



PUBLIC HEALTH ALERT

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Investigating Lyme Disease & Chronic Illnesses in the USA

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Ignore Bartonella and Die

Trivializing Bartonella is Like Ignoring TNT

Radically New 2008 Information About a Flea and Tick Infection More Common Than Lyme

by **Dr. James Schaller, MD.**

As you read this article, Bartonella is making microscopic fat deposits in many human hearts. These will undermine the normal pacemaker stimulation in their heart and cause death. Others are weakening blood vessel walls to create a stroke. Still others with Bartonella are struggling with an agitated depression or aggressive rage that makes them prone to suicide. The psychiatric treatment of a patient with Bartonella is highly specialized and most family physicians and psychiatrists do not know how to treat a patient suffering from Bartonella-caused psychiatric disorders.

Bartonella is connected to red blood cells that are entering every human organ. Some are leaving their red blood cell carriers and entering tissues next to capillaries all over the body.

They enter all organs and cause the following sample illnesses:

All Psychiatric disorders, Numbness or Loss of Sensation, Dizziness, Headaches, Tremors, Irritability, Agitation, Aggression, Impulsivity, Oxygen Deprivation, Panic Attacks, Fainting, Muscle Spasms and/or Weakness, Joint Pain, Upper and Lower G.I. Tract Disorders, Kidney, Bladder, and Urogenital Disorders.

Also common are: Fatigue, Sleep Disorders, Memory Problems, and Drowsiness. Obvious physical symptoms such as Lumps in the Skin, Many types of Rashes, Polyps in or on Major Organs, Ocular Disorders, e.g., Blurred Vision, Depth Perception, and Retinal Damage.

This modified list from Breitschwerdt and others (*Emerging Infectious Diseases* June 2007; 13:pg 938ff) is a small sample of Bartonella medical ills. For example, in another series of articles, 15-25 eye ailments are listed.

In the same manner Lyme disease was initially seen as merely an arthritis disease and Babesia as a disease causing only fevers, fatigue and

sweats. We have learned with each passing year that Babesia infections have hundreds of symptoms. Bartonella is similar. It was initially seen as a virus and as having 2-3 species with American forms generally only causing a cold, a mild fever and a passing increase in lymph node size or tenderness. The reality is that thousands of articles show Bartonella harms many parts of the body and can cause multiple types of tissue injury. It is also so common that just this week another human species was found -- Bartonella rochalimae.

With the publication of my Babesia textbook, and the wise warnings and generous lessons of practitioners like Drs. Jemsek, Horowitz and Burrascano, I was able to consolidate their exceptional experience into a single book to help patients and physicians to quickly learn about Babesia.

As you can see from the new patent pending Fry blood slides in this article, which show Babesia with many Bartonella images, you can see the discovery of a revolutionary blood smear test which shows all species of Bartonella and Babesia. The light has been turned on in the midnight kitchen, and all the largest "Bartonella bugs" can be seen crawling around in the kitchen with this special blood stain. Currently, approximately 10 species of Bartonella and 13



Dr. James Schaller, MD. has done some of the most extensive research regarding Bartonella world wide.

diagnosed on a manual smear by leading large medical labs! Their stains are junk, and their ability to see these two infections are worthless.

The year 2007 will mark the death of the expression "co-infection," because increasingly patients have awareness that Babesia and Bartonella are not little addendums to Lyme disease, but are often far more serious than Lyme disease. Any physician who is not well-versed in these two killing infections will not

on the up-to-date issues of the diagnosis and treatment of Bartonella. This stunning lack of information about a profoundly common human infection has added to the danger of this infection. In Asian stories, the Ninja is felt to be a dangerous assassin because he has mastered invisibility techniques. This article is meant to be the first summary article to shine a bright lamp on the infectious Ninja-Bartonella.

Bartonella is Everywhere

Bartonella is so common that 40% of California cats have lab findings showing contact with the illness. Since 1/3 of all USA homes have a cat, this means many of the 70 million cats in the USA can playfully bite, lick or scratch a human and infect them. But one thing wrong with this 40% number is the assumption that the test



PHOTO A: This woman had been ill for years and had failed gaining a full cure from the help of many smart and Lyme literate MD's. She became red, particularly in her face, whenever she was exposed to any chemical. The CLIA-approved Fry blood slide showed Bartonella and our other labs showed very low anti-inflammation chemicals. So she would become inflamed with any irritant to the skin.



PHOTO B: Note the patient's obesity which can collect around the middle or look as if one were blown up like a balloon all over one's entire body. This type of weight gain is hard to remove. She also has calf lacerations which due to Bartonella has taken 5-10x longer to heal. We see this routinely in plastic surgery, i.e., profoundly slow healing.



PHOTO C: Basic and obsolete materials on Bartonella teach that this infection is typically almost always found with a papule-- a tag-like skin finding. While these can be present in Bartonella, we find them in only 5% of these patients. They can be any color and often are accidentally shaved off.

species of Babesia exist which infect humans. This specialized patent pending slide has made them markedly visible-- like a July 4th firework explosion.

While curing patients all over the world with this new tool to direct me, this stain also allows me to see what really kills both of these infections. I have sent the same slide to the largest labs in the USA. Not one patient has been

be considered competent enough to treat patients with flea and tick infections. These infections do not circle around planet "Lyme" like small moons, instead, they are their own huge planets that cause massive consequences to the human body.

Later this year I will be publishing *The Diagnosis and Treatment of Bartonella*. Despite millions of books in print, no book currently exists

used is reliable and catches every Bartonella positive cat. I have sent positive animal and human samples to many labs and they were routinely missed. So I believe DNA or PCR tests and various antibody tests (IgG/IgM) can support a diagnosis if they are positive, but remember they typically miss infected animals and humans.

"Bartonella"...cont'd pg 2

“Bartonella”...cont'd from pg 1

In contrast to Lyme disease, Bartonella is virtually everywhere except countries near the cold northern and southern poles. The reason Bartonella is so common is that it is found in many vectors or insect carriers. Here are some sample vectors and ways a

that Bartonella clearly infects the placenta, and infected baby mice are born smaller; further, Bartonella decreases successful pregnancies

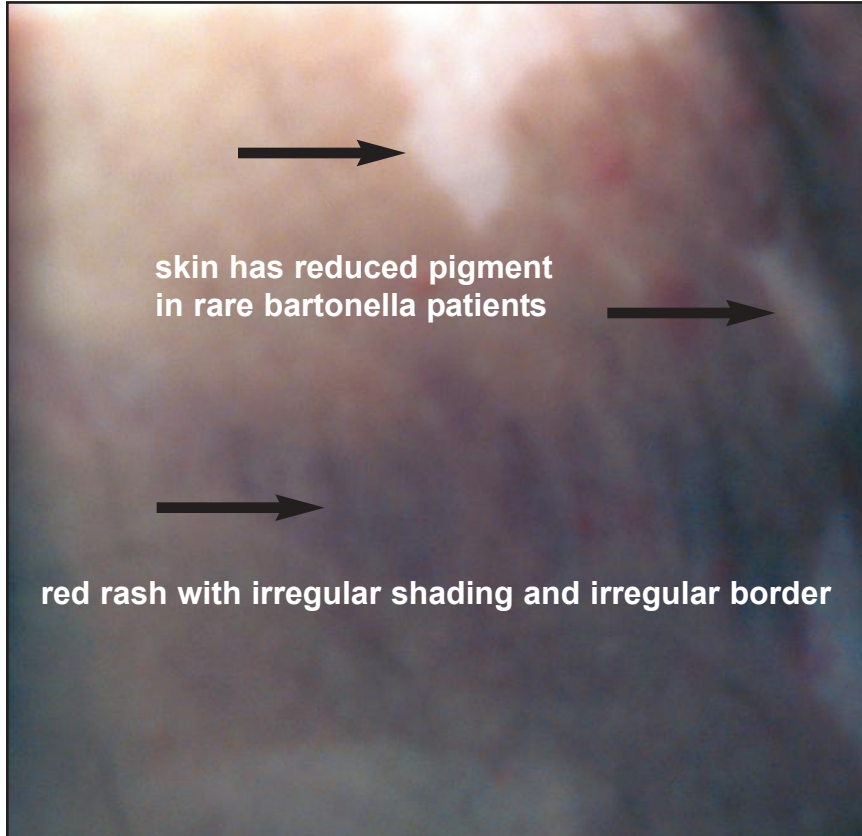
Bartonella is carried in a number of vectors and animals, but articles that report strict limits on the location of each

routine Bartonella infections. Some "atypical" findings include: distortion of vision, abdominal pain, severe liver and spleen tissue abnormalities, bone infection, arthritis, abscesses, skin sores, heart tissue and heart valve problems. While some articles discuss Bartonella as a cause of neurological illnesses, psychiatric illnesses have received virtually no attention. This is amazing, because almost all of my Bartonella patients have some character, mood or cognitive alterations. Further, their dosing of psychiatric medications is radically different. Some can only tolerate 1/4th of the smallest Lexapro and others need 60 mgs.

The presence of Bartonella-induced psychiatric symptoms should not be surprising for a number of reasons. First, psychiatric disorders are brain disorders and Bartonella is documented as causing many diverse neurological brain disorders. Bartonella infections are associated with red blood cells (RBC), which allow small Bartonella bacteria, a fraction of the RBC cell size to enter the brain's vascular system. These Bartonella-infected cells penetrate brain tissue. Finally, with 9-10 species or subspecies that can infect humans, it is possible this larger number of species can produce a wider range of signs and symptoms—some of which might be psychiatric in nature. Below, I offer a medical case with psychiatric symptoms that emerged during a Bartonella infection.

personality change after a camping trip in North Carolina. After the trip, the patient described a small right-sided "aching" armpit lymph node and as having a "slight fever feeling." He reported removing three Ixodes deer ticks that resembled "large dust particles

and major depression. He was so restless that he threw objects such as kitchen glasses, a baseball, and a chair into his home's drywall, leaving significant indentations. He was previously unknown to use insults or to curse at people, and now he did both almost daily, particularly



skin has reduced pigment in rare bartonella patients

red rash with irregular shading and irregular border

Bartonella can create dozens of rashes. Here is one showing two different abnormalities. This woman has white pale patches on the right side of this image. The bottom has slightly paler skin.

In the middle of this image is a reddish, purple rash going from the right to the left and narrowing as it goes. It has tiny red lines going up and down inside the rash. The red rash is caused by Bartonella. This infection has the amazing ability to create blood vessels and blood to grow in areas virtually anywhere in the body. This same red rash often becomes pale after successful treatment.

Bartonella infection can be passed.

*Four Bartonella species have



This woman has received five months with three Bartonella treatments. Initially, she had many lesions and lumpy spots, and they have largely decreased. She was called "bipolar" by two psychiatrists, but we determined she was simply neurologically inflamed and gave her some Band-Aid medications to calm her while we treated her underlying Bartonella.

been found in dust mites

*Flea bites

*Flea feces— Bartonella live at least nine days in this substance. If it touches a human mouth, nose, or eye, Bartonella can infect a person

*Cats and dogs can carry this infection in their paws and saliva, and scratch, lick or bite you

*Lice – such as forms found in schools or dirty areas

*Ticks – in some tick research areas, in which Lyme disease exists in high concentrations, surprisingly, Bartonella is sometimes even more common than Lyme disease.

*Flies – some carry this infection and pass it on to mammals. I suspect as laboratory science improves, we will find this infection in more flies in coming years

*Birth infection – examination of fetal pregnancy tissue shows

Bartonella species are probably in error. For example, WA-1 is a species of Babesia found in a small number of patients in Washington State. Most infectious disease physicians never tested for it, and the Sonoma health department set an extremely high bar for a positive— 1:640, which means the Babesia is detectable after 640 dilutions. Imagine a dark blue pool diluted with clear water 640x. I wonder how often any residual blue would be seen.

Once the WA-1 test was initiated, despite the absurd 1:640 cut off, I began to find some patients who were positive for this aggressive Babesia species on the entire East coast and throughout the southern states. In the same way, I feel when a good test begins to be used more often we will find both new human Bartonella species and current Bartonella in more regions of the world.

Bartonella and Psychiatric Symptoms

First, this emerging infection is found in cities, suburbs and rural locations. Presently routine national labs offer testing of questionable quality for only two species, but at least nine have been discovered as human infections



This child was seen by 14 different specialists for health, cognition issues and mood trouble. He was also seen by three Lyme experts. One checked for Bartonella and said he came up negative. Look closely at his arm pits. His underarm skin (in the picture on the left before treatment) shows different shades of color in the creases and it felt like thick chicken skin. On the right, his picture shows that after treatment, his eccentric skin thickening is almost normal. (See inside the brown circle which had been the worst).

within the last 15 years. Some authors discuss Bartonella cases having atypical presentations, with serious problems considered uncharacteristic of more

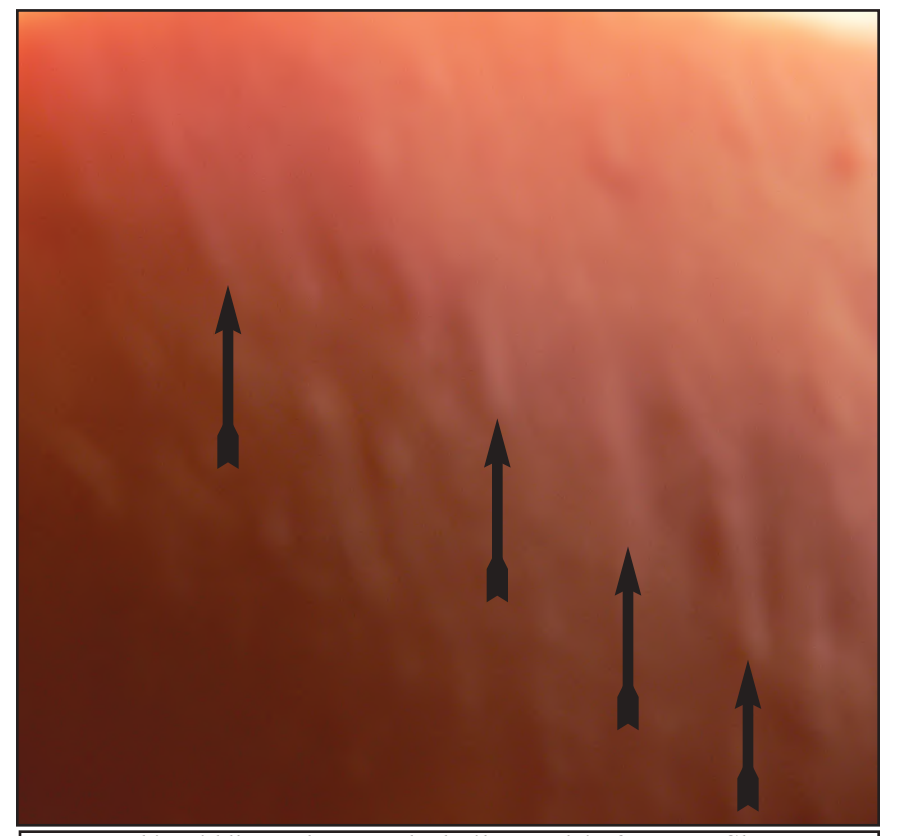


Bartonella has a wide range of vectors or infectious insects, which pass on Bartonella to humans. Some people do not have Lyme and only have Bartonella. This is usually because they have been exposed to young cats, fleas, flea feces, lice, certain flies and some occasional dogs.

Probably the most common type of Bartonella is attracted to cats and carried in fleas. About 33% of USA homes have a cat. And in one California study it was found that 40% of their cats were infected with Bartonella antibodies. Since the typical testing done in people and mammal pets is poor, I would suggest that the percentage is far above 40%.

A Sample Case

A 41 year-old male minister from Wisconsin was reported by his wife, best friends and children to have a



This middle aged woman had Fibromyalgia for years. She was treated for Lyme and Babesia aggressively and improved. Yet she still had fatigue, anxiety and headaches.

Note the river-like undulation of the fairly smooth skin surface. This was light red, and after exactly 23 days of Bartonella treatment, it suddenly returned to a normal skin color, but this slight scar remained. Her fatigue, anxiety and headaches were cured with 2 more months of very potent Bartonella treatments.

glued to his leg and shoulder." Five weeks later, he reported an "enlarged and very annoying" right-sided armpit lymph node, feelings of excessive warmth, irritability, severe insomnia and new-onset eccentric rage. He also reported a new sensitivity to otherwise only slightly annoying smells and sounds. His afternoon temperatures were 98.7-99.9 °F, which he recorded every 3 days on the advice of a relative who was a Physician Assistant.

His internist found the patient to be negative for Lyme disease using the CDC two-tier surveillance testing procedure performed at Quest diagnostics and iGeneX's PCR and Western Blot test. It was felt that the patient might have Bartonella based on his unilateral lymph node symptom and Ixodes attachment. This physician felt that since the duration of the lymph node ache was at least five weeks, that "atypical" Bartonella should be considered in the differential. "Atypical" means that the man had more than a simple cold, passing sore throat and transient low-grade fever.

The patient was ordered a Bartonella henselae IgG and IgM along with other lab testing which was negative, including a PCR test for Bartonella.



In our practice, Morgellons Disease has 20 causes. This man reports he has Morgellons. In a 1951 edition of the New England Journal of Medicine, a man's arms were published that looked exactly like this man's arms. In retrospect, both had a diagnosis of Bartonella which routinely can cause lesions on every organ of the body. Patients are routinely told by Dermatologists and other specialists that they do not know the cause of these type of lesions.

to his spouse. Minor interpersonal infractions that would not usually produce a comment from the patient now resulted in screaming and the use of obscenities, yet he slept 8-9 hours per day and had normal speech speed and enunciation patterns.

He was referred to an adult psychiatrist and diagnosed with Bipolar disorder, despite having no genetic history or any previous history of depression or mania. The patient gained 15 pounds in weeks on 1250 mg per day of valproic acid (Depakote), and requested another treatment. He was then prescribed lithium carbonate, 300 mg at breakfast, lunch and dinner, with 600 mg once in the evening (blood level 1.1 mEq/L). These medications had no clear clinical effect on the patient's agitation, mood extremes or severe boredom

“Bartonella”...cont'd on g 14

No Man Left Behind

The Motivation that Drives Me in What I do With the PHA

by Dawn Irons

I'm mad. I'm fighting mad! The latest test results are in. This makes two of my three children that have been diagnosed with Lyme disease this year. We are still waiting on the test results for the third child. The prognosis does not look good.

