



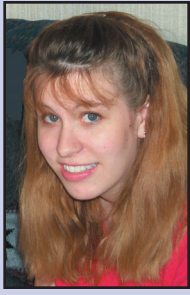
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Investigating Lyme Disease & Chronic Illnesses in the USA

April 2008

In This Issue



Susan Williams:
 Researchers Find Blood Levels of Mercury are Related to Autism p. 2



Laura Zeller
 A Young Family Struggles to Overcome Lyme Induced Autism p. 3



Marjorie Tietjen:
 Discreet Methods of Bio-Warfare p. 4



Joan Vetter:
 Lyme Disease: A Silent Thief p. 5



Lisa Copen:
 When You Are Tempted to Speed up Heaven p. 5



Virginia T. Sherr, M.D.
 Bells Palsy of the Gut Part 2 p.6



Dr. James Schaller, M.D.
 Bartonella Plague Ignored p.7



Tina Garcia
 The ABC's & XYZ's of Lyme Disease p.8



PJ Langhoff:
 Innocence, "Mr. Magoo" and Asperger's p. 9

Groundbreaking New Book Series on LD Hits the Market
 p. 16

Medical News Briefs
 p. 18

Chronic Lyme Disease: Battle Requires Attack on Multiple Fronts

by Scott Forsgren

Most people battling chronic Lyme disease think of the illness as an infection caused by a bacterium known commonly as *Borrelia burgdorferi*, generally transmitted via the bite of an infected tick. What many don't recognize, however, is that recovery from chronic Lyme disease requires recognition that the disease is truly a much more complex illness. Recovery often challenges one to consider more than just infection as the single causative agent involved in the disease process. It is through looking beyond the infectious component of Lyme disease and understanding the equally important aspects of damaging heavy metals and other toxic insults that a more full and lasting recovery may be realized.

Garry F. Gordon MD, DO, MD (H) co-founded the American College for Advancement in Medicine (ACAM) and serves as the President of Gordon Research Institute. Dr. Gordon graciously spent a couple of hours with me sharing his views on chronic Lyme disease and those factors that are important in recovering from chronic illness.

Dr. Gordon acknowl-

edges Lyme disease as a serious infection which can lead to a wide-variety of health challenges. He does not, however, hyperfocus on the specific tick-borne pathogens which cause the disease. He instead believes that a multitude of infections are prevalent in anyone with chronic ill health. In addition to these numerous infections, our state of health is closely tied to our total body burden of endogenous and exogenous toxins. When looking at why illness is present, it is important to look at a number of factors including genetics, chronic infections, and total body burden of heavy metals and other toxins.

Peering into one's genetic makeup can be quite helpful when establishing the proper course of action and considering what factors may have contributed to one's state of health. The more precisely a practitioner can understand the genetic contributors, the more accurately a treatment protocol can be outlined to fit a person's unique needs. As an example, a specific gene mutation can suggest an inability of the body to remove toxic heavy metals. Thus, even tests performed to determine whether or not one is heavy metal toxic can be incorrect if the metals are not being



Garry F. Gordon MD, co-founded the American College for Advancement in Medicine

released due to this specific genetic profile. Where many doctors may miss a heavy metal toxicity issue in these patients, a practitioner incorporating a genetic review into their diagnostic workup is much better equipped to evaluate the potential impact of toxic metals on the overall state of health.

To further illustrate the importance of genetics, Dr. Gordon treated a number of workers in a lead factory. One worker that logically should have had the highest concentration of lead in his body due to his direct contact with lead on a daily basis in fact had lower levels of lead than secretaries
"Chronic Lyme" cont'd pg 13

Autism Bites....Literally!

The Story of the Kirton family: Six Children with Autism Spectrum Disorder

by Tami Duncan
 President of LIA Foundation
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Imagine the life of a family who has a child with autism. Days are filled with transporting to the multitude of therapies, restrictive diets, horrible gastrointestinal problems (a.k.a. poop smearing), running to school and social groups, in an attempt to help your child be more "typical" and "healthy", like other kids. Imagine the amount of money spent, time dedicated, stress endured and marriage tested. Now imagine that world, but multiply that by six! This is the life of the Kirton family from Utah. They have six children, all of their children falling on the autism spectrum.

Autism now affects 1 out of 150 children in the United States alone, according to CDC numbers. Many feel this is a gross underestimate. No one can agree on the cause of autism, other than the fact that there is some kind of environmental role. Autism Spectrum disorder includes diagnosis such as Aspergers

syndrome and PDD-NOS, however, those numbers are not even counted in the autism statistics produced by the CDC. So really, we have no clue how deep this disorder penetrates our population. We do know it's big and it's infiltrated every city, every community, every

Asperger's syndrome, a mild form of autism which affects the child's social abilities. This spurred the whirlwind of diagnosis to come for this family. Once one knows the symptoms of autism, it becomes fairly easy to spot this in other kids. This is what

years ago, a social worker came to the Kirton home to check in on them, see how they are doing. "This happened to be a day, when I had just had enough," says Robin. "I opened up to this social worker, and shared my feelings". Unfortunately, this proved to be a grave mistake for Robin. The social worker forced Robin to go to the emergency room at the local hospital to speak with a crisis nurse. As the waiting room was crowded, Robin and John realized this was the first "alone time" they had in years. This would prove to be an important realization for the Kirtons.

Unfortunately the social worker took the frustrations of an exhausted and overwhelmed mother to an extreme level which resulted in the eventual removal of the children from her home. With a community rallying around this family, a new social worker came in who actually helped this family get on their feet. The new social worker arranged for a family meeting
"6 With Autism" cont'd pg 18



John and Robin Kirton with their 6 beautiful children

school, in my house and maybe yours.

John and Robin Kirton stumbled into the autism world when one of their kids was struggling in school. Luckily, an astute teacher noticed symptoms that looked to her like

happened in the Kirton family; John and Robin began noticing similar symptoms in their younger children. Symptoms that originally just felt like compliance problems, turned into severe autistic symptoms. About one and a half

Researchers Find That Blood Levels of Mercury Are Related To Autism



by Susan T. Williams

New evidence presented by scientists at the University of Northern Iowa concludes that levels of mercury in the blood are related to Autism spectrum disorder. These findings, published in the November 2007 edition of *Journal of Child Neurology*, are a major breakthrough that validates parents of Autistic children who argued that there was a connection all along.

The Department of Psychology researchers Dr. M. Catherine DeSoto and Dr. Robert T. Hitlan reanalyzed data from an important 2004 study and discovered an error in the original statistical calculations. After correcting the error, the researchers determined that the conclusions of the 2004 study were incorrect and that a "significant relation" does indeed exist between the blood levels of mercury and diagnosis of an Autism spectrum disorder.

The researchers also reported that hair sample analysis shows some likelihood that those who are afflicted with Autism may be less efficient at eliminating mercury from the blood.

After the original 2004 study, the Institute of Medicine's Immunization Safety Review Committee had concluded that there was no evidence of a link between mercury-based vaccines and Autism and, furthermore, recommended that no further research be conducted. It was a huge setback for those who blamed vaccinations for the brain disorder and were lobbying for more research of the issue.

Autism is a complex brain development disorder that impairs a child's ability to communicate and interact with others, and causes restricted and repetitive behavior. Recent

data suggests that Autism rates have increased to epidemic proportions over the last two decades, from 1 in 10,000 to 1 in 150, although it's not known if the rise is a true increase or due to better diagnosis.

Some experts disagree that the increase is due to better diagnosis, since most new cases seem to be occurring within a single generation of children, those born between 1989 and 2003. Others suggest that Americans are exposed to greater collective amounts of mercury from various sources than ever before, and propose that thimerosal in vaccines may be only part of a much larger problem.

Thimerosal, which is approximately 50% mercury by weight, has been one of the most widely used preservatives

months of life that exceeded EPA recommended guidelines for safe intake." Independent researchers have published studies that calculated the sum of doses given up to 6 months of age, and determined that the doses actually exceed all mercury intake guidelines for all infants.

As a precaution, public health officials then urged vaccine manufacturers to reduce or eliminate thimerosal in vaccines as soon as possible. Today, thimerosal has been removed from or reduced to trace amounts in all vaccines routinely recommended for children 6 years of age and younger, with the exception of inactivated influenza vaccine.

An April 2001 article in *Medical Hypotheses* noted that the first cases of Autism were

lifestyle factors," declared epidemiologist Lisa Croen.

It is a sensitive and highly controversial topic that has even found its way onto fictional television. In late January, ABC network aired an episode of *Eli Stone*, in which the main character argues successfully in court that a vaccine containing mercury caused Autism. When the American Academy of Pediatrics learned of the episode, they called for ABC to pull the show and not air it. The AAP felt that the show would feed vaccine fears and lead to a drop in immunization rates, putting children at risk for life-threatening illnesses such as polio. ABC, however, refused to pull the episode, stating that "the characters, products, and events depicted in the episode are all fictional."

failed to act, due to "institutional malfeasance for self protection" and "misplaced protectionism of the pharmaceutical industry."

Rep. Burton presented this new study information by Drs. DeSoto and Hitlan to the House of Representatives in December of 2007, and asked the Special Masters to take these latest findings into consideration as they carry out their mandate of managing and adjudicating childhood vaccine claims. He also asked Chairman Kucinich to hold a hearing on the environmental risks of mercury in childhood vaccines before the 110th Congress ends in January 2009. He urged, "We owe it to the thousands of families living with Autism to follow the science, wherever it may lead."

He is also asking for the families of Autistic children to receive compensation from the Vaccine Injury Compensation Fund, which is funded by tax money from the pharmaceutical companies when their vaccines are sold. Over 1,500 people have been paid more than \$1.18 billion since the program began in 1986. Those with a diagnosis of Autism have previously been excluded from this Compensation Fund because officials argued that "only those injuries with a scientific basis would be compensated."

The late Dr. Alan D. Clark, who passed away in 2006, wrote about his son who was diagnosed with Asperger's Syndrome, an Autism spectrum disorder, stating that "the symptoms of mercury poisoning are virtually identical to those of Autism". Dr. Clark described how his son experienced "dramatic changes" very shortly after receiving two doses of thimerosal-containing vaccines. "There is a plethora of peer-reviewed scientific studies published over the last 50 years that mercury and specifically Thimerosal is genotoxic (damages DNA), nephrotoxic (damages kidneys), immunotoxic (damages the immune system), cytotoxic (causes cell death), cardiotoxic (damages the heart), thyrotoxic (damages the thyroid) and neurotoxic (damages the neurological system)."

The CDC recently granted \$5.9 million for a five-year study to explore possible genetic and environmental reasons for the rapid rise in diagnosed cases. Researchers will

"Mercury" ...cont'd pg 15



in vaccines since the 1930s. Thimerosal enables the pharmaceutical companies to make a bigger profit. The preservative allows the vaccines to be packaged in larger vials that contain multiple doses. The smaller, single-dose vials of vaccines do not require a preservative but cost twice as much to produce.

In 1999, the FDA calculated the amount that an infant might receive from vaccines and concluded that the maximum cumulative exposure to mercury was "within acceptable limits". However, the FDA admitted that "depending on the vaccine formulations used and the weight of the infant, some infants could have been exposed to cumulative levels of mercury during the first six

described in 1943 (though they had been noticed since 1938), in children born in the 1930s shortly after thimerosal was added to vaccines. The study also noted that as the mercury dose increased as more vaccines were added to the pediatric immunization schedule, the prevalence of Autism increased as well.

One theory is that some children may be born with a genetic susceptibility to Autism and then an environmental factor, such as mercury, can trigger it. "What's become very clear is that Autism results from a combination of having a genetic predisposition or genetic susceptibility, plus the added extra exposures from environmental factors or other kinds of

The storyline plays on topical issues for dramatic effect, but its purpose is to entertain."

For Representative Dan Burton of Indiana, the issue is personal. His grandson has Autism, which his family believes developed after he received seven vaccines containing thimerosal in one day. Rep. Burton oversaw a three-year investigation of thimerosal, and his House Government Reform Committee concluded that "The Autism epidemic... may have been prevented or curtailed had the FDA not been asleep at the switch regarding a lack of safety data regarding injected thimerosal, a known neurotoxin." The committee also noted that the FDA and other public-health agencies



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A young family struggles to overcome Lyme-Induced Autism



by Laura Zeller

Life hasn't been easy for the Holbrook family from Long Island, New York. At the prime of their lives, both Jennifer and Brad Holbrook were struck with crippling cases of Lyme disease.

Jennifer was initially diagnosed with Chronic Fatigue Syndrome (CFS) and Fibromyalgia. Her symptoms gradually progressed from profound fatigue to crippling arthritis, joint pain, swelling, and unrelenting neuropathy. After years of trying to eat healthy, weight training, karate classes, and cycling, Jennifer's body gave up on her, and she became bedridden. Her "syndrome" forced Jennifer into a wheelchair and she reluctantly had to go on both Social Security Disability and Supplemental Security Income in her early twenties.

During this horrible time, Jennifer's physicians discovered that she also had endometriosis. Endometriosis results when normal uterine tissue grows outside the boundaries of the female reproductive system and causes pelvic pain, heavy bleeding, and internal scarring. In Jennifer's case, the severity of her endometriosis, and resulting inflammation, caused scar tissue formation, likely making her infertile.

The news that her fertility was in jeopardy dashed all her hopes of ever getting well enough, fast enough, to have children.

With her dream of having children seemingly shattered and her painful symptoms intensifying, Jennifer began to question her diagnosis, wondering if her severe neurological symptoms could truly be caused by a "fatigue" syndrome.

When her boyfriend Brad also became ill, they didn't know what to do, or where to turn for help. Brad's symptoms started with a "mystery illness" so severe that he was hospitalized for a week because his tonsils wouldn't stop bleeding. Brad became jaundiced, and increasingly weak. His diagnosis was guessed to be mononucleosis, despite a negative mono test result. His ongoing and progressing symptoms included fatigue, nerve pain and weakness from his neck to his hands, chemical and EMS (electromagnetic sensitivity) along with typical flu-like symptoms. Brad was eventually also diagnosed as having CFS and Fibromyalgia.

Forced to rely on family and small disability payments due to their young age, they sought out CFS "experts." Together they tried many treatments only to end up with empty prescription and supple-

ment bottles. The alternative "immune boosting" therapies prescribed to treat their combined CFS resulted in some minor and temporary improvements in energy. Unfortunately, what the "CFS experts" gave them turned out to be empty wallets and shrunken hopes.

After trying an experimental treatment for CFS that involved six months of antibiotics, which made her feel better, Jennifer started investigating Lyme disease as a potential cause of her illness. Jennifer remembered back ten years earlier to a tick bite she had gotten while camping. As Jennifer began to feel dramatically better on antibiotics, she began to connect the dots, and the chronology of her symptoms, matching up the sequence of events to

babesia, and Ehrlichiosis. Thanks to a brilliant Lyme doctor, both of them showed symptom improvement right away. However, they knew from reading about Lyme treatment that a long road of treatment and recovery lay ahead.

Jennifer and Brad's relationship actually grew stronger under the adversity they faced. Jennifer slowly turned inward and found a peace and spirituality that helped her heal and bravely fight for her right to a normal healthy life. Motivated by the hope of their new diagnosis and the hope of improvement in their lives, Jennifer and Brad were married and began dreaming about having a child.

Jennifer knew that it might be too late to have a child. She might be infertile



tick bites.

After researching the symptoms of Lyme disease online, Jennifer made some astounding discoveries. Both Jennifer and Brad's symptoms matched Lyme disease to a tee. They arranged appointments with a top Lyme literate physician. During their appointments, Lyme disease was confirmed to be the cause of both Jennifer and Brad's CFS and Fibromyalgia. It all made sense. They lived in a highly tick infested area on Long Island, New York. Brad, not remembering being bitten by a tick, believed he likely contracted his Lyme disease sexually from Jennifer.

Both of them underwent aggressive Lyme disease treatment protocols for Lyme disease and the co-infections bartonella,

from the endometriosis. Determined to have a child, Jennifer underwent a third abdominal laparoscopic surgery to clear out scar tissue blocking her fallopian tubes. Facing the difficult surgery, her doctor told her not to get her hopes up. One of Jennifer's fallopian tubes was already destroyed by the endometriosis. Her only chance at fertility was if her other fallopian tube could be saved. The operation was successful, and her surgeon removed a massive amount of scar tissue and adhesions from her left fallopian tube. After her surgery, her surgeon explained to her that her left fallopian tube "should work for a little while" and to hurry up and try to conceive right away, or else it might never happen.

Still on disability, and

worried about passing Lyme disease to a child, Jennifer and Brad wondered what the right decision was. After months of antibiotic treatment together before the surgery, they decided to try to fulfill their dream of becoming parents. After all they both had been through with Lyme disease, they hoped and prayed that they would be able to conceive and have a healthy Lyme-free baby.

Jennifer and Brad got the green light from their LLMD to try to get pregnant. Because she was infected with Lyme disease, Jennifer would have to commit to aggressive antibiotic treatment throughout her pregnancy. She would have to undergo repeated blood testing to measure the antibiotic levels in her blood to keep her baby safe. Jennifer prepared her body for pregnancy with a strong prenatal vitamin regimen as well as educating herself about various prenatal problems and birth issues she might have due to Lyme disease. Nervous, yet excited, Jennifer and Brad began trying to conceive.

