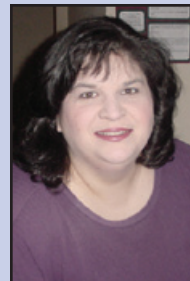


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P. 10 for details

# Lyme Induced Autism Conference Opens Eyes

by Mary Budinger

The CDC tells us 1 in 150 children have autism and that Lyme disease pops up at the rate of 20,000 reported cases a year. Even mainstream experts agree, however, that cases of Lyme are vastly under-reported.

At the Second Annual Lyme-Autism Connection Conference held in June in Palm Springs, discussion focused on Lyme-induced autism (LIA). Several experts suggested that at least 70% of the population has Lyme, and that it is being passed to children through congenital transmission, possibly through DNA.

"Most autistic kids have Lyme disease because most docs do not treat for Lyme first to knock it down enough that the white cell blood count can mount an attack and give you something to measure," said Dietrich Klinghardt, MD, PhD. "That is why it is unknown."

According to author and herbalist Stephen Buhner, Lyme bacteria consume collagen tissues so the infection first goes to joints and then to the brain where the body has big stores of collagen. That is why research is showing that 20-30% of children diagnosed with autism, are in fact, positive for Lyme disease. This would mean that 150,000 - 200,000 autistic children are undiagnosed and untreated for this disease, hindering the improvement of their autistic



Dr. William Lee Cowden, M.D. addresses the audience at the LIA conference.

symptoms.

"The epidemics of Lyme and autism have gone from mild ripples in the water to roaring, all-consuming tidal waves, destroying thousands of lives and tearing apart countless families," said Bryan Rosner and Tami Duncan, co-authors of the book *The Lyme-Autism Connection*.

Our lack of respect for bugs is as much to blame for the epidemics as is human politics.

"One of the most foolish things humans did was to assume that bacteria were not intelligent," said Buhner. "Bacteria can actually analyze ways to deactivate an antibiotic and give that info to other bacteria they encounter. Lyme seeds every part of the body

where it has been with spirochetes. It generates scores of alternate forms of itself to maximize survival." Lyme is notorious for mutating when hit with antibiotics, antimicrobials and other attempts to kill it.

## Electromagnetic Fields - a Silent but Deadly Force

Various doctors at the LIA conference presented research into what is feeding the bugs. One of the top suspects is electromagnetic fields (EMF). "Not enough of us are talking about this," said Dr. Klinghardt. "The body acts like an antenna for ambient electric fields in the home and these interfere with body functions. Neurons cannot function at

higher than 40 microwatts".

Dr. Klinghardt explained there is a synergistic effect of environmental pollution and EMF and growth of microbes. "We need oxidation to kill the bugs but there is too much oxidation where we don't need it, in healthy cells, because of EMF. Some of the answers are cheap and effective, but have not clicked yet."

Dr. Lee Cowden stated that EMF can combine with parasites and fungi to create Leaky Gut Syndrome, a common problem in children with autism.

Some parents who caught on early to the EMF issue report success in removing wireless Internet, portable phones, and cell phones from  
*"LIA Conference ...cont'd p. 14"*

## Shifting Mainstream News Coverage of Lyme

by Mary Budinger

Columnist Jane Brody wrote a revealing piece about Lyme in the July 15th edition of the New York Times.

Brody said, "I have encountered enough previously healthy people who have suffered for months or years after initial treatment to suggest that there is often more to this disease than 'official' diagnostic and treatment guidelines suggest."

Because Lyme has become so widespread, just about every large editorial office now has people with Lyme disease, or friends with Lyme disease, and many of these people did not respond to standard protocols.

Late or severe disease requires intravenous antibiotics, Brody wrote. "Although two studies, neither of which was long-term, found that repeated antibiotic treatment did not reverse the pain and altered cognition associated with Lyme disease, the experience of thousands of patients,

including Ms. Bean, contradict these findings." Brody was referring to Constance A. Bean, co-author of the new book "Beating Lyme."

The Infectious Disease Society of America, IDSA, to date has refused to recognize chronic cases of Lyme, cases that persist many months and years after the first onset of symptoms. Brody pointed out that the antitrust lawsuit in Connecticut found some of the IDSA experts had financial interests that could bias their judgment.

Brody revealed that in Minnesota one summer, her own dog got more than 30 deer ticks on his face. "Cases have been reported in every state, with residents of the Northeast, the Great Lakes region, northwestern Washington and parts of California the most frequent victims," she wrote.

She quoted from the May issue of "Mayo Clinic Proceedings" which concluded doctors everywhere must be alert when dealing with patients who live or travel in

areas where Lyme disease is prevalent, and they must be willing to use appropriate antibiotics based on a clinical assessment rather than laboratory findings.

Brody also gave a thumbs up to Pamela Weintraub, a senior editor at Discover magazine, who has produced "a thoroughly researched and well-written account of the disease's controversial history" in her new book "Cure Unknown: Inside the Lyme Epidemic."

Weintraub says the public perception of Lyme is changing. "Until recently, coverage of Lyme disease has been flawed because it has been presented as a 'he said - she said' kind of fight and the patients have been painted as sick and beleaguered but not knowledgeable," said Weintraub. "I wanted to reframe that. My book, which included interviews with many mainstream scientists, showed a diversity of viewpoints across academia. Through these documented, journalistic

interviews, it becomes apparent that IDSA represents the right wing of mainstream thought, and not its center, and that most mainstream scientists view Lyme disease and its co-infections as complicated and in need of more research - not simple and irrefutably solved as IDSA says. The straightforward nature of the journalism may have helped others in the press to see things differently than in the past."

It also helps that Weintraub's book carries the imprimatur of mainstream publishers and can be found in mainstream bookstores like Borders and Barnes & Noble.

Weintraub said two other recent events have also shifted the public perception: the movie "Under Our Skin", and the antitrust lawsuit against IDSA. "You have the Connecticut Attorney General's investigation and IDSA's subsequent agreement to unseat their hand-picked panel that writes Lyme treatment guidelines," added Weintraub. "That  
*"Media" ...cont'd pg 9"*



# The Lyme Disease Survival Guide: Physical, Lifestyle and Emotional Strategies for Healing

## Interview with Connie Strasheim, Author

by Laura Zeller

A few weeks back, Connie Strasheim contacted me here at the **Public Health Alert** to announce her new Lyme disease book. Connie is the author of *The Lyme Disease Survival Guide: Physical, Lifestyle and Emotional Strategies for Healing*. The title of her book immediately caught me by surprise because I often have been pressed by friends and other patients to write my own Lyme disease survival guide. I am really glad to see this book available for everybody to read and guide them on their individual Lyme journeys. I just finished reading her book, and it is truly remarkable. Thankfully, I had the pleasure of talking to Connie about her experiences with Lyme disease and her exciting new book.

**When did you contract Lyme disease? How sick did you get? What were your symptoms?**

I "crashed" with an abundance of symptoms on September 26, 2004. I was packing for a trip in my job as a flight attendant with United Airlines and remember feeling exceptionally fatigued. That night, I woke up, my heart wallowing a million miles a minute. I went to the ER and they told me I was dehydrated. The following day, I was broadsided by brain fog, confusion, depression, fatigue, heart palpitations, gut pain and other symptoms.

Over the next six weeks, I lost 15 pounds, was unable to eat, or pretty much function at all. Prior to September 26th, I had suffered from symptoms of severe back and neck pain, as well as anxiety and OCD that was so severe, it was like somebody was holding a gun to my head 24-7. These latter symptoms actually began in childhood but intensified severely after 2001.

I was based in New York when 9-11 happened and I think it was a "trigger" for the intensification of my symptoms. The second "trigger" was working 14-hour days at United Airlines. Nobody should ever work days that long. So I don't know when I contracted Lyme disease, but I became severely ill nearly four years ago, and was diagnosed three years ago.

Yes, I only had to wait a year once I realized I was ill! (Sarcastic grin). Neither do I know where I contracted Lyme. Growing up, I camped in the mountains of Colorado and, in my twenties, I worked in New York and traveled to over forty countries. My best guess is that I may have contracted it in New York about ten years ago (since I used to go running in a woodsy park in Queens, and my anxiety and back pain became much worse after I moved there).

**What motivated you to write this book?**

I have a blog on Lyme disease that Bryan Rosner, of BioMed Publishing Group, felt had valuable information to offer other Lyme disease sufferers. He suggested I write a book so that I could bring this information to a wider audience. My blog and my book are the result of over three and a half years of research and my personal journey with Lyme disease. The book contains most of what I learned about how to deal with the devastating consequences of Lyme disease, along with how to heal my body, things I wish I would have known at the onset of my illness. Having this knowledge might have saved me time, money, energy and much anguish. And not just knowledge about how to blast some bugs and detoxify my ailing organs, but also knowledge about how to deal with the financial, emotional, relational and other hardships that chronic illness brings into a sufferer's life.

**So you wrote it to help save lives?**

Yes, I want to save other sufferers years of research, if I

can. Forget making money. Most people don't pay their mortgages by writing books and, being an unknown author, I am not likely to either. I wrote this book, hopefully to save a few from the depths of hell that I went through in order to get where I am now. Or at least to encourage them along the way!

Another reason I wrote the book was to provide a

herxheimer reactions for me but, due to impaired detoxification mechanisms (which I did not know I had at the time) I didn't seem to improve much with these. Rife machines and the salt/C protocol improved my symptoms slightly, and I did not do antibiotics for more than two months because I sensed that my body was not strong enough to deal with the

herxheimer reactions. I also knew that antibiotics would cause candida and weaken my immune system over the long haul, so from the beginning, I was determined to find another way.

I am feeling much better now, but still have a couple of symptoms that I am trying to eradicate such as postural orthostatic tachycardia syndrome (POTS) which impairs my ability to stand for long periods without movement, and fatigue. I suspect that both of these are related more to damage in my HPA-axis, and less to infections.

**Do you believe in using both traditional and alternative treatment methods?**

Yes, I do. I tend to prefer natural methods of healing, but I believe that traditional medicine has helped many to heal from Lyme disease, too. Indeed, pharmaceutical antibiotics will be important for some to attain remission from symptoms. And that's not all! However, I believe that when it comes to treating illness, as a society, we have been brainwashed into believing that throwing some biochemical agent at the body is the way to health. It has been my experience that total healing requires going beyond antibiotics to performing strategies that address the mind and spirit. Changing one's lifestyle, thinking patterns and other aspects of daily exist-

tence are just as, if not more important, than taking bug killers. Also, evidence suggests that emotional trauma can lodge in organs and tissues just as infections can, and healing this trauma, on a physiological, as well as cognitive level, can be important for healing.

Hence, I wanted to write a book that would address healing on a holistic level, but that would suggest strategies that are specific for Lyme disease, not just any chronic illness.

**Can you describe in more detail the information contained in the book?**

First, this book is designed to provide a broad overview of the most commonly used healing strategies for Lyme disease, in conventional, but especially, alternative medicine. The book continues with information on detoxification and supportive strategies, as ridding the body of toxins, while helping it to function optimally with the help of nutrients, hormones and so forth, is critical to any Lyme disease protocol. Information on heavy metal detoxification and testing for co-infections, as well as tips for treating mold and candida, is also included.

Because this book is jam-packed with information on so many different strategies, I won't go into all of the book's supportive treatments, but if you go to my blog: <http://www.lymebytes.blogspot.com>, you will find a table of contents that lists most of these.

The first section of The Lyme Disease Survival Guide concludes with information on protocol considerations, such as how to discern herxheimer reactions from symptom flares and relapses.

The second part of the book offers lifestyle strategies for healing, including tips for creating a healthy diet, exercise plan and daily routine. Relationships, finances, work and travel are among other topics covered in this section.

Finally, the third part of The Lyme Disease Survival Guide addresses emotional strategies for healing; cognitive as well as physiological.

Besides the biochemical mess that borrelia makes of the mind, circumstantial difficulties "Survival" ... cont'd pg 12



Connie Strasheim, author of *The Lyme Disease Survival Guide*

broad overview of the most important and successful protocols being used in both conventional and alternative medicine to treat Lyme disease, so that sufferers could choose a strategy that seemed most appropriate for them.

**What treatment did you find the most useful, and how are you feeling now?**

It is hard for me to say, because I feel that each of the strategies I have done has brought me one step closer to health. No one treatment has healed me completely. I suspect that bio-energetic treatments, such as IRT (Immune Response Training), and Quantum Techniques have been most helpful. Herbs produced strong



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Rumors, Rumors, Rumors...

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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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by Dawn Irons

If there is anything I have learned with my three years of involvement with the Lyme community, it is that rumors run rampant!

Within the first three issues of my newspaper hitting the public stands, the whispers began.

"Be careful about that **Public Health Alert**. She is nothing more than a mouth-piece for Pat Smith."

"Be careful about that **Public Health Alert**. She is involved with those wack-jobs who always make Lymies look crazy."

Does anyone see the comical irony in that?

I am well aware of the various "camps" and "schools of thought" that make up the Lyme community. But with those two main communities, within the larger Lyme community, BOTH camps have

accused me of being on the other team!

I'm sorry, but my Lyme-infected brain is just not that complex. I am a pretty simple person. I am an open book. I find it much easier to tell the truth because I could never keep up with all the details of a lie-- I'd be found out for certain! Simplicity is my life motto.

Now here is what I have learned about the two camps in the Lyme community:



1. People either love or hate the National Lyme Disease Association. There seem to be few who can keep a **balanced** view and see the good in both camps.
2. The other camp is made up of independent patient activists.