My anger stems not from the diagnosis, but rather looking at how the diagnosis was missed was for so many years. I remember the frustration of being bounced from doctor to doctor as one specialist would refer me to yet another specialist. The multi-system involvement of my undefined illness was so obvious that each specialist needed another opinion from a different specialist and none of them could put the multi-systemic puzzle together to come up with any answers.

I am finding that my medical mystery is starting to define itself...unfortunately we can only understand that in retrospect. Let me back up a few years and explain. My senior year of high school I was so ill that my family moved a bed for me in the living room of our home so they could keep an eye on me since I was all but bed ridden that year. I would have night seizures, severe fatigue, extreme vertigo, migraine headaches and horrible sensitivity to light and sound. Doctors did every test under the sun only to find nothing.

I survived my senior

year and went on to college and battled fatigue constantly. Some of the other symptoms waxed and waned for over 10 years. In that time I got married and we started growing our family. Soon after the birth of all my

problems my other children had. I asked the doctor why this was happening AGAIN and he began to question me about the medical history of my other kids.

This was the first time a



children, we encountered frustrating medical set backs. My oldest son had the mildest symptoms. The middle child was back at the hospital in the Neonatal Intensive Care Unit (NICU) at 8 days old with deathly high bilirubin levels. The doctors could not determine the problem and told me to call my family and start making funeral arrangements because they did not expect my daughter to survive past 24 hours. By the grace of God, she pulled through and the doctors never could give us a definitive diagnosis. My 3rd child was rushed to the NICU within 24 hours of birth experiencing the same

doctor made some kind of connection that all of these neonatal issues could be related. We did not know that I had Lyme disease at the time, but the doctor explained that during the c-sections that my blood had crossed the placenta into the baby's blood stream and began to destroy the baby's blood as if it were a foreign invader. In retrospect it all makes sense now. Lyme infected blood entered their blood stream and their newborn immune systems were not mature enough to battle the infection well. It seemed that each pregnancy brought about worse symptoms on the baby. I had yet to be diagnosed.

Several years later I went through a string of 6 miscarriages in 4 years. My health seemed to decline greatly during this time and I just assumed it was the physical hardship of losing the pregnancies taking its toll. But in retrospect, I can see that the Lyme symptoms were just getting more aggressive. The worst part of this ordeal was when I began having contractions and birthed my first trimester twins still-born in their amniotic sacs...3 weeks apart. Babies don't survive when born that early. They were perfectly formed.

Now fast forward to 2007 when my 13-year-old daughter came down with a case of Meningitis. They said it was not bacterial. So they ran every viral panel they could think of, only to come back with no answers. My request to test for Lyme was quickly shot down with the same rhetoric of "we don't have Lyme in Texas!" Six weeks later after seeing a Lyme literate medical doctor her IgeneX tests and CD-57 panel confirmed a Lyme diagnosis.

My youngest child had been complaining for several months that his legs were hurting him and his teachers at school mentioned that he seemed to have the characteristics of a "highly functioning autistic child". My oldest son has become increasingly tired with any amount of exertion and his allergies get bad enough that he has had recurrent sinus infection. *"No Man Left Behind"...cont'd pg 10*

Don't Be Afraid, Be Informed!

by Dana Floyd

You are afraid, your health is failing, you are likely in pain, and doctor after doctor has told you nothing is wrong. You keep searching and more tests are performed. Blood tests, CAT scans, and MRIs turn up nothing. There is no diagnosis, and no real reason for your symptoms that any doctor can tell you. If you are lucky, maybe they will diagnose you with an obvious symptom, like anxiety, depression, Fibromyalgia, CFS... or an even more terrifying disease like Multiple Sclerosis, Lou Gherig's Disease (ALS), Lupus and the list goes on.

You may start treatment, commonly with cortisteroids for many of the conditions they misdiagnosis you with, everything from trigger point injections to prednisone for your possible Lupus. An immunosuppressant is not what you need if what you really have is a bacterial infection. But you don't know any better, you are trusting of your doctor. Time passes, you aren't getting any better; possibly your symptoms become worse. Likely your doctor will send you off to a specialist, possibly an Infectious Disease doctor, a Neurologist or possibly even a psychiatrist. Still more tests and they turn up nothing, or they turn up something insignificant, and you are treated but the symptoms do not resolve. You are left empty, knowing your body is failing you. Doctor's tell you that you

are wrong. When the doctors are at a loss, or a dead end, soon you most likely will be "written off" by them as someone with hypochondria or somatoform. You begin to doubt yourself and your own sanity.

Sound familiar? If so, you aren't alone. Thousands at this moment are experiencing the same thing and most of us with Lyme disease (LD) have been down this long, tiring, expensive, infuriating, road. LD is hardly, if ever, diagnosed or even considered by doctors. Many doctors have no formal education of tick-borne illnesses and they rely upon a highly unreliable blood test commonly given at commercial labs and hospitals nationwide. This specific test that was never meant for diagnostic purposes, yet it is used that way. This test was only meant to serve as a surveillance of increase in LD by the CDC. Maybe you have even had a negative blood test for Lyme or spinal fluid drawn and still nothing definitive. So you begin to think it couldn't possibly be Lyme, right? Wrong!

Lyme disease is the fastest growing infectious, disease in America. It is the number one vector (insect) borne disease. We all live in an area where ticks live. All 50 states have now reported cases of Lyme disease. The most common place to contract Lyme disease is your own backyard. Being bitten by a tick cannot only transmit LD, but 4 other bacteria, called co-infections, all with their own debilitating set

of symptoms.

Doctor's often rely on a patient's recollection of a tick bite. Most of Lyme patients do not remember being bitten. One man I recently met went to his doctor, the tick was still attached. The doctor removed the tick and gave him 2 doxycycline pills. Yes 2 capsules as a preventative measure. If you are a LD patient you know this is crazy. If you don't know much about Lyme disease, 2 capsules of Doxycycline is completely worthless... equivalent to nothing being given. The classic bulls-eye rash is another symptom on which doctors rely. This rash is seen in fewer than 50% of diagnosed Lyme cases. Often times a rash is not in the shape of a bull's eye and it can be misdiagnosed as a skin disorder or fungal infection such as ringworm. If your doctor acknowledges the bite or the rash, no test is necessary and treatment for a minimum of 6 weeks with antibiotics should be started. If symptoms continue, you should continue on antibiotics until symptoms clear. 60% of Lyme patients also have co-infections that will need treatment. You will never get well until they co-infections are addressed as well.

You might have many symptoms such as memory problems or excruciating pain. There are at least 75 symptoms of LD and you could have any combination of them. Maybe you feel sicker than you ever have in your life and you decide to go online and diagnose your-

self. If you are lucky, maybe one of the symptoms you Google will pop up a Lyme disease forum or article...hopefully an accurate one. But you were tested and it was negative so you keep on searching...and around and around we go with more doctors and more testing. Somehow and someday it may come together, maybe by the study of your symptoms, maybe by the suggestion of a friend, but the subject of Lyme disease will eventually come back around again. You may hit the jackpot in one of your many searches and come across a website like ILADS or you may check out Lyme disease support forums and read other patient's stories. Months pass, maybe even years, but somehow you come to the conclusion you may very likely have Lyme disease. What do you do?

Hopefully you don't settle for a diagnosis of Fibromyalgia, Chronic Fatigue Syndrome, anxiety, or depression. These are symptoms and symptoms have a cause. These conditions exist, they are real, but there is an underlying reason they exist. There is always a reason for pain, failing memory and multitude of other symptoms. Doctors since 1990 have suspected that a bacterial or viral infection may be the root cause of Fibromyalgia, but they haven't been able to pinpoint it. How could they? Apparently they are not aware of tick-borne specialty labs such as IgeneX. Lyme literate doctors seem to *"Be Informed"...cont'd on pg 8*

The PHA is committed to researching and investigating Lyme Disease and other chronic illnesses in the United States. We have joined our forces with local and nation wide support group leaders. These groups include the chronic illnesses of Multiple Sclerosis, Lou Gherig's Disease (ALS), Lupus, Chronic Fatigue, Fibromyalgia, Heart Disease, Cancer and various other illnesses of unknown origins.

PHA seeks to bring information and awareness about these illnesses to the public attention. We seek to make sure that anyone struggling with these diseases has proper support emotionally, physically, spiritually and medically.

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Recognizing the Face of Rage In Tick-borne Illness

by PJ Langhoff



Rage is an extreme, but natural form of angry emotion that most people learn how to effectively control. As children, we learn to express anger by copying behaviors from the important people among us as we develop. For some children, some learned violence arrives in the form of uncensored television shows, exploitive video games, or dysfunction within the family. I tried to raise my children with loving guidance, self-respect and a love of mankind, with appropriate consequences for their actions. At one point in their lives I had happy, well-adjusted children, who were well-disciplined and respectful. And that didn't change for nearly 6 years following their parent's difficult divorce. They were still for the most part, happy, respectful, disciplined, and according to the social workers who evaluated them before granting me custody, (awarded in part due to my ex-husband's problems with anger), surprisingly well-adjusted.

A few years later I remarried, beginning a very long decade in the family court system as my ex filed for a change in placement of the children simply because, (as he put it), he was "not going to have another man raise [his] children." (By the way, he's been bitten by ticks before). During our marriage and following our divorce, my ex-husband manifested many rage-filled episodes. Following my remarriage, my ex attempted to reverse my custody and placement in the family courts. Somehow between my then undiagnosed Lyme disease, a social worker's failure to do her job, and my ex's coercion of the children to help him win, he successfully removed our children from their stable, loving home with the help of a near-retirement age, complacent

judge.

During the process, I was accused of having a face "full of rage", which was nothing more than my permanent, flat facial expression caused by nerve damage from Lyme facial paralysis. Nevertheless, my flat facial expression was noted by a social worker as "rage" despite my never having raised my voice during our interviews. Clearly she was unaware of what rage truly looked like upon a human face.

My children later recanted their supportive statements of their father in a court deposition and his false allegations against me were proven such. Despite that, the idea that my children would somehow be better off living with their father, especially after his false allegations, seemed ideal in the family court, and since I was physically ill with Lyme disease during the entire court process, apparently that was enough for me to lose placement of my children—despite the fact that I had done absolutely nothing wrong, and by all accounts, had done everything right.

The process ripped our children away from a two-parent home life, excellent grades, valuable friendships, calm family life, and a valuable Christian private education, casting both of them into an unstable, uncertain future—to live with a man who would file false allegations against their mother and coerce them to lie. Needless to say, I had a tough time accepting the upheaval of my family, and I found myself feeling indeed quite angry—though not as rage-filled as I had been accused.

In addition to the immediate family problems, two years after their removal from my home, both of my children were diagnosed with Lyme disease by a family physician as well as a Lyme specialist. Lyme disease and co-infections can manifest symptoms of depression and psychiatric issues, including rage and bipolar-like behaviors, adding fuel to a fire that had recently been ignited by the family courts, and my

children were exhibiting signs of rage in their behaviors, with my daughter displaying severe depression.

My son displayed his anger at the change in situation and the feelings of betrayal by his father for manipulating him. He expressed rage verbally, threw objects, refused to listen, and cried often. I once caught him banging his head against his bedroom wall and another time he shouted at me outside his second-story window.

Within a short time, my son's grades began to slide, he manifested discipline problems in school, and he became verbally and emotionally abusive toward

turned ominous. She exhibited clear signs of severe depression, she withdrew physically, socially, emotionally and she expressed her feelings within her poetry, prose, and artwork. She began posting her work online in public forums, and included her creative writing school work. Since I was no longer allowed to physically parent my children beyond what amounted to as 4 or 5 days a month, I resorted to monitoring their behavior and computer use remotely as any good parent should do, by utilizing helpful, inexpensive software I purchased, designed for that purpose.

What I discovered both shocked and frightened me. I saw beautifully artistic, but very morose imagery which was created by my daughter. I read haunting, suicidal and homicidal-sounding prose, poetry, and commentary, and listened to my daughter open up about her rage and other feelings to cyberspace. She made overt threats against people, of harming herself and shooting up her school "Columbine"-style. She became

(who had showed concern), her father, and anyone else who addressed her postings, that she was "fine." I read graphic depictions from her peers for how I was to be dismembered, tortured and killed for having made the tough decision to turn her into the authorities when no one else would listen to her suicidal threats.

To a select few who reviewed my daughter's collective works, my child's depression and rage were (and are) very near the surface and boiling behind what otherwise was/is masked as a calm, "harmless" exterior. A child who is born blind or deaf is not aware of that fact unless and until someone tells them, and only then can they grasp the concept—and my own child was and is in denial of her behaviors, despite them being obvious to others around her. Online she dismissed her teacher and then described how she told her not to "worry", wink-wink, nudge-nudge. (The teacher never bothered to call me about her concerns however, I found out after it happened). Later on, my child would mock psychologists saying she thought it would be fun to "play with their minds" or tell them she "liked blood" to "see what they'd do".

I knew my child was probably not homicidal but she certainly sounded and acted suicidal. For her, the line between reality and fantasy were so horribly blurred it was difficult to discern. She posted that she felt she had "bi-polar disorder" and expressed concerns that perhaps she was losing her mind. If you really want to read about our situation, my book, "The Singing Forest, a Journey Through Lyme Disease" is available (Lulu.com). But suffice it to say my daughter's activities were a parent's worst nightmare, and they ran along the lines of the types of behaviors exhibited by those who were involved in the Red Lake, Columbine, and Virginia Tech tragedies.

To make a long story short, after speaking carefully to police in 3 jurisdictions, and the high school police liaison officer, her high school decided to remove her on an emergency detention (ED), (without my

"Rage"... cont'd on pg 9

Attempts to show the psychologist at the mental hospital my daughter's artwork and morose/threatening drawings, poems and homework assignments, including a picture of a trench-coated character looking remarkably like my daughter, shooting up a hallway filled with students and school lockers "Columbine" style, went completely ignored.

everyone and physically abusive towards his sister.

My daughter was so devastated by the change in placement and in particular the loss of her best friend, that she began to express her despair over her situation in her journals and artwork she drew. When I first noticed her sad poems and artwork, I discussed them with her, and I sent both children to counseling—a process which was subsequently thwarted by their father, multiple times. Nevertheless, I tried to get counseling for my children, to help with the transition forced upon us by a social system which clearly failed this family.

While I was able to more proactively help my son through this tumultuous time, over the course of a year and a half, my daughter was resistant to my efforts while her depression grew and her activities

obsessed with all things Columbine, Hitler and violence-related. She posted images of herself posing with weapons (whether real or paintball guns, I'm not certain, they certainly look real). She even dressed up as the Columbine killers for Halloween on a college campus. She became involved in dark things I don't care to go into here, but suffice it to say that what she did and continues doing to this day is regarded as inappropriate and many people agree that she exhibits signs of mental illness. Attempts to talk to my child about her on-line rants were met with denial, extreme anger and accusations of invasion of her privacy. My loving parental concern was subsequently dismissed and publicly mocked by my child. There was "no problem" she would tell me. She managed to convince herself, her creative writing teacher

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Supporters Asked to Leave Pediatric Lyme Disease Doctor's Final License Hearing

by Mac McDonald
Lyme Blog News

HARTFORD, CT- According to an article by William Hathaway published in the Hartford Courant on Friday, June 1, 2007, a Connecticut panel retired Thursday to determine whether Dr. Charles Ray Jones, a controversial Lyme physician, will be allowed to continue to practice medicine in the state.

A half hour into the proceedings, Dr. Jones supporters were told that the room capacity was limited to 50 people, but 65 observers were in attendance. As a result 15 people were told to vacate the room immediately.

According to a source in attendance, the proceedings were held in a small, stifling room with poor acoustics and peeling paint. Directly next door was a much larger conference room where a meeting was being held with only 10 people in attendance. To add to the confusion, a security guard just outside the room was reported to have stated that the room for the Jones hearing had a limit of 65, not 50.

A previous hearing held in the same room had also resulted in denying attendance to Jones supporters, but the State did not make arrangements for a larger facility for the May 31st hearing.

Many of the observers supporting Jones had traveled long distances to attend the public hearing, and some patients flew from as far away as Florida.

Many of Jones' supporters were also sick or taking care of sick children, and had sacrificed time, money and energy they could barely spare

in order to attend. Hathaway stated that to these individuals, Jones is a saint who cured hundreds of patients, previously neglected and ignored by establishment doctors.

Supporters were forced to choose who would leave, but the panel ultimately agreed to allow them to adopt a rotation schedule of 15 minute attendance intervals.

This rotation schedule applied only to Jones supporters. Others in attendance, such as a group of interns and assistant attorneys who wished to observe the proceedings, did not have to follow this dictate. One intern stated that he felt the assistants had the right to attend the hearing since the case was so high profile, had gone on for so many sessions, and had taken up so much of their time.

The Department of Public Health launched Jones' disciplinary hearing after being pressured by a father involved in a custody dispute with his wife. The women had brought their two children to see Jones in May 2004.

The case, which revolves around this custody battle in the State of Nevada was thrown out of the Nevada courts but was picked up by the State of Connecticut. The panel heard rebuttal testimony via telephone from the mother of the two children in Nevada which was in response to the father's testimony at the previous session.

Hathaway said that Dr. Jones listened quietly to an attorney from the state Public

Health Department describe how he diagnosed the two Nevada children with Lyme disease, prescribed both antibiotics, and recommended that a boy be home-schooled--all before he ever examined the children.

The Connecticut Medical Examining Board is expected to reach a decision in September whether the alleged



Dr. Charles Ray Jones, Pediatric Lyme Specialist

transgressions - and Jones' later decision to prescribe long-term antibiotics to the children despite little evidence that they had Lyme - are enough to keep the pediatrician from practicing medicine in Connecticut.

"This case isn't about Lyme," said David Tilles, attorney for the health department, to Courant reporter William Hathaway. Rather, he said, it is about decisions Jones made that would be medically unacceptable in the evaluation and treatment of any disease.

But Hathaway remarked that the case has drawn national attention precisely because

Jones regularly prescribes antibiotics for a year or longer to treat patients with a collection of symptoms called chronic Lyme disease.

