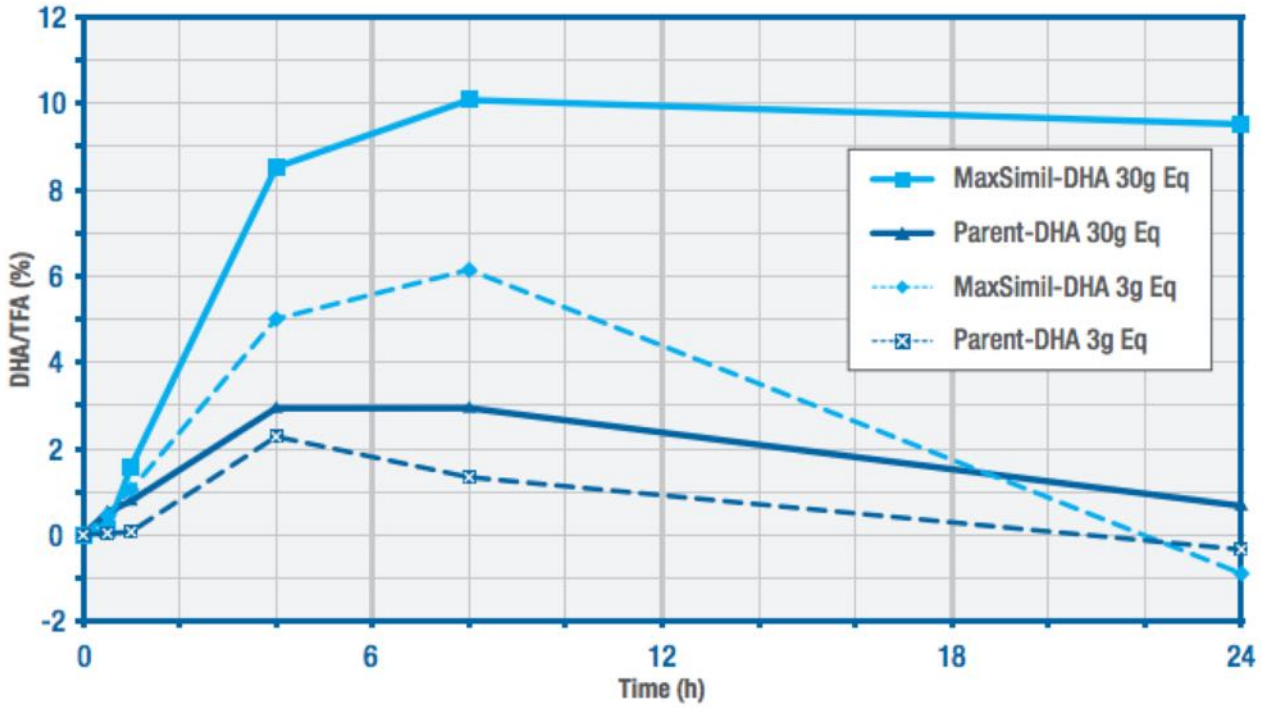
Homocysteine, hsCRP

Iron Panel- Iron, TIBC, Ferritin

Vitamin D

Monoglyceride vs Triglyceride Delivery of EPA/DHA Fish Oils

Figure 2. Preclinical Bioavailability Study in Rodents Demonstrates Superior Peak Concentration, Saturation, and Absorption of MaxSimil DHA FO Versus Its Parent DHA FO



At ACNC, we provide science based nutritional interventions for our patients when indicated

We may begin supplementation with many of our patients during their initial weeks of therapies

Med Acupunct. 2017 Aug 1; 29(4): 206–214.
Published online 2017 Aug 1. doi: 10.1089/acu.2017.1217
PMCID: PMC5580364

Functional Medicine Approach to Traumatic Brain Injury

Alice C. Richer, RDN, MBA, LDN

Author information ▶ Copyright and License information ▶

Abstract

Go to:

Background: The U.S. military has seen dramatic increases in traumatic brain injuries (TBIs) among military personnel due to the nature of modern-day conflicts. Conventional TBI treatment for secondary brain injuries has suboptimal success rates, and patients, families, and healthcare professionals are increasingly turning to alternative medicine treatments.

Objective: Effective treatments for the secondary injury cascades that occur after an initial brain trauma are unclear at this time. The goal of successful treatment options for secondary TBI injuries is to reduce oxidative stress, excitotoxicity, and inflammation while supporting mitochondrial functions and repair of membranes, synapses, and axons.

Intervention: A new paradigm of medical care, known as functional medicine, is increasing in popularity and acceptance. Functional medicine combines conventional treatment methods with complementary, genetic, holistic, and nutritional therapies. The approach is to assess the patient as a whole person, taking into account the interconnectedness of the body and its unique reaction to disease, injury, and illness while working to restore balance and optimal health. Functional medicine treatment recommendations often include the use of acupuncture, Ayurveda, chiropractic manipulation, detoxification programs, herbal and homeopathic supplements, specialized diets, massage, meditation and mindfulness practices, neurobiofeedback, nutritional supplements, *t'ai chi*, and yoga. At present, some of these alternative treatments appear to be beneficial, but more research is needed to validate reported outcomes.