These people have strong political in-roads and amazing networking skill among the LLMs.

The PHA exists to serve the Lyme community by publishing news that is of benefit to the community as a whole.

Just because I publish a front page cover article on Pat Smith and her legislative efforts does not mean that I am a "mouth-piece" for Pat Smith.

I have never met Pat, but

Texas in San Antonio opened their new bio-warfare lab and began studying Lyme disease as a bio-terroristic warfare agent, and I reported it, does not mean I am in bed with the wack-jobs and conspiracy theorists!

The University of Texas is the one who issued the press release. I just printed the facts as they were given to me from the university.

My job as editor of this newspaper is to be fair and balanced in reporting of all things Lyme related.

I am not so concerned as to which camp the story is coming from, but my interest lies in how it relates to the Lyme community and that it is verifiable and factual.

Now don't get me wrong...I have stumbled onto some real wack-jobs out there! You will never see me print a story about how space aliens brought Lyme to earth via alien abductions. It's not going to happen! Not on my watch!!

I am interested in reputable and irrefutable news that affects the Lyme community either for good or bad. We need to be aware and alert!

The PHA is not a "National Enquirer" type of gossip rag. Don't come looking to the PHA for the latest dirt or scandal. I simply aim to bring a fair and balanced approach to the Lyme community and the news that effects them. *pha*

I am quite certain that she is a skilled public speaker and can more than adequately speak for herself. I just felt the Lyme community would be encouraged by the legislative efforts and to see how things are progressing.

When the University of

Letter to the Editor

The Texas Medical Board Harshly Confronted and People Were Left With No Answers

Dear Editor,

I will never forget that last day in Doc LJ's office. His actual name and title is William D. Littlejohn, M.D. but most of us patients affectionately call him Doc LJ. Without any warning or notice I was having my doctor for the last fourteen years taken away from me. The Texas Medical Board had "temporarily" suspended Doc LJ's license to practice medicine because of one lone complaint they had received against him.

He was made to lock his office doors and turn away---NO---he was FORCED AGAINST HIS WILL TO ABANDON his over 300 chronic pain patients! To his patients, he wasn't just their doctor but considered as a member of their families.

At 72 years of age, a tall man with graying hair and seasoned features, he was a perfect Norman Rockwell picture of everyone's wise and lovable family doctor. As I walked out of Doc LJ's office I couldn't help but think, "Of all people, why is this happening to this man? He could be retired and enjoying his life. Instead, his love and devotion to his patients keeps him from turning them over to another physician. And this is how the Texas Medical Board rewards his more than five decades of medical practice and devotion to his patients!"

I was determined that I would not take this sitting down and simply ignore the atrocities that the TMB had just committed against Doc LJ and his patients. I began to contact Doc

LJ's other patients and quickly discovered that I wasn't the only one who felt this way, which led to the foundation of the DOC LJ - PCAG (William D. Littlejohn - Patient Class Action Group).

Before long, I had in my hand the notarized Power of Attorneys for 64 of Doc LJ's patients that allowed me to be the Group's Agent and Representative in all matters, legal and otherwise, for which we were formed. Our first two goals were to seek the immediate reinstatement of Doc LJ's license and secondly, to institute a federal class action suit to take the TMB and the attorney who filed the perjured complaint to court for the violation of our group's constitutional rights.

About this time I was grateful for the three years of experience I had as an investigative reporter on a nationally distributed magazine. I was going to need it.

As I confronted the TMB, I immediately ran into their well-known "you-be-damned" brick wall of absolute resistance and non-cooperation as I was given their famous silent treatment. I took my insistence to the Texas Attorney

General's office to get them to intervene and force the TMB to release documents to me under the Freedom of Information Act.

It didn't take me long to discover just how corrupt the TMB was and how they had put the absolute "royal screw" to Doc LJ and his patients. In short time, Doc LJ and I were able to bring forth the irrefutable proof that the complaint that the TMB based Doc LJ's license suspension on was a total pack of lies and obtained by the renegade attorney through perjury and suborning perjury in order to get back at Doc LJ for his reporting the attorney for assaulting a petite female patient in his office.

Yet despite receiving this documented proof of the erroneous complaint the TMB to this day continues to refuse to reinstate Doc LJ's license.

Meanwhile, Doc LJ and his lovely wife have lost everything they have worked for the last five decades. At 73, he is fortunate to put food on his table and a roof over his head. The over 300 patients haven't fared much better either. Many have regressed back into disabled and invalid states. Some have been hospitalized and others must make weekly trips to their hos-

pital ER to be treated. Many have lost their jobs and families. Then there are those who are considering that last final solution with suicidal ideations rather than having to live any longer with the unbearable and excruciating 24/7 pain they must endure. At the end of this letter I will tell you about one such patient.

It has been 21 months since Doc LJ's "temporary" suspension. Fortunately, the TMB has been under much pressure this last year from groups such as the **Public Health Alert**, our **DOC LJ - PCAG**, the **AAPS** with their federal lawsuit filed and various other physicians and citizens. To try and rectify some of their PR damage, the TMB has been going to various towns across the state to hold Town Hall Meetings. They had such a meeting in Fort Worth on July 2, 2008. I couldn't wait to attend, along with Doc LJ and a few members of my PCAG.

At the Fort Worth TMB Town Hall Meeting, when it came time to allow members of the audience to stand and ask questions of Mari Robinson (of the TMB) I was the first to raise my hand and stand. It was obvious that the 30 - 50 attendees sitting in the audience were taken by complete surprise by this first question as they all sat up and turned to see who would dare confront and ask the "venerable" TMB such questions as I did.

When they turned to see who was speaking---they saw a 58-year-old man wearing his old Army fatigue jacket with all of "Confrontation"...cont'd pg 12

Ben D. knew the TMB didn't listen to a word he said. Last week, just a few short days after the TMB Town Hall meeting, Ben D. chose that final solution to end his miserably painful life.



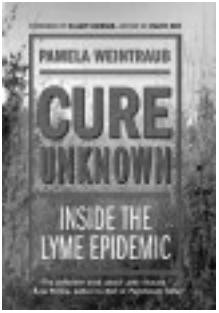
## Cure Unknown - Inside the Lyme Disease Epidemic

by Marjorie Tietjen

**Title:** *Cure Unknown - Inside the Lyme Disease Epidemic*

**Author:** Pamela Weintraub

**ISBN:** 13:978-0-312-37812-7



Lyme disease, and the growing number of co-infections associated with it, is sweeping across the globe like a black plague. It is fairly evident that not enough is being done to staunch the spread of this emerging pandemic. The controversy surrounding the diagnosis and treatment of this disease complex is as enormous and mystifying as the disease itself.

In the book *Cure Unknown: Inside the Lyme Epidemic*, the author Pamela Weintraub does a good job in explaining her take on the "whys" and "wherefores" of this unprecedented debate. Patients and Lyme-knowledgeable doctors are baffled as to why there should be a controversy of such magnitude. After all, the Lyme disease spirochete (*Borrelia burgdorferi*...Bb) is a very close relative to the syphilis spirochete and behaves in the body in much the same manner.

In fact, it is frightening to contemplate their similarities. In other words, the mainstream medical community already has a model to go by when trying to determine the pathogenic and infectious qualities of Bb. Under certain circumstances, both diseases can be chronic relapsing infections that affect many systems of the body. Syphilis can be transmitted sexually through the placenta, breast milk and also through the blood supply. It is a known fact that syphilis is often treated with antibiotics in an open-ended fashion. Many patients and their Lyme doctors report vast improvement and sometimes apparent cures when using long-term or open-ended antibiotic treatment. There are also reams of studies which prove that Bb can persist in the body after the mainstream rec-

ommended treatment of 2 to 4 weeks.

So, why all the controversy then? Weintraub feels much of it has to do with the insurance companies and their refusal to pay for long-term treatment. Another reason she gives for the controversy is that these doctors and academicians who are in the forefront of this argument, those who are denying that Lyme disease can be a chronic relapsing infection, really believe what they are saying and are basically ignorant. The author also feels that folks like Alan Steere maintain their puzzling positions on Lyme disease treatment due to their training in rheumatology. This part confused me a bit because many of the 'players' I just mentioned at one time authored journal articles which showed that Lyme can be a chronic relapsing brain infection. Why the change of heart? It just doesn't seem to me that ignorance or rheumatology training explains all of it.

Pam Weintraub's book chronicles the Lyme experiences of several families, including her own, and also the experiences of doctors. She shares with us the many struggles they encountered while seeking proper diagnosis and treatment. There is much helpful research in her book and I learned quite a bit of new scientific information. If doctors will read this book with an open mind, they will better understand how bio-films, pleomorphism and other factors can promote a chronic Lyme infection. So many people have been misdiagnosed with autoimmune conditions or other disease labels. Most often these labels only represent the symptoms and not the cause. There never seems to be a cure...only symptomatic treatments.

In chapter 48, Pam Weintraub talks about how it is not just the insurance companies that are creating our Lyme crisis but that the pharmaceutical companies are also involved. I would like to quote a paragraph from page 309.

"The seed was planted in 1980, when Congress passed the Bayh - Doyle Act giving universities and their faculty members permission to stake patent claims on discoveries they made through research

funded by federal agencies such as The National Institutes of Health. Instead of leaving ownership of intellectual property with government, the scientists now had a chance to be stakeholders and entrepreneurs themselves. The new law accelerated the rate of academic breakthroughs like gene splicing, gave rise to three-way partnerships between government, universities, and start-up firms, and spawned the modern biotech industry almost overnight. By the early 1990s, university scientists were scrambling to patent genes, proteins, and organisms, hoping to launch products and profit from the discoveries they made."

Most of us realize that these connections between government, universities and the biotech industry are very dangerous to the health of the people. Saying that these government agencies are connected... is basically revealing that government is meshed with the corporations. We know that corporations don't have the public's best interests at heart...so then shouldn't we also be questioning what we call the government? Why should we go to these government agencies for grants to study Lyme disease when they may be trying to perpetuate chronic illness for financial reasons? Selling many symptomatic treatments is much more profitable than finding a cure. The author makes light of conspiracies and can find no proof of them yet the very money trails she speaks of breathes deeply of conspiracy. The word conspiracy simply means a "plot".....people joining together for a single goal...which could be making money....legally or illegally. There is also the possibility that these corporations...together with the government, create their own market for drugs and vaccines. One way to do this is to create disease or encourage disease to spread. Why is no research being conducted concerning sexual transmission, transmission through the placenta and breast milk? Why is it being denied that Lyme can cause stillbirths and miscarriages? Why isn't the message loud and clear that if you have Lyme or have had Lyme that you should not donate blood?

I don't feel that the government agencies need enlightenment or education, I feel their connections need to be exposed. Perhaps instead of begging for government research grants (where the government often controls the outcome of studies), we need to spend more dollars on funding private researchers whom we know are doing studies that are pertinent to our needs.

Overall, "Cure Unknown" contained much helpful information concerning the different issues relating to Lyme disease. Among the topics covered were: the LYMERix vaccine, the difficulty Lyme patients have in getting diagnosed and treated, doctor persecution, and the pathogenicity and tenacity of the Lyme disease microbe. I would like to add one more important quote that the author included in her book. The quote is from Stephen Barthold who, for years, studied the pathogenesis of the Lyme microbe at Yale.

"You have a bacterium with a relatively small and simple genome that can do incredibly complex things. It is a fascinating organism with a lot of evolutionary intelligence, consistently capable of creating persistent infection and evading host immunity. Once infection becomes chronic, not even the strongest immune system, in combination with antibiotics, could be guaranteed of eliminating every last vestige of the infection."

I would like to add a couple of comments in regards to this quote. Weintraub briefly mentioned the biotech industry, patents, and gene manipulation, but I feel we need to be aware of a few of the specifics. While the author did a great job presenting pertinent scientific information, I feel that including the realities and possibilities of genetic engineering would have made her book even more complete.

For example, it is a fact that insect vectors can be genetically engineered to become even more efficient vectors for disease. They can be manipulated to endure harsh weather extremes. I feel this is one reason vector-borne diseases are spreading and that it is not due to global warming. The microbes themselves, through

genetic engineering, can be made resistant to our current antibiotics. This is being accomplished in labs around the country. (<http://lib.bioinfo.pl/meid:6658>).

Hopefully the antibiotic-resistant germs these labs are creating, are being used for good purposes only, but we all know that technology needs public oversight to prevent its misuse. How are we to have oversight if we are not informed?

On the one hand, we are constantly hearing about antibiotic resistance and how it is being created by taking too many antibiotics. Yet, on the other hand, we are told to finish all our antibiotics (to be sure to kill all of the germs) or antibiotic resistance will be created by the stronger surviving germs. In addition, as I have just mentioned, in the labs they are creating antibiotic-resistant *Borrelia burgdorferi*. Why is it then that the mainstream medical industrial complex denies chronic Lyme disease? If they know that one of the problems with Bb persisting in the body, could be antibiotic-resistance, then why is it not their practice to switch to another antibiotic if the person is not getting well? The protocol suggested or mandated by the Infectious Disease Society of America is a single antibiotic for a month...and that is it. Among most mainstream doctors there seems to be no alternate plan, such as trying a different antibiotic, if a patient isn't improving. There are over 300 strains of Bb and different strains are more susceptible to certain antibiotics than others.

Pam Weintraub did an extensive amount of research in preparation for this book. It certainly stimulated my desire to discuss and expand on the important areas she focused on. Most likely this book will also stimulate others and hopefully it will help all of us to dig to the nitty-gritty root of this needless controversy.