Limited studies to date have suggested that long-term antibiotic treatments do little to benefit patients suspected of having lingering symptoms of the tick-borne disease.

Jones' attorney, Elliot Pollack, argued that science surrounding Lyme is still evolving and that no standard of care has been developed to treat people with symptoms of chronic Lyme.

"No one was hurt here," Pollack said in his closing arguments. "The kids got better."

Much of the case presented by the State against Dr. Jones revolves around testimony from specific physicians belonging to the Infectious Disease Society of America (IDSA) who have long spearheaded their controversial extrapolations of the existing literature.

Late last year, the Infectious Disease Society of America (IDSA), stated in their treatment guidelines that long term chronic Lyme does not exist.

The Connecticut Attorney General, Richard Blumenthal, has launched an investigation of this group of 14 doctors responsible for writing these guidelines for possible anti-trust violations.

Some members of the panel who wrote the IDSA guidelines have financial ties to Lyme disease product producers, such as Baxter Vaccines, a

pharmaceutical company developing a Lyme vaccine. It has been suggested that these Lyme disease product producers may benefit financially from the IDSA findings.

Blumenthal said his investigation has uncovered ... "conflicts of interest that are credible and powerful."

Mr. Blumenthal said, "My office launched the investigation after receiving complaints from medical experts and patients alleging that the IDSA excluded or ignored certain information, resulting in flawed guidelines."

"I have a legal obligation to investigate these serious allegations, including possible antitrust violations that would arise if insurers or others improperly influenced the process by excluding competing views and information for their economic benefit."

In an interview with The Scientist Magazine Blumenthal said, ""The question is whether there is a denial of coverage to patients and doctors as a result of inflexible standards that are then adopted by insurance companies".

Blumenthal added that his office has not ruled out extending the inquiry to insurers. According to the America's Health Insurance Plans, a Washington trade group, major medical insurers do not cover chronic Lyme disease, citing the IDSA guidelines in their medical coverage statements.

The Blumenthal investigation will most likely not conclude until well after the September deadline for the completion of the Jones case.

pha

The Faith Factor

by Joan Vetter

In the Fiery Trial There is Hope at the End



During worship last Sunday morning our worship leader Brad led us in a new song. The words were: "Oh no, you never let go - through the calm and through the storm - in every high and every low - oh no, you never let go. I can see a light that is coming for the heart that holds on. And there will be an end of these troubles, but until that time I'll hold on."

I thought of how perfect these words were for those individuals with chronic illness. In the midst of a fiery trial sometimes it is hard to see the light at the end. We can start to lose our hope that there will be an end. We look at the now and forget the Word of God that says in Jeremiah 29:11 For I know the thoughts I think toward you, says the Lord, thoughts of peace and not of evil, to give you a future and a

hope. Then verse 13 declares that when we seek Him with all our hearts that we will find Him and He will bring us back from the land of our captivity.

Whenever we hear of an American soldier having been captured by our enemy we all join our concern for him and his family. As Christians when we see a fellow Christian going through a time of trial, it is time to stop judging, to begin to pray and do all we can to help that person. I often judge myself by comparing the concern I feel for someone else with how I would feel if it were someone in my own family. In truth we are in the family of God, and the Lord wants to give us His compassion for another family member.

I believe when many people are joining their hearts to lift another's burden up before the Father, there is a greater power for breakthrough.

As an example, on Monday, January 8th, my friend Linda Richardson was diagnosed with a tumor in her brain the size of a tangerine. Because the situation was so life threatening, the word spread and 60 people were in the emergency room to pray

and support her. Her entire church began to cry out in prayer on her behalf, rebuking the tumor like vultures devouring their prey. Surgery was scheduled for Thursday.

Meanwhile Linda was in perfect peace - trusting in God for the outcome - and answering her cell phone every few minutes to hear someone else say they were praying. One thing she has maintained from the very beginning is that Jesus bore her sickness and that healing is in the blood covenant and belongs to her. She was like David in Psalm 57:1, making her refuge in the shadow of God's wings until these calamities have passed by. She chose to have a steadfast heart, and to keep on praising God, and to represent the Lord well through the time of sickness.

Her surgeon informed her that she would probably wake up with a swollen black and blue face, not able to talk, and perhaps be in ICU for several weeks. The night before surgery her friend stayed with her and they prayed most of the night. She woke up from surgery talking, with no black or blue or swelling and went home in 5 days.

Later, a doctor came in while she was alone and informed her that her brain was full of cancer and then left. She started praying to get her emotions under control and her phone rang. It was a woman from Malaysia calling to say that while she was praying for Linda about a shield of faith, she had a vision of a baseball field. The devil was the pitcher and he was throwing fireballs at Linda. Before they would hit an angel stepped in front of her and whacked the fireballs back at the pitcher where they exploded.

Linda's travels on this road of sickness often encountered bumps and potholes - and she went through a few detours. Once she spent 5 days in the hospital after having a brain seizure. Her left side was paralyzed and her speech affected. Again prayers went out for her and in 24 hours all adverse effects disappeared.

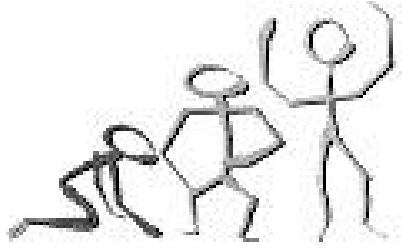
Another time she developed a blood clot in her groin. Watching her I would surely not say it was an easy road; however she persevered and is grateful for the prayers and the practical support of others.

In June Linda went back

for the reading of her latest MRI. Her doctor was grinning from ear to ear, and kept saying, "You look good, you look good! It is all clear!" There was no sign of growth of any cancer cells.

One of the keys to victory for Linda was the amazing prayer support, however having an illness such as Lyme disease can be so difficult due to the fact that you don't look sick and the public and the medical community does not understand the disease. How often all of us have longed to just be understood - "don't tell me what I need to do - just stand with me and try to understand what I'm up against." That is one of the greatest blessings of knowing the Lord - to have someone who totally understands where we've been, where we are and what is in our future; and loves us unconditionally.

Since the Spirit of Jesus is the Spirit of prophesy, as we come to Him in prayer He will give us Words to speak to others that will bring life and hope. Then not only will we be fruitful in our land of affliction, but we will be lights along a dark path to others who are going through hard times. pha



BetterHealth

Focus on Detoxification Increases Likelihood of Full and Lasting Recovery

by Scott Forsgren

After having observed hundreds of people attempting to recover from chronic illnesses, it has become more and more apparent to me that many of us are missing one of the most important factors contributing to our state of illness.

The predominant focus in many treatment programs is on the elimination of infection. We take handfuls of antibiotics and other anti-microbial agents under the false presumption that once the bugs are gone, we will miraculously be "well". It seems that so many never ask the question "What factors set the stage for us to become ill in the first place?"

Why do some "well" people have the same infections as those of us that are "unwell" and yet they do not identify as being "sick"? The more I learn, the more it becomes clear to me that a significant part of the answer is related to the numerous toxins which are stored in our bodies. A major part of the solution then becomes the removal of these toxins and the creation of an environment that is inhospitable to the unwanted microbes.

Many people with chronic Lyme disease have a treatment program that is heavily weighted towards, if not entirely, antibiotics. Though antibiotics may be a necessary part of the solution for some, they are not the solution alone. They may make us feel better, but if we do not correct the underlying factors that led us to becoming unwell, the likelihood of a relapse upon cessation of treatment is significant. Further, one may never reach the stage where stopping treatment is an attainable reality.

I have not, myself, met anyone that had chronic Lyme disease that became "well" with antibiotics alone. I have, however, met people that have become well as a result of stepping back and looking at the bigger picture and addressing the key factors that set the stage for illness.

Many of these are factors outside of the scope of this article but may include: detoxifying the body from numerous toxins (including heavy metals such as lead, mercury, aluminum, and cadmium; biotoxins produced from bacterial, viral, parasitic, and fungal infections; xenobiotics such as PCBs, PBDEs, insecticides, dioxins, and phthalates from plastics; food preservatives, additives, and colorings), supporting the immune system, removing known allergens, resolving hypercoagulation, dealing with unresolved emotional conflicts, avoiding electromagnetic and geopathic stressors, addressing dental contributors and interference fields such as those created from scars, and creating an unwelcome environment for the numerous infections that are often involved.

Through the teachings of one of my mentors, Dietrich Klinghardt, MD PhD, I was exposed to the "Klinghardt Axiom". The Klinghardt Axiom says that for each amount of a toxin stored in the body, there will be an equal amount of unwanted microbes that establish their residence. It further states that for each unresolved emotional conflict or trauma, there is an equal amount of stored toxins. Thus in order to successfully move from a state of illness to a state of health, three things must be done simultaneously. These are:

- 1) Detoxifying the physical body
- 2) Addressing the infectious component of an illness
- 3) Treating unresolved psycho-emotional issues

In order to effectively treat the illness, one must address detoxification, support microbial inhibition, and

resolve the various emotional issues which may be keeping the body in a state of "unwellness".

It is the impairment of

is no longer able to deal with removing the microorganisms. These areas become breeding grounds for infection and allow the infections to hide from our immune surveillance.

Another interesting relationship between microorganisms and toxins has been described between fungal infections and heavy metals. Fungi such as Candida have an affinity for binding heavy metals. It has been suggested that the body may allow various fungi to exist within us in an attempt to protect the body from the more dangerous effects of

heavy metals. The downside of this, of course, is that now the body has to feed the fungi. The fungi also produce toxins which further add to our symptom picture. It has been observed that a worsening of symptoms which occurs from an anti-fungal treatment may be the result of an increase in heavy metals that are being released from the dying fungi. Again, detoxification and microbial inhibition go hand in hand.

It has been found that a well-planned heavy metal detoxification program in some cases results in the elimination of a previously existing Candida infection.

Approaching a chronic illness with a focus solely on elimination of infections likely results in a far less satisfactory outcome than an approach that considers the importance of detoxification. Detoxification is a required component on the road to wellness.

It has been my experience that the most significant toxins that must be addressed to forge a path to health are the heavy metals. Heavy metal detoxification is a complex area and one that should be done only with a knowledgeable practitioner. Ignoring heavy metal toxicity while attempting to recover from any chronic illness entirely undermines the

overall treatment program.

As the heavy metals and environmental toxins are being removed and the body terrain is cleaned up, blood flow is enhanced and oxygen utilization normalized. The microbes are less likely to survive in a body with adequate blood flow and optimal distribution of oxygen. The mold, fungi, and other microorganisms that may be making us feel unwell will not survive. The microbes lose their playground and our health recovers.

If, on the other hand, we choose to leave these heavy metal deposits and environmental toxins in the body, our chances of a full and lasting recovery are minimized. Years of antibiotics will not likely get us well. Even if we feel better, the odds of maintaining that feeling of wellness are diminished. The microbes will return when antibiotics are stopped and they recognize that the coast is now clear. Working on detoxification and microbial inhibition simultaneously is a far better plan of action.

There are likely as many different approaches to detoxifying the body as there are toxins themselves. There is no one-size-fits-all recipe for detoxification. It is important to investigate the various options available to you and work with your practitioner to determine the appropriate interventions for your unique situation.

In my opinion, anyone with a chronic illness that wants to improve their chances of getting well may benefit from regular Far Infrared (FIR) sauna treatments, if tolerated. FIR sauna helps support the body in the removal of toxins via the skin through the process of sweating. Pesticides, heavy metals, and many other toxins can be reduced with the incorporation of a FIR sauna program.

Mineral supplementation is an important factor in a well-planned detoxification program. Among the many

"Detox"...cont'd pg 14

"For each equivalent of stored toxins there is an equal amount of pathogenic microorganisms in the body."
- Dietrich Klinghardt, MD, PhD.

our immune system that results from exposure to these toxins that enables the microorganisms to take hold. To make things even more complicated, the microbes themselves are a producer of toxins in the body. When looking at the symptoms caused by the microorganisms vs. the symptoms that are caused from the poisons that the organisms create, it is generally accepted that the toxins produced have a much more significant negative impact on the state of health than the

The Klinghardt Axiom:
"For each unresolved psycho-emotional conflict or trauma there is an equivalent of stored toxins and an equivalent of pathogenic microorganisms. To successfully detoxify the body the three issues have to be addressed simultaneously."
- Dietrich Klinghardt, MD, PhD

organisms alone. Dr. Klinghardt has suggested that the toxins that are produced by the various microorganisms in us account for more than 15 times the symptoms that the pathogenic organisms create. Where then should our focus of treatment be? It becomes rather obvious.

It is when the body has a significant amount of toxins in the various body compartments that the immune system

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Antibiotics: a Cause or Cure for Psychosis?

An Interview with David Moyer, LCSW

by Sue Vogan



I was pleased to speak with David Moyer, LCSW (Alaska), retired Lt. Col., USAF, and author of *Too Good to be True? Nutrients Quiet the Unquiet Brain - A Four Generation Bipolar Odyssey*. David is the son and father of men who as he describes in his book had/have a central nervous disorder. He calls that disorder "bipolar syndrome."

In your book you introduce a term that is not generally known, "antibiomania." What is it and what causes it?

Yes, I cite a study entitled, "Anti microbial-induced mania (Antibiomania): a review of spontaneous reports." This study, published in the February 2002 issue of the Journal of Clinical Psychopharmacology reported that the World Health Organization had received reports of 82 people who became manic following the administration of antibiotics.

The authors did not believe there was much of a statistical risk, but nonetheless

cautioned readers of the remote possibility of mania secondary to taking antibiotics. I believe this is just the tip of the iceberg since most clinicians who see manic symptoms jump to the conclusion that they are seeing a psychiatric disorder called bipolar disorder. They normally don't consider the possibility that the mania may be an iatrogenic response to antibiotic treatment. In my book I discuss this phenomenon based on conversations with Tony Stephan and David Hardy, the founders of Truehope Nutritional Support Ltd.

What makes you think it is the tip of the iceberg?

Well, both Tony and David told me they had seen a number of incidents in which their customers who had been diagnosed as having bipolar disorder had been doing fine on the E.M. Power supplements until they took antibiotic pills for an infection of some kind. They used to caution them not to take antibiotics by mouth because of that risk. As David explained, there had been hundreds of cases of mania after taking antibiotics.

Psychiatrist Charles Popper suggested these symptoms could be managed by increasing the amount of supplements to one and a half times the normal dose, taking anti-fungal products to decrease the risk of Candida; and then, following completion of the treatment, by giving probiotics to restore healthy gut function.

Since the Popper protocol has been in place, David reports that their clients can take antibiotic treatment by mouth without the worsening of symptoms that previously had only been prevented by giving the patient IV antibiotics or shots.

In our family we used a similar protocol when my son was taking Cipro for Bartonella and he had no exacerbation of symptoms. Also, I have received emails from readers of my book stating that their son or daughter had their first manic psychosis after taking antibiotics.

OK, so if antibiotics are given and the person develops a manic psychosis, how do you explain that?

David says it is because beneficial bacteria that aid digestion and absorption are killed, leaving the body unable to absorb the nutrients needed to create the neurotransmitters for the brain to function properly. There may be other regulatory functions enhanced by successful absorption of nutrients.

Now that they recommend Dr Popper's protocol, according to David, they have had no clients become manic after taking antibiotic pills. That is a pretty dramatic change. The explanation is that the concentration of antibiotics in the gut from pills would compromise absorption more than if a person took antibiotics by an IV or a series of shots.

Lyme Literate physicians will say that antibiotics by mouth or IV can cause a Herxheimer reaction, otherwise known as a Herx. This occurs in response to the die off of bacteria if a person is treated for Lyme disease or other chronic infections associated with bipolar syndrome. This can also manifest itself in manic psychotic symptoms. Who is right?

Probably either or both.

How can they both be right?

If the person happened to have a chronic infection like Chlamydomphila infection or Lyme disease, he could become manic from the infection and their unique immune response to it or from antibiotic treatment. For example, as I discuss in my book, chronic or even acute infections can trigger psychosis. I am not really concerned here if it is manic or schizophrenic psychosis because when a person becomes psychotic the symptoms are often almost indistinguishable.

The massive die off of bacteria from antibiotics can cause the Herx, which has also been associated with psychosis. If a chronic infection did not play a role and there was a problem with either absorption or supply of nutrients, then diminished absorption secondary to the antibiotics for any infection could account for the exacerbation of symptoms. So you essentially have a situation where either an infection or

antibiotics for the infection could trigger the psychosis.

There are many other routes to psychosis besides infections, antibiotics, and absorption problems, but that is a subject for another day. Nutrients can mitigate the effects of antibiotics, prevent the psychosis, and actually treat it. Then we also have the interesting possibility that antibiotics can actually stop the psychosis.

Now I am getting more confused...

I think what makes this confusing is that we think of mania as a symptom of a psychiatric disorder called bipolar disorder. We still think in terms of psychiatric labels rather than the biological triggers that cause the symptoms. The authors of the DSM-IV point out that their diagnoses are not linked to etiology. I find this hard to fathom.

Expanding on a thought in my book, trying to fit the square peg of DSM-IV diagnoses into the round hole of biological causes doesn't work. The result is a classification of "diseases" or "psychiatric disorders" determined by factor analysis of symptom complexes and mutual consensus by those who wrote the DSM-IV. But these diagnoses have no link to actual causes.

If, for example, I were to tell you that antibiotics could cause and/or cure mania, your response would likely be one of "Antibiotics"...cont'd pg 13

News Briefs by Susan Williams



Male Fertility Problems Linked to Mothers' Beef Consumption

A recent study found that women who consumed large amounts of beef during their pregnancy tend to bear sons with fertility problems. Specifically, women who eat beef more than seven times a week during pregnancy are likely to have sons who have a 24% below-normal sperm count and three times the normal risk of fertility problems.

Study researchers report that the problem may possibly be due to anabolic steroids and other xenobiotics used to fatten cattle.

The study was published in the March 2007 issue of the journal Human Reproduction.

Hidden Links To Heart Disease

Many people are aware of the more well-known predictors of heart disease, such as high blood pressure and high cholesterol. Now researchers have determined two lesser known predictors that often coincide with heart disease as well.

Migraines. A recent study in the Journal of the American Medical Association showed that women who suffer migraine headaches accompanied by visual disturbances or sensitivity to light are almost two times more likely to have heart disease.