On Mother's Day 2004, Jennifer and Brad found out that despite all the odds stacked against them, they were pregnant! Their dream was starting to unfold and the excitement and blessings of parenthood were now becoming a reality. The happy couple celebrated and thanked God for answering their prayers.

After a visit with her LLMD, it was determined that Jennifer was "high risk" and recommended that she get monthly sonograms to make sure the baby was developing normally. The Holbrooks were thrilled to see their dream coming true. Seeing their baby so often while in the womb cemented the parent/child bond quickly, and they discovered they were expecting a baby girl. Jennifer took her antibiotics every 6 hours, day and night, to keep her baby safe and keep her antibiotic blood levels high enough to protect the baby. Higher and higher doses didn't seem to be making the tests change very much. Unable to tolerate Bicillin® shots from past experience, she tried to share her LLMD's confidence that everything would be okay.

Unfortunately, Jennifer's blood antibiotic levels were often too low, and she felt like she had a worsening of her Lyme symptoms during her last trimester. Jennifer was more nervous about the health of her unborn child than the anticipation of the actual birth. After much research, Jennifer decided on natural childbirth using no medication to reduce the risk of needing a C-section.

Jennifer's pregnancy continued smoothly and the day after her due date, little Emily was born in January 2005. She was born a beautiful healthy 8 pound baby girl.

At birth, per her LLMD's instruction, Emily's cord blood and a part of the placenta were sent to IgeneX laboratory for Lyme testing. Emily was perfect, and her Mom and Dad took her home

"Lyme-Autism" ...cont'd pg 15

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 nationwide 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's attention. We seek to make sure that anyone struggling with these diseases has proper support emotionally, physically, spiritually and medically.

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Discreet Methods of Biological Warfare



by Marjorie Tietjen

How many of us are burdened with chronic disease or know a friend or family member who is totally or partially disabled? It is almost as if it has become normal and accepted for a large portion of the population to be ill with conditions or "autoimmune" diseases which have no known definitive tests, causes or cures. Certainly our diet and the chemicals in our environment play a significant role in determining our state of health. However, we need to begin to question as to whether or not something more deceptive may also be taking place.

The media has become a monstrous propaganda machine. Apparently their main goals are to mislead, distract and manipulate the population through fear. Once we become aware of the tools used by the media to control us-- that is the first step in gaining back our freedom and autonomy. The Centers for Disease Control, the Media, The Dept. of Defense, and other government agencies, would have us believe that the most threatening biological agents are lethal microbes which cause acute disease and then death. A couple of examples would be anthrax and smallpox. It appears that we are being intentionally misled as to where the real danger lies.

Government biological warfare documents speak of incapacitating agents as being the most effective weapons for disabling a nation. When a population is infected with a lethal agent, it is very obvious that protective measures need to be taken, such as quarantine, antibiotics, etc. These actions help to curb and abort the epi-

demio. A much more discreet, diabolical and effective method of disabling a country, would be to employ a moderately infectious organism, or combination of organisms (Russian Doll Cocktail), which would pass slowly through the population unnoticed.

Some of the criteria for effective disabling agents are:

1. A biological agent which lacks objective signs that can be determined by medical testing. Many patients who are extremely ill with Lyme disease, mycoplasmas or other emerging co infections, are told all their tests are normal and therefore their problems must be all in their heads. Many people labeled with Chronic Fatigue Syndrome, Gulf War Illness, and Fibromyalgia, are told the same thing.....if they would only get a new job, a hobby, or begin to exercise.....then they would be fine.

2. An agent which would produce so many symptoms throughout the body that it would appear as if the patient was malingering or faking. This criteria prevents the medical community from taking the disease seriously. In the meantime it moves quietly through the population, being labeled as many separate diseases and conditions.

3. If the disabling agent is a combination of several diseases or microbes, some of which could be genetically engineered, then it becomes very difficult, if not impossible to diagnose and treat.

4. Diseases which are spread by insect vectors are very much sought after and have been used for years in biological warfare. Using insect vectors makes an epidemic much easier to pass off as a natural event, while concealing the identity of the perpetrators.

The following quotes are from *Science Daily*, Sept 3, 2004. They suggest that ticks, especially *Ixodes Scapularis* (the deer tick which spreads Lyme disease) would make a very appropriate candidate for vectoring biological warfare agents. As you read these

quotes, ask yourself if the *Ixodes Scapularis* ticks could have already been utilized for this purpose.

"Ticks as small as a freckle can transmit a number of illnesses for which there is no vaccine, and in some cases, no cure. These creatures could even become bio-terrorism weapons."

Perdue University and The University of Connecticut, at the time this *Science Daily* article was written, were undertaking the project of unraveling the genetics of the tick species *Ixodes Scapularis*. Catherine Hill, Purdue's co-principal investigator, tells us that "From a bio- terrorism standpoint, it's pretty clear ticks could transmit a number of diseases that intentionally could be introduced and conveyed to people."

Another quote from the same article in *Science Daily* stated, "A number of ticks in the United States spread pathogens that the CDC considers potential bio-terrorism agents. The family to which *I. Scapularis* belongs, *Ixodidae*, carries many of the microbes included on the CDC's Select Biological Agents and Toxins list." These researchers are hoping that a better understanding of ticks will help them discover better treatments for the diseases they spread.

Not only are ticks considered an efficient means of transmitting biological weapons, but the spirochete, borrelia burgdorferi (the agent which causes Lyme disease) has also been considered by researchers as a potential bio-warfare agent. In fact, some advisory board members to Lyme disease organizations have extensive backgrounds in bio-warfare research.

Dr. Donald MacArthur, who was in charge of the development and testing of biological weapons for the Pentagon, had this to say at a Hearing before a subcommittee of the Committee on Appropriations in 1969.

"Incapacitating agents are a more recent development and are in the research and development (R&D) phase (in 1969). In fact the prime emphasis in agent R&D is on developing better incapacitating agents. We are synthesizing new compounds and testing

them in animals. I should mention there is a rule of thumb we use before an agent is classified as an incapacitant- we feel that the *mortality should be very low* (emphasis mine).

"Therefore the ratio of the lethal dose to the incapacitating dose has to be very high. Now this is a technical job. We have some of the top scientists in the country working for years on how to get more effective incapacitating agents. It is not easy."

He also tells us that an incapacitating agent "imposes a greater logistic burden on the enemy when he has to look after disabled people."

When a large portion of the population is sick and unable to work, this puts an enormous strain on the economy. Think for a moment about the Lyme/co-infection epidemic and how many people are unable to work. We are not just talking about those who have been diagnosed with Lyme, but also the thousands upon thousands of people who are being mislabeled with depression and the ever-growing list of those people with so-called "autoimmune diseases".

Many readers of this newspaper are already aware of the great difficulty Lyme patients experience in trying to get diagnosed and treated. It is becoming increasingly obvious that this denial of treatment is intentional. We are told that Lyme disease has been around for hundreds of years and that ticks are filthy organisms which can spread many diseases in one single bite. This appears to be true, but is this due to a natural evolutionary process or is this sudden proliferation of countless co-infections a process which has had some help from bio-warfare researchers?

Are all these ticks, carrying multiple pathogens, naturally this way or are they the result of the Russian Doll Concept? Have ticks themselves been modified to endure harsh weather extremes? The ticks which carry Lyme disease appear to be surviving in climates previously inhospitable to this species. In fact, this disease is becoming endemic in many parts of the world at once and it seems to be just as controversial everywhere it

spreads.

As I mentioned before, one of the criteria for an effective bio-warfare agent is resistance to antibiotics. Borrelia burgdorferi (Bb), the causative agent of Lyme disease, can often present with persistent infection and is many times incurable with the standard antibiotic regimes. In many cases it is obvious that a patient's symptoms are due to ongoing infection. There is positive response to antibiotics, (even if not a total or permanent cure), herxheimer reactions, positive tests and even sometimes positive cultured biopsies and autopsies-- all after what the mainstream medical system calls an "appropriate course of antibiotics."

Why are they denying that Lyme disease can persist in the body, despite what they consider adequate treatment? I don't believe this stance is due to stupidity or ignorance.

While usually extended antibiotics are necessary in controlling and improving a tenacious Lyme infection, it appears that the organism may never be totally eradicated. It is known that there are techniques used to enhance bacterial resistance to antibiotics. So, while on the one hand the medical authorities are warning us of the dangers of the overuse of antibiotics and even limiting their valid applications, on the other hand they are creating and perhaps even letting loose antibiotic resistant germs.

I would like to quote Thomas Keske from his *Origin of Lyme Disease, part 2*. The quotes in his excerpts are from the 99th Annual Meeting of the American Society for Microbiology.

"Oddly, the Lyme agent, though it is a supposedly "old" disease, has a somewhat curious genetic structure that looks like it "was captured in mid-shuttle," like it is "still undergoing construction." It is riddled with gene duplications and pseudo-genes, fragments with inversions, deletions, frame-shift mutations, inappropriately placed stop codones. Perhaps the untidy genetic structure is a statistical fluke.

Of course another possibility not mentioned is that an odd genetic structure might

"Biological" ...cont'd pg 7

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Lyme Disease: A Silent Thief



by Joan Vetter

Yesterday Peggy Looney and I discussed our faith, our family, our trials and her battle with Lyme disease. Until recently I had no clue of Peggy's disability. I knew her at church - knew that she was an artist - knew that she loved the Lord - knew that she raised championship Sheltie dogs, and always thought of her as a strong, healthy woman. Her

story shocked me, and helped me to understand the horrendous crippling effects of Lyme disease.

Following a painful divorce, Peggy moved from Ft. Worth to Rendon, Texas on two acres of land. What she didn't realize was that Rendon was the worst in the state for Rocky Mountain Spotted Fever. One day she found her dogs covered with ticks. A year later she discovered a red ring on her leg with a spot in the middle. Thinking it was ringworm, she treated it with antibiotic ointment and it eventually went away. Then one morning she woke with a terrible rash on her chest and neck. Again she just figured it was all the perfume she had sampled.

Then another year later Peggy began to experience extreme fatigue and she was hurting all over, especially in her feet. This was highly unusual as she always had a

great ability to work hard. In 1986 she experienced severe arthritic symptoms in her hip. At this time the woman she had purchased her first Sheltie from refused to allow her back into her building to train her dogs until Peggy would agree to go to her doctor in Dallas. Peggy laughs and says, "She really blackmailed me because I needed to get back in there."

The doctor took one look at Peggy and knew she needed his help. He put her on Doxycycline for 10 days. She could tell something was happening right away because when the organisms in her blood began to die and slough off she became extremely sick to her stomach. In spite of the sickness, Peggy, an eternal optimist, was grateful. She contends, "Many people are not diagnosed with Lyme for years, but I'm grateful to God that it only took two years."

During this time one of

her championship dogs fell ill with arthritic symptoms and experienced such pain in his joints he literally couldn't move. He was treated with Tetracycline drip in the Vet's office for 3 days. Fortunately he went on to live over sixteen years.

In 1990 an additional struggle Peggy endured was arthritis of the nerve endings in her feet. She had surgery three times on her right foot and once on her left. In spite of the pain in her knees and feet, Peggy continued to go to dog shows. Finally in 2002 she had both knees replaced at the same time. She thankfully gives God the credit for her miraculous recovery. She says, "I've known people who have had weeks and weeks of rehab - but my fourth week I threw the walker away and got in the car and drove to the beauty shop."

One of the negative thoughts Peggy has battled is

wondering if she should have moved to her home in the country, but wisely she chooses not to dwell on those thoughts. She refuses to allow her joy to be stolen. Peggy claims, "Jesus is more alive in my life than ever or ever would have been if I had stayed comfortably in Ft. Worth so through it all I won, and I'm still going to win all the way - I know that."

I consider Lyme disease a thief coming to steal Peggy's health. However, Peggy stopped him in his tracks, thanks to the dog trainer friend God put in her life. We are warned in scripture that our Lord will return "as a thief in the night". Even as God led Peggy to comprehend her health thief, I believe she will be alert and ready when Jesus returns for her - "without spot, or bulls-eye rash, and blameless." *pha*

When You Are Tempted to Speed Up the Trip to Heaven



by Lisa Copen

Heaven. The pain will subside. The joy will abound. We will know the presence of God's glory unlike we can even imagine. Sounds pretty good, doesn't it? Even the apostle Paul said, "For to me, to live is Christ and to die is gain," (Philippians 1:21). He too was eager to see an end to his suffering here on earth and spend eternity with God. What I'm confronting here, however, is not the blessed event of entering His gates at His moment of appointment, but the word that Christian leaders are hesitant to confront - suicide.

Each month I hear from a few people who are seriously questioning why God would want them to remain here on earth one more day. And for each person that contacts me, I wonder how many others are suffering silently. What good could possibly come of constant pain? How can He expect us to continue to endure a future that seems to hold nothing but disappointments, sorrow and physical pain? We search for an answer: Why is God allowing this to happen and why shouldn't those with chronic illness just end it all and experience heaven a bit early? "What is real faith in God but continuing to believe in the face of everything in life gone wrong?," writes Mark Littleton in *The Storm Within*. "What is true belief and trust in Christ, but trusting Him and believing His Word even when nothing has worked out? It is easy to believe in Him when things are going well, but under such cir-

cumstances it is hard to see if the faith is real."

I can easily give logical thought-provoking, "spiritual" explanations such as the above, but answers that address the aches of the heart are more difficult. It is the eternal question of mankind: If God is so good, why does he allow me to hurt so bad? Why do bad things happen to good people? From nearly the beginning of time, Job confronted the emotional turmoils of tragedies and physical pain, despite being a righteous man in the eyes of God. There is no answer to these questions that can adequately be addressed in this brief newsletter, but Rest Ministries bookstore, *The Comfort Zone*, does have some wonderful books that will give you a chance to do some life-changing, follow-up reading.

Do not be tempted by that which Satan is throwing in your face as an easy answer to end your pain. Satan knows first hand that physical pain is one of the greatest afflictions in which to persuade you to turn away from God, and from what God desires in your life.

Take Job, for instance: Satan took Job's children, his assets, his animals, everything - and the honorable Job responded by worshipping God. So what did Satan do next, that he knew would be the last straw for Job? "Satan went out from the presence of the Lord and afflicted Job with painful sores from the soles of his feet to the top of his head," (Job 2:7). Job was so depressed his first response was to take a piece of (unclean) broken pottery and scrape himself with it as he sat among the ashes. (v. 8). Job's sounding pretty depressed at this point, isn't he? One could even say that he is feeling a bit apathetic about whether he lives or dies,

since he is scraping himself with pottery that could likely causing an infection.

If one of the most righteous men in God's eyes is tempted to want to die because of physical pain, acknowledge that your feelings also need acknowledged! Although God grieves your emotional pain, it exists. You are not "less of a Christian" or a hypocrite if you have feelings of hopelessness. You are human... and humans need God.

You are simply being tempted, as was Jesus. "While we may feel separated from [God], it is just that: a feeling. A persistent perception of desolation does not mean he has deserted us. But it can feel that way, and intensely so," (Littleton, p. 26). Jesus spent forty days in the desert where He was led by the Spirit, into

ed, he will also provide a way out so that you can stand up under it," (1 Cor. 1:13).

In those dark moments of a sleepless, painful night, shadows of temptation may dance on your walls, encouraging you to take a few extra pills and relieve the pain, but angels are attending you. Before the sun set to create this night of desperation, God already knew that you would encounter Satan's temptation, and He said, "Satan can't harm [put your name here]. He can tempt all he wants, but I know that my child will rely on my power and promises to overcome it or I never would have allowed this." And then for good measure, God sends a few angels to attend to you. Perhaps a phone call will come. You'll look over and see your Bible and pick it up. You'll fall on your knees

and cry out to God one more time. You'll think of loved ones that will find you and whose lives will never be the same. Angels are in your home attending to you to help you overcome the temptation.

Jesus knows temptation. Satan's daybook had forty days crossed out and the only thing on that 'to do' list said, "tempt Jesus." That was all he had planned. And Jesus' calendar had forty days marked out that said, "fast and pray." I wouldn't be surprised if day forty-one said "Eat!" Jesus was human and, big surprise- he was hungry! (Matthew 4:2) Jesus was out there in the desert with Satan on his back and I would guess more than once he imagined just taking a rock and turning it into an ice cream cone, even a Popsicle. So what did Satan use as His temptation? He talked about food! Bread of all things; mouthwatering, buttered, fresh from the oven, carbo-hydrated comfort food, energy-producing bread! The one thing he knew Jesus desired.

What do you desire?

Healing? Release from the pain? These are the things in which Satan will tempt you with for his purpose. If not suicide, then New Age pain clinics that hypnotize you, call forth the spirits to release your pain; quackery that will strip you of your income. Even well-meaning Christians get their theology mixed up and tell you that you can't serve God until you are healed.

One of the reasons: because you will be able to help those who are being tempted. Most Christians that are in the depths of despair know the Scriptures. They know God loves them. But they just don't want to "do life" anymore with the terms that they've been handed.