I think that *Cure Unknown: Inside The Lyme Disease Epidemic* will be a valuable contribution to the better understanding of the Lyme disease controversy and that it will nicely complement other similar books on the subject.

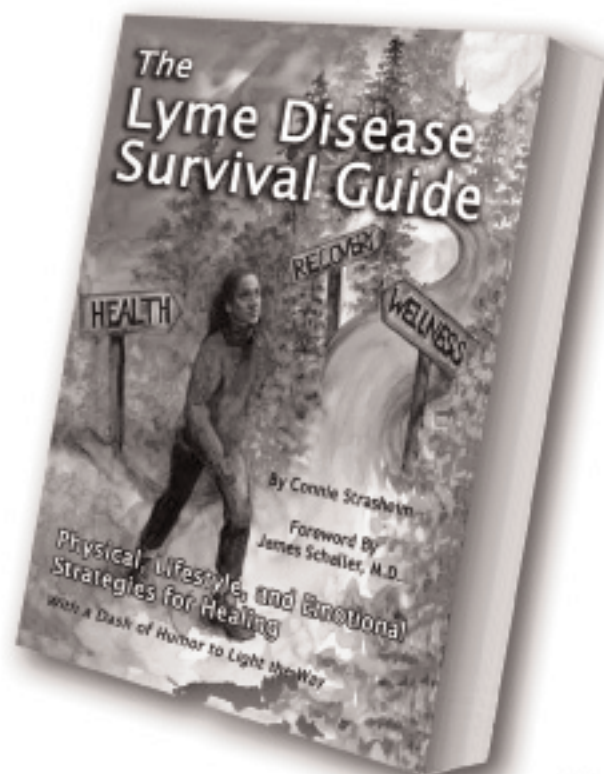
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### A DISTINCTIVE BOOK

What separates this book from the dozens of other Lyme Disease books on the market?

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By Connie Strasheim  
Foreword by James Schaller, M.D.



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- Ten commonly used protocols to treat Lyme disease, in both conventional and alternative medicine
- Detoxification and supportive strategies
- Guidelines for treating co-infections and heavy metals
- Testing methods, building a protocol, and discerning progress in healing
- How to deal with the day-to-day circumstantial difficulties of Lyme, including those related to diet, finances, relationships, exercise, and work
- Therapies for healing the mind and spirit, including cognitive, nutritional and physiological strategies
- Much more, including sections on spirituality and humorous (but sobering) anecdotes of the author's experience with illness
- According to James Schaller, M.D., "You will feel alive and hopeful as you read this book."



## Kim Bay: A Determined Fighter



by Joan Vetter

Kim Bay is a fierce fighter. Perhaps she inherited it from her grandfather who fought 28 missions in World War II. Maybe it's a result of her Choctaw Indian background. However, if this determination hadn't been in her genes, she might still be in her wheelchair.

In November of 1996, Kim, working as a physical education teacher's assistant at Williams Elementary in Arlington, TX began to pull a basketball goal across the gym floor. Suddenly she felt a pop in her wrist and elbow. She continued to teach, but within a few hours her arm had swollen about four times the size. She headed to the emergency room. They really weren't sure what it was – maybe a break they couldn't see. She ended up with a cast on her arm, but after a week they decided that probably wasn't the problem so they

started therapy. Her arm would turn cold, have muscle spasms and change colors. At this point her doctor said it looked like Reflex Sympathetic Dystrophy but he wasn't sure. She'd gone through cortisone shots, finding no permanent relief from the pain. After what was to be a simple surgery, the doctors discovered her nerves were really more badly damaged than they expected.

Kim was finally, definitely diagnosed with Reflex Sympathetic Dystrophy when they compared the temperature of one arm to the other and found a fifteen degree difference. Emotionally she was still hopeful that she would get better, enabling her to endure the unrelenting pain. However, it seemed like there was no medical answer for her. She was willing to try whatever the doctors suggested. One of the trials was a spinal cord stimulator. They first put leads in her back and she walked around with it on the outside. This seemed to work well, so they proceeded to go in to do the real one. When they did, it was nothing like that. They cut

her open in four different places with no anesthesia. She had lots of pain, and began to develop more difficulties. About a week later, she began to develop one thing after another. First was drop foot and she would just start falling. Then Kim ended up with blood clots and severe pain in her legs. About eighteen months after her injury, she became wheelchair bound.

At this point the discouragement crept in, due par-

tially to a doctor who blamed her for the blood clots. Another doctor came to her support and yelled at him for what he had said to Kim. During this time she began to abandon her trust in medical procedures. I can't help but think of the woman in the Bible who had spent all she had on physicians but was no better. Kim had Worker's Compensation insurance, but having two little girls and being unable to work was a struggle for sure.



Kim Bay rehabilitated her body at the YMCA.

After six years, Kim battled pneumonia resulting in a long hospitalization. Upon release she came out with unwavering determination to live her life without all the braces, pain pills, and restrictions. Like the bell indicating the boxing match has started, Kim came out swinging. She joined the YMCA and made them put her in the pool. She began to come every day and spend two to three hours in the pool. Every day it was hard at first but by the end of the day it was easier. At first her feet turned black and blue, but she

just kept pushing herself every day. Finally, five months later, she was able to graduate to crutches and stood on her own. Daily she began to build her stamina, going a little further each day. All during this time Kim never told her doctors what she was doing.

The payday came when she visited one of her doctors at Southwest Medical Center. Kim said, "He about fell over." His response was, "I am amazed – I've never seen anybody able to do that."

Kim certainly was noticed at the Y with all the days she spent there, so it was only natural that when she started thinking of working part time that she thought of the Y. They hired her, and she sat at the front desk much of her first year there. Then the position for Silver Sneaker's Coordinator became available, and for Kim and the Y it was a perfect fit.

At this point of her journey, you can barely tell that she has had a problem. Her husband has tried to restrain her, but she is adamant that she's not going to be held down. She has even water skied and played volleyball.

When people are around Kim it's like a family reunion. She's sure to lift your spirits and inspire you to live life to the fullest.

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## Illness & Anger: 3 Steps to Avoid the Spiritual Pitfalls



by Lisa Copen

"When I was finally diagnosed with rheumatoid arthritis I was so relieved," shares Leesa. "Despite knowing I had a long road ahead of me, just having it be acknowledged as a real illness and not all 'in my head' was encouraging. But a few months later I realized my temper was showing itself when it would not have before. I was angry. Angry that I was going to have to deal with illness as a young adult, while all my friends still seem to have carefree attitude about life."

Many people are familiar with the book "On Death and Dying," written by a well-known doctor in Switzerland, Elizabeth Kubler-Ross. The book explains how people deal with any kind of loss, but especially that which they face when coping with an illness. It includes a description of the cycle of emotional stages that people go through in dealing with loss. Anger is the third stage, following the stages of shock and denial.

When we discover that we have a chronic illness, meaning an illness we will likely have for the rest of our lives,

anger is a natural reaction. So many hopes and dreams seem to be taken from us.

Admitting that we have deep emotions about the losses is part of the mourning process. The stages of the grief process differ for each person and how much time is spent there. You may find you breezed through the anger phase the first year for illness, but the second year when you lose another ability, you are angry for months.

Krista, who lives with chronic fatigue syndrome, says, "I know that my anger stages come and go. I have been angry at doctors, at God, myself, my church, even my husband and daughter and other family members."

One thing is certain: anger should come. If it has not, you may want to take a closer look at why.

"It is my observation," says Linda Noble Topf, author of "You are Not Your Illness", "that the absence of anger in the face of a serious illness suggests that we have already withdrawn from life, that we have relinquished our passion for living, that we are resigned and emotionally numb." If you're a Christian, you may be told that you should never get angry, you just need to have more faith. As believers, we are often taught the emotions of anger are not "allowed" or justified. You may have been raised to believe:

❖ If I truly have faith in God and trust that He knows best, then I shouldn't get angry about my circumstances. Doesn't anger signify a lack of faith?

❖ If I reveal to other Christians that I am angry about my situation, won't they think I am weak in my walk with God?

❖ I know the Bible says, "wise men shouldn't anger." So how can I be my real self with the Lord?

❖ I know that anger leads to bitterness. So if I don't acknowledge these feelings I will be a "better Christian" and I won't ever become bitter about life.

None of these feelings are unusual, yet they keep us from dealing with the grief that we are going through because of our loss of health and lifestyle.

Here are a few tips to help guide you through the process of dealing with your anger:

**1. If you are angry, acknowledge that these feelings exist. Then get on with life!**

If you insist on ignoring your emotions, believing that in the end you will be a spiritually healthier person for it, you are wrong. Topf advises, "Think of anger as a resource that you can learn to harness and refine for your own benefit." If you can learn to recognize your anger, it will help you reclaim your authentic identity. Faking it won't take you through this.

The Bible explains how Job got angry about the events in his life and cursed the day of his birth. He said, "Do I have any power to help myself, now that success has been driven

from me?" (Job 6:13). In the end though, God blessed Job in many ways and Job told the Lord, "Surely I spoke of things I did not understand, things too wonderful to know" (Job 42:3b). Through his feelings of anger and frustration, character and understanding were built.

**2. Feeling angry is okay.**

God designed our whole being and that includes the ability to feel anger. Even the Bible provides specific examples when God became angry. What does the Bible tell us about how to handle our angry emotions?

❖ "For man's anger does not bring about the righteous life that God desires" (James 1:20).

❖ "Wise men turn away anger" (Proverbs 29:8b).

❖ "A fool gives full vent to his anger, but a wise man keeps himself under control" (Proverbs 29:11).

It is no secret that God designed us with anger as part of our natural human response to negative circumstances. Some people may remind us that it takes anger to make positive changes. For example, the acronym "MADD" explains rather well the emotions behind Mothers Against Drunk Drivers. Topf writes, "We discover that anger is first and foremost a demand for change." It's true, amazing changes have occurred in history because of anger, such as the civil rights laws. Having an "I'm-not

going-to-take-it-any-more-attitude" can create positive changes. It is when anger takes over a life that we are in danger.

In Amos 1:11 God says, "I will not turn back my wrath ... because his anger raged continually." God is not upset with the fact that we have justifiable feelings of anger, but because they can become continuous feelings that we insist on acting upon. The Lord calls us to refocus on Him and to use our anger to make positive changes that will ultimately bring Him glory.

**3. Walk alongside God and He will walk with you through the anger.**

In the Bible, David experienced this promise and wrote, "Though I walk in the midst of trouble, you preserve my life; you stretch out your hand against the anger of my foes, with your right hand you save me" (Psalm 138:7). God is always waiting for you to stretch out your hand to Him, especially when in anger reigns. He will protect you from using it unwisely.

"I'm still dealing with anger toward this illness, after two years diagnosed, and eight years of being sick," shares Peggy, who lives with fibromyalgia. "Each time a new realization hits me about my limitations, I experience anger. And yet, I know that God has a plan for my life that is perfect. I still battle the angry feelings, which rage inside, every time I have to say no to something I would like to do. I pray and

**"Anger" ... cont'd pg 14**



# Children's Physical Activity Drops From Age 9 to 15, NIH Study Indicates

## by Age 15, Most Fail to Reach Recommended Activity Level

by NIH News

The activity level of a large group of American children dropped sharply between age 9 and age 15, when most failed to reach the daily recommended activity level, according to the latest findings from a long-term study by the National Institutes of Health.

The analysis is one of the largest, most comprehensive of its kind to date.

The researchers evaluated the children to determine whether they achieved the minimum 60 minutes per day of moderate to vigorous physical activity (MVPA) recommended for children.

At age 9, the children averaged roughly three hours of MVPA on weekdays and weekends. By age 15, however, they averaged only 49 minutes per weekday, and 35 minutes per weekend.

"Lack of physical activity in childhood raises the risk for obesity and its attendant health problems later in life," said Duane Alexander, M.D., Director of NIH's Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD). "Helping American children maintain appropriate activity levels is a major public health goal requiring immediate action."

The analysis was conducted on data collected for the NICHD Study of Early Child Care and Youth Development, a long term study of more than 1,000 children from ethnically and economically diverse backgrounds. The study collected information on various other aspects of children's health and development. It was geared toward gathering information on children's experience in various child care arrangements but did not constitute a nationally representative sample of the United States as a whole.

The analysis, appearing in the July 16 *Journal of the American Medical Association* was undertaken by Philip Nader, M.D., Emeritus Professor of Pediatrics at the University of California San

Diego, and other coauthors from the study.

Beginning at age 9, the researchers recorded the activity levels of more than 800 children for four to seven days. The children's activity was recorded with an accelerometer, a device that records movement, which the children wore on a belt. The researchers conducted follow-up tracking at ages 11, 12, and 15.

mation is available at <http://www.cdc.gov/nccdphp/dnpa/physical/everyone/recommendations/children.htm>

The researchers found that, at ages 9 and 11, more than 90 percent of the children met the recommended level of 60 minutes or more of MVPA each day. By age 15, however, only 31 percent met the recommended level on weekdays, and 17 percent met the recommend-

ed level at 12.6 years, and boys at 13.4 years.

"This decline augurs poorly for levels of physical activity in American adults and potentially for health over the life-course," the study authors wrote. "Consequently, there is need for program and policy action as early as possible at the family, community, school, health care, and governmental levels to address the problem of

biking."