Poor oral health. Research by the American Heart Association suggests that there is a strong relationship between tooth loss and heart disease, and that tooth loss caused by gum disease could be a marker of cardiovascular disease.

Sufferers of these conditions should talk to their doctors about their heart health.

FDA Recalls Constipation Drug Zelnorm

At the FDA's request, pharmaceutical company Novartis has agreed to discontinue selling Zelnorm, a drug used to treat irritable bowel syndrome with constipation. An analysis of data from over 18,000 patients linked the drug to a high number of serious heart problems, including angina, heart attacks, and stroke.

Patients taking Zelnorm should contact their healthcare professional to discuss treatment alternatives and seek emergency medical care if they experience severe chest pain, shortness of breath, sudden onset of weakness or difficulty walking or talking, or other symptoms of a heart attack or stroke. Healthcare professionals should assess their patients and transition them to other therapies as appropriate.

Lyme-Induced Autism Foundation
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“Be Informed”... cont'd from pg 3

have found the reason for many symptoms that mainstream doctors have not. There is often a not-so-simple bacterial infection causing the underlying problems and symptoms.

This story is told again-and-again by people eventually diagnosed with Lyme disease. Sadly, by the time most of us are diagnosed, we are considered to be in a chronic and late stage of the disease. By the time we see a Lyme Literate MD; we realize there are doctors that will believe us. You aren't crazy and there is a name and a cause for your illness.

Once treatment begins it won't be easy. You will need high doses of antibiotics until you are symptom free.

Realistically, this could take months or years. I have met people who became well in a few months and I have met other people still battling this disease after 20 years. Most commonly, people sick for many years are just now learning they have Lyme disease. I know one woman who had LD but was misdiagnosed with MS for 10 years. Her daughter is infected as well with LD. I knew another woman who was sick for 20 years and never was diagnosed. When she died, ultimately the autopsy report showed that the Lyme disease bacteria was found in her body.

If only the first doctor, last year... or 20 years ago had recognized the symptoms and started treatment, you may not

be where you are today. You are angry that not one doctor could diagnose you and you believed for so long it was something else entirely or that you were crazy. Your family was beginning to wonder the same thing. You aren't crazy. Welcome to our world the world of Lyme disease, the world of the misdiagnosed and undiagnosed and the most misunderstood disease on the planet.

In the last year of starting my informational website regarding Lyme disease (truthaboutlymedisease.com) I have worked with possibly a thousand people. Most scared and unsure about what may be wrong with them, some remember the tick bite, most do not. They have somehow found their way to important information that will help put them on the road to wellness if they follow through.

Most are amazed that ticks that infect (all ticks, not just deer ticks) can be the size of the period at the end of this sentence. I have had people tell me it looked like a freckle or a black head pimple, if they were lucky enough to notice the tick at all. Ticks inject a "numbing agent" that ensures we will not feel them burrow into our skin. The bacteria they release into our bodies enters the bloodstream, then the CNS (central nervous system) quickly and then the body's tissue. The spiral shaped bacteria prefers tis-

sue, it travels better in it. It is a smart bacterium, often hiding in healthy cells, going unnoticed by our already compromised immune systems and therefore it is not attacked. It will form cysts, hiding from a hostile environment; i.e. antibiotics.

Many who email me are very concerned that they could have infected their children during pregnancy. I have to let them know this a very real possibility, as my son has tested positive for LD. I inform them that it is not uncommon for an entire household to be infected. My husband also has LD. My sister, her husband and daughter have LD. This is common disease, virtually ignored as a possibility to what ails so many thousands of people who are sick and/or in pain.

During a recent visit with Dr. Stricker, MD., President of ILADS, my husband and I were told that we as a couple can "ping pong" Lyme disease sexually as well as through saliva unless we are treated at the same time. This was stunning to us. Passed on through Saliva? Yes, this is what he told us. There are many ways of being exposed to Lyme (beyond being bitten) and they ways of transmission include: blood transfusions, organ donations, sexually, and congenitally. I know an LLMD who believes virtually everyone has been bitten stating "If you have ever been in your backyard, walked in the grass, a

field or a forest, you have been bitten". This made me think of yet other ways we are exposed. Ticks love wood. They hide in wood piles. We have bought cords of wood to burn in the winter. I am sure the potential of ticks in the wood was great. And what about live Christmas trees we bring into our homes? It seems endless. The facts are overwhelming.

I do all that I can to help people who contact me at the truthaboutlyme.com website. I wish I could reach out and take them to their nearest LLMD and make sure they get tested. But all I can do is give them information and the rest is entirely in their hands. I always give a list of symptoms.

Canlyme.org (my personal favorite) has a thorough list of symptoms and the website is full of reliable information. ILADS.org offers a basic information link that explains the unreliable standard CDC Lyme test. Lastly, Support forums are loaded with patients worldwide with Lyme disease. These are actual sufferers willing to help you as well.

I often receive "panicked" emails. I actually feel panicked for them. I do the best I can to lead them to reliable information and to people I know can refer them to Lyme doctors nationwide.

The bottom line is this: if you are sick with a multi-system/multi-symptom illness, you very well could be misdiag-

nosed. If you have, or think you may have Lyme disease, know these basic facts. You may not recall a tick bite or rash. Lyme can lie dormant for years in your body and/or "percolate" coming out one symptom at a time. Lyme is often disregarded by doctors as "normal aging". Or you may have gone to bed well one night and woke up sick and or in pain, the symptoms can flare without any warning. All ticks are carriers of Lyme disease, not just Deer Ticks. Commercial labs and hospital blood testing for LD is unreliable. Your doctor likely knows very little about the disease.

Don't be afraid, be informed. As they say... knowledge is power. If you or someone you know has an undiagnosed illness, or any multi-system/multi-symptom illness, please consider Lyme disease. You should study, read, visit online support groups, and find a Lyme literate doctor. Don't give up, life or death could be at stake. *pha*

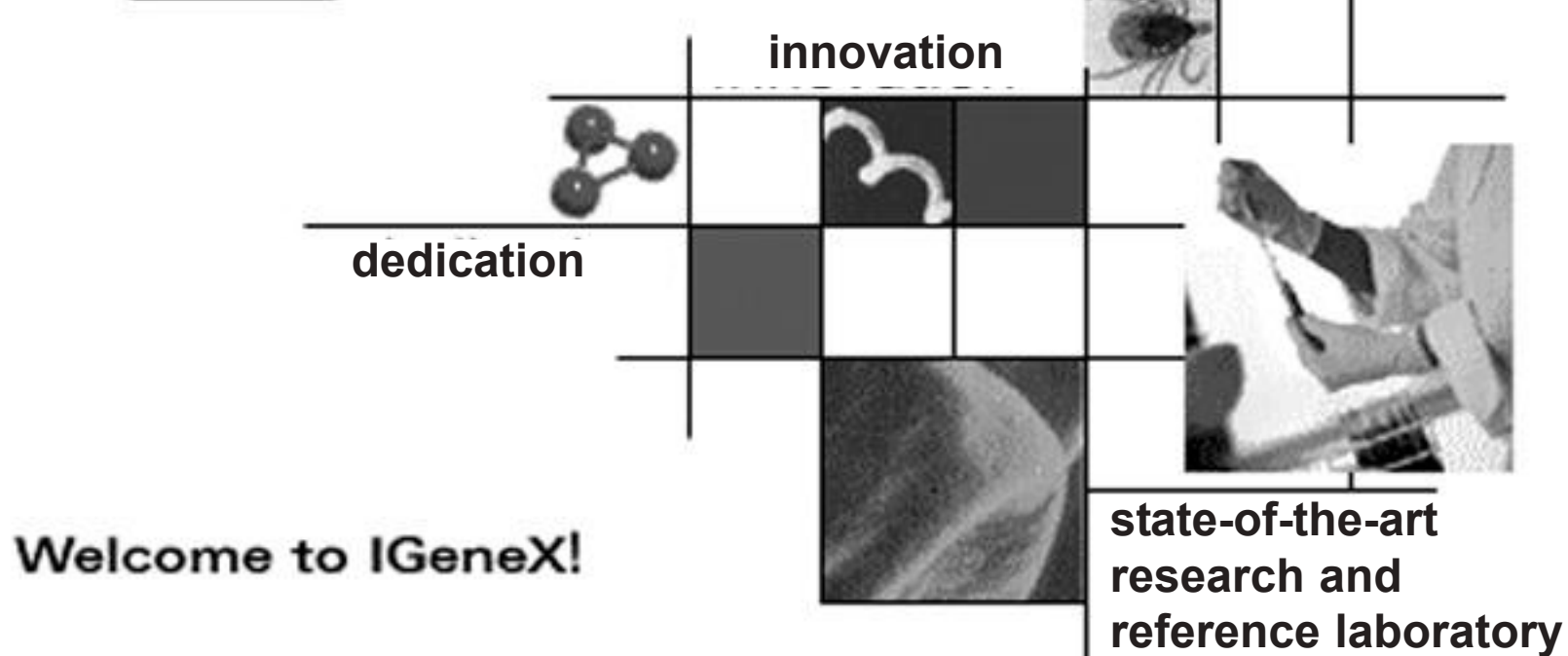


Dana Floyd is the founder and moderator of the online support group and resource center called www.truthaboutlymedisease.com. She resides in California where Lyme disease is an ever growing risk.

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“Rage”...cont'd from pg 4

knowledge) and she was shipped off to a psychiatric ward for a 72-hour observation. Naturally she convinced doctors there, that she was "ok" and though diagnosed with "possible" depression, she was released, and her behaviors went largely unchecked and undisciplined. During the incarceration which she described as "an adventure of sorts", my ex accused me of being "mentally ill", and "doing this to teach our daughter a lesson", and that "my doing this" was an attempt to "bankrupt him"-ridiculous statements of course. Attempts to show the psychologist at the mental hospital my daughter's artwork and morose/threatening drawings, poems and homework assignments, including a picture of a trench-coated character looking remarkably like my daughter, shooting up a hallway filled with students and school lockers "Columbine" style, went completely ignored. The psychologist simply didn't care. Apparently I was the one with the "problem", and not the other way around as they carefully took notes of my personal family history and asked whether I had been abused as a child, writing in my daughter's chart, "mother may have possible mental health issues" because my ex had suggested to them that I did. They didn't bother to make me aware of those accusations at the time, nor verify any of his claims however.

By the time my daughter's escapades occurred, I had finally been diagnosed with Lyme disease, and the children had as well, although my ex refused to believe they could be infected, despite lab tests and a family doctor's diagnosis showing otherwise. Absolutely no one believed that my daughter's rage-filled activities could be in any way related to an infectious disease, and of course I was called delusional and all but assigned the terms "Munchausen's", and "Munchausen's by Proxy". Unbelievably, once accused, someone is guilty in family court until proven innocent and even then sometimes, one is still perceived as guilty due to the false allegations despite best efforts to prove otherwise.

Yes, I believe that my daughter's depression and rage-filled violent behaviors were/are in part, caused by psychiatric manifestations of Lyme disease and/or co-infections, especially Bartonella. But they were also expressed because the situation she was living in was dismissive of her physical, emotional and psychological needs. And since she was sent to live with a parent who I believe has extreme rage issues, and one who was responsible for setting parental examples, my children are in a lose-lose situation. Still, "I" was the one with mental illness according to my ex, and I was allegedly sucking my chil-

dren into my "delusions" of illness, accusing them of an illness they supposedly didn't have.

Despite verifiable evidence to the contrary, I have to work to bring the truth into the family courts, in order to get these children the help they need and deserve. Once again, the system has failed this family miserably, and certain individuals who do have rage issues, rather than being forced to get the help they so desperately need, are in actuality, running the show. I await our most recent hearing date of June 25th, to see if the courts will finally accept that I never was mentally ill, and that my ex and his attorney are the ones who have been manipulating the system and our family situation, for the past several years.

My daughter was (and is) physically ill with Lyme disease and/or co-infections, that are manifesting in physical and emotional/psychological symptoms, and I believe my son to be as well, though he is not as outwardly ill as my daughter. Everyone seems to take note, except for the family court system, and I can do very little about our immediate situation since I have only limited parental rights. All I can do is go through the lengthy court process (this, our 10th year post-divorce), and wade through continual delays, in an effort to get my son returned to me, and restore some kind of health and mental equilibrium to him before it is too late. Our daughter has conveniently aged out of the system due to delays perpetrated by my ex and his attorney, and the family courts wash their hands of children at age 18, unless and until they

By the time my daughter's escapades occurred, I had finally been diagnosed with Lyme disease, and the children had as well, although my ex refused to believe they could be infected, despite lab tests and a family doctor's diagnosis showing otherwise. Absolutely no one believed that my daughter's rage-filled activities could be in any way related to an infectious disease...

commit an illegal crime. Never mind her profane, anti-social and rage-filled ranting continues unfettered on-line while she is estranged.

It is most difficult as a parent to watch a child's life become so rage-filled and desperately out of focus; and be unable to affect change. All the warning signs were, and are, still present-only now my child is of legal age and no one can touch her. Meanwhile I am openly and continually mocked by my child, her father through the court system and forced to defend myself against accusa-

tions of "mental illness", and the "fabricated" illness of Lyme disease and co-infections, simply because I love and want to help my children. So much for recognizing the face of rage in my children... little good that has done for this family. I apologize in advance for anything

Interestingly enough, some of the most tragic episodes of school shootings occurred in Lyme-endemic areas of the country, such as Virginia, Texas, Pennsylvania, Minnesota and Colorado. I find interesting correlations when I look at a map of the history of school violence which shows these episodes in the same states in which we also find endemic Lyme disease as compared to the CDC's geographical depictions of endemic Lyme disease.

that my child might do to herself and/or to others in the future, the court system has literally and truly tied my hands. And that no longer enrages me, but it is a source of continual frustration, something I and any parent in this situation would have difficulty with-and more so if that parent has Lyme disease, as I do.

In my own personal experience of 15-years of known Lyme exposure, Lyme rage has manifested itself in a few short, bizarre episodes. When I was acutely ill with Lyme disease, the slightest provocation could send my emotions skyward, and I would raise my voice much more quickly than I could at times, actively guard against. Although I did not outwardly shout at my children, they called me "poopie" and came to recognize that mom wasn't herself, but rather, "angry." I did once yell at a coworker and then walk off the job-the only blemish I have on my employment record, and one which was obviously due to Lyme "rage".

I was never verbally or physically abusive towards my children, but I did take out my anger and frustration by smashing a telephone with a hammer on one occasion when the children were nowhere around (and surprise, this got twisted around in court). At the time, I was reacting to an astonishing phone call from my attorney who informed me that my ex-husband had contacted a former employer and offered to put our then 10-year old son on a witness stand to testify against me in their unemployment hearing, supposedly to state that I stayed up late at night studying computer programming languages because I didn't know how to do my job correctly, which was ridiculous. As irrational as that is, I grew furious that my ex would get involved in matters that were of no concern whatsoever to him, and utilize our children in a process designed to harm me.

So I smashed the telephone, big deal-but not right away, mind you. I actually had

to go into the basement to find something to smash it with first. Call it pre-meditated phone murder if you wish-the darned thing was static-laden anyway and we already had a new one to replace it, so what the heck I thought. As I

smashed it I said (blam) "that's for involving my son in this process", (blam) "that's for being an (expletive deleted)", something like that, you can well imagine. Some people drink or do drugs. My crime was smashing a phone with nobody around to see me do it, and when questioned about it, I told the truth. Yes I had smashed a phone. I hadn't hurt anyone.

And so I was apparently perceived as a danger to society by the family court people for a one-time incident which I carefully cleaned up afterward with a broom and dustpan and my children and I had a good laugh afterwards when they came home from school and asked why there was a new phone. "Mommy killed the old one" was my answer, said with a straight face. Shame on me for being honest.

In short, Lyme causes a reduced frustration tolerance and makes its ill patients unable to handle stress and aggravation as easily as an uninfected person might. Situations which might provoke mild hostility can cause a Lyme patient to overreact and at times, lash out, and rarely, violently toward others.

My family's, and the experiences of other Lyme

I have watched my otherwise bright child deteriorate emotionally (and physically) and struggle between admission that she has a problem, to complete denial and blame-shifting to my shoulders ...for all of her life issues. Meanwhile her illness(es) run rampant so much so that I no longer recognize her...

patients' families have taught me that Lyme disease's effects on the frontal lobe, and behavioral control portion of the brain, are as variable from person to person as other symptoms of the disease. Lyme, from my experience, unquestionably can cause episodes of mild to violent rage. Most of the time those rage events are self-contained, as in a cross word, or a smashed telephone. Sometimes they are directed outwardly toward others, as in my daughter's threats; but occasionally and more frequently, on a broader scale and the com-

munity at large.

Similarly to my daughter's threats, some of the more recently publicized school shootings were Littleton, CO; Red Lake, MN; and Blacksburg, VA, as well as a shooting at an Amish schoolhouse in Pennsylvania, and one years ago in Texas. In the case of the April 20, 1999 Columbine killers, there were many signs of Eric and Dylan's downward spiral in behaviors but, (eerily similar to my daughter's case), with the exception of a creative writing teacher, no one took heed of their behaviors or clear signs these two young men were in trouble before they killed 15 people and then themselves. (They had plotted for at least a year to kill 500 and blow up their school).[1] Because no one responded to their activities, an unspeakable tragedy occurred, and these individuals went down in history and are now glorified on some web sites for the destruction leveled in their paths.

More recently we heard about the March 21, 2005 Red Lake MN High School killings by Jeffrey Weise, who killed 7 people including students, a teacher and a security guard after first killing his grandfather and his grandfather's partner, and finally, himself.[2] Most recently we saw the horrible Virginia Tech massacre by 23-year old student Co Seung-Hui, who was responsible for the deaths of 32 others before killing himself.[1] The media exploited at least for a short-time, Cho's video; and images that while shocking, seemed somewhat tame to me in comparison to what I have seen my own child post, I am sorry to say-and she has Lyme.

I wonder now the following: if tests could be performed on some of the worst school shooting incident perpetrators, would Lyme disease, or co-infections like Babesia, or Bartonella (which also causes "rage") be found?