I heartily encourage you to seek professional counsel if thoughts of ending your life have entered your mind. This is vitally important. I also encourage you to seek out a friend, a spiritual mentor. It doesn't have to be someone with the same illness that you have. It doesn't have to be someone in your same age bracket, but seek someone who has suffered with pain and depression and encourage one another. No self-help book, New Age guru, or trendy herb will encourage you like a friend in Christ that you can "get real with." If you're searching for such a friend, ask your pastor, call us or visit our website, but most of all pray for such a friend. Angels are attending you. God is in control of every "coincidental" meeting. I believe that He knows we need a true, honest, vulnerable, call-in-the-middle-of-the-night, call-before-drying-the-tears, get-down-to-the-nitty-gritty-of-it-all friend.

Friends aren't perfect (even Jesus' friends couldn't stay awake!) but they make the journey easier-sometimes, they can even make the horrible almost laughable.

In a nutshell, God is not finished with you yet. Jeremiah 29:11 says "'For I know the plans I have for you,' declares the Lord, 'plans to prosper you

"Tempted"...cont'd pg 16

What I'm confronting here, however, is not the blessed event of entering His gates at His moment of appointment, but the word that Christian leaders are hesitant to confront - suicide.

the desert to be tempted by the devil. [Matthew 4:1; Luke 4:2 emphasizes that he was tempted all forty days.]

What? God led Him into the desert in order to be tempted by Satan? Yes; but note that during this entire time "angels attended him." (Mark 1:13).

Just as with Job and Jesus, although you may be tempted, God has provided the power to overcome the temptation; "No temptation [will] seize you except what is common to man. And God is faithful; he will not let you be tempted beyond what you can bear. But when you are tempt-

"Bell's Palsy of the Gut" and Other GI Manifestations of Lyme and Associated Diseases

Part 2



by Dr Virginia T. Sherr, M.D.

LYME-ASSOCIATED MOTILITY VARIATIONS AND OTHER BB RELATED GUT PROBLEMS

A suddenly spastic or immobile esophagus or similar paralysis of the stomach muscles may represent esophageal and/or gastric paresis or spasm from Lyme neuropathies (5). Infection influencing the vagus nerves has been documented to cause paralysis in other diseases (8). Additional Bb-related symptoms may manifest as gastroesophageal reflux disease (GERD), early or absent satiety, GI bloating, nausea, vomiting, and atypical colitis wherein the pANCA test may be helpful. If Crohn's and colitis are considerations, a Prometheus first step may help to support this diagnosis; however tissue biopsy is necessary to confirm the diagnosis. (Personal communication from Martin D. Fried, MD, FAAP, Colt's Neck, NJ)

As noted, neuropathies can result from the immune (cytokine) system over-activation often seen in chronic Lyme cases. This may lead to prolonged inflammation with resultant damage to the enteric nervous system and/or the autonomic nervous system supplying the gut (5). In addition, possible spirochetal paralysis of the vagal nerve(s) may cause temporary or long-lasting disruption of normal small intestinal mobility, and that, in turn, may lead to Small Bowel (or Intestinal) Bacterial Overgrowth (SBBO or SIBO) (41). SIBO can be a serious and difficult-to-eradicate infection. The colon microbes involved usually have migrated backwards to small bowel areas from their original site of benign bacterial growth follow-

ing loss of competent peristaltic rhythm in a now partially compromised small bowel. This overgrowth of upwardly mobile but misplaced bacteria may greatly interfere with the normal absorption of nutrients from the small intestines causing dysbiosis and various forms of malnutrition among other mischief. Bacterial overgrowth in the small gut can result in remarkable, intermittent, immense, abdominal bloating/distention with or without eructation or flatulence (42). Such disruption may occur despite the fact that small bowel muscles have their own enteric enervation and could function independently to some degree. In many cases, the diagnosis of SIBO is verifiable by the Hydrogen-Lactulose Breath test, which can reveal excess hydrogen production from the relocated colon bacteria. Related test kits are offered to outpatients upon physicians' requisitions by Genova (aka Great Smokies) (43) and Doctor's Data (44) Laboratories, thus allowing the unassisted patient to complete the test at home and mail it back to the lab.

Another borrelial cause of massive increases in abdominal girth associated with "gas-less" bloating may cause diagnostic confusion. Unrelated to gut symptoms from Lyme's disruption of the body's internal "wiring," Bb-inflicted polyradiculopathies of T7-12 (nerve root inflammations) may result in paralysis of external abdominal muscles such as the rectus abdominus. This in turn can also lead to the appearance, not the reality, of extensive bloating. No exercise "crunches" will alleviate this distention even for a previously well-toned individual. Antibiotic treatment for borreliosis may resolve this symptom (45, 46).

A diagnostic tip-off to the presence of LYD (and/or bartoneliosis) may be a concomitant hypersensitivity of the chest or waist area skin in combination with distended belly from weakened abdominal wall muscles (47). One may hear from a child with unrecognized tick-borne disease, "I can't stand anything touching the front of me." Or, "My clothes have to be real tight" or "I will wear only these (very loose)

clothes." Parents of children with Lyme disease are often bewildered by apparent compulsions such children may develop while trying to get dressed in the morning. Catching the school bus on time can result in chaos as the harried parent attempts to ready a child when the child is not known to be Lyme- or bartonella compromised.

Adynamic or paralytic ileus, a non-obstructive motility failure (suddenly "silent" intestines), may occur as a result of neuroborreliosis on an intermittent basis, with resultant abdominal distention. As mentioned, these functional lapses and pseudo-obstructions from faulty gut motility may be due to direct spirochetal or other microbial invasion with resultant tissue inflammation, or to noxious influences of cytokine (immune system) reactions, or to microbeproduced neurotoxins that can affect Central, Somatic, Autonomic (parasympathetic or sympathetic), and Enteric nervous systems that supply the GI tract.

In children and in adults who unknowingly have been inoculated with Bb spirochetes, etc. from ticks or from bites of other less common Lyme disease vectors such as horseflies, deer flies, or even mosquitoes (48), the resultant altered gastrointestinal motility symptoms may be mild to life-threatening. (Ehrlichiosis has a 5% mortality rate in children.) Students are frequently reported to the office as having persistent stomach pain ("belly aches") (49), failure to thrive, reluctance to go to school (their behavior often incorrectly labeled psychosomatic, attention-getting or amotivational), or as adults, patients may be fearful of going out to eat or to work due to an apparent "Irritable Bowel Syndrome." These latter borreliosis symptoms are a result of visceral hypermotility instead of paralysis. In addition, the patient may have bloody diarrhea reminiscent of Crohn's disease, or of colitis (50). As in the case of H. pylori's discovery as a cause of gastric ulcers, suspicion amongst researchers is growing in regard to "stress" as the cause of IBS. And, Crohn's Disease is now considered etiologically related to a pre-existing (unspecified) gas-

troenteritis (51). Constipation of an unusual type can occur in a LYD patient who is not prone to having sluggish bowel movements. The stool can suddenly become puttylike, unresponsive to usual laxative treatments. Even massive efforts to relieve this obstipation using all vigorous conventional methods may not suffice. In addition, many patients with gastrointestinal Lyme disease develop symptoms reminiscent of Sprue/celiac disease and/or lactose intolerance all of which may improve somewhat when treatment for the underlying infection(s) is successfully concluded.

THE MOLECULAR BRAIN AS A GUT-INFLUENCING ORGAN

Another site of Bb spirochete-caused neuron damage that likely affects the GI tract is the human brain-especially its Lyme-injured hypothalamic and brain stem melanocortin circuits. "Melanocortins are small protein molecules that carry messages between nerve cells in the brain. They are involved in regulating a variety of complex behaviors, including social interactions, stress responses and-most importantly in this context-food intake. So it is easy to see how interference with them could cause anorexia and bulimia . . . Anorexia and bulimia may be autoimmune diseases-and so may several other psychiatric illnesses" (52). This passage refers to the work of scientists from the Karolinska Institute in Stockholm, Sweden, who have been looking at possible connections between different gut bacteria and autoantibodies against melanocortins to see if they can determine which bacteria might be responsible for a variety of eating disorders. They are finding that the level of autoantibodies to melanocortins is positively correlated with anorexia, but inversely correlated with bulimia (53). When melanocortins are pathologically over or under-activated, either stimulation of hunger or of food avoidance may result. The former leads to hyperalimentation and obesity (54). The latter leads in some cases to anorexia nervosa

and other health problems. Brian Fallon, MD, and other psychiatrists have long noted that when their neuro-Lyme patients are treated with antibiotics for the underlying chronic Bb infection, there is significant improvement in eating disorder symptoms (55). Bell's 7th and the vagus' (10th) Cranial Nerve pathologies, brain molecular distortions, gastrointestinal disruptions, and human behavioral idiosyncrasies are all perceived of as interrelated.

ADDITIONAL DIAGNOSTIC HINTS

Patients with a Lyme disease-related facial paralysis may not have positive antibody laboratory tests for borreliosis as is often also true of those with gastrointestinal neuroborreliosis. Despite those facts, it is imperative that the multi-organ infecting microbes associated with such dysfunctions be suspected and treated if they are likely to be present-but the prescription of immunitylessening steroids should never be used routinely to decrease symptoms (56). Neuro-Lyme is mid-or-latestage (tertiary) Lyme disease, which may account for the lack of positives on many antibody tests (antibodies having been depleted by Bb, an ace immune system disabler.) Commonly, active tertiary Lyme shows a diagnostic positive IgM response that is conventionally but mistakenly thought to be a marker accurate only in relatively early infection (57). Persistence of a positive IgG WB test is most often seen in those with predominantly arthritic forms of Lyme disease (58).

Although the tests should be run, attempts to check for positive DNA is time consuming with results rarely coming back inside of several weeks. Yet, the patient needs immediate treatment. That same dilemma confronts both the patient with Seventh Cranial Nerve palsy as well as the enterically compromised patient. If paresis or spasm occurs and the esophagus stops functioning, a patient may choke on recently swallowed food or fluid. If it occurs in the stomach, it may cause nausea and gnawing abdominal pain. If "Bells Palsy Gut" *cont'd pg 17*

THE HIDDEN EPIDEMIC

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The Bartonella Plague Ignored: A Common Reason Lyme Treatment Fails

“Biological”



by Dr James Schaller, M.D.

In a previous article, Ignore Bartonella and Die, in the August 2007 issue of the Public Health Alert, I introduced readers to the amazing and emerging stealth bacteria, Bartonella, that has many species that infect humans and a vast numbers of vectors--far more than Lyme spirochetes or Babesia protozoa or Ehrlichia bacteria. In my upcoming book, The 16 ways Lyme Disease Treatment Fails, this infection is one of the reasons for Lyme treatment failure. Please understand that Bartonella is not one of the many listed infections which are occasionally in deer ticks and which is of unclear risk. I feel this is a blind spot that an oil tanker could float through, and which is both a very routine and dangerous infection which causes fatigue, virtually every psychiatric and neurological problem imaginable, and can silently hurt every organ. It is one reason I will dedicate 1-2 years to write a textbook on Bartonella diagnosis, body damage and treatments.

First, the routine testing done at large labs and even some specialty labs misses this infection commonly. There are just so many species that some labs are giving up looking for Bartonella at the species level, and are going to try PCR at the larger genus level. It is amusing to read that 40-60% of USA cats carry this infection, when this is based on junk lab testing. The numbers are much higher in my opinion. In my first article we showed one new patent pending blood smear stain that captures many, but not all, Bartonella human cases. If the numbers are low, it can be missed. Other cases of Bartonella can be found by many other means, for example, by finding abnormally high levels of VEGF in a mold-free environment. But remember VEGF can go down in the presence of indoor mold (per US Patent 6528489 and other data) found in 30% of USA structures and this can hide Bartonella because it lowers VEGF.

Second, it is important to realize that Bartonella is not rare. It is all over the world and only those living in the polar ice caps are immune to the risk of infection. I personally believe, based on newer and more aggressive testing, that it is more common than Lyme disease. Many are falsely diagnosed with Babesia because they are tired and fatigued, and yet this is a highly common symptom of Bartonella reported

in vast numbers of studies. It is a major contributing infection to chronic fatigue and Fibromyalgia symptom clusters.

Third, Bartonella causes about 20-30 problems with each body organ. And this is merely what we know about, at this time, before a real mastery of this organism exists. Why such damage? Perhaps because it is outside or inside Red Blood Cells, but it also enters the lining of all blood vessels in all tissues and, when in this location, it can cause a wide range of destructive actions. All tissues eventually have ultra tiny blood vessels called capillaries which are so small Red Blood Cells have to sometimes squeeze through to get oxygen to the deepest cells. It also causes nodules in many types of tissues like the liver, spleen and skin.

If you read some simplistic articles on Bartonella they treat it like a cold, and falsely assume you need enlarged lymph nodes and a purple, blue or red blood vessel rash or flat rash, and a papule to have Bartonella or "Cat Scratch Fever." Of course Bartonella is most commonly found without these things. Even the so called Bartonella rashes, caused by VEGF making and opening capillaries, are usually listed as having 3-4 forms when we have found over 30 forms, including occasionally open sores with debris. But most people who have any rashes miss them because it takes years to learn how to see them, and because they often mix in with other common skin vascular infections and diseases.

Fourth, you should appreciate that it is unlikely you will ever be cured of Lyme in the presence of Bartonella. Why? Bartonella is a massive immune suppressing bacteria. It can float attached to Red Blood Cells in vast numbers and not even cause a cold or fever. Just imagine, bacteria are floating in your blood and you might not have any fever at all! If you had Staph or Strep in your blood at these levels you would likely be dead in 48 hours unless you were pumped full of antibiotics in an ICU. So how is it this huge elephant floats in vast numbers and causes no severe fever and no disastrous signs of deadly sepsis-infected blood throughout the body with massive inflammation? It is because it has ways of shutting down the immune system. It violates many rules of bacteria behavior and this is one reason it has been so seriously missed until recent years.

Here are some advanced specifics on the power of surface (LPS) Bartonella chemicals to turn off immunity and immune defense inflammation. In one article, one species of Bartonella had some of its chemicals released with human immune fighting monocytes-no production of proinflammatory cytokines occurred. Interestingly, this LPS Bartonella chemical is a potent antagonist of Toll-like receptor 4, as it inhibited both RNA transcription and the release of tumor necrosis factor alpha,

interleukin 1beta (IL-1beta), and IL-6 by another common bacteria's LPS in human monocytes. These are some other tests worth considering in Bartonella testing. **This article concludes by saying that Bartonella LPS is so powerful that it is being looked at as a treatment for autoimmune diseases.** (Popa C, Abdollahi-Roodsaz S, Joosten LA, et al. Bartonella quintana lipopolysaccharide is a natural antagonist of Toll-like receptor 4. Infect Immun. 2007 Oct;75(10):4831-7).

In conclusion, make sure if you are being treated for "Lyme disease," that the other critical issues of treatment are not ignored such as: Bartonella, Babesia, Lyme biotoxins, Bartonella suppressive endotoxins, mold biotoxins and Lyme biofilms. In our highly visual book, The 16 ways Lyme Disease Treatment Fails, out in 8 weeks, we will discuss all of these and other reasons for treatment failure and suggest some ways to kill Bartonella. Current traditional and progressive treatments are very poor and given at doses that are too low for too short a time. It is one reason for such large numbers of relapse in supposedly Bartonella "cured" patients. Also, one usually needs to pulse a treatment with some days off each month for reasons

we will explain in future articles. *pha*

About the Author:

Dr. Schaller is the author of 23 books in five languages and 26 peer-reviewed journal publications in such places as the *Journal of the American Medical Society*, *Medscape* (WebMD's academic top Internet journal), the *Journal of Clinical Neurosciences*, and top Pediatric journals around the world.

He is a full-time researcher who largely self-funds studies in over 10 areas of medicine. He is the author of two very successful books on mold toxins, the co-author of a third and is also a certified mold remediator and certified mold investigator. He is also the author of the leading up-to-date books on Babesia, Artemisia/Artemisinin and Suboxone for pain and addiction.

He is the inventor of a functional blood cancer cure that is a standard worldwide, and has a patent pending on a bio-identical, natural and powerful antidepressant. He treats patients from all over the world with non-patient consults by phone or as patients after being seen once in person. *pha*

conceivably be a product of genetic experimentation."

Please take some time to review the qualifications for an effective biological warfare agent and think about them in relation to the Lyme/co-infection epidemic. Contemplate how Lyme patients are being treated. We are often labeled as hysterical, depressed and as having antibiotic seeking behavior.

By the chance that there is an intentional epidemic being caused by "whomever", this psychological labeling causes doctors to ignore an epidemic which may be passed not only by ticks and other insects but through the blood supply, organ donation, intercourse, breast feeding and through the placenta during pregnancy. Why are there no studies being conducted in these areas?