Increasing physical activity is a primary goal of We Can! (Ways to Enhance Children's Activity and Nutrition), a science-based national education program from the National Institutes of Health to help children ages 8-13 maintain a healthy weight. We Can! provides tips, evidence-based curricula and other resources for parents and community programs to help children and their families make better food choices, increase physical activity, and reduce recreational screen time. More information is available at <http://wecan.nhlbi.nih.gov> or toll-free at 866-35-WE CAN (866-359-3226). *pha*



One of the major contributors to the decrease in childhood activity levels are the modern trends in the video gaming industry.



The 2005 Dietary Guidelines for Americans recommends that children and adolescents engage in at least 60 minutes of physical activity on most, preferably all, days of the week. (See [www.health.gov/dietaryguidelines/dga2005/document/default.htm](http://www.health.gov/dietaryguidelines/dga2005/document/default.htm).)

As examples of moderate physical activity, the Centers for Disease Control and Prevention lists walking briskly, dancing, swimming, or bicycling on level terrain. Vigorous physical activity includes such activities as jogging, high-impact aerobic dancing, swimming continuous laps, or bicycling uphill. Additional infor-

ed level on weekends. The researchers estimated that physical activity declined by about 40 minutes per day each year until, by age 15, most failed to reach the daily recommended activity level. On average, boys were more active than girls, spending 18 more minutes per weekday in MVPA than did girls, and 13 more minutes per day in MVPA on weekends. The researchers estimated the age at which girls dropped below the recommended level of 60 minutes of MVPA as 13.1 years for weekdays, compared to boys, who dropped below the recommended level at 14.7 years. For weekends, girls dropped below the recommend-

decreasing physical activity with increasing age."

Dr. Nader explained that local school systems have a role to play, by ensuring children receive periodic recess breaks and daily active physical education. He added that local governments also could strive to provide safe biking and walking routes around schools.

"But parents don't need to wait for big changes," Dr. Nader said. "Whenever possible, parents could encourage family walks with their children. Even walking for as few as 15 minutes a day would provide health benefits. On weekends, family outings could be centered on longer walks or

**No remote. No mouse. No controller.**

**No problem.** Children who are active and enjoy good eating habits have a better chance of staying fit as adults. And that means less chance of a weight-related health problem because adult diseases start in childhood.

So, help put your child in the game early on by encouraging daily exercise and healthy eating. Remember to schedule regular check-ups with a pediatrician – the only doctors exclusively trained in the ongoing health and care of children. Get the ball rolling now, because a healthy future starts today.

For more information on keeping your children fit visit [www.aap.org](http://www.aap.org).

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# Post Traumatic Stress Disorder & Infectious Encephalopathies



by Dr. Robert Bransfield, M.D.

**Summary:**

This article explores the link between emotional trauma and chronic relapsing tick-borne infectious disease affecting the brain. Two case histories are presented. In these cases, posttraumatic stress disorder (PTSD) is associated with increased symptoms of chronic, relapsing, infectious diseases, and there is also greater difficulty recovering from the traumatic event. These cases suggest psychic trauma contributes to the relapse of chronic infectious tick-borne disease, and chronic infectious disease also appears to contribute to the development of stress and post-traumatic stress symptoms. A study of greater numbers in more depth is advised.

**Introduction:**

Studying the dynamics of stress is an area of great interest in both biology and medicine. It is generally accept-

ed knowledge that individuals under greater stress are more susceptible to the common cold, the flu, a relapse of a herpes simple fever blister, or a number of other acute and chronic infectious diseases. Conversely, chronic illnesses such as chronic Lyme disease can result in increased chronic stress, which may further reduce immunocompetence, deter recovery, and contribute to a vicious cycle of chronic illness, chronic stress, and lack of recovery from this illness.

Current research demonstrates that chronic stress, sleep deprivation, and depression contribute to a decline in immunocompetence and a decline in natural killer cell (NKC) activity. The presence of PTSD is associated with a lower number of lymphocytes and T cells, decreased NKC activity, and a reduction of the total amount of interferon gamma and IL-4. In contrast, antidepressant treatment with fluoxetine (Prozac) has been demonstrated to increase NKC activity in vivo (in a living person). Both fluoxetine and paroxetine (Paxil) have increased NKC activity in vitro. Improvement in immunocompetence in vivo appears, in part, associated with serotonin 1-A receptor activity. Other indirect mechanisms through the autonomic, neuroendocrine, and immune systems may also be significant in vivo.

Much has been written recently about the effect of chronic relapsing infectious diseases upon the brain. There are

a multitude of journal citations, anecdotal reports on the Internet, and cases in clinical practice of trauma contributing to a relapse of infectious disease symptoms. The traumas involved may be psychic, somatic, or psychic and somatic (i.e., emotional trauma, childbirth, surgery, immunizations, or accidents).

Normally, we can peacefully co-exist with a multitude of microbes within us and in our environment. In a state of severe or chronic stress, there is a shift of allocation of resources towards dealing with the acute stressor at the expense of an immunosuppressive effect, which can result in an increased vulnerability to the pathogenic effect of microbes that might otherwise be non-threatening. This increased vulnerability may trigger a relapse of latent infections, resulting in a progression of symptoms from these infections. The effect of the microbes, plus the body's response to them, results in the pathological symptoms associated with infectious disease. Although we could focus on many facets of this disease process, this article shall particularly focus upon mental symptoms, or more specifically, symptoms associated with post-traumatic stress disorder (PTSD) and chronic relapsing tick-borne diseases.

PTSD is an illness with a complex and puzzling etiology when a traumatic event occurs, some recover with a healthy grief and a subsequent adaptive process. However, for

a number of reasons, others are not able to integrate this experience into their lives in an adaptive manner. As a result, patients with PTSD continue to experience symptoms of chronic stress, accompanied by different combinations of re-experiencing of the trauma, avoidance, hypervigilance, and psychic numbing. In a healthy adjustment to a traumatic event, there is instead a learning process accompanied by a change of the neural architecture and neuro-chemistry of the brain, resulting in a capacity to better differentiate and respond appropriately to specific threats. However, in PTSD the fearfulness and response to the threat lacks adaptive specificity. A dysfunction of the process of learned fear and the learned response to this threat is, therefore, hypothesized as contributing to the pathology of PTSD. A dysregulation of norepinephrine and cortisol are particularly significant in understanding PTSD.

When a chronic, low-grade, relapsing infection affecting the brain is present, brain functioning is impaired through a number of pathophysiological processes. The presence of this impairment at the time of psychic trauma may deter the normal recovery from trauma and contribute to the development of PTSD.

**Case Histories:**

Mrs. A is currently a 37-year-old white female with an interest in outdoor activities.

She was previously in good health until a camping trip she took to a South Jersey State Forest seventeen years ago (1981). After this point, her health showed a decline with the gradual progression of a multi-system illness. It appeared there was a more rapid progression of these symptoms in 1985 after her son was born, who was diagnosed as being autistic with developmental delays.

In 1987, a bull's-eye rash was noted on her right leg. The multi-system illness progressed further after this time. She was seen by a number of physicians and was diagnosed with mitral valve prolapse and possible multiple sclerosis.

Symptoms continued to increase and she was eventually diagnosed with Lyme disease (LD) in 1990 by a physician with experience in the treatment of LD. The diagnosis was confirmed with a positive Lyme ELISA and Lyme Western Blot. There were multiple other positive tests confirming Lyme disease in the course of her illness. In addition, white matter lesions were noted on an MRI of her brain. Over time, the prior lesions improved and new ones appeared. The patient was stabilized in 1992 after antibiotic treatment, including extended courses of IV antibiotics.

In 1994, while in a remission, the patient was in her home and heard an explosion. Reportedly, outside the sky was orange, boulders were flying in the air, and her car

*"PTSD"... cont'd pg 9*

## Meeting Dr. Herx : 46 Feet Under Water Sometimes A Panic Attack Is Much More Than Anxiety



by Dr. Virginia T. Sherr, M.D.

"What could have happened?" Conrad's shaky, urgent voice demanded answers. "What is happening to me?" His phone call to this psychiatrist from Florida sounded desperate. An experienced diver, he had been 46 feet down – a mere recreational depth that was usually easy for him, when, with the suddenness of a blow, bizarre sensations and ideas burst into his mind and body – he felt totally disoriented and disconnected from himself. He was flooded with terror. Trembling, he hurriedly checked hoses and gauges. The fact that everything, including his oxygen supply, was in perfect order did not reassure him. He suddenly felt no self-assurance as the idea occurred to him that he had always been totally inept.

Something disastrous was happening to him, and he couldn't figure it out or control his rising panic. The day's status was "Blue," the water depth 70 feet and calm, the equipment in perfect working order. He had not been worried--yet he suddenly lost all confidence. He needed to surface, which he managed to do correctly with the help of his diving buddy, and now he needed advice. He felt so weird he was sure that he was having a break with reality – thus, the urgent call to me.

Conrad knew me because he previously had sought help for a self-diagnosed depression. Actually, I had never been sure that he was "depressed-depressed" or whether he was just lonely-depressed. He was working on a maritime project that had him away from his beloved Boston, where his good friends and family hoped for his quick return. A young marine biologist, he had always been at home in the water. But not that day--now the sea was filled with dread and doom, sensations that he had never experienced before.

I urged him to come back to my office to be tested for tick-borne diseases, since what he was experiencing sounded for all the world like an oxygen-prompted Jarisch-Herxheimer [cytokine] exces-

sive immune system reaction to a kill-off of toxic spirochetes—the bacterial cause of Lyme disease. Drs. Jarisch and Herxheimer were scientists who discovered the J-H phenomenon while working with spirochetal infections at the start of the last century. Lyme disease is a tick-borne illness that, if not recognized and treated promptly, can result in serious nervous system infection and chronic, sub-acute encephalitis.

Prior to Conrad's vacation in Florida, something unusual had occurred. While he was not aware of any tick-bite, he had developed a generalized rash. Referred to his family doctor, he had been told it was "non-specific", and was given a Med-Pack of gradually descending doses of prednisone designed to eliminate the itching and spots. I had suggested then that he first undergo testing for tick-borne diseases, but his family doctor had brushed aside any such considerations because there had been neither the popularly expected "bull's eye rash" nor flu-like symptoms. These are now known to be present in only perhaps 50% of Lyme victims.

The location of Conrad's home address had alerted me at the onset to consider Lyme disease as another possible cause of his depression. This was because some of the most serious cases of previ-

ously unsuspected Lyme encephalopathy that I have ever seen came to me from his geographic area north of Philadelphia, Pennsylvania, USA. Reviewing my intake notes at the time of his rash, I had found Conrad related no physical complaints other than an old "football injury" that gave him a knee ache without joint swelling from time to time. With his lack of physical symptoms, I had relaxed about the possibility of his depression being caused by tick-borne diseases. It had seemed to me then that neuro-Lyme disease was only a remote possibility what with his assurances that he felt physically well and was "only depressed."

Re-interested in considering all options, he hurriedly returned from Florida and I tested him for the antibodies and DNA of tick-borne diseases. Results showed considerable evidence of Lyme disease but not the full CDC diagnostic number of "bands" on the Western Blot antibody test. Retesting his blood shortly after initiation of antibiotics clearly substantiated the clinical diagnosis of Lyme disease, however. This timing may have allowed the effectiveness of antibiotics to jump-start his immune system and for the formation of antibodies.

Unfortunately, Conrad's status continued to deteriorate

rapidly. This bright young man was struggling to keep up at work, could barely hold on to one task or one thought at a time (loss of short-term memory), and was actually grinding to a halt cognitively. A SPECT brain scan done at Columbia University in NYC revealed "global heterogeneous hypoperfusion" revealing vascular inflammation in a pattern typical of the cerebral Lyme disease that was impairing blood flow to his brain tissues.