Interestingly enough, some of the most tragic episodes of school shootings occurred in Lyme-endemic areas of the country, such as Virginia, Texas, Pennsylvania, Minnesota and Colorado. I find interesting correlations when I look at a map of the history of school violence

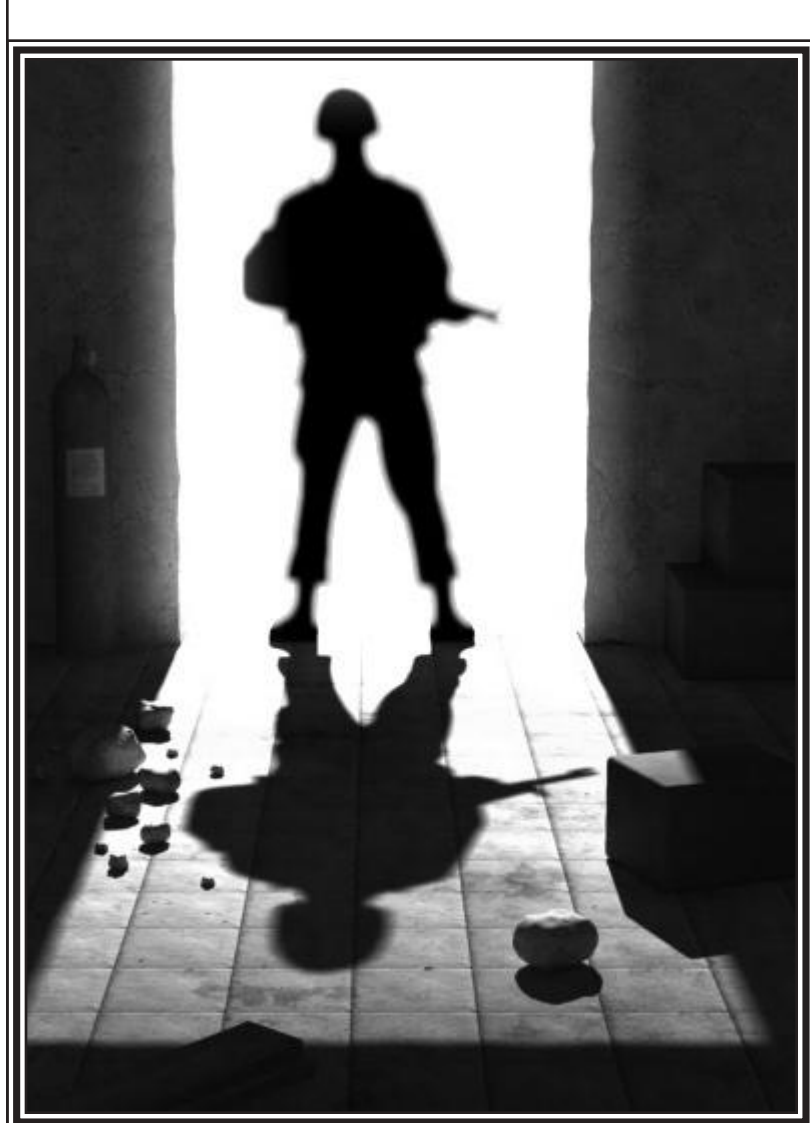
which shows these episodes in the same states[3] in which we also find endemic Lyme disease as compared to the CDC's geographical depictions of endemic Lyme disease.[4] As my daughter is so fond of saying (per Karl Pearson-1896), "correlation does not imply causation", but it certainly offers an interesting slant to the notion that Lyme disease and/or co-infections might be causing uncontrollable rage which manifests in ways that may prove to be related to at least some of these incidents.

Whether these violent

“No Man Left Behind” ...cont'd from pg 3

tions. He recently came down with pneumonia. His lab results are the ones we are waiting to receive.

As I look back on my family's medical history, I cringe when I think of the hundreds of thousands of other families that go through this each year. After all, this has happened to our family and supposedly "we don't have Lyme in Texas!"



Imagine all those families on the east coast where it is epidemic! The CDC admits that Lyme is under reported by at least 200,000 cases each year due to their strict surveillance criteria; yet they refuse to adjust the surveillance test to yield more accurate results.

I am beginning to have a soldier's heart for chronically ill people across our country...even the world. I can hear the rally cry of NO MAN LEFT BEHIND! As I sit here in Texas, it is the least I can do to use the skills that I have and help Lyme literate physicians get their message out to the masses. I can

help Lyme patients gain a sense of community and help them to know that someone is in their corner. For all the misinformation that is out there, it just helps to know that I can do my part to get the most up to date information about these chronic illnesses to the public so that no man is left behind! Not on my watch! I am highly motivated when I visit the grave of my twins to make sure no family has to needlessly go through the medical drama we went through due to the ignorance of the mainstream medical community concerning tick-borne illnesses.

If Lyme disease is so "easily diagnosed and easily treated," as the Infectious Disease Society of America (IDSA) claims, then go read the obituaries on page 18 and explain that to me and to the families of those people who lost the battle. How "rare" can death-by-Lyme disease be when I can fill a page of death notices each month? Just think about that. *pha*

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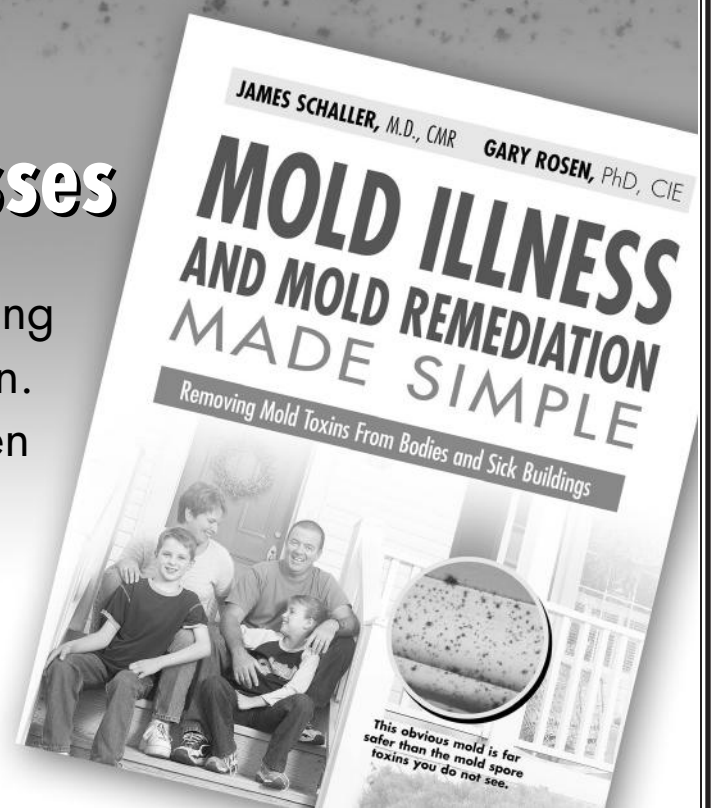
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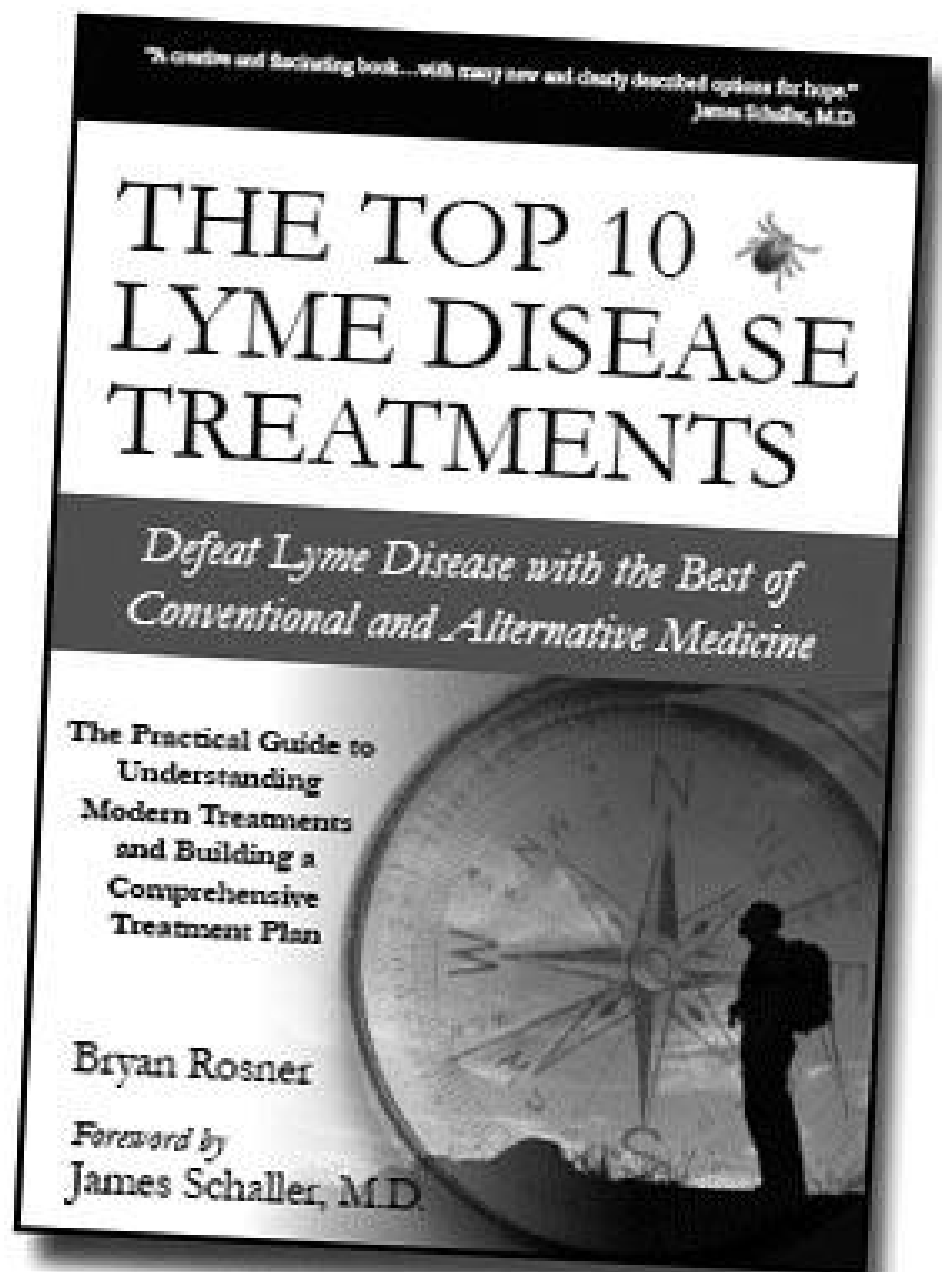
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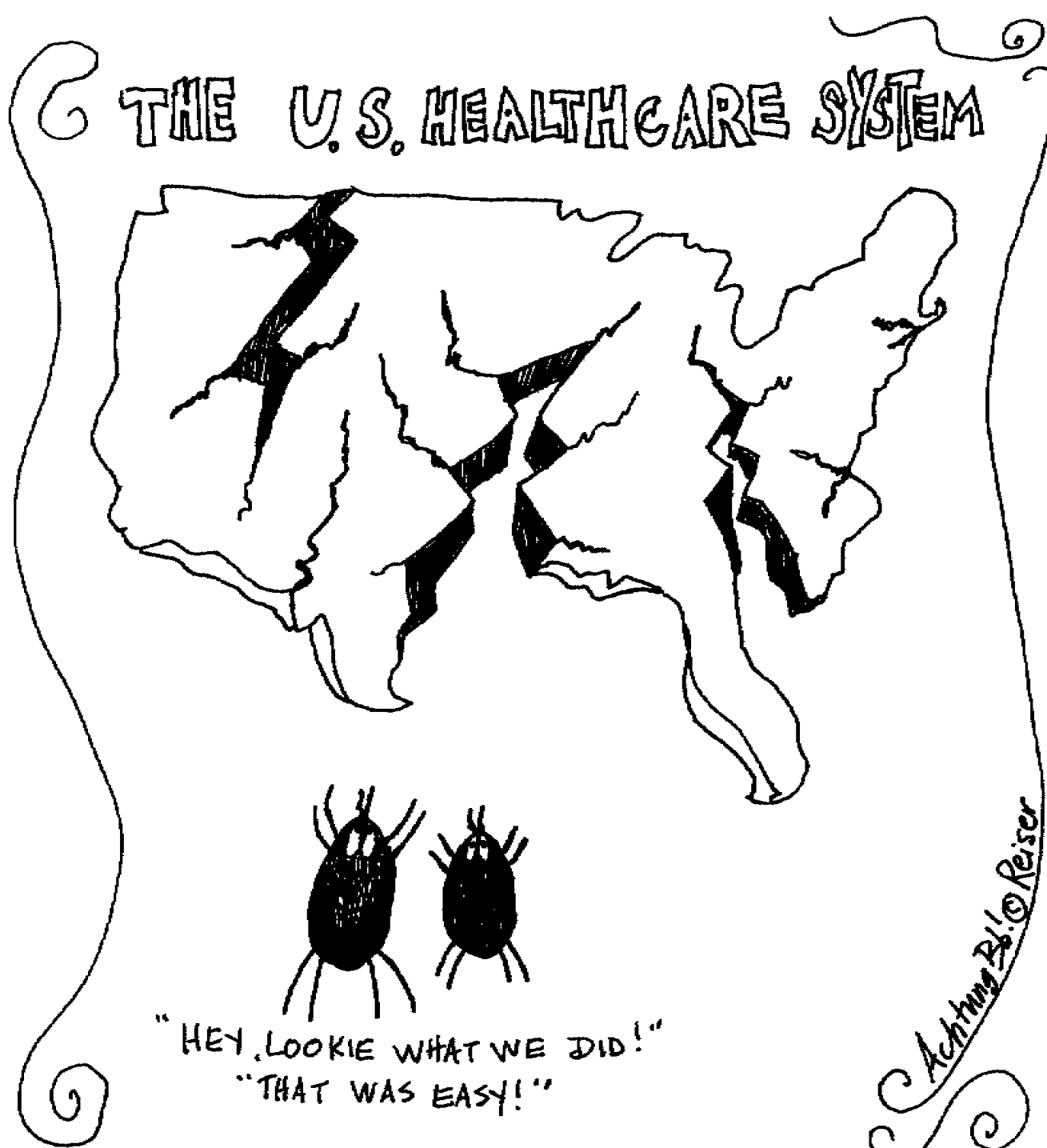
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Ticktoons



by Terri Reiser

One Tough Bug-Clostridium Difficile

by Laura Zeller

How many of you read the drug information sheet that comes with your antibiotic prescription? If you have, you'll notice that every antibiotic comes with a warning label that reads something like this. "Pseudomembranous colitis has been reported with the use of nearly all antimicrobial agents, including this antibiotic, and may range in severity from mild diarrhea to potentially life threatening colitis." In layman's terms, Pseudomembranous colitis is the most serious form of *Clostridium difficile* (*C.difficile*) infection. Named because it is so difficult to culture, *Clostridium difficile* is also becoming increasingly difficult to treat.

As if having Lyme disease and multiple co-infections to battle weren't enough for my body to handle, I had the unfortunate displeasure of experiencing *C.difficile* up close and personal. It began for me on Christmas day 4 years ago, during my antibiotic treatment. First came the stomach cramps, which left me slouched over the porcelain throne, crying like a baby. Next came unrelenting diarrhea and nausea so overwhelming I couldn't leave the bathroom. The cramping pain was so intense I was drenched in cold sweats, cuddled in a fetal position on the bathroom floor. When I developed a fever of 104 degrees, my family took me to the emergency room. The doctor I saw said I had the stomach flu, and sent me home and rest.

After 2 weeks of constant fever, and unrelenting bloody diarrhea, I collapsed from dehydration and woke up in the hospital ER. I begged one of the nurses to put me to sleep because the pain in my abdomen was so severe. After some fluids, painkillers and anti-diarrhea medication, I was back home in my bathroom again, with no answers, and still suffering.

It took another week, and 2 more doctors' visits to get a stool test order. Finally, after seeing a Gastroenterologist (GI), I was diagnosed with *C.difficile* colitis. My GI then explained to me all about intestinal flora, and how mine had been disturbed by taking antibiotics.

My GI explained that our intestinal tract contains hundreds of types of bacteria. Most bacteria are friendly, and help our immune system to function properly. The good bacteria play a vital role in suppressing the growth of harmful organisms. When you take an antibiotic for an infection, the friendly bacteria are killed off along with the bad bacteria that are causing your sickness. When the friendly bacteria are destroyed, dangerous bacteria, like *C. difficile* can quickly grow out of control.

It's very easy to become infected with *C. difficile* because it produces spores that can survive in many environments. *C.difficile* spores can be found anywhere people go, and are very contagious. The most common places to find *C.difficile* spores are hospitals, nursing homes, schools, furniture, bed rails, door knobs, linens, and any private or public bathroom. This is why hygiene and proper daily sanitation are so important. Everywhere you go, always wash your hands!

Not everyone who comes in contact with *C.difficile* spores becomes symptomatic. As in the case of numerous other infectious agents, *C.difficile* carriers are present in the general population. In my research, I have noted that it generally takes the combination of the ingestion of a *C. difficile* spore, plus a disruption of intestinal flora by antibiotics to develop a full blown infection. *C. difficile* spores will usually lie dormant inside the colon until you take an antibiotic. However, there have been cases where patients have developed Pseudomembranous colitis without having taken antibiotics.

The true nature of the beast, *C. difficile* produces two known toxins that inflame and damage the lining of the intestines. The toxins destroy the normal colon cells and produce pseudomembranes, which are visualized on colonoscopy as yellowish-white plaques of inflammatory cells on the interior surface of the colon.

The hallmark symptom of *C. difficile* colitis is mild to severe watery diarrhea, although you can have *C.difficile* without severe diarrhea in milder cases. Other symptoms include fever, abdominal cramps, nausea and weight loss. Severe diarrhea can lead to dehydration, and electrolyte imbalances. In severe cases, *C.difficile* can lead to life threatening complications such as toxic megacolon, peritonitis (inflammation of the lining of the abdominal cavity), perforation of the colon, sepsis, and death.

