Welcome to Our 58th E-Journal!

The Wisdom of Late Summer

In traditional Chinese medicine, there are five seasons—spring, summer, late summer, fall, and winter. Late summer, or “second summer,” begins in mid-August and winds down with the Autumn Equinox on September 22. It is a season of grounding, nurturing, and reflection, rooted in the Earth element, which is associated with the spleen, stomach, and digestion. Harmonizing digestion during this time can support well-being, making late summer an especially good time to pay attention to food choices and nurture the intestinal microbiome.

Grounding with the Earth can also be especially beneficial during this season. Grounding is a simple practice that involves walking barefoot on the earth—whether along the beach, through the grass, or even in your own backyard. I recommend spending at least 10 to 20 minutes grounding first thing in the morning. During this time, leave your worries aside and focus instead on connecting with your body and breath.

Late summer is also a season of reflection. It invites us to pause and consider the year so far—to learn from our experiences, appreciate what has served us, and let go of what we no longer wish to carry forward.
September and late summer bring a beautiful seasonal transition, one that has inspired countless songs and poems. Helen Hunt Jackson captured its essence beautifully:

The golden-rod is yellow;
The corn is turning brown;
The trees in apple orchards
With fruit are bending down.
The gentian's bluest fringes
Are curling in the sun;
In dusty pods the milkweed
Its hidden silk has spun.
The sedges flaunt their harvest,
In every meadow nook;
And asters by the brook-side
Make asters in the brook.
From dewy lanes at morning
the grapes' sweet odors rise;
At noon the roads all flutter
With yellow butterflies.
By all these lovely tokens
September days are here,
With summer's best of weather,
And autumn's best of cheer.
But none of all this beauty
Which floods the earth and air
Is unto me the secret
Which makes September fair.
'T is a thing which I remember;
To name it thrills me yet:
One day of one September
I never can forget.

The Mouth as a Mirror of the Body

Over the last few months, we at BRMI have been busy expanding the Bioregulatory/Biological Dentistry section of BRMI.ONLINE with new and useful information. Biological Dentistry is a holistic, whole-body approach to dentistry that prioritizes overall health through the use of biocompatible, mercury-free, and nontoxic materials, the avoidance of fluoride, and an emphasis on preventive care. Rather than focusing solely on treating dental disease, it promotes health and wellness by considering the relationship between the mouth and the rest of the body.

Biological Dentistry encompasses both modern science and knowledge drawn from the world's great traditions of natural healing. It acknowledges and treats the whole person—mind and body—not simply the teeth. It differs from conventional dentistry by emphasizing the following principles and approaches:

- The importance and maintenance of the oral microbiome
- The oral-systemic connection—the relationship between the teeth, oral microbiome, organs, glands, and tissues throughout the body
- Proper nutrition for the prevention and reversal of degenerative dental disease
- Avoidance and elimination of toxins from dental materials
- Mercury-free fillings and safe mercury amalgam removal
- Prevention and treatment of gum disease at its biological source
- Safe and proper removal of non-vital or root canal-treated teeth
- Evaluation and debridement of dental bone cavitations
- Prevention and treatment of dental malocclusion—bite problems and their potential relationship to physical imbalance

This whole-body perspective is especially important because oral health rarely exists in isolation. The human mouth acts as a "mirror" to the body, sometimes revealing early signs of systemic diseases such as diabetes, cardiovascular

disease, and nutritional deficiencies. Oral symptoms such as bleeding gums, chronic dry mouth, and lesions can also accompany underlying chronic illnesses. Poor oral hygiene and periodontal disease can allow oral bacteria and inflammatory mediators to affect tissues beyond the mouth, potentially contributing to systemic inflammation. In some cases, changes in the mouth may provide some of the earliest signs of a systemic illness—or even its only apparent manifestation.

The idea that the mouth can offer clues about health is hardly new. In both traditional Chinese medicine and Ayurvedic medicine, tongue diagnosis has long been used as a method of assessing patterns associated with the organs and the body's overall health. We invite you to visit our new Biological Dentistry section and explore this fascinating connection more deeply.

Just as we believe long-standing assumptions in dentistry deserve continued examination, we believe the same principle of open scientific inquiry should apply throughout medicine. That brings us to an important development in childhood vaccination policy.

A Changing Conversation Around Childhood Vaccines

In the news, President Donald Trump signed an Executive Order on August 10 calling for changes to the childhood vaccination schedule, including greater spacing between certain vaccines. The Order recommends routine vaccination against 11 diseases—a decrease from the 18 diseases recommended by the CDC in 2024.

Vaccines no longer recommended for all children are instead considered through shared clinical decision-making, giving parents and physicians greater discretion based on an individual child's circumstances.

The Order recommends separating the combined MMR vaccine into three single-disease shots and administering vaccines during separate medical visits, with the goal of giving parents more options regarding the timing and frequency of vaccine administration. States that enact school vaccine requirements are advised to consider the “Gold Standard Childhood Vaccine Recommendations” and evaluate whether their laws should be updated to reflect them. Federal agencies are also advised to advance the Gold Standard Childhood Vaccine Recommendations within their respective authorities.

Questions About the Childhood Vaccine Schedule

One of the questions raised by this reassessment concerns not simply how many vaccines are recommended, but how thoroughly both individual vaccines and the childhood schedule as a whole have been evaluated. Although individual vaccines undergo prelicensure clinical trials and post-market safety monitoring, the duration of prelicensure follow-up varies, and clinical trials do not always use an inert saline placebo; depending on the study, the comparator may be another vaccine or another control. Questions also remain about cumulative exposure and the simultaneous or closely spaced administration of multiple vaccines across childhood.