We need to put on our thinking caps and not be afraid to mention the unthinkable. When things just don't seem to add up, we must begin to ask difficult questions. We don't want to simply make wild statements which create fear. However, we do need to raise serious doubts in a concerned, rational manner. How can we resolve a problem without knowing its real cause? And how can we determine the real cause if we don't explore all the possibilities? *pha*

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Part 1 in a series of opinions

The ABC's and XYZ's of Lyme Disease: Lyme 101



by Tina J. Garcia

In 1975, two mothers were concerned about the frequent occurrence of juvenile arthritis diagnosed in children living in and around Lyme, Connecticut. It seemed unlikely to the mothers that so many children who lived in such close proximity to each other were all suffering from the same condition. The mothers brought these cases to the attention of the health department. The subsequent investigation was handled through Yale University and the leading investigator was Dr. Allen C. Steere. Dr. Steere was serving as an Epidemic Intelligence Service Officer (EISO) for the Public Health Service (PHS), which is an official branch of the United States Military. EIS

officers handle epidemiology studies through the Centers for Disease Control and Prevention (CDC). Dr. Steere studied the cases of juvenile arthritis and eventually determined that they were due to an infection acquired by tick bites.

Dr. Steere/Yale dubbed the infection "Lyme disease" (LD), obviously because of the location of the initial outbreak. Personally, I would have named it Yale Plum Island Disease, due to close proximity to the outbreak, Yale's cozy history of providing pathogens to the Plum Island Biowarfare Lab and Plum Island Lab's history of studying pathogens in ticks. At least this name would have given the public a "heads up," but then again, I'm on the "other" side of the enemy lines - I'm a Lyme patient and patient advocate.

For patients in search of diagnosis and treatment, the name "Lyme disease" has become a painfully penetrating and deep-cutting thorn that infers that the infection may only be acquired in the immediate area surrounding Lyme, Connecticut. This nemesis is often used to discount a diagnosis of Lyme disease by physicians who are not aware that the Lyme infection has and can be acquired throughout the United States, as demonstrated

in a story told to me by another Lyme advocate: A lady in Connecticut went to see a physician and told the physician she had experienced a tick bite and she suspected she may have Lyme disease based on her symptoms. The doctor told her that she couldn't possibly have Lyme disease because Lyme, Connecticut was more than THIRTY MINUTES away from where she lived!! Unbelievable, but true. Just for the record, infections from Borrelia bacteria are now rampant in Europe and other countries worldwide as well.

Lyme disease infection is caused by a corkscrew-shaped strain of the genus Borrelia of the spirochete class. The discovery of the strain of Borrelia that causes Lyme disease was made in 1982 by a National Institutes of Health (NIH) researcher named Dr. Willy Burgdorfer at NIH Rocky Mountain Laboratory (RML) in Montana, USA. The particular strain that causes Lyme disease infection is named Borrelia burgdorferi (Bb) after its discoverer, Dr. Burgdorfer. It is for this reason that Lyme disease is also referred to as Borreliosis, or in the case of central nervous system (CNS) involvement Neuroborreliosis, and late-stage or chronic cases are called Lyme Borreliosis

Complex (LBC) by those physicians who have clinical experience in treating an inhumanely-neglected patient population numbering in the hundreds of thousands and possibly millions. (It is a fact that the CDC does not have an accurate number of cases of Lyme Borreliosis Complex. How could they possibly have an accurate count, if they don't even "believe" that chronic Lyme disease exists?)

Borrelia burgdorferi has subsequently been shown to be a stealth pathogen that has the pleomorphic ability to change its presentation from a spirochete into other forms. Dr. Burgdorfer and fellow researchers at RML determined through their research that Bb uses its pleomorphic ability as a survival mechanism within its host. Dr. Alan MacDonald, a research pathologist, has also demonstrated the pleomorphic nature of Bb by photographing microscopic images of cystic, granular, L, bleb and ring forms. Dr. MacDonald studied the brain tissue of deceased Alzheimer's patients and photographed Borrelia burgdorferi in such brain tissue, showing a link between Alzheimer's and the bacterium that causes Lyme disease. You may read and view Dr. MacDonald's outstanding research at his website

www.molecularalzheimers.org.

Ticks have caused human and animal infection throughout history. Dr. Otto Obermeier, a German physician, is credited with discovering relapsing fever infection from tick bites in 1868. Ticks attach themselves to the host by boring into the skin. Infection is caused by the tick sucking the blood from the host, thus transmitting infection into the host simultaneously.

In 1878, another physician named Gregor Munch theorized that additional modes of transmission existed through the bites of other blood-sucking arthropods such as fleas and lice. This theory of lice as a vector of relapsing fever infection was confirmed in 1910 by French microbiologists Sergent and Foley. Current research has determined that, in addition to ticks, the Borrelia burgdorferi bacterium has been found in mosquitoes, fleas, mites and flies. In my opinion, it would behoove all people to use their own common sense and acknowledge that the possibility does indeed exist for Borrelia infections to be transmitted via tick, mosquito, flea, mite and fly bites. It makes no sense to me to believe that transmission through these vectors cannot occur merely

"Lyme 101" ...cont'd pg 14



Specializing in Lyme Disease and Associated Tick-Borne Diseases

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Innocence, "Mr. Magoo," and Asperger's Syndrome



by PJ Langhoff

In the moments before I was about to walk down the "aisle" to be married for the second time, (my first marriage ended due to an abusive spouse, another story), I must admit that I had my moments of doubt. Was I making the right decision? Something didn't feel quite right. I knew that my husband-to-be was very quiet, but in the busy aspects of my then life with two children entering their teens, a full-time job, a "sudden" illness that had left the left and central portions of my face paralyzed for two and a half months, and a stalker ex-husband who was jealous I was getting remarried, I had no clear idea of what I was getting into. Unfortunately for our soon to be sanctified union, I also had no clear idea that my two and a half months of Bell's palsy was due to undiagnosed Lyme disease entering a really "ugly" phase, since it had migrated into my brain and central nervous system. Anyway, I was able to manage a weak smile in my newly regained facial muscles for the wedding ceremony, so I was happy enough with that.

Just before walking down the garden path that was the aisle, I realized something was nagging at me concerning this union. As I waited for my cue, I quickly ran through my thoughts, in a last-ditch analysis of the pending situation. I could always back out, after all, I had at least another 13 seconds to reconsider. I did have valid concerns that my new husband was not as outgoing as I was - he is a man of very few words. He is very kind to me and good to the children, he has a steady job and close ties with his family, and I knew he would never intentionally harm us, and yes all that other stuff that generally is conducive to a marital union. We knew each other for two years before we married, but we didn't really date. The relationship was more a fit of a comfortable old shoe. We were more friends than anything, and our marriage was intentionally practical (for the sake of the children) and one of mutual companionship. Still we entered into it with the best intentions, with me thinking that perhaps he might open up in time when he got more comfortable with his instant family. On our wedding day, I knew he was happy to be married, I was happy to be sort of smiling, and we were happy when it was over...it was exceedingly hot that day.

Naturally outgoing, I struggle to comprehend what it must be like to fear speaking to others. During the reception, I remember my husband disappearing and leaving me alone to

talk to guests. I kept finding him in the corner talking to a couple he had known since high school, preferring not to socialize with anyone else. When we were together, it was noticeable that I was the one initiating the conversations, with him smiling meekly or occasionally agreeing with everything that I said. I thought us reasonably compatible, with our associated differences, but I did not realize that he was having difficulty articulating his thoughts and feelings, because life was so busy with the children and the changing living arrangements.

At the reception, I spent the night on the dance floor dancing solo with my guests, or else I was searching through the crowd, trying to locate my new husband, who kept hiding. It was more than a bit frustrating, and a tad embarrassing. Later that evening, when it came time to leave and go to our hotel, my new husband drove up and down the city boulevard, not knowing in which hotel he had made reservations. It was nearly two o'clock in the morning before we found the hotel, but only after we stopped at no less than 4 or 5 other hotels, (and my wedding gown covered with grease from the rental car door). Apparently Mr. new husband never wrote down the reservation, the phone number, or even the name of the hotel chain. Although I was disappointed, tired and mad about my ruined dress, I did my best to excuse his behavior as a case of severe nerves, and laughed it off. What I did not know, was that this was the beginning of a very long road.

"I don't know." "I forgot." "I didn't think." "I'm sorry." Profound silence. Not wanting to "deal" with things. Workaholic syndrome. Unconscious driving. Not thinking things through before reacting. My husband reminds me of a cartoon character of a beloved, harmless old fellow that I watched on television as a child, Mr. Magoo. These phrases and activities are commonplace in the last 8 years of our union.

My husband forgoes basic communication like "please" and "thank you," or "hello" and "goodbye," or sometimes even "good night." He will sit or stand in a room and stare at me, without interacting and call that "spending quality time." Often I catch him sitting on a chair, staring into space, seemingly lost in thought. When I ask him what he is doing or thinking about, the answer will be "I don't know," or "nothing at all." I believe him. It's almost like he is absent from himself during those moments. I wonder where he "goes."

He sees no reason to call me, his spouse, to let me know he is going to be 6 hours later than intended, and fails to grasp that I could be worried that something could have hap-

pened to him hours after he is due to show. My husband cannot grasp that when he lets the dogs out in an outdoor kennel without shade or water in 98 degree heat that he must be careful not to forget them so that they suffer heat stroke and nearly die (they both lived, thank goodness, but it was touch and go). Or that birds and fish and small animals need food and water on a daily basis, not just when he remembers to feed them.

Beginning a task and failing to completing it; or completing it to his standards, (which often requires it to be redone), are normal for him. He rarely writes things down, like measurements for a window, then goes to the store to buy supplies but then does not have a clue what to buy, or why he went there when he gets there. Or worse, fails to take any measurements for multiple windows and assumes that all are exactly the same size, then orders storm windows, only to find out none of the storms actually fit. Worse, he may actually succeed in writing things down, but his writing is so illegible or disorganized that

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he cannot decipher what he wrote, or he'll leave the list at home, lose it, or put it in his pocket and forget that he brought it with him. He is capable of going to the store to buy groceries, but he typically will purchase the exact same groceries every time, and rarely add anything to the mix. This is troubling for me, because in jest I ask him how he got along in life all the years before he met me.

I will rarely, if ever, hear a compliment or kind or positive words of encouragement from him. Birthdays? Holidays? What are those? It's not that he's selfish, he simply does not understand or notice that there is anyone else who might need reassurance, support, acknowledgement, gifts, or anything else. It just doesn't dawn on him. It is almost as if he is in his own little box, and there is no one else in there with him. Interpersonal relationships are an unknown planet. He admitted that he never had a serious relationship with a woman before he met me. He had a series of one or two month relationships that always ended with the woman leaving because he did not interact. Admittedly, I can see why. When I met him, he was living

very simply, and I can see that he was within his comfort zone, to live that way. Life became far more complicated when he married me--an instant family, a nearly instant illness, instant court issues, and he had no coping skills. As a result, he withdrew and simply did not deal with anything. I can't imagine how frustrating life must be for him with his limitations, because I know it frustrates the heck out of me that he isn't "present" in his own, and our, lives.

I can suggest a behavioral change that would benefit us both for the umpteenth time, but he will still continue to behave in exactly the same manner, because that is who he is, and he has great difficulty learning new tasks, even with repetition. He does not like change, and finds it difficult to accept. When I'm upset, he doesn't notice, but instead will say something inappropriate like, "what's for dinner?" He is detached emotionally, and seems only vaguely "there." He has inappropriate behaviors that are odd, and his ability to communicate even on good days is frustrating for both of us. He cannot follow directions if they exceed two or three in number at a time.

Often times he will attempt to complete my sentences for me when I am speaking, instead of just listening to what I have to say. In conversation, he will say anything, even if it's inappropriate or unrelated, just to have something to say. Unfortunately it doesn't dawn on him that what he says sounds child-like. He finds it terribly difficult to simply listen--he can't, he's too busy trying to process what he is hearing. At times, he may hold onto a word from the conversation and then formulate an entire conversation around it in his mind that is different than what took place. For example, I had a tin tray with Marilyn Monroe on it from the movie "Some Like It Hot." The tray's ad was in Portuguese, not English, and I was, at the time, trying to remember the name of the movie title--and I eventually did. Months later, when he saw the movie at a store, he thought he remembered that I had wanted to *buy* the movie, not that I was trying to remember the *title*. He simply could not remember the tray conversation.

He often seems disconnected from events and is unable to recall them properly, even if they occurred only a day earlier. Other times he will be convinced he told me something there was no way he could have told me, because I had no knowledge of the event. And this will cause problems, because he will "remember" he told me about an event, although he did not. Usually this will be something important, leaving us to scramble and figure out alternatives at the last minute.

He has to be reminded of tasks he should automatical-

ly do, like get a haircut. Misinterpreting directions while driving happens nearly every time we're in the car. If I say "left" he'll keep going and I'll say "turn left here" and he'll keep going, or he'll turn right. Then when I say "oops you missed it" he will keep going for a while before I say, "well, you might want to turn around." Or we'll have a conversation about which store we're going to, and then he suddenly gets confused when we get into the car, and can't remember the decisions made beforehand. So he will ask me again to repeat the conversation or tell him which store we are going to.

And he will veer unconsciously all over the road while driving, and I have to urge him back into our lane or to turn left from the left turn lane and not from the middle of the road, or use his turn signals, or his horn. I have to remind him to look before he turns into the person crossing the crosswalk, or use his brakes when traffic is stopped in front of us and he's barreling along and not braking when he should, things like that. At times he will have tremendous difficulty with complex situations, and/or overly slow reaction times. And then again, he can overreact immediately when someone makes a suggestion, to the point of changing his mind mid-stream or turning in front of a car to change direction without looking first. Instead of thinking a decision through, he will instead make a rash decision without thinking. For example, if I say we will need to turn right at the next street, he will turn into the first thing that looks remotely like a street, be it a driveway, a median, or a street (this has happened a lot). He is easily distracted and gets confused if he has to make a rapid decision. Simple distractions throw his concentration out the window.

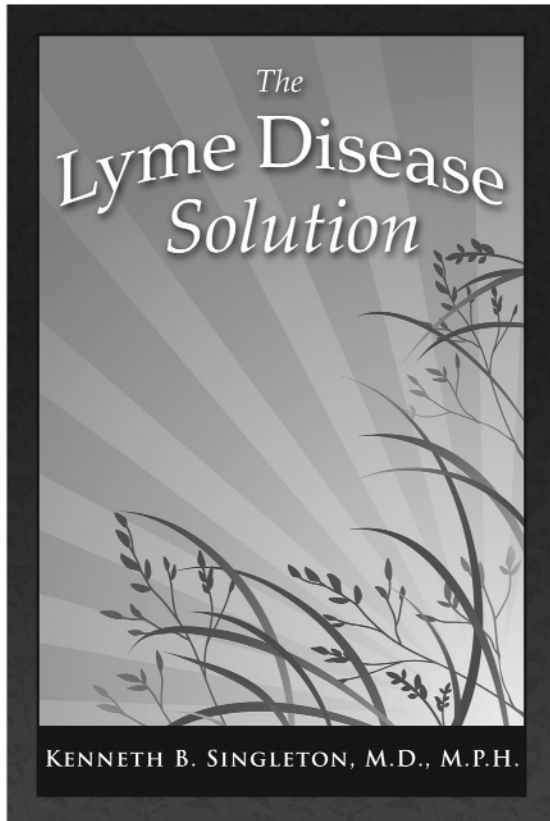
He will hold onto a single thought when someone is talking to him, so much so that he will get stuck, and stop listening to the rest of the conversation. Because of this, he will not necessarily be able to repeat what was just said to him. Or he has trouble carrying a thought, often forgetting what he was going to say mid-sentence. He cannot seem to connect ideas into a cohesive thought process, and that is very frustrating for him, and for those with whom he is attempting to communicate. Things have a way of overwhelming him, whether it is a decision to make a right or left turn, or buy the blue shirt or the brown one, or have a ham sandwich or beef. He hates choices.

If I ask him to please avoid doing something because it bothers or upsets me, he is able to understand that it affects me *right then*, but then later on he will revert to the same behaviors, and truly be clueless that it bothers me *still*. And yet if he does retain an idea, he retains it forever, whether it is right or wrong. For example if he remembered that I liked something once he assumes that I like it always. Thoughtful if it's a foot rub, but problematic if I liked one certain pair of

"Asperger's" ...cont'd pg 12

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Ticktoons



by Terri Reiser

“Asperger’s” ...cont’d from pg 9

quirky striped socks and he subsequently insists on continuously buying me quirky striped socks of all different varieties.

He falls asleep while watching television, during conversations, or while reading books--anything requiring intense concentration. In fact, in our 10 years together I have yet to see him read an entire book. He has poor penmanship, rudimentary vocabulary skills, and poor grammar. Because of this, he cannot write well, and struggles to use a computer, write a report, or complete a form of any kind. In conversation, I am usually the one initiating things, and I often feel like I'm talking to the proverbial wall. I get very little feedback or response. If he does respond, he often ends up parroting back nearly every idea that I articulate, and rather than expressing an opinion, he simply finds it easier to agree with everything said. My children have noticed these tendencies, and have made comments about them. This is not done to belittle him, they just don't understand why he is the way he is.

I have tried to engage him in various activities and hobbies, to no avail, because he has little patience and no outside interests. And yet he lives his life wishing he would have interests. He simply does not know how to apply those ideas in order to make them materialize. If something doesn't go his way immediately, he gives up in frustration and will never try it again.