Med Acupunct

Med Acupunc

We do not do supplementation with all of our patients.

Every case is very individualized

Functional Medicine and Brain Injury

Conclusions

Go to:

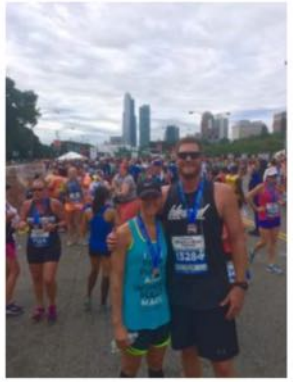
TBIs are of major concern in the U.S. military because of their major public health impact and cost. Trauma to the brain begins a cascade of secondary injuries that continue to occur after the initial effects of injury. Effective treatments for these secondary injuries of TBI are elusive, and many patients and their families have turned to alternative treatments.

A new medical paradigm—functional medicine—is gaining acceptance in the medical community and is increasingly sought after by patients. The functional medicine approach to TBI treatment assesses the individual as a whole, combining conventional treatment with therapies that are aimed to reduce inflammation, support methylation pathways, manage neurotransmitter and mitochondrial imbalances and toxic overload, support myelin repair, decrease lipid peroxidation, and reduce nutritional deficiencies. To date, only nutritional therapies and HBOT show the most promise for treating secondary TBI injuries. However, few clinical trials have been performed with these alternative treatments, and those that have been performed have produced inconclusive results.

The IOM, at the request of the DoD, investigated nutritional therapies that appeared promising for treating brain trauma. Nutrients selected for further investigation were chosen based on their potential role for reducing oxidative stress and inflammation while supporting repair and recovery from injuries. The following nutrition interventions were selected for further study: "energy needs, acetyl CoA [coenzyme A], antioxidants, branched-chain amino acids, choline, creatine, ketogenic diets, magnesium, nicotinamide, nicotinamide adenine dinucleotide+, n-3 FAs, polyphenols, probiotics, vitamin D, and zinc" and combined nutrient protocols. Resveratrol, curcumin, and progesterone were highlighted as potentially beneficial and also worthy of further study. Concern about potential harm from use of acetyl-L-carnitine, niacin, and probiotics was noted and these nutrients were excluded from further review as of 2011. The IOM also emphasized further evaluation of the effect of blood glucose levels on the injured brain and glucose management. Further research into ketones and the ketogenic diet was advised. Diet evaluation of all military personnel pre- and post-deployment to provide a baseline nutrition status was recommended to better evaluate the effectiveness of nutrient interventions in patients with TBI.[3]

Examples of Therapeutic and Nutritional Interventions

Nutrition therapies	
Antioxidants	Use of combined antioxidants could decrease ROS damage immediately after injury.[18]
Branched-chain amino acids	Branched chain amino acids are precursors of neurotransmitters. Their use may possibly affect neurotransmitter imbalances in the brain. However, research has not yet supported use for TBI.[18]
Choline	This is an anti-inflammatory & antioxidant that could support a decrease in calcium-mediated cell death, which is common in TBI.[18]
Coenzyme Q10	This nutrient shows a positive effect against neurodegenerative & mitochondrial disorders.[29]
Creatine	This nutrient could improve cognition & behavior, maintain mitochondrial function & improve cerebral vascular function, which is common during the initial, acute phase of TBI.[18]
Curcumin	There is some evidence of improved motor & learning performance, blood–brain barrier integrity, cognition & reduced cerebral edema in brain injured animals.[18]
Glutathione	There is some evidence that this nutrient reduces ROS levels & improves brain injury markers.[30]
Ketogenic diet	Some evidence provides an alternative energy source that reduces brain dependence on glucose metabolism that is impaired after a TBI.[18]
Lipoic acid	This is an antioxidant that might reduce lipid peroxidation. Animal research shows that it might reduce neuron death after TBI.[31]
Magnesium	This mineral is usually depleted in TBI. It could have a neuroprotective effect & decrease glutamate damage by regulating calcium entry into postsynaptic neurons.[18]
Melatonin	Decreased levels common after mTBI appear to affect sleep patterns. Supplementation may reduce sleep-cycle disruptions.[32]
N-3 fatty acids (EPA and DHA)	Evidence shows an anti-inflammatory & neuroprotective benefit against brain injuries. Research is not conclusive, however.[18]
Polyphenols	These nutrients have anti-inflammatory properties.[18]
Vitamin D	This vitamin binds DNA response involved in regulation of gene transcription, differentiation & neural function in the brain.[33]



"I cannot say enough about how the care of Dr. Berry, his team, and functional medicine has changed my life. My name is Jessica. I am a 30 year old female and I have been battling symptoms of auto-immunity for close to 10 years now.