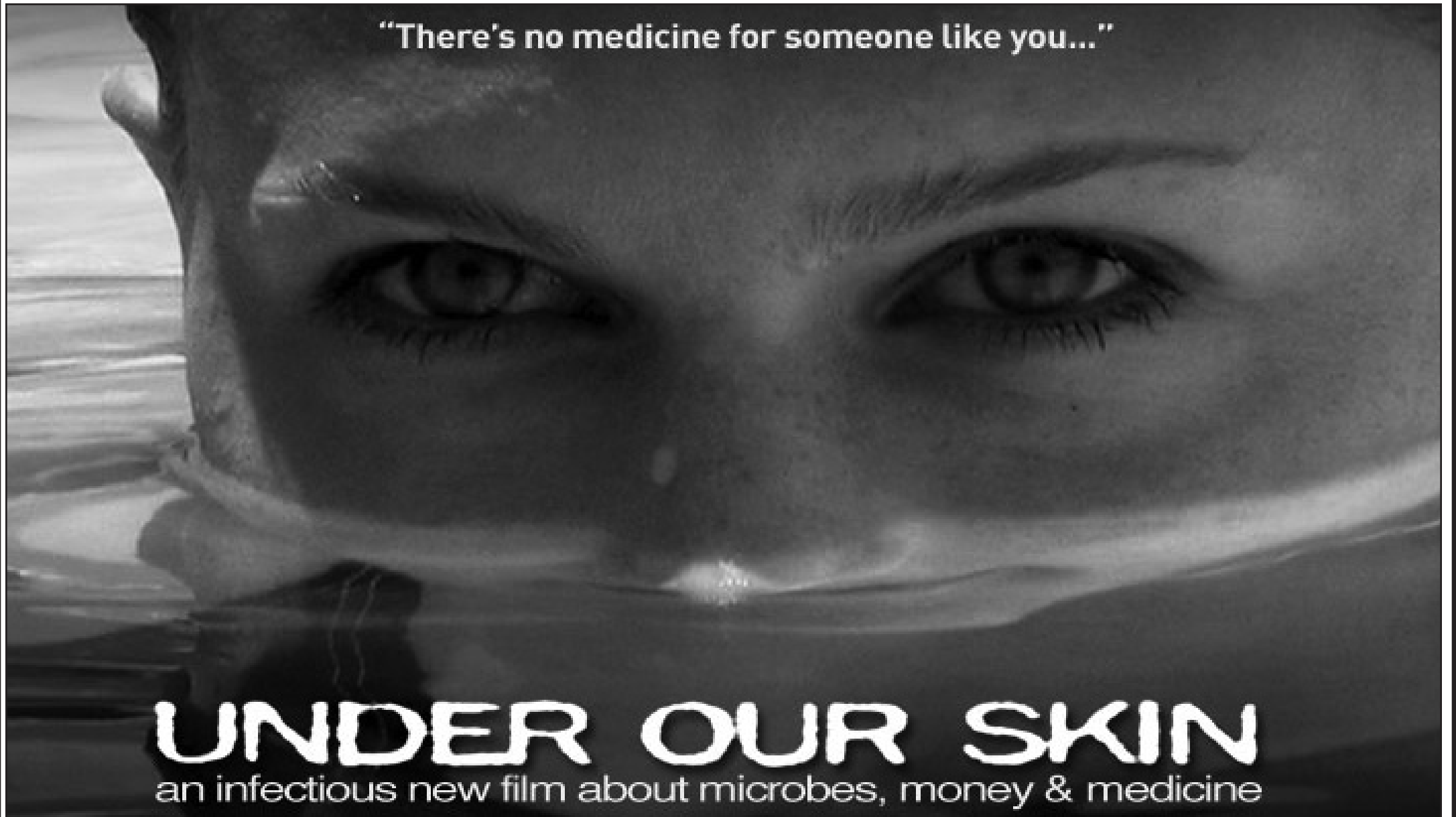
Informed of the facts, Conrad was at once relieved to know the source of his problems and chagrined that he hadn't told me before about such symptoms of extreme fatigue and migrating muscle and joint pains—symptoms that he considered "signs of weakness." "It was embarrassing enough to tell someone I was depressed," he said. He has cooperated with his antibiotic and herbal treatment regime offered by a physician skilled in the treatment of TBD's and is slowly recovering. His employer has been uniquely considerate of his health problems and has redesigned his job, making it compatible with his overwhelming but temporary disabilities.

Knowledgeable Lyme patients are known to make arrangements for carefully managed scuba diving excursions

*"Dr. Herx"...cont'd on pg 13*

Dallas - Fort Worth Area Screening of the Award-Winning Documentary "Under Our Skin"

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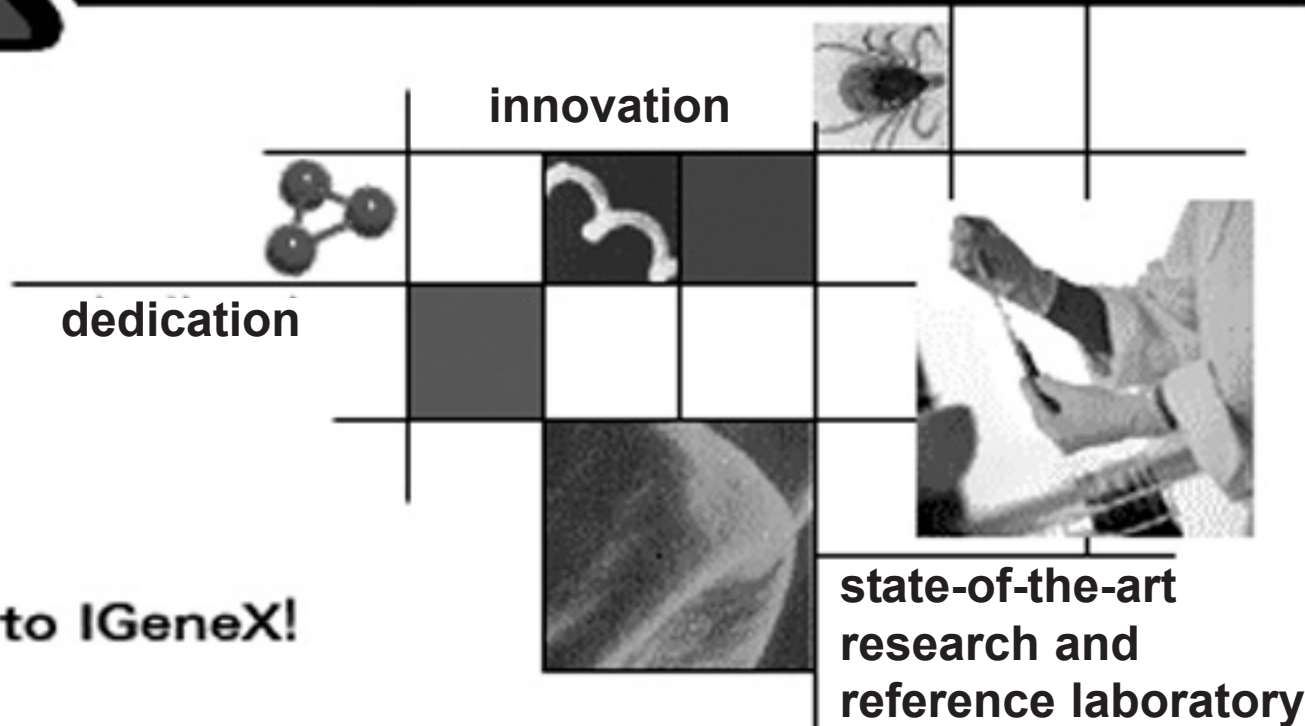
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“PTSD” ...cont'd from pg 7

was melting and blistering. The patient thought it was a nuclear blast. She embraced her son and husband and said, “I love you. We’ll die. I’ll see you in Heaven.” The walls of her home were burning, glass was cracking, and her skin was burning. At that point, they took the risk of running from their home. As they left the house, it collapsed. The patient and her family survived what was later found to have been a gas main explosion.

After the incident, the patient experienced a number of symptoms associated with a posttraumatic stress disorder (PTSD), including flashbacks of running through fire, seeing the car melt, and telling her son they would die. There was an exaggerated acoustic startle in response to noises and she was distraught that all her possessions were lost in the explosion. There was a return and increase of symptoms associated with LD immediately after the explosion and a Lyme Western Blot, both IgM and IgG, were positive two weeks after the trauma.

An exam in 1997 demonstrated the following signs and symptoms:

- ❖ Attention span symptoms included difficulty with cognitive tracking and sustained attention, impaired ability to allocate attention, impaired attention span when frustrated, and hyperacuity to sound, light, touch, and smell. Memory symptoms included impairments of working memory, working spatial memory, short-term memory, memory encoding, letter reversals, spelling errors, word substitution errors, number reversals, and slowness retrieving words, numbers, names, faces, and geographical memory.

- ❖ Processing symptoms included impairments of reading comprehension, audito-

ry comprehension, transposition of laterality, left-right discrimination, capacity for visual imagery, calculation, fluency of speech, fluency of written language, handwriting, and spatial perceptual abilities. There was stuttering, slurred speech, and optic ataxia. Executive functioning symptoms included unfocused concentration, “brain fog”, difficulty prioritizing multiple tasks, difficulty with multiple simultaneous tasks, and decreased abstract reasoning.

- ❖ The patient experienced depersonalization, derealization, vivid nightmares, and illusions.

- ❖ Mood symptoms included decreased frustration tolerance, sudden abrupt mood swings, and hypervigilance.

- ❖ Behavioral symptoms included disinhibition, exaggerated startle reflex, suicidal tendencies, accident proneness, decreased job performance, marital difficulties, compensatory compulsions, dropping objects from her hands, and crying spells.

- ❖ Psychiatric syndromes present included depression, panic disorder, and posttraumatic stress disorder (PTSD).

- ❖ The patient had insomnia and was not well-rested in the morning. There was anorexia and weight loss. Capacity for pleasure, libido, and social interests were all diminished.

- ❖ There were body temperature fluctuations with intolerance to heat and cold, decreased body temperature, low-grade fevers, night sweats, and chills.

- ❖ Headaches were in the neck, with sharp shooting pain radiating to the scalp and

eyes. In addition, there were TMJ and sinus headaches.

- ❖ Eye symptoms included blurred vision, sensitivity to bright light, sensitivity to fluorescent light, floaters, eye pain, double vision, and a lid drop.

- ❖ A prior Bell’s palsy and loss of sensation on the side of the face had not re-emerged. However, there was tinnitus, dizziness, vertigo, motion sickness, choking on food, and difficulty swallowing.

- ❖ Neurological symptoms included numbness, tingling, sensory loss, burning, crawling under the skin, stabbing sensations, weakness, tremors, twitching, muscle tightness, muscle discomfort, and an odd sensation that her head felt hollow. The patient fell backwards on Rhomberg testing when her eyes were closed.

- ❖ There was pain and tightness of multiple joints. There was periosteal tenderness of the tibias, ribs, iliac crest, sternum, and clavicles. In addition, there was chronic fatigue, muscle tenderness, and tenderness of the chostrochondal joints.

- ❖ There was mitral valve prolapse, a racing pulse, pericarditis, and a heart murmur. Shortness of breath, a sore throat, and swollen glands were present. Upper GI distress, irritable bowel syndrome, and gallstones were also present. There was breast tenderness and irritable bladder. In addition, alcohol intolerance, hair loss, tooth pain, multiple chemical sensitivities, bruising, chronic pain, and an increase in allergies were noted.

Symptoms were noted to have gradually evolved with time, and they were sometimes

subtle and variable. The symptoms were increased by stress, exacerbated by antibiotic treatments, and increased in the perimenstrual period.

Laboratory testing demonstrated LUAT – 78, 110, and O on samples collected at two day intervals – Lyme ELISA was positive at 1.32. Lyme Western Blot IgM was positive with reactivity of KDa 23-25, 31, 34, 39, 41, and 58 bands. The patient also tested positive for babesiosis and human granulocytic ehrlichiosis (HGE). The combination of problems from the LD and the explosion resulted in considerable financial distress and difficulty paying for necessary medical care, which further exacerbated symptoms. She has been treated with a combination of antibiotics, psychotropics, and psychotherapy, with a partial response.

Mr. B is currently a 43-year-old white male who may have been infected by tick-borne diseases thirteen years ago and eight years before diagnosis and appropriate treatment. He, like many patients with these complex problems, had been to numerous doctors. The illness also affected his marriage and his occupational adjustment. His prior diagnosis was considered to be asthma, irritable bowel syndrome, colitis, bipolar illness, and personality disorder (NOS). He experienced many of the symptoms that Ms. A. described. Emotional numbing, over-reactivity, hypervigilance, explosive outbursts, and vague somatic symptoms give the impression of PTSD. In describing his temper, this patient stated, “I was in a mind fog. I didn’t know what was right or wrong.” He assaulted his wife and a restraining order was entered. He cut the phone lines to his house, jumped up and down on his wife’s car, and put his foot through her windshield. He was

arrested three times and was committed to psychiatric hospitals. The patient expressed the feeling he had no control.

After starting a suicide attempt, he regained some control, drove to a hospital, and was committed to a state hospital where an internist diagnosed him with Lyme disease and started treatment. Mr. B began to respond, was discharged, and pursued treatment with a doctor who had an extensive reputation in the treatment of Lyme disease. The patient improved. Mr. B developed a close working relationship with this treating physician, who confided to him that he also suffered from Lyme disease. The patient felt his doctor was showing increasing signs of Lyme disease. The State Board of Medical Examiners investigated the doctor. Shortly thereafter, the doctor with whom Mr. B identified committed suicide. The patient then suffered a relapse of symptoms associated with PTSD. He was subsequently diagnosed with babesiosis and HGE and stabilized with penicillin, Probenecid, Biaxin, and Paxil.

After stabilization, his medications were gradually reduced. He was stable for a few years until experiencing a business failure. His symptoms increased with a predominance of psychiatric symptoms. He experienced flashbacks, hypervigilance, avoidance, and depression, and became increasingly isolated and suicidal. He failed to respond to all psychiatric interventions and the suicidal risk factors increased. He was given a shot of 2 grams of Rocephin IM and, three hours later, the depression improved and he was no longer suicidal. He has since been stabilized on a combination of psychotropics and antibiotics. There was a recent relapse related to stress from the World

“PTSD” ... cont'd pg 13

## Autism and Lyme Disease are Connected, Study Finds

**SUMMARY:** *Cases of Lyme disease and autism are skyrocketing in the United States. Is there a link between the two disorders? Research spurred by non-profit foundation says “Yes.”*

Lyme disease may play a role in causing autism, according to a recent study published in Medical Hypothesis, a peer-reviewed scientific journal.

A team of five physicians led by Robert Bransfield, M.D., analyzed the two diseases and discovered a connection based on epidemiological findings, symptom similarities, case reports, and laboratory test results.

The Lyme-Induced Autism (LIA) Foundation has paved the way for studies such as this one. Led by Tami Duncan, herself the mother of an autistic child, the LIA Foundation was established in 2006 by a group of parents who suspected the connection but recognized the need for scientific research.

Collaboration on the Medical Hypothesis study

began during one of the LIA Foundation national conferences, which have attracted top physicians from around the country.