And yet he goes to work each day, and excels at his particular trade as a mechanic--that is his "one" thing he does exceptionally well. In truth, his entire life and sense of self worth seems to revolve around his job, though he doesn't interact much with his fellow employees. He thrives in a solid, inflexible routine, and does not do well with spontaneity or adversity. He lives truly within his own little box, and although he is aware that there are other people out here in the world, and he can interact on a moderate level, he is at a loss to understand how to interact with them continually and in a meaningful way, without other people initiating interaction.

To the world, my husband appears quiet, quirky, or peculiar, and his behaviors and reactions are not those one might expect. To some, he seems aloof, closed off, and I have heard the unkind word "simpleton" used. Truthfully he is quite intelligent, and has little trouble grasping certain complex ideas, though he is quickly overwhelmed by some types of abstract thinking, especially prolonged trains of thought, or problem-solving skills outside of mechanics. He also has difficulty in areas of communication, social interaction, computation, and interpersonal skills.

As for a relationship on a married/intimate level? Well, let's just say that we have been living separately for most of our married life-as brother and sister, and I mean on every level, and that is not what I expected when we married. This has been the most difficult aspect of this relationship, second only to communication issues. That is not to say that he

cannot do more, he just needs someone to initiate every aspect of life, because he simply doesn't think of things. He truly lives life on what I call "auto pilot," and within a distinct set of routines. Therein within a structured environment, he does very well.

I wanted to reveal aspects of his behavior because I feel it important for people to understand what it is like to be in a relationship with someone with this form of autism. It is not a bed of roses, and for me, it is very hard work. It is doubly hard if the non-affected spouse has health issues of their own to handle, and if they need emotional support (like I do). You may simply have to find some of your support elsewhere. At the worst of times, I feel like I have married a great big child whom I now have a duty to teach, to protect, and to take care of, and I feel like I am invisible to him. During the best of times, I try to look past his quirky shortcomings and appreciate his kindness and ability to remain completely unaffected by some of the less pleasant aspects of our difficult lives.

My husband understands that the glass of milk he poured needs to go into the dishwasher when it is empty. But he won't necessarily understand that the milk carton needs to go back into the refrigerator, and that he has to physically put it there, or that the milk glass won't walk itself to the dishwasher. Because he can't always see the cause and effect relationship between things, he sometimes needs me to walk him through tasks, with explicit directions to follow because, like a small child, he is so innocent. And that is truly how I see him now, finally understanding that he has Asperger's syndrome. He is not unintelligent, not uncaring, and not void of emotion, but truly and profoundly, innocently unable to connect and communicate in a manner in which I, and others expect him to.

Asperger's Syndrome (AS) is considered a form of Autism, along the higher end of the functional spectrum. The main difference between Asperger's Syndrome and other forms of autism have to do with the capacity for communication. Those diagnosed with AS often do not experience the extent of difficulties in verbal communication that others with autism typically have, but they can. They can also excel in one particular area, but not do well in other aspects of life. In my husband's case, he is an excellent car mechanic, but the extent of his developed skills basically end there. I have no clue what kind of symptoms my husband may have suffered when he was a child, but he does admit that he has "always been this way," and that he had great difficulty with friendships.

Symptoms of AS are varied between individuals, but usually consist of some degree of failing to understand what is happening around them, failing to understand how others feel, and they don't like change. They have great difficulty detecting social cues and have few social skills. They are typi-

cally incapable of empathy or consideration of the sort you or I might employ. They may know how they feel, but don't understand that they need to be concerned how others feel. They have difficulty taking turns in/or maintaining conversation or reading body language, including facial expressions. They will often be unable to recognize changes in intonation, pitch, or other speech patterns, which normally give clues to the context of conversation. They may seem lacking in emotion but the problem may simply be that they don't know how to express it.

They will avoid eye contact with others, and often exhibit strange posture, facial expressions, or have odd behavioral movements. In my husband's case, he often looks happy when he should look annoyed, or looks wildly surprised when he should be intently listening. I often feel like he is laughing at me inside when I am upset with him, because his facial expressions are typically that he is smiling when he is upset--they do not match what his emotions should create. My husband has quirky movement behaviors, including but not limited to requiring his hands to be constantly engaged in activity. He can be seen rubbing them, wringing them, scratching them, etc.

Someone with Asperger's syndrome will often verbalize their thoughts, which is something my husband does constantly. He thinks out loud, and even repeats things just said as if they are new ideas. It appears that he is explaining what was just said to himself so that it registers better in some way. Perhaps that is helpful to him. But he is often accused of mumbling when he is repeating things to internalize what was just said. Individuals with Asperger's syndrome also may have an awkward walk, which is something I noticed about my husband right away when I met him.

Life with an Asperger's patient is complex, and requires kind understanding and, at times, extreme patience. The most difficult aspect of my husband's condition was all the years when we did not know the cause. I found him cold and aloof, and I thought him emotionally callous. Once we had a diagnosis that made sense however, it was far easier to accept his "flaws," and accommodate his weaknesses. It made a huge difference, for example, when his lack of empathy was now understood to be an inability, and not him simply refusing to care.

Having a relationship on an intimate level is possible, however it does take work. Be prepared to be the initiator in nearly every situation, and the teacher and director as well. If you are someone who can communicate well, the relationship can work, but you will have to find a support team to make up the deficits in the emotional, communication, and/or other departments that your spouse cannot provide.

If you are someone who does not have a strong sense of self, a relationship with an Asperger's patient may prove

very difficult for you. It is not that the patient isn't capable of loving or being supportive, they clearly need instructions on how to do so, and in each and every situation, those directions may need to be repeated. To his credit, my husband's condition has been a blessing because we have, as a family, been put through some horrendous situations within the family court system due to my ex-husband over the past 10 years, and also with my Lyme disease due to misdiagnosis and treatment problems. If my husband wasn't as detached emotionally as he is due to his "condition," I believe that like some spouses do when the going gets tough, he would have already left this family. I am grateful that he has remained with me, throughout these tough times, even if he was limited by his abilities.

Do I find our situation an easy one to live in, especially since I am living with chronic Lyme disease and co-infections myself, and I require emotional support? Not on your life. Honestly, if I had it to do over again, I would have still married him. Having a terrific sense of humor and a realistic ability to be patient and understanding helps me cope with the difficulties and frustration of living with someone "different" than how I expect them to be. Asperger syndrome patients are capable of mean-

ingful relationships because they may have the capacity to feel emotion, they will just not necessarily be in touch with those emotions to identify what they are, or empathize with others' emotions to meet their needs. The non-affected spouse has to then, carry the bulk of the responsibility as well as the emotional aspects of the marriage. And this can be a heck of a lot of work, I admit.

I believe that if you can work through the communication and interpersonal deficits, a relationship is possible and just as rewarding as the next, with limitations. Nearly all relationships take work. Asperger's syndrome just requires effort on a slightly altered level, to make the relationship work. The lessons I have learned from living with my husband have been many--about him, and about myself. Some of the most important have been patience and understanding. Another has been that we are each unique individuals and we all have abilities and deficits, and we cannot expect other people to change to suit our needs. We must meet each other halfway and do the very best we can. And we must learn to find the good qualities in one another, overlook those less positive, and help each other to be the best that we possibly can, whatever our situation. *pha*

Lyme Awareness Art Project

Financial Donations for Supplies Welcome & Appreciated



The first submission for the Lyme Awareness Art Project read: "I'm not afraid of Lyme disease. I know I can beat it. I'm tough and strong and I can be as mean as a dinosaur. This disease can't slow me down." Jeff - age 6 - Middlesex, VT

Tell Us Your Story!

The guidelines for submitting your story and photo are simple. Write a short paragraph or poem describing your experience with Advanced Lyme and send a photo that you feel visually expresses the experience you have written about. Include your name, your age and the city and state in which you live.

I will paint my interpretation of the submissions for what I hope will be a traveling Lyme Awareness show. Please be sure that you send me your contact info in case I need to ask you something about your submission!

Send Photo and Story Submissions to:

Linda Marcille, Lyme Awareness Art Project
28 Center Road, Corinth, Vermont 05039

www.crowhousestudio.com

<http://lindaslymediseasejournal.blogspot.com>
smalldog@tops-tele.com

“Chronic Lyme” ...cont'd from pg 1

in remote portions of the building, even though their direct exposures were far less. The body's ability to manage these exposures is largely tied to genetics.

Turning to chronic infection as a contributor to illness, the average person on the planet today has a high total body burden of pathogens. Previously unrecognized as a widespread concern, these pathogens contribute to numerous health challenges. For example, Chlamydia pneumoniae has been implicated as a contributor to heart disease. CMV, Mycoplasma, HHV6, Borrelia, SV-40, Candida and many other pathogens are nearly universally present.

Dr. Gordon suggests that the use of long-term antibiotics as a treatment for Chlamydia or Borrelia often results in treatment failure as the organisms are never entirely eliminated and will only return upon cessation of treatment. The number of microbes within us outweighs the total number of cells in our body by a factor of 10 and over half of each bowel movement is microbial content. These organisms depend on us for their survival and as a result, do not want to see us experience our own demise. The focus then becomes how to keep these organisms from becoming pathological and to move towards a more symbiotic relationship between us and them.

Beyond the damage that these infections themselves create, they signal the body to create fibrin which protects the organisms from the reach of many therapeutic interventions by thickening the blood and providing the pathogens with a place to hide. Thickened blood reduces the body's ability to get nutrients into and toxins out of various tissues within the body.

In addition to the impacts of genetics and chronic infections, heavy metals and other toxins also have deleterious effects on our health. In October 2006, David Ewing Duncan published an article in National Geographic called "The Pollution Within". David is a science writer who participated in an experiment to see just how many chemicals and pollutants could be isolated from his own body.

A battery of tests was performed which would have cost the average person over \$15,000 dollars. Levels of 320 different chemicals were evaluated. David tested positive for 165 of the 320 chemicals. For someone that identified as being "well", the results were startling.

The tests revealed lead, mercury, pesticides such as DDT, dioxins (which are linked to cancer), phthalates (found in vinyl, plastics, cosmetics, and personal care products), PFAs (found in non-stick pans), PCBs, PBDEs (flame retardants commonly used in airplanes and children's pajamas), and numerous other toxic substances.

It is this toxic burden which in part leads to the suppression of immune function and helps to create an environment where chronic infections flourish. Sadly, one of the last

things that most doctors consider when evaluating a chronic illness is the impact of these toxic insults to our health. The more toxic we become, the more the pathogens take over. Fortunately for us, the reverse is also true. The more we can do to reduce our toxic load, the more capable our bodies will be in managing chronic infections which are universally present in today's society.

Those living on our planet today have a higher level of lead in our bodies than is in our best interest for enjoying optimal health and reaching maximum lifespan. In fact, one study conducted by Clare Patterson at CalTech looked at the bones of dead bodies from 400 years ago and found that the average person today has 1000 times the level of lead than those that lived just 400 years ago.

In China where coal is burned as a primary energy source, mercury is released into the atmosphere and impacts the health of people around the world. There is no escape from today's toxic world. We have poisoned our own nest. Exposure is unavoidable. Our challenge then becomes removing more of these damaging toxins from our bodies at a rate faster than we are exposed to them on a daily basis.

When looking at options for reducing heavy metal burden, some doctors rely on IV chelation. However, this may not always be the best long-term solution for the patient. A person can undergo intense IV chelation for months only to find metals such as lead reappear after the treatment is stopped. Given the fact that we are constantly exposed to toxic metals in our environment, the ideal chelation program is one that will address these exposures on an on-going basis.

Chelation of heavy metals is a therapy that most people would benefit from incorporating for life. Though there is no debate over whether or not IV chelation is more effective than an oral chelation program in the short-term, it is unlikely that most people would continue to receive IV chelation on a regular basis for life. This opens the door to options which can be more readily incorporated into our daily health maintenance programs.

Dr. Gordon suggested that if we consider the analogy of cleaning a car, we can simulate occasionally but are unlikely to do so on a frequent basis throughout the lifetime of the car. As a result, there is still a need for a frequent, albeit simpler, washing in order to keep layers of accumulated dirt and debris from building up. IV chelation and oral chelation are much the same story. Oral chelation allows us to get continued, daily benefits from our

heavy metal removal program which further enables us to attain optimal health.

Now that we understand that illness is related to the total body burden of pathogens and toxins, we turn our attention to some of the potential solutions offered by Dr. Gordon. As a consultant to Longevity Plus, Dr. Gordon has designed and

One of the simplest things that we can do to support our body's ability to detoxify is to sweat. Using a far-infrared (FIR) sauna or going to a steam room can have profound benefits and helps the body to remove mercury and other toxins.

formulated a number of products that help to address both the high level of chronic infections that are universally present in us today as well as products to support the removal of heavy metals and other toxins from our bodies.

Dr. Gordon has formulated products to help reduce the level of chronic infections lurking within us. Immuni-T²™ contains allicin-rich garlic, transfer factors, grapefruit seed extract, and a combination of immune-supporting mushroom extracts. Immuni-T³™ contains olive leaf, oil of oregano, and andrographis in addition to transfer factors and powerful mushroom extracts. Dr. Gordon often combines these products with Samento to create a powerful weapon in the management of persistent infections.

Dr Gordon has had extensive and highly favorable

It is through looking beyond the infectious component of Lyme disease and understanding the equally important aspects of damaging heavy metals and other toxic insults that a more full and lasting recovery may be realized.

experiences with oral Carnivora® (a specially processed extract of Venus fly trap) liquid and capsules for his cancer and Lyme patients. Carnivora® appears to work through the immune system and acts as an antimicrobial and virucidal, with unparalleled safety. Like many other herbs, there seems to be virtually no downside to its prolonged use in numerous conditions including many malignancies and most infections. Many patients report that they have found spe-

cial liquid extracts of Carnivora® to be the missing link for overcoming their cancer or chronic infections.

Dr. Gordon believes that a high level of vitamin C intake is critical in helping the body to eradicate stubborn infections. Bio En'R-G'y C™ is the product that Dr. Gordon formulated which is much better tolerated than other forms of vitamin C which can often cause GI disturbances even at low levels. The higher the dose of vitamin C that the patient can tolerate, the more likely they will be able to defend themselves against these lingering infections. Dr. Gordon recommends 1 gram per 10 pounds of body weight with a minimum of 4 grams per day. Two teaspoons of Bio En'R-G'y C™ provides 8 grams and is often used twice daily.

One of the more recent options endorsed by Dr. Gordon for lowering our body burden of infection is Advanced Cellular Silver. Available under the name ACS 200™, this new silver product has been shown to be non-toxic and has been lethal to any fungi, bacteria, virus, or protozoa tested. More information on ACS 200 is available through Results RNA®.

Another important aspect of controlling infections is considering the previously mentioned hypercoagulable state which results in a thickening of blood and a reduction in the efficacy of many interventions intended to eradicate infection.

Dr. Gordon utilizes Wobenzym®, Nattokinase, Boluoke® and Essential Daily Defense™ to address this aspect of chronic illness. Essential Daily Defense™ is a comprehensive detoxification formula which contains a red algae known to have a heparin-like effect and is capable addressing hypercoagulation.

In more difficult infections, Dr. Gordon supports the use of ultraviolet blood irradiation, oxidative therapies such as ozone, hyperbaric oxygen (HBOT) and hydrogen peroxide therapy. In fact, Dr. Gordon has found that high levels of vitamin C administered via IV dramatically increase intracellular levels of hydrogen peroxide. In order to deal with our total body burden of pathogens, we need more oxygen.

Addressing these chronic infections is an important component of an essential heavy metal detoxification program. Pathogens bind to and tightly hold heavy metals. If we simultaneously address chronic infections, attempts to remove heavy metals from the body will be far more successful. The reverse is also true. As we kill infection, these dying organisms release heavy

metals into our bodies. An overall worsening of one's health may be encountered when infections are eradicated without an appropriate program in place to handle any released metals.

Fortunately, this is where Dr. Gordon has put the pieces of the puzzle together for us in an overall program that ensures that there is a focus on both reduction of chronic infections and removal of heavy metals and other toxins in the body. Attempts to do one without the other may be met with discouraging results.

One of the simplest things that we can do to support our body's ability to detoxify is to sweat. Using a far-infrared (FIR) sauna or going to a steam room can have profound benefits and helps the body to remove mercury and other toxins. These benefits can be further realized by supporting removal of metals from the skin through the use of a metal chelating agent called EDTA used in a hot bath. Adding hydrogen peroxide and Epsom salts to a hot bath can provide additional benefits.

Next on the list for supporting detoxification would be to increase fiber intake, garlic, vitamin C, and to incorporate oral EDTA. These are convenient options that can be performed over our entire lifetime to combat the level of toxins that we are all exposed to on a daily basis. One method that Dr. Gordon uses is to incorporate these into his daily routine through what he calls his Power Drink. The Power Drink consists of fiber, vitamin C, a green drink, probiotics and supports detoxification, digestion, and immunity. Fiber should be in our intestines at all times to protect us from the numerous mutagens and carcinogens commonly found in the bowel stream.

Garlic is a powerhouse nutrient both in terms of ability to reduce pathogens and in supporting detoxification. In one experiment, red food dye was given to rats until they developed cancer and died. The experiment was repeated with the only difference being the introduction of garlic. The garlic alone provided total protection.