The January 2026 HHS assessment specifically called for additional placebo-controlled randomized trials involving individual vaccines, combinations of vaccines, and vaccine schedules, along with observational studies examining potential long-term effects. Evaluating vaccines individually—as well as in the combinations, timing, and sequences in which children actually receive them—is essential to developing the most complete understanding possible of their benefits and risks.

HHS' January 2026 scientific assessment compared U.S. childhood immunization recommendations with those of peer nations, analyzed vaccine uptake and public trust, evaluated clinical and epidemiological evidence and knowledge gaps, and examined vaccine mandates.

The scientific assessment found that the United States recommended more childhood vaccines than any peer nation, including more than twice as many vaccine doses as some European nations. It also identified a set of consensus vaccines consistently recommended across all peer countries.

The growth of the U.S. childhood immunization schedule over the past several decades illustrates the magnitude of this change. In 1980, American children following the CDC immunization schedule received 23 vaccine doses in 7 shots against 7 different diseases. By 2024, the recommended number of routine vaccines had risen to at least 84 vaccine doses in at least 57 shots for 17 diseases, plus the RSV monoclonal antibody immunization, for a total of 18 diseases. According to the HHS assessment, this represented a substantially larger recommended schedule than those of many peer nations.

The scientific assessment recommends prioritizing 11 routine childhood vaccines while preserving flexibility for parents and doctors to make individualized decisions for higher-risk children through shared clinical decision-making. It also noted that most peer nations maintain high childhood vaccination rates through public trust and education rather than broad vaccination mandates. The U.S. is among a minority of peer nations with childhood vaccine mandates, which are enacted at the state level for school entry.

For those who have advocated for greater parental choice and more individualized medical decision-making, this represents a significant change in

direction. Rather than treating every child as though his or her circumstances are identical, it creates greater room for families and physicians to consider individual risk, timing, and need.

For BRMI, this broader return to questioning, transparency, and informed choice resonates deeply with what we experienced during the COVID-19 years.

When Asking Questions Came at a Cost

Since the beginning of the COVID-19 pandemic, we at BRMI have questioned whether many of the policies being presented to the public as settled science were adequately supported by evidence. We questioned policies and mandates involving masking—particularly the masking of children—social distancing, the isolation of the elderly, and the closing of schools and churches while big-box stores remained open. Most significantly, we questioned the rapid deployment of, and mandates surrounding, the newly developed COVID-19 vaccines authorized under Emergency Use Authorization.

Between 2020 and 2024, we published several articles and podcasts examining these issues and asking questions we believed deserved open scientific discussion. Consequently, we received significant backlash for our willingness to ask, “Where is the science?” We were shadow-banned on several social media platforms and lost viewership from some members of our tribe. We watched as doctors and researchers faced censorship, professional repercussions, and, in some cases, challenges to their ability to practice because they expressed dissenting views.

Science Begins With Inquiry

Whatever one's position on the policies of that period, one lesson should transcend the debate: science depends upon the freedom to question. Scientific understanding evolves through inquiry, evidence, replication, disagreement, and continued investigation—not through the suppression of legitimate questions.

Today, many of the assumptions, policies, and scientific claims made during that period are being reexamined, and the consequences of censorship, social division, and medical mandates are still being felt. Perhaps this renewed willingness to ask difficult questions can also create an opportunity for healing.

If there is one lesson we hope to carry forward, it is the importance of remaining curious, examining the evidence for ourselves, asking questions—even uncomfortable ones—and never surrendering our own judgment simply because an authority tells us what to believe.

Support the Mission

We sincerely thank all our viewers for their continued support, comments, and article submissions, and for liking us on our social media, bi-weekly podcasts, and YouTube channel. BRMI is a 501 (c) (3) non-profit private foundation and depends on donations to survive. We provide FREE non-commercial information to the public and are entirely funded through the kind and tax-deductible donations of our readers. We accept no advertisements. Over the last nine years, we have been steadfast in our non-commercial agenda, providing Free information through our bimonthly E-Journal, biweekly Podcast, YouTube channel, and social media platforms. If you feel so inclined, please donate $20 yearly or more to support our educational platforms. Any amount is helpful and deeply appreciated. Donors can claim tax-deductible

contributions they make to BRMI under IRC Section 170. Here is a link for donations.

If our mission resonates with you, we invite you to help spread it. Share an article, recommend a resource, or start a conversation about bioregulatory medicine with someone today. Meaningful change often begins with a single exchange of ideas.

Connect With BRMI

We maintain a YouTube channel, Facebook page, LinkedIn, and Instagram and post evidence-based articles and news events daily. To make it easier, we have also added a Linktree. Feel free to interact with us via social media - or contact me directly at jpmodell@brmi.online.

Join Us at Sea

We are excited to announce our next conference cruise, The Bioregulatory Medicine Summit at Sea: From Cell to Biofield aboard Celebrity Summit, setting sail March 28, 2027. This upcoming journey will visit the Western Caribbean and the ports of Cozumel, Belize City, and Costa Maya, offering another unique opportunity to learn, connect, and explore! For more information, follow this link.

Enjoy your fifth season and be well.

Click here for sources that support the information provided.