Charles Ray Jones, M.D., considered the nation’s leading pediatric Lyme specialist, was one of nine presenters at a recent LIA Foundation conference held on April 12, 2008 in Fort Lee, New Jersey. “I’ve treated over 10,000 children with Lyme disease,” Jones said during his presentation. “A good many of the children, we’ve found, have had autism-spectrum disorder.”

Warren Levin, M.D., was also present at the New Jersey conference. He described the case of “a terribly ill autistic kid...who tested positive for Lyme disease.” Subsequent to that case, Dr. Levin “started screening all autistic patients...and nine in a row tested positive for Lyme disease.”

The LIA Foundation hosted their most recent conference on June 27-29, 2008 in Indian Wells, California.

To educate the public about the Lyme-autism connec-

tion, LIA Foundation president and co-founder Tami Duncan recently co-authored a book on the topic with author Bryan Rosner. Rosner had previously written three books on Lyme disease.

“Lyme disease is not the only causative factor in autism,” Rosner says. “We know that many other environmental and genetic triggers are involved. However, Lyme disease is the fastest spreading infectious disease in the United States, with an estimated 200,000 new cases per year. Autism cases are also exploding. If Lyme disease can contribute to the onset of autism, then we are onto something big here.”

In their book, Duncan and Rosner describe a correlation between the geographic incidences of the two diseases. “The ten states with the highest incidence of Lyme disease are the same states with the highest incidence of autism,” Duncan says.

“Research also suggests that Lyme disease can be congenitally transferred from mother to child during pregnan-

cy, even if the mother is unaware that she is infected,” Duncan continues. “This can account for the early onset of Lyme-induced autism in young children.”

Duncan and Rosner do not believe that the Lyme-autism connection hypothesis is new. Their book states that parents, caretakers, and researchers have long suspected the link. But the recent conferences and peer-reviewed studies are important because they attract the attention of the medical community, which can lead to life-saving research.

“New medical truths do not have significant impact until they are packaged and presented according to accepted guidelines,” Rosner says. “The connection is not new, but it is finally receiving proper attention.”

To learn more about the Lyme-Induced Autism (LIA) Foundation, visit [www.liafoundation.org](http://www.liafoundation.org).

Rosner and Duncan’s book, “The Lyme-Autism Connection,” can be ordered from [www.lymebook.com/lyme-autism-connection](http://www.lymebook.com/lyme-autism-connection). The pub-

lisher is BioMed Publishing Group, South Lake Tahoe, California, (530) 541-7200.

pha

## “Media”

was a very big thing. IDSA had said the idea of conflicts was ‘preposterous,’ but people see through that now; they are aware these conflicts of interests do exist. IDSA is just not passing the ‘smell test’ on the street anymore.”

IDSA and ILADS, the International Lyme and Associated Diseases Society, have been virtually at war with each other over the recognition of long-term chronic Lyme and long-term treatment with antibiotics. Much of the mainstream reporting to date has been as if covering a ping-pong match, each move and counter move noted, but little recognition of the extent to which Lyme is spreading throughout the United States and the debilitation left in its wake.

pha



# NATIONAL SUPPORT GROUPS

## National Multiple Sclerosis Association:

www.nmss.org

### Alabama

3840 Ridgeway Drive  
Birmingham, AL 35209  
Phone: (205) 879-8881  
Phone: 1-800-FIGHT-MS  
Email: alc@nmss.org  
www.nationalmssociety.org/alc

### Northern California

150 Grand, Oakland, CA 94612  
Phone: 510-268-0572  
toll-free: 1-800-FIGHT MS  
Email: info@msconnection.org  
http://www.msconnection.org

### Colorado

700 Broadway, Suite 808  
Denver, CO 80203-3442  
Phone: 303.831.0700  
1.800.FIGHT.MS

### Georgia

455 Abernathy Rd. NE, Suite 210  
Atlanta, GA 30328  
Phone: 404-256-9700  
Phone: 1-800-FIGHT-MS  
mailbox@nmssga.org

### Florida

2701 Maitland Center Pkwy, Suite 100  
Maitland, FL 32751  
Phone: (407) 478-8880  
Email: info@flc.nmss.org  
www.nationalmssociety.org/flc

### Texas

8111 N. Stadium Drive, Suite 100  
Houston, TX 77054  
Phone: 713-526-8967

## ALS Association DC / MD / VA

http://www.alsinfo.org/  
7507 Standish Place  
Rockville, MD 20855  
(301) 978-9855  
toll free: (866) 348-3257  
fax: (301) 978-9854

### Great Philadelphia ALS Chapter

321 Norristown Road, Suite 260  
Ambler, PA 19002  
Phone: 215-643-5434  
Toll Free: 1-877-GEHRIG-1 (1-877-434-7441)  
Fax: 215-643-9307  
alsassoc@alphiladelphia.org

### South Texas Chapter

http://www.alsa-south-tx.org/  
(210) 733-5204  
toll free at (877) 257-4673

### North Texas

http://walk.alsanorthtexas.org/site/PageServer  
1231 Greenway Dr., Ste.385  
Irving, TX 75038

s.melson@alsanorthtexas.org  
972-714-0088  
877-714-0088

### The ALS Association Upstate New York Chapter

323 Route 5 West  
P.O. Box 127  
Elbridge, NY 13060

315-689-3380  
Toll Free for PALS:  
1-866-499-PALS

info@alsaupstateny.org

## Lyme Disease Support Arizona

Southern Arizona - Donna Hoch: nanandbo@cox.net  
520-393-1452

### L.E.A.P. Arizona

Tina J. Garcia  
Lyme Education Awareness  
http://www.leaparizona.com  
480-219-6869 Phone

### Arkansas

Mary Alice Beer  
(501) 884-3502  
abeer@artelco.com

### California

ROBIN SCHUMACHER  
1057 R St.  
Fresno, CA 93721  
Phone: (559) 485-5445  
Membership@Calda.org

### Colorado

Mary Parker  
303-447-1602  
milehightick@yahoo.com

### Connecticut

www.timeforlyme.org  
914-738-2358  
Meetings: first Thursday of every month from 7-8:30 p.m. at the Greenwich Town Hall

### National Support:

truthaboutlymedisease.com/  
Dana Floyd, director

### LDA of Iowa

PO Box 86, Story City, IA 515-432-3628  
ticktalk2@mchsi.com

### Kansas

913-438-LYME  
Lymefight@aol.com

### Montana

bepickthorn@earthlink.com

### North Carolina

Stephanie Tyndall  
sdtyndall@yahoo.com

### South Carolina

Contact Kathleen at (864) 704-2522  
greenvillelyme@bellsouth.net

## Lyme Disease Support

### New Mexico

Veronica Medina  
(505)459-9858  
vrmedina@comcast.net

### Oklahoma

Janet Segraves 405-359-9401  
Janet@LDSG.org  
www.LDSG.org

### Portland, Oregon

Meets 2nd Sunday of each month 2010 NW 22nd Street Second Floor from 1-3 PM.  
503-590-2528

### TEXAS :

Greater Austin Area Lyme Council. Teresa Jones  
tmomintexas2@yahoo.com

### Dallas/Ft Worth

John Quinn  
Jquinn@dart.org  
214-749-2845

### Houston

Contact: Teresa Lucher  
lucher@sbcglobal.net

### League City/ ClearLake & NASA Area

Sandra Mannelli  
smannelli@comcast.net

### San Antonio

http://lymedisease.meetup.com/75/  
Contact: Franklin Moormann,  
256-417-7466 or  
210-595-1014

### Washington State

Alexis Benkowski  
WA-Lyme-owner@yahoogroups.com

### WI / IL / MN Regional areas

Contact PJ Langhoff  
(920) 349-3855  
www.Sewill.org  
www.LymeLeague.com (Intl)

### Western Wisconsin Lyme Action Group

Marina Andrews  
715-857-5953



## Military Lyme Disease Support

Military Lyme Support is an online source of information and emotional support. This site is for Military Members, Veterans, and their family members who suffer from Lyme and other vector-borne diseases. Members are stationed in the United States and abroad.

http://health.groups.yahoo.com/group/MilitaryLyme/

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# PHA

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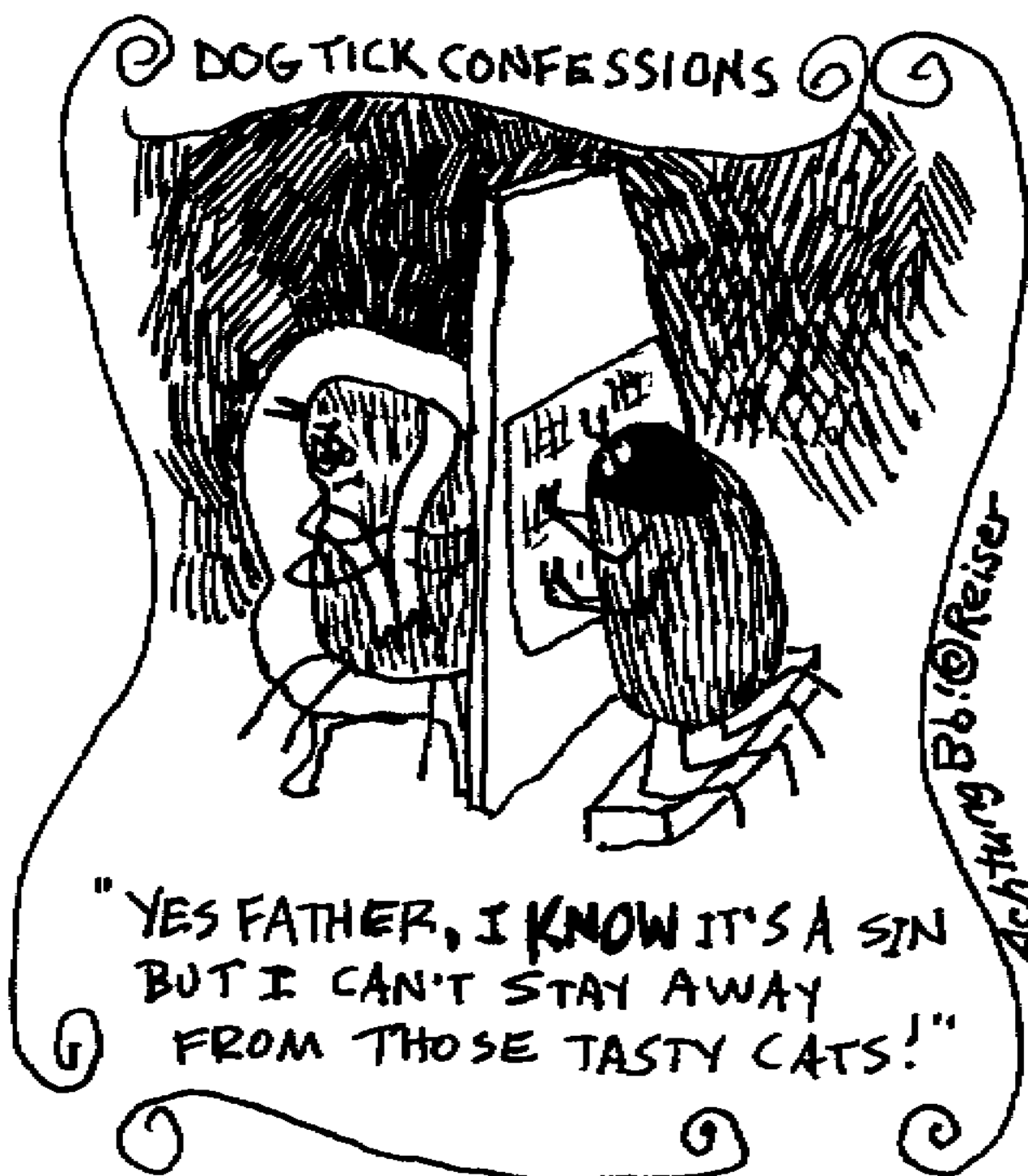
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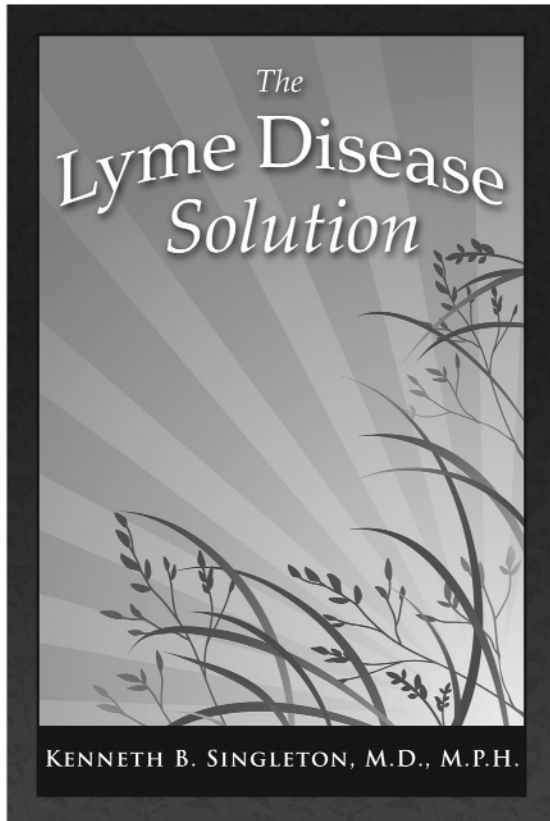


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## “Confrontation” ... cont'd from pg 3

the medals and decorations that he had won in Viet Nam and military service. I had never done anything like this before. But I wanted to make a statement. I wanted everyone to see that I fought for my country and for what it stands for. And this included my right to stand and address, and fight against the crimes and corruption committed by the TMB against the physicians, patients and citizens of the State of Texas.