One of the primary heavy metal chelators used by Dr. Gordon is EDTA, or ethylene-diamine-tetra-acetic acid. EDTA is a powerful chelator of lead and other heavy metals. Though not fully absorbed when taken orally, Dr. Gordon has proven that oral EDTA is a powerful weapon in winning the battle against heavy metal toxicity. Over 500 references supporting the use of oral EDTA can be found on the Gordon Research website. The combination of fiber, vitamin C, and oral EDTA is a powerful combination in supporting the body's detoxification ability. Another side benefit of EDTA is its positive effect on the cardiovascular system. One of Dr. Gordon's goals is to never receive a call where a patient has had a heart attack or stroke. To date, this goal has been realized. Dr. Gordon has found that 70-80% of heart attacks "Chronic Lyme" ..cont'd pg 18

“Lyme 101” ...cont'd from pg 8

because the government agencies vested with authority to provide us with information are failing to conduct timely research regarding these modes of transmission. One of the most important lessons that Lyme disease patients learn during the course of their debilitating illness is the need to take responsibility for their own healthcare decisions, relying upon all knowledge acquired from various sources, not only that of seemingly official and/or authoritative agencies/organizations/physicians/insurance companies. This responsibility may be applied by patients to other diseases and conditions, also.

CDC research published in 2006 entitled *Invasion of Human Neuronal and Glial Cells by an Infectious Strain of Borrelia Burgdorferi* by Drs. Jill A. Livengood and Robert D. Gilmore, Jr. has demonstrated that Bb is an intracellular pathogen that sequesters itself inside nerve cells and thus evades the immune system. This may be a major reason for the common and recurrent pattern of remission and relapse that chronic Lyme disease/Borreliosis patients experience. It causes me great consternation that the CDC is refusing to act responsibly and fulfill its obligation to the public by failing to utilize its own research to educate mainstream physicians in the complexities of Borreliosis infections. The CDC research referenced above by CDC researchers Livengood and Gilmore renders IMPOTENT the outrageously-biased treatment guidelines authored by the Infectious Diseases Society of America (IDSA).

The CDC posts the IDSA guidelines on its Lyme disease webpage as the authoritative final word on LD diagnosis and treatment. Both the 2000 and 2006 IDSA Lyme disease treatment guidelines have been used by the insurance industry in establishing their insurance coverage and bottom-line policies for diagnosing and treating Lyme disease and co-infections (more about co-infections later in this series). I include co-infections because, in a clinical setting, if a physician refuses to entertain the possibility of Lyme disease as a diagnosis, probability suggests that the physician will not consider a co-infection either.

In many cases, the Bb infection can be readily-treated with antibiotics if diagnosed in its early stage, immediately following initial infection. However, if early diagnosis and antimicrobial treatment is not provided, a chronic, debilitating illness may develop. In addition, research performed by the IDSA guideline authors and others have demonstrated that, despite initial IDSA-recommended treatment in acute infection, patients experienced persistent symptoms. Periods of remission have been noted with subsequent relapse, the pattern reoccurring over many years. Astounding numbers of people are currently suffering from chronic Lyme Borreliosis Complex due to mainstream medicine's adherence to the IDSA treatment guidelines, which ultimately results in extended delays in diagnosis

and treatment. This issue will be addressed in greater depth in subsequent parts of this series. Also for the record, these patients report having contracted the infection throughout the United States, not only in the Northeast near Lyme, Connecticut.

Most chronic Lyme disease patients will tell you that, prior to being properly diagnosed with LD, they were misdiagnosed with numerous other illnesses such as Chronic Fatigue Syndrome, Lupus, Fibromyalgia, Multiple Sclerosis, Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Rheumatoid Arthritis and Parkinson's, among others.

Infection with *Borrelia burgdorferi* for long periods of time allows the bacteria to replicate and wreak havoc throughout the entire body. As noted above, the bacteria hide inside nerve cells, undetected by the immune system, and destroy the nerve cells from within. The bacteria also burrow into tendons and ligaments causing inflammation in the tissues and the nearby bone. This is a very painful condition. The

with Lyme disease experience severe symptoms right away. Others notice vague symptoms like fatigue, numbness and tingling in extremities, headaches and minor joint pain that sneak up on them over a period of time. Many initially attribute these various problems to lack of sleep, stress or over-extending themselves in physical activities. Then the time comes when the varied symptoms occur much too frequently, are too many in number and are too intense to attribute to everyday causes.

Usually, by this time, the bacteria have significantly impaired one's cognitive function. Loss of memory, mistakes in accounting and forgetting and losing one's way becomes too much to bear for those who have previously lived organized, detailed, functional lives. Lyme disease patients describe this cognitive dysfunction as "Brain Fog".

Many Lyme disease patients have expressed that this loss of cognitive ability can actually override the pain and suffering associated with the physical aspect of the disease.



bacteria infect the brain causing swelling and interruption of blood flow. In some patients, the bacteria invade the heart, resulting in heart block and myocarditis, life-threatening cardiac abnormalities.

A multi-system illness, Lyme disease causes an array of symptoms that manifest themselves at the top of the head and go all the way down to the tips of the toes. Not all patients experience the exact same set of symptoms, but patients can identify with those that are most common. If the bacteria have infected the brain, patients suffer from encephalopathy, dementia, cognitive dysfunction with memory loss and dyslexia, headaches and stiff neck. Cranial nerve impairment can cause Bell's palsy, vertigo and hearing loss. There can be pain in the spine that radiates throughout the back, excruciating rib pain due to inflammation of cartilage and excruciating joint, muscle, tendon, ligament, bone and nerve pain. There is unrelenting fatigue that is not relieved even after 12-14 hours of sleep.

There are many more symptoms that a person may experience at one time or another during the illness. The joint pain is migratory--for a while it may affect the knee and then move to the shoulders, elbows, ankles and feet.

Some people infected

The reason for this is that losing one's ability to function in everyday life, to carry on a conversation and to carry out job duties causes a loss of self-esteem and loss of character and personality.

Observation and research of spirochete infections has demonstrated that this bacterium not only causes physical damage to the body, but psychological damage as well. When the bacteria invade the brain, they cause inflammation and destruction of tissue that can result in loss of brain function, mood swings and depression.

An important note--please don't let a person's appearance fool you into thinking that they are healthy because they don't "look" sick. We cannot really know how a person feels unless we are in their body. It may be frustrating and annoying to family and friends to ask their loved ones if they are feeling better after numerous doctor visits and then receive a negative response to the question "Are you cured yet?"

Please understand that each day brings new pain and other symptoms to a Borreliosis patient. We cannot look inside a person's body and see their infected and inflamed nerves, tendons and ligaments or the swelling in their brains. The fatigue that accompanies a

severely-infected body and compromised immune system can only be felt by the person who is ill. Borreliosis patients are frequently scoffed at and neglected by the medical establishment as a direct result of the CDC/IDSA misinformation campaign; it is a double whammy for patients to also be rejected by their own family and friends.

Take it from me--a Lyme patient--one just cannot really understand what it's like to be sick day in and day out for days, weeks, months and years until one experiences it personally. Chronic Lyme Borreliosis Complex takes a heavy toll physically, emotionally, intellectually and financially. I urge all families and friends to set their own uncomfortable feelings of impatience, suspicion and frustration aside and exhibit understanding and compassion toward those suffering from LBC or other chronic illness.

It is unconscionable that Lyme patients who suffer such tremendous pain and cognitive dysfunction, many times resulting in loss of health, careers,

with life, in need of work or a hobby, malingerers, hypochondriacs, depressed or suffering with other psychiatric conditions.

Three specialists told me that I lied about my tick bite in Arizona, I was depressed with conversion disorder, and the President of the Arizona Chapter of IDSA told me I needed a psychological exam because I was "obsessed with the diagnosis of Lyme disease." This type of psychiatric abuse has resulted in perpetual illness, loss of employment, homes, marriages, families and self-esteem.

Acknowledging the fact that Bb infection does indeed cause depression, it is a travesty for patients suffering to such a great degree both physically and mentally to be turned away and denied treatment.

Although *Borrelia* does cause depression physiologically, I wouldn't want to be the physician who tells a Lyme disease patient that they are "merely" suffering from depression, deny treatment for the infection and send an already-depressed patient home engulfed in a cloud of rejection, loneliness and desperation that ends in suicide.

This scenario is presently being played out worldwide in the failure of physicians to entertain the possibility of Lyme disease and other *Borrelia* infections, inappropriate misdiagnoses, denial of treatment by physicians and insurance companies and the dissemination of and adherence to biased treatment guidelines promoted by the CDC and Infectious Diseases Society of America.

Lyme disease patients are first bitten by a tiny blood-thirsty vector that injects a debilitating poison and are from that point forward ensnared in a sticky and fatal web of controversial political issues spun by researchers who are benefiting financially in the form of research grants made to universities and Level 4 biowarfare labs.

In this series, subsequent articles will delve into additional reasons as to why it's so difficult to get diagnosed and treated. This series will divulge the shocking realities of the behind-the-scenes Lyme Wars--the manipulation of Lyme disease parameters, the suffering patients caught in the crossfire, and the Lyme-treating physicians who place the health of their patients above the interests and dictates of the "authorities" by providing diagnosis and ongoing treatment. *pha*

© Tina J. Garcia is a chronic Lyme disease patient and volunteer advocate. She is the Founder and President of Lyme Education Awareness Program, L.E.A.P. Arizona, a 501(c)3 non-profit, public charity

L.E.A.P. provides education to the public and financial assistance to Lyme disease patients for treatment and necessities of life.

Please support our efforts by making a tax-deductible donation on our website at www.leaparizona.com tinajgarcia@yahoo.com



“Lyme-Autism” ...cont'd from pg 3

from the hospital a perfect precious miracle baby.

After two weeks of patiently waiting, Emily's Lyme disease tests all came back negative. Jennifer and Brad were thrilled and relieved that their miracle daughter was apparently "Lyme free" and could have a normal healthy life.

Although the tests were negative, the Holbrooks knew all too well from personal experience that tests were not 100% reliable and kept close watch on their new baby for signs of illness. They also decided not to vaccinate their daughter in case her immune system needed its full strength to fight gestational Lyme disease. Jennifer had suffered horribly after a vaccine in her past before she knew she had Lyme disease and didn't want the same thing for her daughter.

Very soon after Emily's birth, Jennifer's Lyme relapsed and she experienced nightmarish PPD (Post Partum Depression) with anxiety, which is quite common in Lyme patients. The hormone surges that accompany pregnancy and birth bottom out after the baby is born and can suddenly cause a relapse of all Lyme disease symptoms, as was the case with Jennifer. The feeling of unfairness was overwhelming for her. To have a new baby and not be able to feel the love anymore was a nightmare. Despite having Brad home, they both struggled to care for their newborn that didn't seem to sleep or eat much. They had expected it to be difficult, but with Jennifer barely functioning, Brad had to become "super Dad".

Emily's first year seemed normal except for some apparent food allergies. Jennifer and Brad worked hard every day to find a balance between recovering from Lyme disease and caring for their baby girl. She was a joy that they had never imagined they would experience.

At approximately 18 months of age, Jennifer began to notice that something wasn't quite right with Emily. Jennifer remembers telling her mother "Emily doesn't really look at me." Jennifer dismissed many of her own concerns because she was a first time mom and assumed it was just Emily's personality or her own hyper-vigilance due to the Lyme.

Before the age of two, Emily was having almost continuous emotional meltdowns. Jennifer explains these as "...temper tantrums times

1,000. Her speech didn't really seem to be developing very well and she was even losing words."

Jennifer and Brad took Emily for speech evaluations and a host of other tests. Emily was found to have Sensory Integration Disorder, hypotonia, and speech delay. At the age of 2 years old, Emily was then additionally diagnosed as having (PDD-NOS) Pervasive Developmental Disorder, Not Otherwise Specified by a developmental pediatrician. In other words, Emily was autistic.

Jennifer and Brad were devastated. Like many other Lyme patients, Jennifer had learned to research everything medical because it seemed that most doctors just didn't know what they were doing. By the time Emily had been diagnosed as autistic, Jennifer had already stumbled upon the possibility of autism, had researched it and then dreaded confirmation of her suspicions. The sensory overload, the tantrums, the food sensitivities, the lack of eye contact, the loss of language, the hyperactivity, the repetitive actions, the lack of play skills. It all fit perfectly.

The pediatrician who diagnosed her wasn't sure if, as she got older, she would eventually fit into the classic Autism diagnosis or move to a higher functioning diagnosis of Asperger's Disorder. She started to receive speech therapy, occupational therapy (to work on her Sensory Integration Disorder) and special education therapy to teach her how to play.

All Jennifer could think about was that she had done so much to ensure a healthy baby and now her baby had ended up with a developmental disability. It just seemed too unfair to be real. She mourned the daughter she had been hoping for and wondered whether gestational Lyme disease would have been a better fate. Looking back, what she thought had just been Emily's personality was actually a disorder.

Emily refused to eat from a spoon when her parents tried to start solid foods and this continued as she got older. She had trouble with tasks that required using both hands.

Emily had trouble using utensils and holding a sippy cup or bottle. She was extremely rigid with her foods because she had trouble with her oral motor skills. This made chewing difficult so she would mostly suck her food until she could swallow it. The sensory issues made

everyday tasks monumental and Jennifer and Brad often felt they were walking on eggshells.

With the new diagnosis, and understanding of the suffering their daughter was enduring, their patience grew and their hearts wept. Jennifer and Brad began to wonder what had caused their daughter's Autism. Many parents blamed vaccinations but Emily was unvaccinated. Friends said infections or immune system problems may be to blame.

During her online research, Jennifer stumbled upon information linking Lyme disease and autism. Maybe Emily had Lyme disease after all? She could be autistic, have Lyme disease, or worse, both! Frustrated with the uncertainty, Emily's parents knew they had to see Dr. Charles Ray Jones, the world's best Lyme literate pediatrician. Dr. Jones was a true miracle. He carefully and thoroughly evaluated Emily and gave her a full blood workup. Emily's blood was sent to IgeneX to be tested again for Lyme disease. Jennifer checked the mail nervously as she waited for the test results trying to remind herself that no matter what the results were they wouldn't tell the whole story.

Finally, Jennifer had the results in her hand and, to her horror, saw Lyme specific positive bands on the western blot but this time it was her precious daughter's test, not hers. The mix of emotions was both confusing and overwhelming. Should they be relieved? Jennifer knew Lyme wasn't an easy fix. Did this mean that Emily did not really have autism, or just that they were one of the few parents who knew the cause? Did this change anything? Emily's Western Blot came back suggestive of Lyme disease infection and her clinical picture definitely fit with gestational Lyme infection.

Dr. Jones confirmed that she had Lyme disease induced Autism. So, the cause was found, and it was Lyme disease all along. When Jennifer's antibiotic blood levels dropped low during her pregnancy, it could have been enough to allow Emily to contract Lyme disease in Jennifer's womb.

Dr. Jones assured the Holbrooks that Emily's prognosis was good because she was so young. Jennifer and Brad were deeply upset that despite all their aggressive Lyme treatments during pregnancy, their baby still had acquired Lyme disease. Saddened with the

frightening truth, they knew that they had to gather their strength and do everything possible to help their daughter.

Emily started antibiotic treatment for gestational Lyme disease and Bartonella infection. It wasn't going to be easy to care for a child with Lyme induced autism, but if anybody had the experience, patience and the heart, it was Jennifer and Brad. To help Emily, Jennifer educated herself enthusiastically about Autism and treatments she could use to help Emily become as functional a child as possible. During this time, Brad's health improved to the point that he was able to return to work fulltime.

Jennifer was working hard at home to organize therapist visits, a new gluten-free, casein-free diet and continuing with her daughter's "homework" from the therapists. Jennifer and Brad worked very hard to help her communicate using sign language, picture cards and to help her feel better so her negative behaviors would lessen.

Over time, as Emily continued her Lyme antibiotics and her Autism therapies, things slowly began to look brighter. Thanks to the expertise of Dr. Jones, Emily's health has improved dramatically. Emily's language, social skills and play skills have bloomed and she now seems just like any other loving, playful and active three year old girl.

Jennifer explains "Lyme disease and Autism are a menace to our world and I will continue to try to help educate others so doctors will pay more attention to Lyme disease and hopefully consider all treatment options available, particularly the possibility of Lyme-induced Autism and the damaging effects of vaccinations."

Jennifer and Brad continue to require treatment for their Lyme disease in order to function in their daily lives. Life is a balance of caring for themselves and their miracle daughter.

The future looks bright. One thing is for sure; today the Holbrook house is full of love and laughter, a miracle that one day seemed impossible. *pha*

Laura Zeller is a freelance writer from NY. She has a B.S. Degree in Environmental Science. She is a strong patient advocate and is highly respected by LLMDs. www.wildcondor.com

“Mercury” ...cont'd from pg 2

consider a wide range of factors, including vaccinations. However, the study will only focus on children born between September 2003 and August 2005, after most pharmaceutical companies had removed thimerosal from children's vaccines.

A 2005 investigative report by Dan Olmsted of United Press International looked to the Amish population for answers, as the Amish very rarely vaccinate their children. Based on the national rate of Autism, Olmsted calculated that he would find about 130 with Autism in Lancaster County,

Pennsylvania. He found only four, the oldest of which was 9 or 10 years old. One had been exposed to high levels of mercury from a power plant. The other three had been vaccinated. Olmsted found similar results in Amish communities in Ohio and Indiana.