My autoimmune journey began with occasional GI issues and inexplicable joint pain. Over the course of a few years symptoms escalated to chronic GI issues, debilitating joint pain, brain fog, chronic fatigue, skin problems and eventually a life-threatening case of pericarditis and acute renal failure, which landed me in ICU for a week.

After my three flare-ups of pericarditis I became a patient at Mayo Clinic. I saw several top-notch specialists at Mayo and underwent countless tests. After almost 2 years at Mayo, the doctors told me that I probably had a developing autoimmune disease and that there wasn't much we could do for it but to wait and see if it developed any further. Having several auto-immune "flares" after being released from Mayo left me feeling helpless and searching for answers.

I have now been under the care of Dr. Berry and functional medicine for not even a year and I am AMAZED at how much better I am doing! My GI is doing much better, I don't have any more pain or brain fog, my energy levels are back to where they should be, my kidneys are healing, and I feel so much better overall! I even just recently ran a half-marathon! (totally not Dr. B approved, but if there's one thing we've learned besides health care from Dr. B is that you've gotta live a little!- skydiving, bungee-jumping, etc.....right Dr. B? 🙂

Dr. Berry, I want you to know that you are more than just a wise doctor, but an answer to prayer. My health journey has been more than just about health for me, but also about faith. God has taught me so much about Himself and myself through this battle with auto-immunity. Though God has given you the enormous brain capacity and understanding of how to help people live healthier lives, ultimately I praise Him for healing my body. I just feel like I can't truthfully share my story without sharing of God's goodness in my life.... you are just the biggest vessel that he has used.

I am so thankful for Dr. Berry and his team. Their knowledge and help has truly changed my life forever! Though the battle of auto-immunity may be something I fight for a life-time, I feel like I now have the tools and the knowledge to fight the battle I've been given."


Post Stroke rehab- Arizona Chiropractic Neurolo...

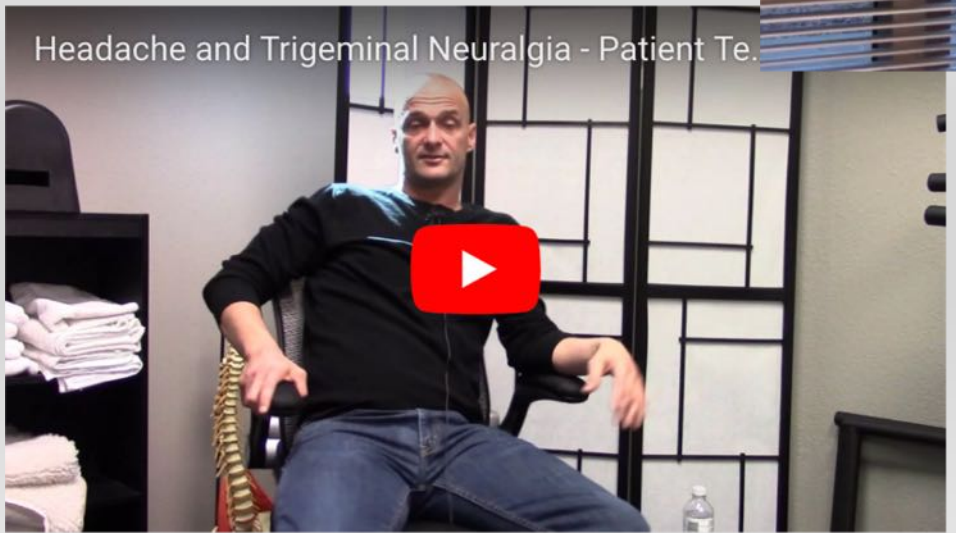

Resolution of Vertigo and Dizziness - Arizona Ch...


Recovery from Femoral Nerve injury and Quadric...


NFL Football Player Recovers From Concussions...


Improvement in Cerebral Palsy and Torticollis- A...

"I first met Dr. Teames because my husband was in a car accident. I saw what he did and how he treated my husband and mentioned that I should see what he thought of my MRI. He looked at my MRI the next time we were there and said he could help. I had given up hope that I was ever going to be pain-free in my back so I gave it a shot. I had relief with decompression and adjustments in just a few visits. He had earned my respect so I mentioned that I was always tired, never had energy, had a horrible memory, and my hands shook (he noticed my tremors during his exam). I had gotten blood work through my PCP before and they always told me this was a side effect of the medicine I was on. Well after Dr. Teames looked at my blood work, did some neurological stuff and drastically changed my diet, it all started getting better.I have more energy, a better memory, and clearer thinking than I have had in many years; and my shaking is GONE! Dr. Teames has let me enjoy and live life more than I have been able to in more than 10 years. He has changed my life!



RESULTS WITH PARKINSON'S DISEASE
(PATIENT PERMISSION GRANTED)

ARIZONA
CHIROPRACTIC
NEUROLOGY
CENTER

"Where there is health there is hope, we provide both"

We look forward to serving you

ARIZONA
CHIROPRACTIC
NEUROLOGY
CENTER

Click Here to Visit Our Website

www.azchironeuro.com