Stool testing is the most widely used test for diagnosing *C. difficile* colitis. There are two different toxins, toxin A and toxin B, both capable of causing severe infection. In my experience, I found an alarming number of hospitals and laboratories only test for toxin A, when in fact, patients can be ill with toxin B, as I was. It is also important to do 3 stool tests from 3 separate bowel movements in order to ensure accuracy. The testing for *C.difficile* toxins is far from perfect, as false negative tests can occur. Often a colonoscopy is necessary to look for the pseudomembranes on the inside of the large intestine.

Antibiotic associated diarrhea can occur within days of completing a round of antibiotics, or up to several months later. Therefore, if you have new symptoms of diarrhea, it is important that you see your doctor. Most antibiotics can cause diarrhea, so it can be difficult to distinguish the symptoms of this common drug side effect with the symptoms of *C.difficile*. If your symptoms persist, it is always a good idea to do the stool testing to make sure.

Ironically, the treatment for *C.difficile* is more antibiotics! In patients with mild colitis, stopping the antibiotic that caused the infection may be enough to cause the colitis and diarrhea to subside. There are only two drugs, Flagyl®/metronidazole, and vancomycin that treat the infection. A typical first-time course of treatment is 2 weeks of either medication. Relapse rates for *C.difficile* are extremely high. Because *C.difficile* forms spores which are very difficult to eradicate, and the infection often persists despite adequate treatment. It can take multiple courses of Flagyl® or vancomycin to eradicate the infection. Relapses can occur even a day or so after stopping treatment. The surviving spores can hatch, multiply and produce toxins again, and again. It is a vicious cycle, and one that is tough to break. Relapses of *C.difficile* can require many months of Flagyl® or oral vancomycin therapy. Many GI doctors are now experimenting with a newer drug Xifaxan® for relapsing *C.difficile*.

Because of the resilience of this germ, physicians are experimenting with

pulse dose antibiotic therapy. Pulse dose therapy involves treating the patient for several days with antibiotics, followed by several days of no medication. The idea is that by stopping and starting antibiotic therapy, the *C.difficile* spores hatch, and are then killed by the next pulse of antibiotics. Physicians also use long, tapering courses of vancomycin, where the doses are gradually reduced over several months.

Doctors are struggling to find new ways to treat this stubborn bacterium. It has been labeled as a "super bug," and has reached epidemic proportions in some areas. In Quebec, Canada, an outbreak of *C.difficile* killed over 200 patients last year. The outbreak in Quebec was the start of a new, virulent strain of *C. difficile* that produces large amounts of both toxins A and B. The epidemic strain produces more severe symptoms than the common strains, and has a much higher mortality rate. In addition, the currently available diagnostic tests cannot distinguish the new strain from the older strains.

Some physicians use cholestyramine (Questran®) to help remove the toxins caused by *C. difficile*. Cholestyramine, typically used for reducing cholesterol levels, binds bile acids and other substances in the intestine. It is thought that by binding the toxins produced by *C. difficile*, they will be removed faster from the intestine, causing less damage. Cholestyramine can be difficult to tolerate because it can bind to the antibiotics, pulling them out of the body, thus weakening the treatment protocol.

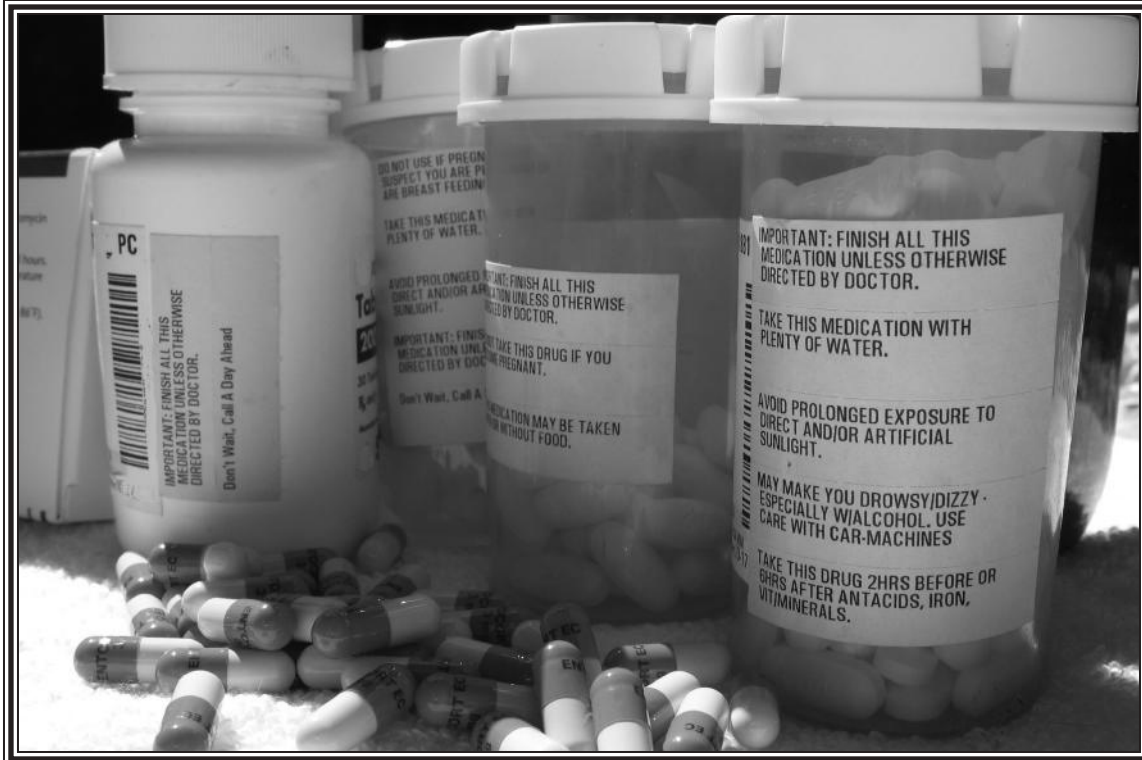
For this reason, cholestyramine is usually used following a course of Flagyl® or vancomycin.

In addition, proper supplementation of beneficial intestinal "good" bacteria is essential. Patients must try to restore the balance of intestinal flora. This is why it is so important to take probiotics such as lactobacillus acidophilus, lactobacillus bifidus, and saccharomyces boulardii both during, and after antibiotic therapy. It is also essential that you replenish your "good" bacteria by using the highest quality probiotic you can find.

It is important to avoid antidiarrheal medications such as Imodium®, since diarrhea is the body's way of removing the toxins from the colon. If you take antidiarrheal medications, the toxins remain in the colon for prolonged periods of time, and make the infection worse. Most patients have to stick to a very bland diet, and stay very well hydrated during acute illness.

According to Dr. Kelly Karpa, author of "Bacteria for Breakfast," in order to obtain the best results from probiotics, supplements are often necessary. Dr. Karpa explains on her website, bacteriaforbreakfast.com, that "...studies have repeatedly shown that probiotic products from different manufacturers vary tremendously. Some products don't contain anywhere near the numbers of live microorganisms

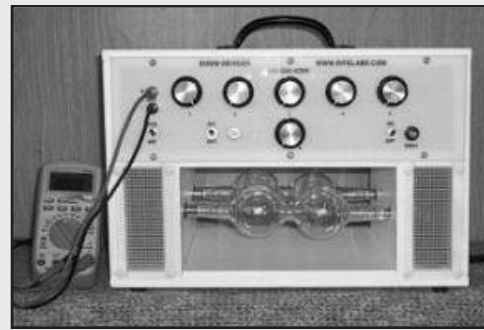
"*C.Difficile*"...cont'd on pg 16



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Miss Cumberland County, NJ ,Maggie May Sabota Makes Lyme Disease Awareness Her Platform for Pageant

by Jason Laday

BRIDGETON NEWS --

Cumberland County New Jersey, as well as the issue of Lyme disease prevention, will take center stage when 19-year-old Maggie May Sabota represents the county next weekend at the 2007 Miss New Jersey Pageant. A Bridgeton native, Sabota won the Miss Cumberland County contest back in February.

"I've always wanted to be in the pageant. I remember watching the Miss America Pageant when I was 4 years old, so it's really exciting" said Sabota, who will be starting her sophomore year at Pennsylvania's Elizabethtown College come September. "I'm a bit nervous since this is my first time there, while others are returning for their fourth, but I'm going to give it my best."

Since her victory in late February, Sabota has been canvassing and giving talks about Lyme disease prevention, her platform as a pageant queen. She has also teamed up with the Lyme Disease Association and the Lyme Disease Foundation, two nonprofit groups that have agreed to provide her with pamphlets and information.

Sabota decided to take on the issue in light of her mother, Becky, being diagnosed with an incurable form of the disease 13 years ago.

"I've been visiting elementary schools, speaking to a lot of students, and I hope to start visiting some senior centers as well," said Sabota.

New Jersey has the third-highest rate of reported cases of Lyme disease in the country, according to Sabota. The disease, contracted through the bite of an infected tick, is typically curable with antibiotics.

The state competition, beginning on June 14 and running until June 16, will be held at the Ocean City Music Pier in Ocean City. The evening's competitions will commence at 7:30 each night.

There will also be a parade on June 13 on the Ocean City boardwalk at 7 p.m., featuring current Miss America Lauren Nelson.

With the state title, Sabota would be able to spread her message of awareness and prevention to even more people. As Miss New Jersey, she would also receive educational assistance through a scholarship. *pha*



“Antibiotics”...cont’d from pg 7

disbelief and confusion. We have all been taught that mania is a symptom of a disorder called bipolar disorder. How could giving antibiotics "cure" or "cause" the same disorder?

Well, antibiotics can do both. In a new book I am writing, these disorders are viewed as symptom complexes stemming from different, ultimately identifiable, physical anomalies.

It is important to remember that syphilis and pellagra were labeled as schizophrenia years ago.

As you know, syphilis, like Lyme disease, is a spirochetal illness and pellagra is a niacin deficiency. There is no disease, only symptoms of many biological anomalies that cause similar symptoms. That is why the search for the cause of a disorder known as bipolar disorder or schizophrenia has been so unsuccessful. There is no one cause. There is no one disease.

A genetic disorder known as G6PD deficiency can trigger bipolar syndrome, particularly with ingestion of fava

beans. Lyme disease can trigger bipolar syndrome. I know that sounds pretty far out there, but until the emphasis is on the upstream triggers I don't see much hope for progress with these CNS disorders that are currently called mental illnesses.

I am not denying the existence of patterns of dysfunctional behavior that can be grouped by categories such as bipolar syndrome or schizophrenia syndrome. I am saying that even though, in the case of bipolar syndrome the behavioral manifestations are similar, the symptoms are not the disease.

So how can antibiotics "cure" psychosis?

In a study published in Molecular Psychiatry in 2006, Chlamydial infections were found in 40.3% of the "schizophrenic" patients compared to 6.7% in the controls.

Chlamydia infections represent the highest risk factor yet found to be associated with symptoms associated

with that label, even higher than Lyme disease that I discuss in my book. In Germany a Dr. Fellerhoff and her staff treated the infections with antibiotics and by modulating the patient's immune response to that infection with in vitro-activated (outside the body) immune cells. She reported achieving, "sustained mental improvements in patients that did not depend on treatment with anti psychotic drugs." It appears that reducing the antigenic load and modifying the immune response to the infection may have been effective.

OK, but how does that fit with anti-biomania?

It doesn't. If Dr Fellerhoff used antibiotics, they likely killed some beneficial gut bacteria in her patients, but it still led to "sustained mental improvements." These patients are improving because the precise trigger for their symptoms is being treated. Give the same treatment to a person whose past psychotic episodes were secondary to

absorption deficiencies and this may trigger a psychosis. Give that person the right nutrients for the specified deficits and there is a high likelihood they will maintain homeostasis with less, or frequently with no psychotropic drugs.

Scientists recently reported that among patients labeled as schizophrenic, thirty times the number of what they call "genetic polymorphisms" exist in two areas of the gene responsible for the body's immune responses to pathogens. A genetic polymorphism is a genetic variant that exists in at least 1% of the population. This supports the idea that the unique genetically programmed and environmentally shaped response to infection can have a major effect on what are commonly called psychiatric disorders.

So you are saying that because antibiotics can cure or cause psychosis, then different triggers must be involved?

Exactly. Same symp-

toms - different causes. Elaborate decision trees, such as the Texas Algorithm project, are based on managing symptoms not actually treating the triggers. Those remain virtually ignored.

What is the take home message here?

There are several. Antibiotics in pill form that can cause or worsen psychosis. Infections can cause psychosis as can any antibiotics that cause a Herx. Nutrients can prevent psychosis. Lastly whether antibiotics help or hinder will depend to a great extent on what condition you are treating and that condition isn't a label but a very real biological trigger or combination of triggers that cause the symptoms of bipolar or schizophrenia syndrome. *pha*

For more information about David Moyer go to the following website:
www.bipolarodyssey.com

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“Detox”...cont'd from pg 6

benefits of incorporating minerals into a treatment program, minerals support the body in the heavy metal detoxification process. Essential minerals compete with toxic metals for binding sites within the body. When one is heavy metal toxic, mineral imbalances are almost universally present.

Drinking enough water is a key factor in supporting the body's ability to detoxify.

Adding an electrolyte solution to the water can be helpful in supporting the body's fluid balance. I often put 1-3 tablespoons of electrolyte solution in a large container of filtered water each morning and drink throughout the day.

Don't forget to use pure water sources. You aren't helping your body to detoxify by adding further toxins to an already high body burden. Many people are surprised to find that as much as 80% of the toxins that are introduced into the body through water come from the water we use to shower or bathe in. Filtering your bathing water is inexpensive and removes one more item from the list of things that we expect our bodies to deal with on a daily basis.

Chlorella can be a very useful detoxification substance. Chlorella has many benefits including the ability to bind toxic metals, increase glutathione production, bind neurotoxins, and serves as an overall super-nutrient. Chlorella is both a mobilizer and a binder of heavy metals and other toxins, but at higher doses, is more of a binder than mobilizer.

Other products which may be helpful for heavy metal detoxification include NDF (www.BioRay2000.com) and HMD (www.HeavyMetalDetox.net). Pectasol (www.advancedbionutritionals.com) and Modifilan (www.modifilan.com) are products worth consideration.

DMPS, DMSA, and Ca-EDTA are options for detoxification of heavy metals that can be discussed with your healthcare practitioner. As a rule, heavy metal detox should always be done with a healthcare practitioner. You don't want to mobilize metals from one body compartment where they are creating only minor problems to another body compartment where the impact of the metals may be much more problematic.

It is generally unwise to consider starting a heavy metal detoxification program when amalgam fillings are still present. A consultation with a biological dentist (including pre and post-removal treatment plans) skilled in safe removal of mercury fillings may be appropriate. Further, it is important to ensure that your body is ready for a metal detoxification program. One must always be certain that the exit routes out of the body are open before attempting to mobilize additional heavy metals or other toxins.

Additional interventions which may bind toxic products in our bodies include cholestyramine (see "Biotoxin Pathway Holds Key Pieces of Puzzle in Solving Chronic Illness" in June 2007 Public Health Alert), apple pectin, chitosan, charcoal, ground flax seed, spirulina, various fibers, and beta-sitosterol. Zeolite products such as Destroxin (www.Destroxin.com) and Super Z-Lite (<http://www.omic-health.com>) can be helpful in removing toxins from the body. Nutramedix Bursor and Nutramedix Parsley (www.Nutramedix.com) are

additional products worth review.

Other products that I have found useful for supporting general detoxification are Pure Encapsulations Clear Detox, Designs for Health PaleoCleanse, BioGenesis BioCleanse, and Metagenics Ultraclear among others. Options that may be helpful in supporting detoxification of the colon include: DrNatura Colonix (www.DrNatura.com), Arise and Shine (www.ariseandshine.com), Dr. Schulze's Bowel Detox (www.herbdoc.com), and one of my more recent favorites OxyPowder (www.oxypowder.com).

Ionic foot baths may be useful in helping the body to remove various toxins and increasing the body's natural ability to excrete toxic substances via the liver and kidneys. I use a foot bath three times a week. A less expensive but still effective option may be to incorporate detox foot patches into your program. These are patches that are worn on the soles of the feet at night and help to remove toxins while we sleep. In fact, a focus on these external methods of detoxifica-

tion, such as ionic foot baths or detox foot patches, can be an excellent way to start a detoxification program.

Colonics, castor oil packs, liver/gallbladder flushes, and coffee enemas can all have profound effects on detoxifying the body and moving one toward wellness. Various body soaks in a bath with Epsom salts, ginger, hydrogen peroxide, ozone, or bentonite clay can help to rid the body of stored toxins.

The number of options for supporting detoxification as part of your road to recovery is endless. This article only begins to touch on a few of the many possibilities. Bottom line, detoxification is an important part of the journey.

Without a well-planned detoxification component, the chances of recovery are lessened. A shift in focus towards the detoxification aspects of ones protocol can yield impressive results. Here's to your health! *pha*

To learn more about Dr. Klinghardt's Neurotoxin Elimination protocol, visit <http://www.klinghardt.org>. Scott Forsgren has been journeying through the world of Lyme disease for over 10 years. www.betterhealthguy.com

“Bartonella”...cont'd from pg 2

with hopelessness. They were stopped after at least three-week trials. It was unclear to the patient, his family, and his psychiatrist whether either medication offered more than a slight benefit to limiting his reactivity and eccentric anger.

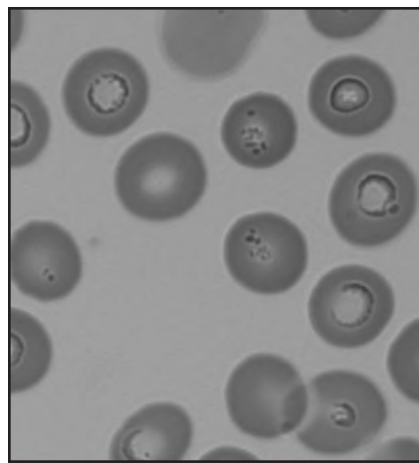
A trial of quetiapine (Seroquel) at 12.5 mg in the morning, afternoon and 50 mg at bedtime helped significantly for 3 weeks, but then it stopped controlling his agitation and other dysfunctional behaviors. So he was tried on a higher dose of 25 mg in the morning, 25 mg in the afternoon and 100 mg at bed. The patient surprisingly reported that he felt "good" and "content" on this anti-psychotic medication.