Calling the use of thimerosal in vaccines the "greatest catastrophe that's ever happened", Dr. Mark Geier, president of the Genetics Center of America, has been examining vaccine safety since the 1970s when he was a lab assistant at the National Institutes of Health. He strongly

believes that "the link between thimerosal and Autism is clear", and that public health officials are "just trying to cover it up."

"Most of the doctors and researchers involved in denying that vaccines cause Autism are recipients of large sums - millions of dollars in some cases - from the vaccine industry," explained pediatrician Dr. Jay N. Gordon. Agreeing that such financial ties are fairly common, Rep. Burton asserted that the CDC "routinely allows scientists with blatant conflicts of interest to serve on intellectual advisory

committees that make recommendations on new vaccines."

According to Robert F. Kennedy, Jr., an attorney and environmentalist, the pharmaceutical companies are also getting help from politicians. As an example, he cites Senate Majority Leader Bill Frist, "who has received \$873,000 in contributions from the pharmaceutical industry", and "has tried to seal all of the government's vaccine-related documents and shield Eli Lilly, the developer of thimerosal, from subpoenas."

Rep. David Weldon, a Republican physician from

Florida, accused the Institute of Medicine of relying on "fatally flawed" studies that did not represent "all the available scientific and medical research."

Mark Blaxill, vice president of the nonprofit organization Safe Minds, declared "The damage caused by vaccine exposure is massive. It's bigger than asbestos, bigger than tobacco, bigger than anything you've ever seen." *pha*

Susan Williams hold a BS Degree in Community Health Education and is on the Board of Directors of the Texas Lyme Disease Association.

Lyme Induced Autism Foundation 1-day East Coast Conference

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This 1-day conference will educate attendees with an intermingling of traditional and alternative therapies to provide treatment strategies to begin in our healing journey.

This conference will cover topics that would be appropriate for parents of children with autism, Lyme disease and related infections, adults with Lyme disease and medical professionals.

Speakers include:

Charles Ray Jones, M.D.,

Robert Bransfield, M.D.,

Ritchie Shoemaker, M.D.,

Richard Horowitz, M.D.,

Janelle Love, M.D.,

Guissepina Feingold, M.D.,

Peta Cohen, M.S., R.D.,

Warren Levin, M.D. and

Jeffrey Baker, N.D.

Registration can be found online at:
www.liafoundation.org

If you would like flyers sent to your support group or office, please contact LIAF with your request.

Thanks so much and we look forward to seeing you soon!

Groundbreaking Book Series on Lyme Disease Hits the Market

Allegory Press, Hustisford, Wisconsin

"It's All In Your Head," the first 2 books in a NEW, groundbreaking 3-book series on Lyme Disease by author, activist, and Lyme patient PJ Langhoff are now available at www.allegorypress.com and soon at Amazon.com! A year in the making, these important, informative books reveal the TRUTH about Lyme disease in a never before released collection.

PJ Langhoff, the author of "The Singing Forest, a Journey Through Lyme Disease," contracted Lyme disease in 1992 and so did her family...but it took more than a dozen years to obtain an accurate diagnosis! Growing up in the midwest, Langhoff had no idea Lyme disease even existed until it touched her family personally, and she reeled at the staggering amount of physician denial of Lyme over the years. She heard repeatedly that there "is no Lyme disease in Wisconsin." And yet, Langhoff watched helplessly as her family and her own bulls-eye rashes, fatigue, joint pains, Bell's palsy, neurological issues, cognitive decline, depression, and even partial paralysis, and other

symptoms went astoundingly untreated. She fought to find physicians willing to treat once she was finally accurately diagnosed and was amazed that current treatment recommendations of short-term oral antibiotics did nothing to eradicate a very complex illness.

In the meantime, Langhoff's family life fell apart before the author was treated with long-term combinations of oral and intravenous medications which saved her life and recaptured her health. During the process, her family suffered through 10 years in the legal system and Langhoff lost custody of her own children and was accused of being "mentally ill" and "delusional" for believing that she and her children had Lyme disease despite medical history and laboratory evidence!

Langhoff fought back continually and worked hard to establish support groups and web sites for Lyme patients, offering information, support and a counseling ministry. Langhoff has since written a number of medical books and peer-reviewed medical articles along with Lyme-literate physicians to help raise awareness about this complex and poorly understood illness which is

reaching epidemic proportions globally.

Lyme Disease is NOT just a rash and knee illness! Learn why in this unique book series, uncovering the truth about Lyme!

"It's All In Your Head," Patient Stories From the Front Lines:

Intimate Aspects of Chronic and Neuropsychiatric Lyme Disease

In this first book, the author covers the history of Lyme disease, the testing inaccuracies, co-infections, the herxheimer effect, Munchausen's, plus a half dozen patient stories including Langhoff's personal story of how she and her two children suffer from Lyme and what it put them through during 10 years in the legal system. Read how Langhoff had to turn in her own daughter to legal authorities in a heart-wrenching decision in order to try to get her child help for severe neuropsychiatric depression. In this book, Langhoff and a dozen other patients fully and accurately describe life with chronic and neuropsychiatric Lyme. A must-read for patients, physicians and support persons of those who have been personally touched by chronic illness.

Foreword by renowned Lyme physician Dr. Joseph Jemsek. Cover art by young Connecticut Lyme artist, Stephen Mills.

"It's All In Your Head," Around the World in 80 Lyme Patient Stories:

Valid Reasons to Debate Current Treatment Guidelines

This amazing second book contains collections of short stories from 80 Lyme patients from 23 US states, 5 Canadian provinces/territories and 11 countries abroad. This sampling of the global presence of Lyme disease tells it like it is, by the patients themselves. An honest, revealing collection of information which touches on every aspect of Lyme disease, and reveals also that transmission may occur in methods not previously acknowledged. Absolutely a must-read for everyone who wishes to learn why an epidemic is being ignored and the patients are being refused a diagnosis and treatment! A true look at life with Lyme disease, from the patients' perspective. Foreword by renowned Lyme-literate physician and researcher, Dr. Joseph Burrascano, Jr. Cover art by Canadian Lyme artist Valerie White.

The third book in the

series (coming soon):

The Baker's Dozen and the Lunatic Fringe:

How "Junk Science" Shifted the Lyme Disease Paradigm

is a thorough scientific analysis from the patient's perspective and presents an exhaustive review of the science, research, politics, connections, bioagent history and the TRUTH about the Lyme disease paradigm, the "silent" epidemic. Written in a well-communicated format that is hard to put down. Learn the who's, how's, what's, and why's of Lyme disease...who is profiting on the backs of ill Lyme patients, how biowarfare impacts the Lyme arena, why physicians are refusing to diagnose and treat patients, and what must be done to change the current paradigm. The book includes a baffling chapter on physician "diagnoses" which leave the reader perplexed.

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Contact: PJ Langhoff: pj@allegorypress.com

"Tempted"...cont'd from pg 5

and not to harm you, plans to give you hope and a future." God knows the appointed time that you will come to Him in heaven. Do you really want to interrupt His divine plan? Imagine planning a huge birthday party celebration for a friend. You've ordered the cake, you have the decorations up, and you've invited the loved ones to attend. The big surprise is at 5 o'clock. When you arrive at 5, however, your friend sits there with cake all over his/her face, the gifts unwrapped, the room a mess and says, "You know, I came home early and I just couldn't wait any longer..." Magnify this to what God must feel when you dare to disrespect and not fear Him or the consequences, by messing with the party He has planned for your arrival in heaven.

While we are quick to read the beginning verse of Paul's feelings, Philippians 1:21, but read on. "For to me, to live is Christ and to die is gain... I am torn between the two: I desire to depart and be with Christ, which is better by far; but it is more necessary for you [the believers] that I remain in the body." Read that again. ...it is more necessary for the believers... Death, resulting in heaven, (for believers) may be more comfortable, but it is more necessary that we remain. In the book *When God Weeps* by Joni Eareckson Tada, she confronts the issue of suffering head on, without wavering from the tough questions or how it emotionally feels, despite what we know to be true. When a friend questions Joni on why she should hang on any longer, Joni points her to Paul's writings. She tells her friend, "You may think it's far better to depart and be with Christ, but as long as you

remain in the body, your family and friends have something to learn. Think of the eternal importance."

Many of you have shared with me how God has used your illness as an instrument. And some of you are stubborn in the most positive way! Regardless of the comments that believers throw your way, the pain that you suffer daily, the doctor's bleak predictions, you know that as long as there is breath in you, God is going to use you to glorify Him.

He does this in many ways. One of which is giving non-believers something to ponder; if you can radiate joy, in the midst of your circumstances, why is their life falling apart because they drive a Nissan, not a Volvo?

But Paul writes that his presence is necessary for the believers. What? Aren't they covered? You ask. You mean I have to hang out in this turbulent world, without a moment of aching joints and difficulty breathing just to work on the hearts of those who God has already dealt with? What's with that? Can't they get it together on their own without my suffering?

Well, yes. Take the "me" and the "I" out of it and focus on God's reasoning. God has a purpose for your life-right now, right here; the ways that God can use our suffering to mold us to make us more Christ-like number beyond infinity. But despite personal gain, imagine what the presence of pain in your life can do for those around you.

People learn to become more patient, compassionate, grateful and caring. The nurse wonders why you glow with the Holy Spirit and she can't seem to get

motivated to go to church. The person that sits behind you in church thinks, Boy, he really seems to be in a lot of pain, but he's still here. I wonder what I would do in that situation? I'm glad I know the same God.

When your brother watches a movie about someone fighting against all odds to climb a mountain, he may think, wow, I should have that kind of discipline and motivation. When he goes to church, he looks around and thinks, gosh, I really should read my Bible more.

But when you arrive, your presence, your spirit, and your character, with God ingrained into each part of your soul, and you can entice him, through the Holy Spirit, and make him desire to change, not just think about change or casually wish for change... that is what the Apostle Paul in taling about.

Crabb mentions this in his book *Inside Out*. "Some people push me to do better by trying harder. Others draw me out to be better by enticing me with an indefinable quality about their lives that seems to grow out of an unusual relationship with Christ, one that really means something... The difference is enormous."

Recently a news show on television took a closer look at what makes marriage work. One family shared their list of goals which included "Own a Lexus" (that was checked off already) and "Visit the Cartier store." (I'm betting she won't leave empty-handed!) These are society's values. But Jesus says the meek are blessed, they will inherit the earth and experience peace, (Matt. 5:5, Psa. 37:11). For He who is least among you all--he is the greatest (Luke 9:48). That which we give

Christ is precious to Him because we must sacrifice comfort (Mark 12:43). Proverbs 13:8 says, "A man's riches may ransom his life, but a poor man hears no threat." Those of us who have already lost that which we once put great faith in-- our health-- have no threat of losing it. It is in God's hands. God knows this. Colossians 3:1 says, "Set your heart on things above, where Christ is seated at the right hand of God." Homesickness is not a bad thing. We should long for our real home. And this world is not our home! We will not find, nor should we search, for true contentment. Contrary to what many believe, earth is not one big Disneyland; rather it is a spiritual battlefield. We are soldiers and we have scars.

Crabb writes, "We desire what we do not have and cannot have until Christ returns and restores everything, including ourselves, to the way it was meant to be. Until then, that intuitive awareness of trouble that clouds our happiest moments is reflecting... on a basic truth about life in a fallen world."

We must rely on this. We must take that grain of mustard seed and hold it up and say, "Lord, I am tired. My faith feels weak. I don't understand, but if this mustard seed can move a mountain, surely this amount of faith can get me through one more day."

God never set us up to believe that this world would be easy. We've done that to ourselves. Many Americans have lived in a world where we get whatever we want. Because our luxuries are large, our God is small. When we lose our ease in life, our perspective of God becomes bigger. God never changes, but our perspective of

Him does. He says, "In this world you will have trouble. But take heart! I have overcome the world," (John 16:33). God is the ruler of your life. "Unless God is the major pursuit of our lives, all other pursuits are dead-end streets, including trying to know ourselves," shares Charles Swindoll. "They won't work. They won't satisfy. They won't result in fulfillment. They won't do for us what we think they're going to do." Only God's Word will provide us with peace, wisdom and the ability to hang on one more day... And then one more day...

**Don't Give Up!
There is Hope & Help**

Need to talk to someone now? Rest Ministries heartily recommends the Christian counseling hotline New Hope Telephone Counseling Center provided by the Crystal Cathedral in CA. You can call 24-hours a day and someone will speak with you and pray with you. 714-639-4673. They also offer online private "chat" with a counselor for free 4 a.m.-12 a.m., 7 days a week. <http://www.newhopenow.com/counseling/liveperson.html>

To find a Christian counselor in your area:

Call Focus on the Family 8 a.m. - 5 p.m. and ask for the "counseling department." 1-800-A-FAMILY (232-6459).

Lisa Copen is the founder and director of Rest Ministries (<http://www.restministries.org>) She lives with rheumatoid arthritis and fibromyalgia and is the author of *When Chronic Illness Enters Your Life Bible Study*. *pha*

“Bells Palsy of the Gut” ...cont'd from pg 6

even a partial paralysis occurs in the small intestines, SIBO (SBBO) with bloating of immense proportions may ensue. Paresis of the colon may result in mega colon with severe constipation and/or encopresis even in very young children in Lyme-endemic regions. Diarrhea resembling an IBS-like syndrome can occur if there is Bb-sponsored gut hypermotility. Similarly, GI spasms may also result in a plethora of symptoms, including spastic colon and seeming occlusions. A trial on antimicrobials is helpful for those suspected of having tick-borne diseases despite negative tests. The "symptom intensification syndrome" known as a Herxheimer reaction needs to be anticipated by both doctor and patient as potentially distressingly difficult but is to be expected when immune systems over-respond to a spirochetal die-off. This reaction should not be confused with an allergic reaction to the antibiotic.

Most helpful diagnostic tests for Lyme disease are the direct or photographed observations of a "Bulls Eye's" circular or oval skin rash. Unfortunately, it is only present in roughly 50% of known cases. If the lesion slowly expands (due to spirochetes multiplying in the outer edge, which fact allows easier biopsy and culture) it is perfectly diagnostic of Lyme disease or its associated "STARI" (Master's disease-a form of Lyme disease.) In endemic areas, patients should be coached to photograph any suspect rashes and to keep the living tick for a doctor's observation or Bb DNA testing. Western Blots (WBs) are best done in a reference lab specializing in tick-borne diseases with the doctor's insistence that all antibody bands be counted and reported. The tests should employ the correct strains of Borrelia and also not depend on spirochetes that have lost DNA due to multiple passes through a series of hosts.

Acceptable tests have both high specificity and sensitivity. For example, the C6 Peptide/Lyme test has excellent specificity so that those tests that come back positive are valid and are confirmatory of Lyme's presence. However, negative results from the C6 test merely show that the test was done-they do not show that Bb was absent. The negative test does not prove that the

patient is free of Lyme disease. Useful tests include a urine Bb antigen test with positive findings backed up by the highly accurate Southern Blot test. As noted, PCR tests on all appropriate tissues/fluids, especially serum, whole blood, urine, tears, mother's milk and CSF are valuable diagnostically.

Choices of tests for several Bb's co-infections are enhanced by awareness of the prevalent strain/species of the infection that is extant in the area where the patient was tick-inoculated. Tandem IFA and PCR tests are usually performed for co-infections. In addition, florescent microscopic views of stained slides can show babesiosis ring forms inside RBC and other tests can show cystic forms of Bb under black light. Bartonellosis can be tested for by PCR (blood and tissues) and its positive WBs are considered diagnostic when combined with history and physical evidence. As is true of Bb, however, bartonella patients may be seronegative and without PCR-DNA captured.

A BRIEF OVERVIEW OF SOME APPROACHES TO THE TREATMENT OF TICK-BORNE DISEASES AFFECTING THE GUT

Sensations of total, dire, overwhelming, unending, weakness or fatigue in most seriously ill Lyme patients lead many Lyme patients to consider suicide. Treatment begins with educating them about the treatable, underlying diseases and about realistic expectations in order to inspire hopefulness for recovery. The physician's listening skills and willingness to give anxious patients extra time can be life-saving.

Prescription of skillfully combined oral antibiotics in an attempt to avoid IV treatment for all but those seriously afflicted with advanced neuro-Lyme (patients that manifest MS-like or ALS-type symptoms) is the next challenge

(59). In addition to the usual antibiotics advised for Lyme disease, telithromycin (Ketek) used cautiously or azithromycin (Zithromax) may successfully accomplish blood-brain tissue barrier penetration that is needed. Such patients have to be monitored closely for liver, etc. side effects. In recent years, Lyme expertise has included the combining of antibiotic(s) with those in the azole family of drugs (such as metronidazole/Flagyl) that penetrate cell wall-less cyst forms of Bb,

albeit slowly, to aggressive treatment by one of the quinolone family of antibiotics such as levofloxacin (Levaquin) or by rifampin (Rifampicin).

Mycoplasmas may respond best to tetracycline, rifampin, and erythromycin.

Babesia, the red blood cell parasite, requires different approaches for acute and chronic disease stages. In chronic babesiosis, the form incidentally seen by gastroenterologists, a combination of artemisinin, atovaquone (Mepron) or Malarone, a combination of atovaquone and proguanil hydrochloride, and azithromycin are still drugs of choice (61).