I was standing in behalf of my fellow warriors who gave their lives on the battlefield and, in doing so, allowed me to stand there that night to do my part in rectifying the wrongs committed by the TMB. I asked Ms. Robinson, "Can you please tell me that when the TMB "temporarily" suspends a physician's license and 21 months pass since the "temporary" suspension--just what does the TMB consider as "temporary"?"

“And can you tell me

that when the TMB receives "one" lone complaint by "one" lone renegade attorney in behalf of "one" lone former patient of a physician-- why it is that without a thorough investigation of the allegations in the complaint, and without your questioning the over 300 of the other patients to get their opinion of that physician and the medical care they are receiving from that physician-- but based only on that one lone, sole, unsubstantiated and unproven complaint--you believe you are justified in "temporarily" suspending that physician's license?"

“And can you tell me why it is that when the TMB receives written documented proof from the complainant in the complaint--and in her own handwriting---describes that the complaint was all a pack of lies that was obtained by the renegade attorney by way of perjury and suborning perjury as a promise to this woman to get

custody of her children in her divorce trial if she would sign the fraudulent complaint, as his means of personal retribution against the physician from another matter---can you tell me why, when the TMB receives this absolute proof of the fraudulent complaint and the physician's innocence, that you ignore this evidence and still refuse to reinstate this physician's license?"

“And can you tell me why it is that if a Texas physician closes up his practice overnight and does not give his patients significant warning or notice, and thereby abandons his patients, that he has committed a crime and could have his license revoked for his having abandoned his patients? “

“Why is it then that the TMB can take a physician who is not a threat to the lives of any of his patients and strip him of his license and cause him to close his practice overnight at the expense to the

health and welfare of his over 300 patients and yet the TMB is not held responsible? Why is it that the TMB can cause the physician to be placed in a position of the FORCED abandonment of his patients and not be responsible for their abandonment as the physician is for doing the same thing?"

Just as I expected, Ms. Robinson answered not one of my questions. All I got were meaningless words that didn't even come close to answering any of my questions. When Dr. Littlejohn was given the opportunity to ask questions---the response from Ms. Robinson was much the same. It is my hope that Ms. Robinson, all of the other TMB members who were present, and every member in the audience will remember one thing from that meeting.

You see, another member of my PCAG was also present at the meeting. DOC LJ - PCAG patient/member Ben D.

also stood to address the TMB regarding the atrocities they had committed against Doc LJ's chronic pain patients causing them to lead daily lives filled with terrible and unnecessary pain all because of the TMB's actions in denying them their doctor and life-saving medical treatment. The TMB turned a deaf ear to his cries as well. Ben D. knew the TMB didn't listen to a word he said. Last week, just a few short days after the TMB Town Hall meeting, Ben D. chose that final solution to end his miserably painful life. Yes, Ms. Robinson, do you remember this man, his cries, and his face? Maybe, in your dreams.

**David Noblett**

Fort Worth, Texas 76114

David Noblett is the patient representative & agent for the DOC LJ - Patient Class Action Group.

**He may be reached at:**  
sky\_pilot@att.net

## “Survival” ... cont'd from pg 2

contribute to the emotional trauma of living with Lyme disease, and exacerbate that "mess." This section is dedicated to strategies for making the most out of a sedentary, lonely life, while healing the brain and mind through prayer, visualization, and other thought pattern-altering strategies. The importance of discerning subconscious motivations for illness and setting boundaries in relationships is covered, as are suggestions for therapies that bypass the conscious mind, such as NET (Neuro-Emotional Technique). An appendix suggests the role of God in healing and is based upon my own experiences of having wrestled with, but often found peace with, a God who has helped me to get through the trauma of Lyme disease. In my opinion, this is the best part of the book, as I believe that a divine hand guided me through the writing of this section.

If this sounds like a lot of information, please consider that *The Lyme Disease Survival Guide* is a book of "tips." It is not intended to comprehensively cover every strategy I suggest. Also, I am a professional writer who avoids repetitious information and who tries to make every word count so, on the other hand, I have packed a lot of information into this book.

**You describe emotional strategies for healing in your book, what has been the most important one for you?**

Prayer and healing visualizations. Whenever I was dis-

ciplined enough to do this first thing in the morning, it would help me to get my thoughts off "on the right foot" and keep them there. In moments where I would pray for wisdom, if I sat and listened long enough, I would hear words of truth--positive, affirming words that would enable me to counter the thoughts of despair that so often greeted me and my aching body in the morning. I mean, how can you ever wake up in a good mood when your body says, "Good morning! It's already 11 A.M. How about that Mac truck that just plowed over your brain and body while you slept?"

These strategies were also important for me because I believe that changing my thought patterns helped me to change my biochemistry.

**You sure have, and I noticed how brilliantly you used your sense of humor throughout your book.**

Yes, I use anecdotes, sarcasm and humor to describe and illustrate some of the strategies in *The Lyme Disease Survival Guide*; hence, the latter part of the book's title, *With a Dash of Humor to Light the Way*. While there is nothing funny about Lyme disease, I find that humor is a powerful way for me to be able to say to readers, "I know what you are going through; I have been there, and here are some solutions to this problem." If you read the book, you'll see what I mean!

**Why did you feel you were**

**qualified to write a book on Lyme disease?**

While I do not have six letters after my last name, I have accumulated a lot of knowledge about Lyme disease and other health topics from having spent the past three and a half years researching these subjects. The medical information that I present in this book is a result of that research, and has been written and supported by those who do have six letters after their last name! So readers don't have to worry that I am "inventing" facts. I am simply sharing what has worked for other professional health care providers in treating Lyme patients.

Also, I feel that experience is a good teacher and I have learned more in the last few years of my life as a result of this disease than perhaps during any other time period of my life. Those lessons have enabled me to heal exponentially and especially in my mind and spirit. I don't pretend to be an expert on any health subject, but I feel that I would be doing a disservice to other Lyme disease sufferers if I did not share what I have learned, in the event that my experiences can help them. At least half of this book is a direct result of my experience, and no title, MD, PhD or otherwise, could have ever prepared me to write this work.

**You describe in your book the 9 most important lessons that chronic illness teaches you; can you give us a few examples of those?**

Life is about being, as much as it is about doing, and it is okay to slow down. It's likewise important to cultivate a spiritual life, because true peace comes from a relationship with our Creator. And, it's important to treat the body right, with proper nutrition and by avoiding contaminants. I don't think "healthy" folks get to understand this on as deep a level as the chronically ill.

**Very true! What is the best advice you can give to Lyme patients who feel lost and overwhelmed by their frightening situation?**

The anxiety and neurological symptoms I used to suffer as a result of Lyme would leave me soaking my carpet with tears on a daily basis (Why the carpet? Well, when you hurt, you just have to get into the floor, don't you!), mostly because I thought I was losing my mind. Just three years later, I now consider myself a sane, fairly balanced person. I never thought that would happen.

So if I can go from being a Looney Tunes Lymie to an Almost Normal Nellie (anxiety-wise, anyway), just know that you can, too! But I won't lie to you, healing is a long, long road. It requires discipline, time, energy, money and infinite amounts of patience, but it can be found if you truly want your life back. Get on Internet support groups, make friends with other Lyme disease sufferers, and do your research!

Step back from thoughts of Lyme from time to time and


watch a good movie. Too much information at the outset is overwhelming, and you must take it in doses. And if you believe in God, believe that the Creator of the universe has the power to help you overcome ALL things, and that includes Lyme disease.

**Excellent advice, Connie. What do you hope that people will get out of the book?**

I hope that people will be encouraged as a result of this work. Indeed, hope and encouragement may be the most powerful emotions, or sentiments, that my writing conveys. As Dr. James Schaller, M.D., so kindly states in the book's Foreword: "You will feel alive and hopeful as you read this book." May this be true! Also, if a Lyme disease sufferer can find healing from just one of the strategies that I mention, then, in my mind, the book has been successful. I also hope that, by reading my work, people will understand that healing from chronic Lyme disease is complicated, yet possible. Finally, I hope to put a smile on the face of a sad Lyme disease sufferer through the brief stories and humorous anecdotes contained within the book's pages.

Congratulations to Connie Strasheim on her new book *The Lyme Disease Survival Guide*, available from [www.lymebytes.blogspot.com](http://www.lymebytes.blogspot.com)

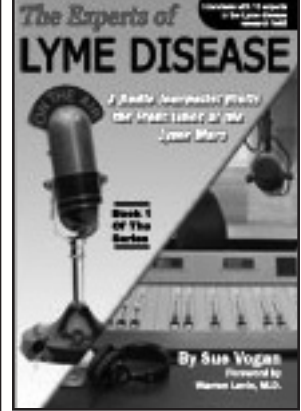
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# A Twenty Year Medical Odyssey

## Part 1



by Kathleen Liporace

You are invited to come along on a 20 year journey of one woman's story of ultimately being properly diagnosed with Lyme disease. In this story, you will see the unraveling of health that many Lyme patients endure prior to their ultimate correct diagnosis.

Lisa was conclusively diagnosed with Lyme and the co-infections of Bartonella and Babesia on June 4, 2008. Of all people to think of Lyme disease, it was not an MD, but a dentist who first suggested the possibility to her. Lisa's dentist also has Lyme and was very familiar with the protean manifestations of this disease.

Lisa Meserve's medical journey began in 1988. By this time she had given birth to two children, a three-year-old daughter and a nine-month-old boy. Curiously, both children's umbilical cords were disintegrated at the time of delivery. Lisa's first child was born without an intact umbilical cord. This child amazingly had no

physical side effects of Lyme. Lisa's son, who was born second, had febrile seizures from nine months old until the age of three when they spontaneously resolved. Notably, these seizures coincided with a round childhood vaccinations. Both children, however progressed normally in school and both have outstanding academic records, yet there is a mother's lingering concern as to whether Lyme could possibly have been transmitted vertically to them.

The medical merry-go-round started when Lisa was misdiagnosed with Lupus when her second child was six months old. Her symptoms were a pregnancy mask, severe exhaustion, insomnia, anxiety, hypotension, heart palpitations, joint pain, muscle aches, flu-like symptoms and her legs would go numb periodically. The symptom list also had seemingly unique psychiatric presentations of post-partum psychosis and severe depression. These latter two elements caused many to overlook the signs and symptoms of Lyme in its earliest stage. At the same point in time, the evening news was replete with information about Lyme disease making its way up the coast from Connecticut to Maine where the family then resided. Yet no connection was made by the medical professionals who she sought diagnosis and treatment from. At this stage, proper treatment would have cured Lisa of Lyme, but this was not to be at that time.

From this point on Lisa was thrust into a misdiagnosis of mental illness and inappro-

prate treatment of the ever-looming underlying condition. Instead of being treated with compassion and empathy, given her severe psychiatric presentation, she experienced the stigma attached with any diagnosis of mental origin.

While being treated with antidepressant and antipsychotic medication, Lisa would have fared well with antibiotics needed to rid her of the etiology of her psychiatric presentation of Lyme. Instead, she received shock treatment and psychiatric in-patient care inappropriate for the underlying condition. With each shock treatment Lisa received, it caused further complications with Trigeminal Neuralgia, TMJD, and worsened her further cognitive and attention deficits.

Especially acute was her short term memory loss. She could not recognize faces and places periodically at that stage in her life, which in her recount of her medical ordeal, was quite devastating.

Years went by like minutes. During this time, her children were in high school and needing the direction and support of their mother who had previously been very involved in their schooling and extra curricular activities. Lisa was a shell of her former self. This caused many personal struggles in the family over time, as is sadly common with Lyme patients. This disease took a vibrant, fun-loving person and reduced her to a non-functioning individual. She fought recurrent battles in her mind with suicidal ideation, knowing

she didn't want to act on these thoughts, but desperate for a sense of relief.

Looking back it seems a huge cost was paid in that she lost precious and irretrievable time with her family and was mislabeled as a psychiatric patient. After the series of fifteen shock treatments, her attending psychiatrist arrived at the conclusion that Lisa had not derived any benefit from this modality of treatment. Instead, it actually exacerbated her mental condition. This confounded the attending psychiatrist who concluded that it must be her hormones, since she had undergone a hysterectomy, yet hormones were overlooked in blood testing.

Four months later, Lisa went to a Fibromyalgia and Fatigue clinic and was then tested for hormonal imbalances. The tests conclusively showed that her hormonal system was in much distress. Estrogen, Progesterone, Testosterone, Cortisol and Thyroid hormones all came back low. As well, Mycoplasma was detected at this time and Chronic Fatigue testing revealed other abnormalities in Lisa's immune function. She had both a low white blood cell count and red blood cell count. She also tested positive for HHV6. For twenty years she had been told that her problems primarily existed in her mind, yet there were many outward physical manifestations of Lyme throughout this entire time. Part of Lisa never gave up the idea that her condition was primarily physiological and not psychiatric.

Chronic Fatigue and

Fibromyalgia were more misdiagnoses that Lisa was labeled with. Further, she suffered with food allergies, hair loss, weight loss, frequent bladder infections, metabolic dysbiosis, migraines, nutritional deficiencies, continued depression and anxiety.

If Lyme wasn't bad enough, her body was virtually a toxic waste dump. Because of Lisa's employment as a dental hygienist, she carried highly elevated levels of mercury (not including her own 14 amalgam fillings). This was further compounded by wearing braces for two years. Where there are dissimilar metals in the mouth, a situation is created in which more mercury vapor is released into the body. If heavy metals are present in a patient's body, there may be a link to systemic Candida which might have an affinity for toxic metals such as mercury. Candida is another root cause of many complaints similar to Lyme.