At this point, the patient was diagnosed with Bartonella and treated with azithromycin 500 mg (Zithromax) at dinner and rifabutin 300 mg (Mycobutin) per day. During the first 2 weeks of treatment on these medications, the patient's anxiety increased and he experienced five panic attacks. He was highly reactive, emotionally volatile and markedly irritable. His quetiapine was increased to 50 mg at breakfast and lunch, and 200 mg once in the evening, with good control of his increased psychiatric morbidity.

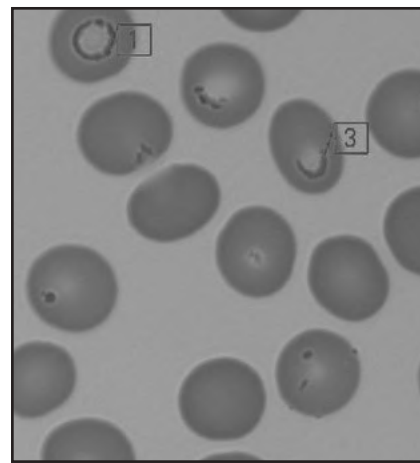
After five weeks on this dual-antibiotic treatment, the patient began to exhibit sleepiness. His quetiapine dose was reduced to 25 mg at breakfast and 75 mg at bedtime, with no return of agitation or mood lability. The internist's reading left him uncertain of the ideal dose of antibiotics and duration of treatment for this suspected Bartonella infection. But when the patient's lymph node complaints ended abruptly in 48 hours, following 8 weeks of antibiotics, the medications were stopped.

The patient has significantly improved in his psychiatric symptoms and he now

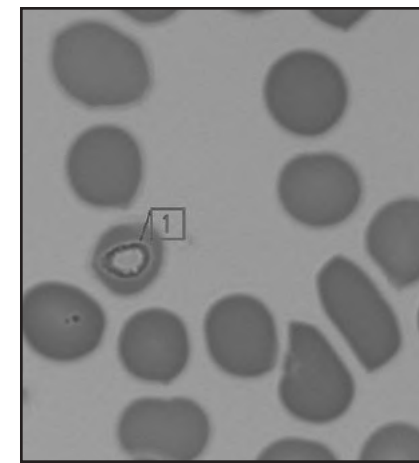
remains only on escitalopram (Celexa) 5 mg and quetiapine 12.5 mg in the morning, and 37.5 mg once in the evening. His baseline personality is felt to be 90% according to his spouse and closest friend. We suggest this man's psychiatric problems support a Bartonella presentation. Our reasons are due to the sudden appearance of these symptoms following clear Ixodes attachments, the presence of an acute, unilateral and uncomfortable armpit lymph node, a "slight fever"



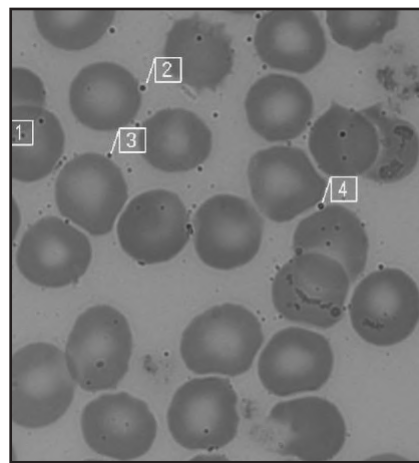
Dominant Babesia



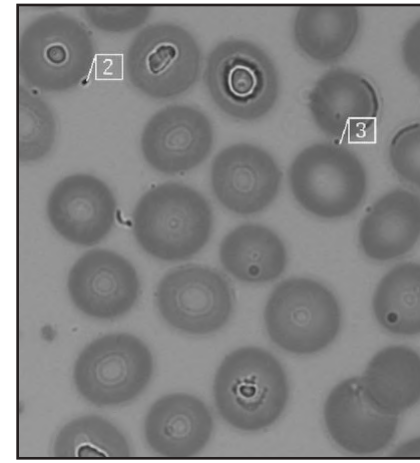
Moderate Babesia



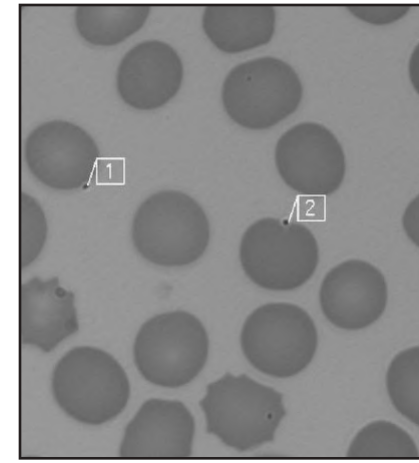
Few Babesia



Dominant Bartonella



Moderate Bartonella



Few Bartonella

feeling, a low-positive Bartonella serology result, and a positive response to two antibiotics which are felt to be effective against Bartonella. Further, his emotional improvement occurred nearly simultaneous to his enlarged lymph node normalization.

This pastor wants his story told because he feels he "lost himself" and he now believes that many people who do reckless things like start fights, drink or do drugs impulsively, abuse family and

friends, do impulsive sexual acts, drive with "road rage" and do other angry, impulsive, reactive behavior may be behaving this way due to a brain Bartonella infection. He does not know how many but as he meets more and more individuals with these troubles he reports discerning a medical fog. "I cannot explain it, but I can just feel someone has what I had, but unfortunately, most do not listen to me and consider testing. I have tested a few of those he diagnosed and they all

using a wide range of treatments for Bartonella, I will not address Bartonella treatment in this article. I will however mention that this is a complex area. Medications felt to work may only work with some Bartonella from certain regions, and that dosing often has to be higher than normal. Further, we generally find better results with multiple treatments at the same time.

Finally, it is a fact that Bartonella, like many other Gram-negative bacteria, have

had at least two tick or flea infections with labs that showed systemic abnormal inflammation. The pastor feels "blessed" that he had an abnormal lymph node to help with diagnosis since he has personally found patients with Bartonella and most had no lymph node abnormalities and no rashes.

Treatment

Since there is much debate about optimal treatment, and because I am involved in a number of treatment studies

external biotoxins. However, in contrast to most biotoxins from bacteria, Bartonella biotoxins seem to turn off the immune system and the inflammation system in some parts, which allows it to hide even with large numbers in the bloodstream. Bartonella also appears to occasionally be able to make biofilms to protect itself from antibiotics. *pha*



Dr. Schaller is working with Dr. Charles Ray Jones on a Pediatric Lyme book which is 50% completed.

Dr. Schaller is the author of 20 books including: *The Diagnosis and Treatment of Babesia, Mold Illness and Mold Remediation Made Simple, The Complete Guide to Artemisinin, When Traditional Medicine Fails, 100 Solutions to Out of Control Youth, Suboxone-Pain Treatment with Addiction Relief.*

He is currently preparing the most up-to-date textbook on Bartonella, which he feels is a top vector in the world-possibly more common than Lyme.

Dr. Schaller has 25 National and International Medical Publications in such journals as *JAMA, Medscape*, and some of the largest pediatric journals in the world. He was the first to publish a practical cancer cure which blocks a single enzyme for a deadly blood cancer, which has become the standard treatment internationally. He has also designed wholesale nutritional products and published nutrition and herbal purity and potency research.

Dr. Schaller is a strong advocate for looking at many treatments and illness causes as can be seen from his main web site:

www.PersonalConsult.com. Here he offers over 800 articles in over 10 areas of medicine for free.

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(1) Journal of the American Nutraceutical Association 2003; 6(1); 23-28. (2) Journal of Chronic Fatigue Syndrome 2003; 11(3): 23-36.

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New Data Supporting the Link Between Autism and Lyme Disease

Corona, CA (PRWEB) --

News reports indicate a staggering number of Lyme disease cases going unreported. With autism rates rising each year, doctors are examining this new connection.

With new CDC numbers showing one of the largest populations of Lyme disease sufferers being boys from the age of 5-14, this rings of déjà vu to parents of children with autism.

Young boys are the largest category of victims of autism as well as Lyme disease, which is caused by a bacteria called *Borrelia Burgdorferi*. Interestingly, the symptoms of chronic Lyme disease when affecting the central nervous system are literally the same symptoms as autism spectrum disorder.

The LIA Foundation held its first conference in Irvine, CA, in June in which new data was released supporting this connection.

"It's time that parents and doctors start looking outside the box as to why these children are so sick," comments co-founder of the LIA Foundation, Tami Duncan. "At this conference, we have presenters who will show that this connection is real."

"The increasing incidence of autism spectrum disorder

(560,000 in the US) is a serious threat to our children and in most cases the cause is still unknown. Some clinicians and parents have noted chronic infections, including tick-borne infections; including Lyme disease and the immune

reactions to these infections are sometimes associated with autistic symptoms and autistic spectrum disorder.

The meeting reviewed the data regarding this observation and possible explanations of this association with a goal to help reduce any preventable cases of autism spectrum disorder," stated Robert Bransfield, M.D. of Red Bank, NJ.

Doctors are beginning to support this link. Joseph Burrascano, M.D., the Vice President of ILADS (International Lyme and Associated Disease Society) states his position on Lyme disease and Autism. "It is my contention that Autism is an inflammatory encephalitis cause by a pathogen such as *Bartonella* or *Mycoplasma*. I share the view that *Bartonella* is a major infection that may

eclipse *Borrelia Burgdorferi* as the ultimate cause of the morbidity in chronic Lyme disease. *Mycoplasma* too is a major concern of mine- in reviewing my 7000+ cases, those patients who were relentlessly chronic,

Mycoplasma and *Bartonella* are known to suppress the immune system, it is not a stretch to assume that when the child was injected with obscene amounts of mercury, that his fate of having an autism diagnosis, would become reality," Duncan states.

Proof is available, with the data that was released at the Lyme-Autism Connection Conference in June. Studies are in progress and parents and doctors can be sure to hear more about this in the coming months.

More information is available online at www.liafoundation.org.

About Autism

Autism is a disorder that currently affects 1 out of 150 children. Boys are the majority of those affected. The numbers of autism cases spiked in the mid-late 90's and continues to remain high. The exact cause of autism is still unknown, however, many theories exist. Most children do improve with some sort of bio-medical intervention.

"Since these chronic infections like *Borrelia*, *Mycoplasma* and *Bartonella* are known to suppress the immune system, it is not a stretch to assume that when the child was injected with obscene amounts of mercury, that his fate of having an autism diagnosis, would become reality."

all at one point or another in their illness, were positive for *Mycoplasma*."

In fact, one speaker at the conference, Professor Garth Nicholson of the Institute for Molecular Medicine found that 58% of children with Autism spectrum disorder are also harboring multiple-infections, specifically *Mycoplasma*.

Since these chronic infections like *Borrelia*,

About Lyme Disease

Lyme disease is generally caused by a tick bite in which the tick transmits a bacteria called *Borrelia Burgdorferi*. Symptoms of Lyme disease include, achy joints, confusion, slurring words or word retrieval problems, brain fog, sensitivity to light and sound. Lyme disease in its late stage can be fatal, causing MS like symptoms and debilitating its victims.

Treatment for Lyme disease consists of antibiotic therapy.

About the LIA Foundation

The foundation was started in September 2006 by parents of children with autism and Lyme disease. Kathy Blanco of Beaverton, OR and Tami Duncan of Corona, CA are the founders.

The foundations' goals are to educate families and physicians on the link between Lyme and autism, bring physicians together to form a consensus for testing and treatment options and to provide funding for research studies related to autism and/or Lyme disease.

pha

"C. Difficile" ...cont'd from pg 12

by Laura Zeller

that they claim to possess. As consumers, you don't want to waste your money on a product that contains few (if any) live bacteria when you purchase it. Likewise, you don't want to purchase a product that doesn't possess a strain of bacteria that has truly been found to be safe and effective." Dr. Karpa goes on to explain the importance of probiotic supplementation both during and after any antibiotic therapy.

In my experience, I found the best probiotics to take should have high numbers (billions of living organisms) per dose. After I completed my antibiotic treatment for *C.difficile*, the products which helped me most were Theralac®, Florastor™, and VSL #3®. Theralac® is one of the highest quality probiotics available. With 20 billion CFU (colony forming units) per capsule, Theralac® helps reduce bloating, gas, heartburn, poor digestion, constipation and diarrhea, safely and effectively. Florastor™, in particular, has been useful in treating *C.difficile* because it is beneficial yeast (*saccharomyces boulardii*) which can inhibit the replication of *C.difficile*, and out compete it for space inside the colon. VSL # 3® contains 450 billion live bacteria per dose, and can be a great help to anybody on antibiotic therapy.

It is important to remember that what you ingest daily probiotic wise is what you have in your intestines. Most probiotics do not multiply inside of you. Any time you require antibiotics, daily supplementation with a high quality probiotic such as Theralac®, and choosing foods with active cultures in them such as yogurt, are essential to prevent *C.difficile*.

During my bout with *C.difficile*, I found it alarming at how easy it is to be misdiagnosed with Irritable Bowel Syndrome (IBS), or the stomach flu, when a potentially life-threatening bacterium was eating away at my insides. These "super bugs" are becoming more common and dangerous. It can be very frightening situation if you get a serious bacterial infection requiring antibiotics, when you have chronic *C.difficile* infection. Imagine the challenge of treating a chronic Lyme disease patient, with chronic relapsing *C.difficile*. You cannot take antibiotics, so you are stuck between a rock and a hard place.

Luckily, there is a treatment of last resort for relapsing *C.difficile*, it is called fecal bacteriotherapy. This involves infusions of antibodies, by using fecal enemas from a healthy donor. Feces from non-infected donors are made into a suspension and administered as enemas to the patient. The normal bacteria from the donor's stool displace the *C. difficile*, and cure the patient. It may sound disgusting, but it can be a life-saving treatment for people suffering from life threatening *C.difficile* colitis.

I was very fortunate to have been able to overcome *C.difficile* thanks to an excellent GI doctor, and modifications to my diet and lifestyle. Although the threat of "super bugs" and horrifying infections are very real, the human body has an amazing ability to heal. Remember that treatment for serious infections such as Lyme disease require long term antibiotic use. The mistake most people make is when they insist on a prescription for antibiotics for a common cold. Antibiotics are necessary and life-saving medicine, with tremendous value. Using antibiotics without an accurate diagnosis should be discouraged. However, the benefits of properly prescribed antibiotics for legitimate reasons usually far outweigh the risk of developing *C. difficile*. Remember to read those warning labels, and always take your probiotics! pha

! DANGER



THIS MEDICATION CAN CAUSE PSEUDOMEMBRANOUS COLITIS C.DIFFICILE TAKE YOUR PROBIOTICS!

Resources:

1. Kelly Karpa [Bacteria for Breakfast](http://www.bacteriaforbreakfast.com/) <http://www.bacteriaforbreakfast.com/>
2. Theralac® www.theralac.com
3. Florastor™ www.florastor.com
4. VSL #3® www.vsl3.com
5. Center for Digestive Diseases, Sydney, Australia www.cdd.com.au
6. http://www.medicinenet.com/clostridium_difficile_colitis/article.htm
7. Clostridium difficile support group www.cdifffsupport.com

CDC Reports Doubling of Lyme Disease Rates

CDC News

Reported cases of Lyme disease have more than doubled since 1991, when Lyme became a nationally notifiable disease, according to a report by the Centers for Disease Control and Prevention (CDC). The report also said 93 percent of reported cases were concentrated in 10 states.

"This increase in cases is most likely the result of both a true increase in the frequency of the disease as well as better recognition and reporting due to enhanced detection of cases," said Dr. Paul Mead, a medical epidemiologist with the CDC Division of Vector-Borne Infectious Diseases.

Lyme disease is the most common of all the diseases in the United States trans-

mitted by mosquitoes, ticks and fleas, with approximately 20,000 cases reported each year. It most commonly occurs in the Northeastern, Mid-Atlantic, and North-Central states. Connecticut, Delaware, Maryland, Massachusetts, Minnesota, New Jersey, New York, Pennsylvania, Rhode Island and Wisconsin had the most cases. The report says that during 2003-2005, a total of 64,382 Lyme disease cases were reported to CDC from 46 states and the District of Columbia.

In 1991 fewer than 10,000 cases of Lyme disease were reported.

Most illnesses occurred in June, July and August, when the infected ticks that carry the disease are most active. Lyme disease is caused by the spiro-

chete *Borrelia burgdorferi* which is transmitted to humans by tick bite.

From 2003-2005, the incidence of Lyme disease in the cases reported higher rates among two age groups-children aged 5 to 14 years (10 cases per 100,000 population per year) and adults aged 55 to 64 years (9.9 cases per 100,000 population per year).

Early symptoms of infection include fever, headache, fatigue, and a characteristic skin rash called erythema migrans. Left untreated, infection can spread to joints, the heart, and the nervous system.

People should watch for symptoms especially in these areas with intense Lyme disease transmission, and see a health care provider if these develop.

Prompt diagnosis and treatment are important to prevent serious illness and long-term complications.

"While this increase is of concern, these rates highlight the need to focus on prevention of this disease. People living in areas where Lyme disease is most frequently reported can take proactive steps to reduce their risk of infection," Dr. Mead said.

Prevention steps include daily tick checks (self examination for ticks), use of repellent containing 20 percent or more DEET, selective use of insecticides that target ticks, and the avoidance of tick-infested areas. Removing ticks within 24 hours of attachment greatly reduces the likelihood of disease transmission. Tick populations around homes and in

recreational areas can be reduced 50 to 90 percent through simple landscaping practices such as removing brush and leaf litter, and creating a buffer zone of wood chips or gravel between forest and lawn or recreational areas.

The full report, "Lyme Disease - United States, 2003-2005," appears in this week's Morbidity and Mortality Weekly Report (June 14, 2007) and is available online at www.cdc.gov/mmwr. Additional information about Lyme disease can be found on the CDC website at www.cdc.gov/lyme, and about other tick-borne diseases at <http://www.cdc.gov/Features/StopTicks/>. *pha*

"Rage"...cont'd from pg 9

"Rage"...cont'd on pg 17 acts of rage are a manifestation of mental illness, family problems or infectious disease, we cannot be absolutely certain at this time. But in each of those incidents, the perpetrators gave advance, clear signs of illness on some level, as well as clear expressions of rage that were, for one reason or another, dismissed by those around them. Tragically this complacency cost many people their lives.