NUTRICEUTICALS AND ANTIMICROBIALS TO RESTORE THE IMMUNE SYSTEM AND THE GI TRACT

Restoration of gastrointestinal systems damaged by tick-borne diseases can be a formidable task depending on the presentation and severity of symptoms, antimicrobial or other treatments involved, and any side effects thus incurred. The goals are to enhance gut motility or reduce spasticity, remove toxins, improve patients' general and gut-lining immunity while killing off invaders such as tick-borne microbes, fungi, and other gut opportunists (62,63).

Painful rectal area muscle spasms in Lyme patients usually respond to alprazolam (Xanax) 0.25 mg (1/2 to one tablet) best chewed for quick relief and Natural Calm, a formulary of instant release, water-soluble magnesium. Rectal cramps probably can be prevented most of the time by using the highest tolerated doses of daily magnesium-slow release is the recommended approach but many patients also need the quick-acting powder at bedtime to prevent all kinds of Lyme-caused muscle cramping or spasms.

Dietary intake of all sugars and non-complex carbohydrates should be totally avoided while patients take antibiotics. Probiotics-high quality lactobacillus (2 enteric-coated pearls) once or twice daily or more as needed and bifidus (at least one cap) once daily are essential for gut pro-

tection during and following antibiotic treatment. Immunity and energy enhancers such as extract from reishi mushrooms, Cordyceps sinensis (at least one 740 mg capsule daily), Co-Enzyme Q10 (100 mg twice daily), green tea, acetyl L-Carnitine (500 mg at least twice daily), Vitamin B Complex-50 to 100, folate, sublingual B12, magnesium (slow release tablets) taken to tolerance daily, gamma linolenic acid (GLA) as refrigerated Oil of Evening Primrose (1/2 tsp. daily) or borage oil (one 1,000 mg soft gel daily), Omega 3 EFA fish oil (one soft gel 3-4 times per day), selenium (200 mcg one cap daily), alpha lipoic acid (100 mg daily) and a comprehensive multivitamin (59)-all can be of great benefit.

Healing agents will be needed to repair the gut lining and restore functions damaged by Lyme-Bartonella-Mycoplasma infections. That list may include oral preparations of liquid Aloe Vera, Oil of Clove drops, Uncaria spp., anti-fungal tannins, garlic, chewable licorice tabs, betaine, Enteric-coated Oil of Peppermint, Conjugated linoleic acid CLA (1000 mg twice daily), a-lipoic acid (100 mg one daily), Slippery Elm demulcent capsules (325 mg 1-8 three times daily), and ursodiol bile acid tablets (64). Additionally, in the treatment of SIBO, complete stool analysis with culture and sensitivity of opportunistic bowel pathogens may elucidate the choice of antibiotic. Alternatively, a trial may be undertaken with rifaximin (Xifaxan) 200 mg three times a day until symptoms have cleared (60). Cholestyramine (Questran) may be useful in reducing the recycling neurotoxins produced by tick-borne diseases.

As tick-borne-diseased GI systems and their owners heal, relief will be palpable. Physicians will partner in that gratification as well when previously grimfaced patients move to the healthy side of a bellshaped curve-a graph that would measure the degree to which both gastrointestinal tracts and lives have been restored to functional capacities. These satisfactions satisfactions will be re-experienced when wisely diagnosed and treated Lyme-sick patients will be able to smile broadly at last, knowing in their guts that zesty appetites for life really will be possible again. *pha*

Sensations of total, dire, overwhelming, unending, weakness or fatigue in most seriously ill Lyme patients lead many Lyme patients to consider suicide. Treatment begins with educating them about the treatable, underlying diseases and about realistic expectations in order to inspire hopefulness for recovery. The physician's listening skills and willingness to give anxious patients extra time can be life-saving.

forcing spirochetes out of cover as it were to their demise from the antibiotics. Regularly spaced "safety blood work" must be regularly ordered for all patients who require long-term use of any antibiotics. For those with Lyme-sluggishness of the gut with resultant SIBO, non-absorbable, intestinal "antimicrobials" likely will be needed (60). Current usage of rifaximin may include carefully monitored long term prescriptions.

Doxycycline has the advantage of being able to arrest both Lyme and the ehrlichioses in those who are multiply infected with each.

Bartonella (the tick-borne variant) usually responds,



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Note: These products are not intended to diagnose, cure or prevent disease.

Medical News Briefs



by Susan Williams

Girl's Blood Type Changes After Liver Transplant

In the first known case of its kind, an Australian girl's body changed blood types after undergoing a liver transplant at Sydney Children's Hospital. The nine-year old was very ill with liver failure when she received the transplant from a deceased male donor several years ago. Nine months later, doctors discovered that her blood type had changed and her body had switched over to the donor's immune system. Her doctors are comparing the extremely unusual event to a bone marrow transplant, occurring as stem cells from the new liver migrated to her bone marrow. She is now a healthy 15-year-old. An article on the case

was published in the January 24th edition of the New England Journal of Medicine. The article reported that the patient had been experiencing severe hemolysis (abnormal breakdown of red blood cells), which resolved after all immunosuppressive therapies were discontinued. Michael Stormon, a hepatologist treating the girl, indicated that a "sequence of serendipitous events", including a post-transplantation infection, may have allowed stem cells from her donor's liver to proliferate. Researchers now hope to find out whether this unusual occurrence can be repeated in other transplant patients in order to avoid organ rejection and increase rates of transplant success.

Childhood Abuse May Lead to Migraines

Women with a history of childhood abuse may be at increased risk of depression and migraine headaches, according to a recent study in the journal Neurology. Researchers reported that women with migraines and major depression were four times more likely to have a history of childhood maltreatment, while women with migraines and less severe depression were twice as likely. Abusive treatment, according to researchers, may actually alter neurobiological systems and thus make a person

more vulnerable to multiple adult chronic disorders, including depression, mood syndromes, and pain disorders. Medical experts encourage people with headaches to tell their doctors if they have experienced abuse so that they can be referred to appropriate counselors or psychiatrists for therapy and increase their chances of success at treating migraines. New findings could aid researchers in developing an effective treatment for rosacea, a disease which affects approximately 14 million people in the United States. Researchers have discovered that an abundance of abnormal skin proteins is likely the cause of the inflammatory skin disease. Scientists from the University of California in San Diego found that rosacea sufferers have an excess of a protein known as cathelicidin, most of which was abnormal. There was also an abundance of an enzyme that processes cathelicidin, causing the protein to be processed incorrectly in their bodies. Their research was reported in the August 2007 journal Nature Medicine. Rosacea causes redness, visible blood vessels, swelling, bumps, and pimples on the face. Although it typically affects more women, generally between the ages of 30 and 60,

Proteins in Skin May Be Cause of Rosacea

men often have more severe symptoms. A recent study has concluded what fans of natural healing methods have known all along: That a teaspoon of honey before bed seems to soothe children's coughs and help them sleep better. The findings were published in the December 2007 Archives of Pediatrics and Adolescent Medicine. In the partially double-blinded randomized study, children between the ages of 2 to 18 years of age with upper respiratory infections were given either a dose of buckwheat honey, a dose of honey-flavored dextromethorphan (DM), or no treatment. The treatments were administered 30 minutes before the children's bedtime. After analyzing parents' reports of their children's symptoms, researchers concluded that there were "significant differences in symptom improvement" between treatment groups, with honey consistently scoring the best and no treatment scoring the worst. Honey may help children's symptoms by coating and soothing an irritated throat, study authors said. However, they noted that honey should not be given to children under one year of age because of a risk of botulism. *pha*

Study Finds That Honey Is Better For Children's Cough

Although much of the lecture content will be geared toward medical professionals and scientists, we encourage patients and supporters to attend as well. Our goal is an informative, educational and inspiring event that will be beneficial to all!

Scientific & Medical Conference on Morgellon's Disease

Finding the UNcommon Thread

Saturday March 29

Westoak Woods Baptist Church Main Auditorium 2900 Slaughter Lane Austin, Texas

Although much of the lecture content will be geared toward medical professionals and scientists, we encourage patients and supporters to attend as well. Our goal is an informative, educational and inspiring event that will be beneficial to all!

GUEST SPEAKERS:

- Randy S. Wymore, Ph.D.
- Raphael B. Stricker, MD
- Elizabeth Rasmussen, Ph.D.
- Harriet Bishop, President, TxLDA
- Ginger Savely, FNP-C
- Mark Darrah, BS
- David Gibbs, MS, CDRP
- Gregory V. Smith, MD, FAAP

<http://www.thenmo.org/Austin308.htm>

“Chronic Lyme” ...cont'd from pg 13

result from blood clots, not from plaque. EDTA is also anti-viral and a potent antioxidant. The combination of EDTA with the polysaccharide red algae known as Carageenan is a powerful weapon against hypercoagulation. Dr. Gordon has formulated a product called Essential Daily Defense™ (EDD) that serves as a cornerstone weapon in his detoxification arsenal. EDD contains the heavy metal chelator EDTA which has a high affinity for lead, the iron and aluminum chelator malic acid, the mercury chelator organic high-allylic garlic, the heparin-like red algae Carageenan and other synergistic ingredients. Due to the fact that EDTA is an indiscriminate chelator, meaning that it removes essential minerals from the body in addition to harmful toxins, any program incorporating EDTA should also consider the additional need for essential minerals. Dr. Gordon meets this need by

incorporating his Beyond Any Multiple (BAM) product. In fact, Dr. Gordon has made creating a powerful detoxification program quite simple by combining his years of research and clinical experience into a product called Beyond Chelation Improved™ (BCI). BCI is a combination of Beyond Any Multiple™ (BAM), Essential Daily Defense™ (EDD), and essential fatty acids derived from primrose and omega-3 marine lipids. He further includes a capsule which contains phosphatidyl choline, phosphatidyl serine, and ginkgo biloba which he indicates was added to support high functioning, reduce the chances of Alzheimers, and protect the macula and neurons in the brain as we age. BCI provides pre-filled packets which contain three BAM, three EDD, 2 essential fatty acid softgels, and the Phosphatidyl/ginkgo capsule. The recommended dosage is one packet twice daily. For

more aggressive detox, additional capsules of EDD can be added up to one capsule for every ten pounds of body weight. EDTA is also available as a powder that can be mixed in water or juice or used in a bath. EDTA has a high affinity for binding with lead but is not regarded as a strong chelator of mercury. For this reason, Dr. Gordon created Heavy Detox™ (HD). HD contains succinic acid (DMSA), which has a high affinity for mercury, as well as number of other synergistic ingredients. HD is generally used for shorter periods of heavier detox whereas EDD can be used on a continuous basis. In summary, though chronic Lyme disease is a significant and challenging illness, those impacted by it can win the battle once they realize that Lyme disease is not Lyme alone but rather a combination of factors that must be synergistically addressed in order to regain

optimal health and wellness. None of us will realize our maximum useful lifespan unless we work continuously to keep our total body burden of pathogens and toxins as close to zero as possible. Our bodies want to recover. When we use appropriate agents for controlling infections and reducing our toxic burden, the body generally responds with improved function and we enjoy a much improved state of health and well-being. Here's to your health... *pha*

nationally recognized expert in the field of oral and IV chelation as an adjunct therapy for all diseases. Dr. Gordon is also President of Gordon Research Institute and a full-time consultant for Longevity Plus, a nutritional supplement company where he designs supplements used by alternative health practitioners around the world. *pha*

Additional information can be found at:
Gordon Research Institute - <http://www.gordonresearch.com>
Longevity Plus - <http://www.longevityplus.com>
Results RNA® - <http://www.resultsrna.com>
ACAM - <http://www.acam.org>
Scott Forsgren is the founder and editor of www.BetterHealthGuy.com
Disclaimer: The information presented in this article is not intended to serve as medical advice or as a replacement for the involvement of a licensed medical practitioner in personal treatment decisions.

Six With Autism... cont'd from pg 1

and asked them to also invite friends. "Thirty people from our church and family came to support us", shares Robin. This brought the social worker to tears and, luckily the judge then sent the children back to their loving parents. So what's life like with six children on the spectrum? Well, probably just as one would think...biting, obsessions, running to and from school, mess making, over-

all...havoc. But, one thing was clear in my interview, these children have beauty, talents and a blanket of love and faith surrounding them. When asked what tips or advice she had for other parents of children with autism, she says "think of the positive things, not the negative, be ready and prepared and take time out for yourself." As for the cause, Robin sees a genetic predisposition and history of symptoms on

both sides of the family. Since Robin herself has fibromyalgia type symptoms, I talked with her about the possibility of an underlying infectious issue. All but one child has received vaccinations and she feels this played a role in triggering the autistic symptoms. They have seen improvements with detoxifying clay baths but haven't done much biomedical treatments due to the cost factor.

On the school side, they have seen great things by mainstreaming some of her kids in with typical children. The Kirton household was hit with autism six times. But autism is just a diagnostic label; it's really about the story of a family. Their story is of six beautiful children, their strengths, their talents and their quirks. It is a story about parents with super-human internal strength who with their challenges, strive to help other par-

ents by "paying it forward". John and Robin are now giving back to other families; they are starting a foundation to help families with funding things that are needed for their children. Autism Bites is named for two reasons, says John, "first, two of our kids are biters, and the second reason...well that's obvious". Please visit their website and help support them, go to: www.autism-bites.com. *pha*

I recommend Researched Nutritionals® for my patients ...Joseph Burrascano, M.D.



Joseph Burrascano, M.D.

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NT Factor Energy™

I prescribe this to my patients because it provides a noticeable improvement in their energy levels. By promoting healthy mitochondrial membrane repair (and not through the use of any stimulants), most of my patients report that they feel better.

I discovered this product at a medical conference, and was intrigued by the research. One of the published studies reported that patients experienced a 40% decrease in fatigue(1) in eight weeks. The product is formulated to deliver a stabilized unique phospholipid matrix (this is what composes the mitochondrial membranes), wrapped in pre and probiotics as well as Mitochondrial Pro Regulator™ to optimize mitochondrial function, Krebs Cycle Glucose Absorb™ to propel the burning of glucose, creating energy and removal of excess ammonia which can cause fatigue, and RN Fatty Acid Metabolizer™ to maximize ATP production by regulating fatty acid buildup which, if left unchecked reduces mitochondrial function and increases cellular toxins. Normally, cells produce and repair their own mitochondrial membranes. However, these membranes may become compromised during long-term illness or interestingly, intense physical exercise by healthy individuals. This product helps the body help itself. By improving cell membrane potential, nutrients are better able to enter the cells for greater ATP fuel production, toxin removal is improved and oxidative stress is reduced.

CoQ10 Power™ 400mg

I actually tested the blood level of a patient on this product versus another well-known CoQ10. The patient using CoQ10 Power™ had three times the CoQ10 in the blood than the other product. The product is produced in the preferred soft-gel form, allowing the oil base to optimize absorption. As I have come to expect from Researched Nutritionals®, the raw material is of the highest quality and is imported from Japan.

Transfer Factor Multi-Immune™

People have asked me what differentiates transfer factor from colostrum. I generally reply that it is supercharged colostrum. In every gallon of colostrum, you derive only an ounce or two of pure transfer factor. This is where you find the heart of immune support.

Maintaining natural killer cell function is essential for achieving optimal health. Each capsule of Transfer Factor Multi-Immune™ combines the following complexes to provide optimal natural killer cell support:

- **NK Maximizer Bioplex™** - Super blend of pure transfer factor, larch arabinogalactan, IP-6, shiitake and maitake mushrooms to promote healthy NK cell levels & immune modulation(2) (3)
- **Macrophage & T-Cell Pro-Blend™** - Proprietary blend of beta glucan, astragalus, and TMG for healthy macrophage and neutrophil support, aiding removal of cellular debris and recovery of damaged tissue. Unique blend also supports proper T-cell function, cellular replication and liver function. (4) (5)
- **Healthy Cell GTP™** - Potent extracts of green tea and pomegranate to promote normal cell division and containing high levels of crucial antioxidants.
- Plus an integrated blend of folic acid, vitamin B-12, zinc, and selenium to strengthen immune function, promote normal cell growth and boost antioxidant levels. (6)

I believe a healthy energy level and a fortified immune system are essential to good health.

Best Regards,
Dr. B.



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Available only through healthcare professionals

- (1) Journal of the American Nutraceutical Association 2003; 6(1); 23-28.
- (2) Shamsuddin AM, Vucenik I, Cole KE. IP-6 a novel protective agent. Life Sci 1997;61:343-54.
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- (4) Estrada A, Yun CH, Van Kessel A, et al. Immunomodulatory activities beta glucan in vitro and in vivo. Microbiol Immunol 1997;41:991-8
- (5) Klepser T, Nisly. Astragalus as an adjunctive therapy in immunocompromised patients. Alt Med Alert 1999;Nov:125-8
- (6) Benzie IF, Szeto YT, JJ, Tomlinson B. Consumption of green tea causes rapid increase in plasma antioxidant powers in humans. Nutr Cancer 1999;34:83-7.

*These statements have not been evaluated by the FDA. This product is not intended to diagnose, treat, cure or prevent any disease.

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