After having her amalgams improperly removed, Lisa experienced an episode of psychosis again, due to the inhalation of mercury in the process of having her fillings replaced. It is truly an amazing journey that this woman has gone through and her story is not yet finished. It really is just beginning.

I see the light of God's grace in how her prior profession as a dental hygienist came back to bless her through her dentist who first suspected Lyme...

pha

## “PTSD” ...cont'd from pg 9

Trade Center terrorist attack. He recovered through crisis intervention and treatment with psychotropics.

### Discussion:

In the case of Ms. A, it appeared PTSD caused a relapse of a chronic relapsing tick-borne disease. In the case of Mr. B, it appeared a chronic relapsing tick-borne disease resulted in behavioral symptoms, which resulted in a reciprocal intensification of both PTSD and the tick-borne disease. After being stabilized, traumatic events resulted in subsequent relapses of the tick-borne disease.

These cases suggest there is a reciprocal intensification between chronic relapsing tick-borne diseases and PTSD. Treatment of the chronic tick-

borne disease with antimicrobial interventions improved both the systemic infection and also the PTSD. In addition, treatment of the PTSD with traditional psychiatric treatments improved both the PTSD and the systemic infection. Further research is needed to study this link in more detail.

Recent terrorist attacks against the U.S. and the civilized world have resulted in traumatic reactions to many. In addition to this, there is also the stress of adapting to the chronic threat of international terrorism.

In working with patients directly and indirectly affected by the events of 9/11/01, some trends are apparent. Many of those close to the trauma have suffered horror, grief reactions, acute stress reaction, and adjustment reactions, and some have demonstrated the develop-

ment of PTSD.

Patients with pre-existing psychiatric illness often had an increase of symptoms, most notably anxiety, panic, phobias, paranoia, depression, acoustic startle, and irritability. From similar events, such as the Pearl Harbor attack or the Holocaust, some PTSD patients had increased PTSD symptoms. A significant number with PTSD or other emotional reactions from some other causes had limited improvement, since they felt the general population could better understand and empathize with their emotional difficulties and they felt less isolated. A number of patients with chronic Lyme disease relapsed, especially those who personally witnessed the event or had direct involvement in the trauma. It appears we may see many relapses of patients with

chronic Lyme disease in the wake of the September 11, 2001 tragedy. The patients can be treated with a combination of psychotherapy, psychotropic medications that are effective in treating PTSD (i.e., Paxil, Zoloft, Topamax), and antimicrobial approaches.

Contending with the threat of international terrorism is a separate, but related, issue. Terrorism is “the use of force to threaten, to frighten people, and cause them to obey, especially by a government or political group” (Webster's). Both violence and terrorism are an unfortunate part of human nature. The degree of violence and magnitude of the attack of September 11 is conducive to causing posttraumatic reaction in many, even those far removed from the actual attack. Many patients with chronic

tick-borne disease and the physicians who treat them have prior experience and capability in dealing with more subtle forms of terrorist tactics, which are implemented by some to suppress freedom, access and ethics in the health care system, and suppress the adequate recognition and treatment of tick-borne diseases. The best defense against this threat is many of the same treatments used to combat PTSD. This includes understanding the exact nature and extent of threats, well-focused vigilance and response to threats, and approaches that restore and maintain will, resolve, spirit, courage, self-esteem, and unity.

pha

## “Dr. Herx” ...cont'd from pg 7

sions to reduce their spirochetal burden—air (providing oxygen) under pressure is lethal to the bacteria.

The likelihood of disorienting panic attacks while submerged is predicted to people prior to the dive and therefore reactions are much less frightening. Patients often prefer this therapy to the Hyperbaric Oxygen (HBO) dives that stimulate similar therapeutic experiences. The emotional phenomena that occurred to Conrad and that bears the Herxheimer name bears a strong resemblance to

what D. Prater wrote concerning the plight of the poet R. Marie Rilke in another context:

“In a sudden onset, the hitherto vague feeling of unease had developed into a brutal shock felt to his very marrow, so powerful that he was terrified. He could not explain this covert onslaught but somehow it had sapped the inner confidence, which, even at his worst moments, had always seemed unshakable, and whose absolute and evermore integrated unity with the body had been the wellspring of his art. He felt

then a nameless fear that the defection of this body might destroy that unity, that a rift in his nature had been opened which might never be repaired.”

That Conrad will continue to work in marine biology is not in question. But whether he will come to see diving as an ancillary therapeutic tool in his treatment is problematic. At present, he is not ready to chance another underwater meeting with Dr. Herxheimer.

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“Anger” ... cont'd from pg 5

expect His perfect grace and that He will become slow to anger, counting on the scripture, 'The Lord is compassionate and gracious, slow to anger, abounding in love' (Psalm 103:8).

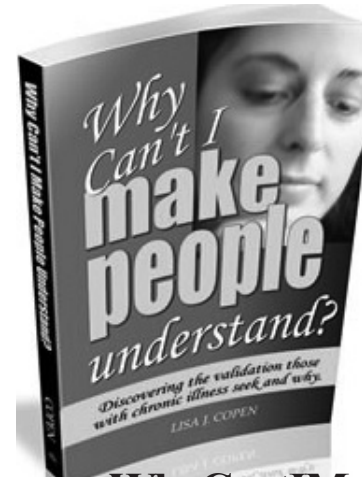
Anger is an emotion we will all encounter for the rest of our lives. Perhaps the simplest of advice is a scripture that I quote in my book, *Why Can't I Make People Understand? Discovering the Validation Those with Chronic*

*Illness Seek and Why*, when I go through the mixed bag of emotions, especially anger and bitterness. It is Hosea 7:13b-14 in which God says, "I long to redeem [you] but. . . [you] do not cry out to Me from [your] hearts, but wait upon [your] beds." Instead of curling up in bed wailing "Why me?" pour our your heart to the Lord and simply ask Him for help.

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About Lisa Copen:

"Why Can't I Make People Understand?" is author, Lisa Copen's newest book that will get you through your emotions of anger at [www.WhyCantIMakePeopleUnderstand.com](http://www.WhyCantIMakePeopleUnderstand.com). Get a free download of "200 Ways to Encourage a Chronically Ill Friend" when you sign up for HopeNotes at Rest Ministries. Lisa is the founder of Invisible Illness Week.



*My daughter loved this book. It helped her a lot but it helped me--as her mother--just as much. A lot of the things in the book were things she wanted me to know but had difficulty telling me herself...*

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LIA Conference... cont'd from pg 1

the house - even turning off the household fuse box at night. Clocks that plug into the wall often generate significant EMF and can be replaced with battery operated models. Sleep is the most important time for healing. EMF disturbs the body's natural sleep rhythms.

There is an EMF shield you can drape over a child's bed like mosquito netting. And there is an EMF blocking paint, interior and exterior, that can be used to shield a room or entire house.

The Rise of Genetically Modified Foods

Another top suspect in the Lyme-Autism connection is genetically modified (GM) foods where foreign genes have been spliced into the DNA of these foods to make them herbicide tolerant.

"Many of the top researchers at the FDA know how dangerous GM food is but they are not permitted to say anything so, officially, the FDA does nothing to warn us about the potential for serious harm," said Dr. Garry Gordon. "GM food can help introduce antibiotic resistance and it also carries a virus than can lead to the development of various 'stealth infections' which may not be detected on today's standard tests for infections. This means that, although we are all focused on things like lead or mercury or food sensitivities, even the most astute doctors are doing little to combat the ever-present infection component contributing to our current health crisis."

Dr. Gordon explained that we put the farmers into the

game of how big the carrot is, rather than how nutritious the carrot is. "We may have the calories but we do not have the health," he said. "Mineral deficiencies cause the body to be more acid. And some of these minerals, like selenium, really fight mercury."

At the LIA convention, parent Andrea Lalama got a standing ovation for her investigation into how GM food contributes to autism because of the the Bt pesticide found in all GM corn. One of her children became autistic after receiving five vaccines in the same day. "I at first blamed the vaccines, but I was wrong," she said.

She came to understand the vaccines worsened her son's speech delay problem, turning it into a case of extreme autism.

Lalama channeled her energies into research. She came to see a link between autism and the pesticide, Bt. "During WWII, Bt spores were looked at by the Germans," she reported. "They saw crystals inside the spores that puncture the intestine of the insect and give Leaky Gut. The bacteria then get out of the intestine. The crystals keep the holes in the intestine from ever growing back together again and healing."

Bt has been used as a spray pesticide in the USA since 1939. Autism showed up in 1943.

"The Bt pesticide was introduced into genetically modified corn, then potatoes, then fruits and vegetables," she explained. "In 1995, it was found in human guts. The metabolic pathways in our kids are corrupt."

Lalama said the

increased exposure to Bt modified foods helps explain the jump in autism rates. "Bt also accounts for the disappearing bees, bats, and monarch butterflies. Surviving bees have been studied and found to have lost their ability to communicate with each other. Sounds just like our kids, yes?"

Her research caused her to discover a supplement called bitter orange which contains octopamine, a neurotransmitter found in the octopus and in bees. "We gave it to our kids. In 24 hours, we saw big changes in our children. A week later, we got sentences." Lalama suggests that octopamine replaces communication abilities taken away by Bt-modified foods.

Synergistic Effect of Heavy Metals

Several doctors spoke of a synergistic interplay between metals and microbes which creates the biofilm that gives Lyme its unique ability to hide from the immune system.

"Resistant strains of bacteria and yeast produce a polysaccharide matrix - biofilm - to protect them from the surrounding environment," said Amy Derksen, ND. "It is essentially a layer containing several heavy metals that encompasses the organisms we are trying to treat, making it very difficult to treat without needing doses so high that they would harm our children. The biofilm also prevents normal flora like acidophilus from thriving."

Dr. Gordon said that is why detox is an absolute must: "We must lower our total body

burden of pathogens to help lower our inflammation, which is holding heavy metals in tissues in spite of using the best chelators."

"It's important to do genetic testing," suggested Dr. Derksen. "Many of these kids are born with defects of their glutathione and methylation pathways."

Looking to the Future

The conference presented a number of different protocols for treating Lyme and Autism. Some incorporated antibiotics while others relied primarily on herbs, supplements or machines.

One thing stood out clearly: there is no perfect remedy. But the better shape you are in when you start treatment, the better the outcome will likely be.

Kim Marott of Corona, California, struggled for years to "fix" her daughter who was seriously debilitated with Lyme. "We tried everything. I felt I was begging in each doctor's office," she said. "When we found the Jai machine, it was as if the hand of God had touched her; the healing was amazingly fast. The humiliation patients face has to end."

Clearly, the epidemics are growing. The LIA conference sounded a warning bell to stop fixating on fixes and start focusing on the causes.

"We know global warming is driving growth of insects for example," said Dr. Klinghardt.

Environmental pollution, genetically modified foods, and a lack of a nutrient-rich diet are high-risk factors

spreading the epidemic. Getting America's doctors up to speed is no small challenge. Getting medical groups and governmental agencies less concerned about politics and more concerned with delivering solutions is no small challenge.

"It's up to us as parents and professionals to lead the way," said LIA conference organizer Tami Duncan. "The doctors who enrolled and spoke at this year's LIA conference are probably a good five years ahead of their colleagues in their understanding of Lyme and autism. We will persist because our kids are our future and they need our help."

Next year, LIA's annual conference will be held in Phoenix, Arizona. LIA will join with CHOICE, an Arizona organization formed by Linda Heming, aka "lymeangl@aol.com." CHOICE lobbies for an unrestricted array of choices in healthcare for patients and doctors.

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Mary Budinger is an Emmy award-winning journalist. She is a freelance researcher and writer for complementary and alternative medicine.

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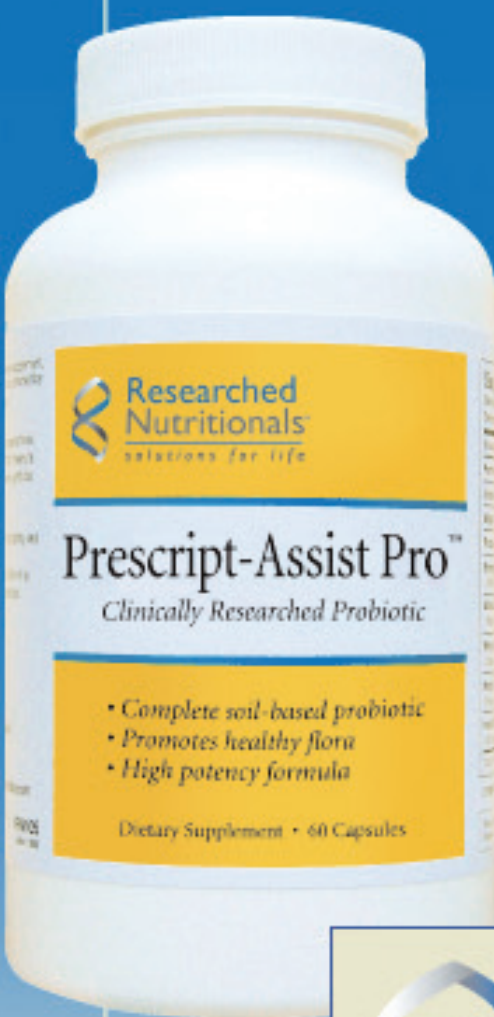


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