In my opinion, my child's rage is caused by psychological manifestations of an infectious disease-Lyme, which will not go away, but will grow worse over time, until such a day as she will be forced to deal with it. I have watched my otherwise bright child deteriorate emotionally (and physically) and struggle between admission that she has a problem, to complete denial and blame-shifting to my shoulders (with the help of her father), for all of her life issues. Meanwhile her illness(es) run rampant so much so that I no longer recognize her, now a shadow of her former self. Even she at times questions her own mental sanity.

When we have a child surrounding herself with other troubled, dark adults, while she continues to listen to violent music and watch violent movie clips on the computer, and research violent topics and be disrespectful of parents and authority figures, we must ask ourselves not "where have we gone wrong", but "what more can be done?" In my child's case, possible mental illness caused by infectious disease, augmented with improper parenting by a man who may himself be ill, a lack of discipline and denial of my claims my children need medical attention in the family court are the cause.

For my child, the time for able intervention has passed, but for many, the answer lies with intervention at the root of those behaviors, whether that intervention is in the form of counseling, hospitalization or other medical attention. If more parents take an active role in parenting their children when the first signs of medical issues, rebelliousness, anti-social behaviors, drug use, extreme "Goth" or other trends are undertaken, children can be

given the help they desperately need. When school officials, physicians, psychologists and court officers do not take their jobs seriously enough, children can fall through the cracks and in the end, no one is served. It truly takes a village to raise a child, and we must return to our community roots and work together to keep children on the correct path, physically, mentally, emotionally and spiritually. Sadly however, in the case of Lyme disease, often times the parent raising the concerns is labeled, dismissed, and even ridiculed rather than given credence. This is tragic indeed since Lyme disease is the number one vector-borne illness, and growing. Lyme and co-infections are known to cause depression and many Lyme patients have tragically chosen suicide-which is not an answer. We must do more to offer these patients better options, before it's too late.

Whether my child would or would not have chosen to harm herself and/or others, I will never know for certain except by her own admission or actions. But in examining her situation, I take note of the trend in society's youth to take out its rage on others through violence and school shootings, and I am deeply saddened by these behaviors. I ask myself as a responsible parent, what is the cause of these types of tragedies, are there behavioral or other health issues, mental illness, the trend to provide children with psychotropic, mood-altering drugs, or are these manifestations of infectious disease? All of the above situations were horribly senseless tragedies which all do have a common denominator-rage, and possibly some sort of "illness", brought about by differing causes, but illness nonetheless. And I am willing to bet that undetected infectious disease was at the root of one or all of them.

Perhaps I can easily recognize despair, depression and the face of rage, because I look at life through a new filter, that of a profound awareness of tick-borne illness and its psychiatric manifestations-eccentricity, hostility, irritability, depression and overt rage. While infectious disease is not the apparent cause in each of these cases at first glance, I wonder how many of these

individuals were perhaps harboring a silent, possibly tick-borne infection that went undetected, and which developed into the insidious manifestations outlined above. Perhaps a very real, very endemic infectious disease such as Lyme borreliosis struck each of these individuals but went undetected for years. Perhaps they had other additional issues complicating their situation; a brain tumor, mental illness, "emotional" problems, SSRIs, or even street drugs, (both chemically cause brain damage, though there are some who won't readily admit this). There seem to be in each one of them, psychological issues that were improperly addressed (depression, "bad" or "violent" thoughts, abuse, loss of children) and I wonder which of these individuals might have been harboring infectious disease.

Until "mainstream" medical science catches up with the devastating effects of individuals suffering from illness, especially Lyme disease and infectious diseases that are easily dismissed by research scientists with limited or no practical experience treating these ill patients, we can only speculate on the causes and correlations between illness and behavioral problems.

Regardless of the cause of rage being exhibited toward society, we need to do more, and to take a more proactive role in parenting our children, and being mindful of those around us. We must not ignore the warnings that are being sent out-both subtly and as clear signals of depression and violent mood swings or behaviors. In the case of custody battles, much can be said for how the process ties the hands of one or more parents, and the importance of how parents interact amongst themselves, leaving the children to fend for themselves without proper guidance or maturity.

Counselors, Guardian Ad Litem, judges, and custody-evaluators must do a better job of assessing family situations before making judgments which tear apart the core structure of the family unit. Allegations of mental illness and child abuse must be investigated and verified before accusing a parent of something they haven't done and subse-

quently removing custodial rights on little more than false allegations and no evidence. The damage done to children is irreparable. People who have illness like Lyme disease, must be allowed to be made well, and not have their lives further destroyed by a social services or legal system's ignorance of illness, and further crucified in the system for what amount to as mere allegations. Children caught within the system that are suggested as having a physical illness need to be examined and allowed medical intervention, not dismissed and ignored, or serious consequences will ensue.

And our schools will be much safer when the needs of those who are manifesting depression and/or mental illness are treated respectfully and appropriately, with proactive involvement of faculty and administrative staff, in conjunction with the parents of the children having issues. I cannot tell you how disconcerting it was to hear my child's principal tell me, "We don't offer counseling here, your child flies under the radar because she's a straight-A student, it's not our responsibility." I believe one or more of the children who killed other children in the above incidents were also straight-A students.

Yes it was, yes it is, and yes children will continue to be society's responsibility. As long as we have children, we as parents and the adult examples for those children must do everything within our power to assist them through the traumas in their lives, and give them medical attention when it is needed, whether it is for behavioral issues, mental or physical illness or infectious diseases like Lyme. As parents, we must face our fears and speak up for the welfare of our children and those around them. We must keep tabs on the friendships they make, and be intricately involved in their lives, even if we think of it as crossing the border of personal privacy. We must teach self-respect and the respect of other people and property. We must provide children with the foundations of religion and a sense of community. We must track our children's phone and internet usage, force them to do their homework, and limit the amount of profane, aggressive or violent

TV shows, movies and video games they watch. As parents, we must be responsible and set good examples for our children, for they will emulate our behaviors-the good as well as the bad. And we must keep the lines of communication open at all cost, one of the best tools to keep children in balance.

Parents in divorce must work together and put personal feelings (especially anger) aside for the benefit of the children. Get counseling if you have anger problems. Get medical attention and/or counseling if you have depression or other illness. Surround yourself with people who are loving and supportive. Learn good communication so that others may help when you feel overburdened or unhappy. And to anyone, when a child shows signs of depression, anger, illness, rage, of being harassed, or clearly tells you they are unhappy, take them seriously. Sometimes the clues are so subtle that if we aren't paying attention to them, they will be missed. The result could be as tragic as any one of these rage-filled situations above, regardless of the cause of that rage. We can do more to recognize the face of rage before it becomes a larger problem, and we simply must do everything in our power, at any cost, to do so.

In my case, I have since been asked many times if I would "do it again"-report my child to the authorities when the school, social services, attorneys, counselors, my child, and my ex-husband wouldn't listen to my pleas that our daughter was ill, seriously depressed and in trouble. Even though I had no idea what would happen to her and that she would end up in a psych ward, and eventually estranged, (something no parent wishes upon their own child for any reason), I give you my answer: absolutely, in a heartbeat, I

[1] "A Time Line of Recent Worldwide School Shootings". <http://www.infoplease.com/ipa/A0777958.html>
 [2] Red Lake High School Massacre. http://en.wikipedia.org/wiki/Red_Lake_High_School_massacre.
 [3] Keys to Safer Schools. Available at: www.keystosafer-schools.com
 [4] Case report map of Lyme disease incidence in US. www.cdc.gov/ncidod/dvbid/lyme/ld_incidence.htm

For Those Who Fought a Valiant Fight

C. Peter Thomas

C. Peter Thomas, 46, a sound engineer who worked on feature films, television shows and music videos, died of Lyme disease May 3 at Anne Arundel Medical Center in Annapolis, where he lived.

Mr. Thomas, through his firm, CPT Sound Services Inc., recorded sound for films and documentaries that ranged from "The Coral Reef" to "Iron Jawed Angels" to "Armageddon." He worked on Washington- and Baltimore-based television shows such as "The West Wing," "The Wire," "The District" and "Homicide: Life on the Street."

He was believed to have contracted Lyme disease from a tick bite while shooting "Gods and Generals" in Virginia in 2001, his sister said. Last year, after he became too weak to work on films, he became a real estate agent for the Buyer's Edge in Bethesda.

Christopher Peter Thomas was born in Washington. He spent several years in Florida and then

returned to the area and graduated from Gaithersburg High School and Montgomery College.

Mr. Thomas started working in sound on music recordings, engineering and mixing videos for singer Mary Chapin Carpenter, among others. He and several partners owned Yellow Cat Productions on Capitol Hill for several years until Mr. Thomas launched his own business.

He enjoyed history and travel, and his career enabled him to delve into both interests. He worked on underwater sound for Jean-Michel Cousteau Productions and in near-arctic conditions for the Discovery Channel's "Scandinavia" series. He was particularly proud of his work on "Shooting Back -- Photography by Homeless Children," which won a Capital Region Emmy Award in 1990.

Survivors include his wife of 14 years, Lindsey Thomas of Annapolis; two children, Evan Thomas and Ian Thomas, both of Annapolis; his mother, Caryl Thomas of Montgomery Village; a brother, Jeffrey Thomas of Wellesley

Hills, Mass.; and a sister, Gail Thomas of Montgomery Village.

Ellen Cary

Ellen Kay Cary, 7 years old of Lewistown, MO died Wednesday, May 23, 2007 at 3:30 PM at the Children's Hospital in St. Louis, Mo. from Ehrlichiosis, a tick-borne illness.

The daughter of Eric and Harriet Smith Cary she was born on March 4, 2000 in Hannibal, Missouri.

Ellen was a first grade student at the Lewis County C-1 Elementary School. She attended the Park United Methodist Church in Lewistown and the Mt. Pleasant Baptist Church in Steffenville, Mo. She liked to fish, draw and play with her friends and family.

She is survived by her parents, Eric and Harriet Cary of Lewistown, Mo; her sister, Jessie Cary, and her brother, Danny Cary, both of Lewistown. A great-grandmother, Jessie Aline Williams of Canton, Mo.; her grandpar-

ents, Lester and Jean Cary, Peggy Grover, and Eloise Cary all of Lewistown, Mo.; one aunt and uncle, several cousins, several great aunts and uncles, several step aunts, uncles, and cousins, and her many friends. She was preceded in death by her great grandparents, Henry Cary, Gertie Cary, and Elmer Williams; and a great uncle, Delmar Scoggin.

Funeral services were held Sunday, May 27, 2007 at 3 PM at the Park United Methodist Church in Lewistown with Rev. Sam Smith and Rev. Tim Stevens officiated with burial in the Lewistown Cemetery.

Visitation was held Saturday from 4 until 8 pm at the Park United Methodist Church in Lewistown.

Pallbearers: Jay Houghton, David Bugh, Richie Lay, Steve McKenzie Honorary Pallbearers: Bob Kurk, Tyler Cary, Marvin Swenka, Eugene Cary, Kenny Penn, and Chris Parrish. Music: "Go Rest High on that Mountain" by Vince Gill, and "I Believe" by Brooks & Dunn.

Memorials may be made to the Family of Ellen Cary.

Brittany Gallagher

Brittany Margaret Gallagher, 17, passed away Sunday, February 11, 2007 from Lyme disease.

A Celebration of Brittany's life was held at 5:30 p.m. Wednesday, February 14, 2007 at Church of the Resurrection, 13720 Roe Ave., Leawood, KS, 66224. Visitation was held 4-5:30 p.m. prior to the funeral service.

Brittany received a scholarship to the pre-med program at Arizona State and the University of Arizona and planned to major in Pediatric Cardiology in the fall.

Brittany enjoyed shopping, volunteering at COR, driving her Jeep, traveling, salsa dancing, Sushi, and collecting Betty Boop Dolls.

She was preceded in death by her grandparents, William and Grace Gallagher. Survivors include her parents, Terry and Hattie Gallagher, she was a loving sister to her brother, T.J, her sister Alexis, and her dog, Q-Tip; grandparents, Margaret and Arthur Schuurs.

pha

Seven-Year-Old Girl Loses Life to Tick-Borne Illness

by Rajah Maples, KHQA-TV

LEWISTOWN, MO --

It's a parent's worst nightmare, and it happened right here in the Tri-States. You've heard a lot about Lyme disease, and its harmful...potentially fatal effects. But there's another tick-borne illness that you should be concerned about, and a local tragedy is the unfortunate proof.

7-year-old Ellen Cary of Lewistown, Missouri got sick around Mother's Day. Many thought it was just a normal, childhood illness...but what they didn't know ended up taking her life way too soon. Her parents agreed to sit down with our Rajah Maples in hopes of preventing this tragedy from happening to someone you

love.

When Ellen Cary started coming down with a fever, she was diagnosed with an upper respiratory infection. Her condition got worse, so doctors admitted her to the hospital and was later transferred to St. Louis Children's Hospital. Rajah: "You thought you were going to come home with her from St. Louis, didn't you? You never dreamed this would happen?"

Eric and Harriet Cary: "No, it never crossed our minds. They diagnosed her with H-L-H and then they turned around the next day and told us that she had ehrlichiosis, which is caused by a tick bite. We had never heard of it before, but they told us the ehrlichiosis had triggered the disease called H-L-H."

A few days after Ellen was admitted to St. Louis Children's Hospital, doctors declared her "brain dead." Her parents were told there was nothing they could do, other than pack up, head home and make funeral arrangements. And it all happened in just TEN days.

Eric: "They say it's a very fast-acting disease, but they don't know too much about it."

Rajah: "I appreciate you doing this interview, because I would hate for another parent to go through this."

Eric and Harriet: "Definitely not. I mean, what we've been through is a tragedy, and I would hate to see any child go through what Ellen went through."

Rajah: "I never got to meet Ellen, so let's talk about her life. What was she like?" Eric and Harriet: "She was everybody's girl. Everybody loved her. She always had a hug or smile for somebody. Always thought of other people."

The Carys want us to remember Ellen's thoughtfulness...and they also have some thoughtfulness of their own to pass along.

Harriet: "Just be careful. You never know."

The Centers for Disease Control and Prevention (CDC) visited the Cary's home this morning to interview them about Ellen's case.

The CDC plans to test

for ticks in every area in which Ellen had spent time.

We talked with a doctor at St. Louis Children's Hospital about the illness.

"It's treatable if it's caught early, but can be fatal," stated Dr. Ericka Hayes who says the hospital has already seen about 8 cases so far this year, including Ellen's.

Ehrlichiosis can be tricky to spot because its symptoms can be mild at first, and they can resemble a number of other illnesses.

Symptoms can include fever, headache, joint pain, fatigue and sometimes, a rash. Dr. Hayes says it's very important to tell your doctor if you've pulled a tick off your body.

pha

Kansas City Teen Loses Battle With Chronic Lyme

KAHB-TV, NBC Action News by Paige Heyward

KANSAS CITY, Mo. --

If you are planning a picnic, a trip to the lake, or plan to send your kids to summer camp to ride horses, hunt or play golf you need to be aware of a growing problem. It's something your doctor may not even know about.

"She was just so full of life and energy," mother Hattie Gallagher said. Brittany Gallagher, 17, will be remembered as the girl who loved life, even though life had been hard for her.

"She had a lot of strength and courage," Hattie said. Brittany needed all the strength and courage she could muster as she battled a debilitating disease.

"It almost seemed to effect every organ. It was one after another," Hattie said.

Three years ago, the happy teenager developed horrible symptoms, including

bowel problems, her eyes became permanently dilated. She was constantly tired, but she couldn't sleep.

"Just suffering, just pain you cannot believe," father Terry Gallagher said.

But doctor after doctor couldn't find the cause, not to mention a cure. "You just want to hold her, and you say 'I don't know what to do,'" Terry said.

Finally, Brittany got the right test, the test that detected Lyme disease, and even though she underwent intense treatment, it was too late. She died last February.

"I could have gotten it tons of times," Rebekah Rauckman said.

One of Britteny's friends, Rebekah, 16, was diagnosed early enough to recover. But, she's so tired she can't attend school full-time and has a long list of debilitating symptoms.

"I have stomach problems, headaches, nausea,"

Rebekah said.

Many doctors in the metro don't recognize Lyme disease when they see it. That's because many people think it's a disease that only strikes in the woods of the Northeast.

The few doctors that treat Lyme disease in Kansas City say it's a dangerous assumption to make. "That's the whole problem. It's unrecognized and undiagnosed," Dr. Joseph Brewer said.

Dr. Brewer at St. Luke's Hospital says Lyme disease can be easily cured in its early stage. It is spread by the bite of a tick. "Clearly people pick it up here," Dr. Brewer said.

According to the Lyme Association of Greater Kansas City, there are at least 1,000 cases across the metro.

One tick bite can result in infection spanning three stages.

Early symptoms may include:
•A bulls eye rash at the bite
•Joint pain and fatigue

Later symptoms include:

- Memory Loss
- Personality Changes
- Organ Failure

In rare cases, like Brittany's, it can result in death. "There's so much of this around now," Dr. Brewer said.

He says people can pick it up at the Lake of the Ozarks, at scout camp, riding horses, playing with dogs or hunting. You can even get it from deer that feed in your backyard.

"It's very difficult to go someplace and mention it and somebody doesn't know someone who has it," Dr. Brewer said.

And it's frustrating that doctors often don't even mention it to their patients. "One of the most common calls I get from other physicians is when their child is bitten by a tick. Then they are worried about it. They were not worried about it until it came to their household," Dr. Brewer said.

He says patients need to be their own advocates. "They

should be vigilant and not listen to 'oh there's none of it around here' because that's simply not true," Dr. Brewer said.

"She's always in our hearts and she'll always be there," Terry said.

Despite Brittany's extreme suffering, she was spiritual and grateful for her life until the end. "'The lord is my strength and my song.' She wrote it on her mirror in lipstick," Hattie said.

Her parents want to use her strength to warn others about the disease that claimed their daughter. "We just want to save another family from going through what we went through. When you see a kid suffer for three years and lose them for no reason its mind boggling, it's frustrating, it's angering," Terry said.

The Gallagher's have two other children, T.J. and Lexi. They believe Brittany would have wanted them to speak out. pha

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