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Blending Conventional & Integrative Medicine With a Personal Patient Approach

An Interview with David C. Korn, D.D.S., D.O., M.D.(H)

by Tina J. Garcia

It is no secret that, after being shuffled from one indifferent and inane medical encounter to another, Lyme disease patients approach each subsequent appointment filled with increasing anxiety and apprehension. Lyme disease patients experience denial and rejection from physicians on too many occasions and yearn for a medical close encounter of the most exquisitely poignant kind. Such a medical close encounter would include an attentive listening ear, acknowledgement of the patient's symptoms, knowledge of the disease entity or a willingness to conduct research, time for analyzing and a natural compassion for the suffering patient.

I have, in my experience as a chronic Lyme disease patient, experienced the inane medical encounters of the worst kind after which, for relief, I retreated to bed and covered my head with a warm, therapeutic blanket. Fortunately, I have also been blessed to have had medical close encounters of the exquisitely poignant kind. The precious memories of these medical visits with Lyme-experienced doctors have been carefully placed in my golden box of treasures. I hope this adequately conveys the magnitude of cherished feelings held by Lyme disease patients for each of their own Lyme-literate physicians (LLMDs).

Rarely does a patient have the opportunity to sit at a conference table with their treating physician and listen while he weaves thirty years of medical experience and words of inspiration into a practitioner's tapestry that tells the story of his personal journey in medicine. The medical tapestry woven by Dr. David C. Korn consists of his ongoing quest for medical knowledge, personal enrichment, service to his fellow man and most admirably, a medical and scientific evolution that projects mainstream Lyme treatment back into the Dark Ages.

Tina: Dr. Korn, thank you for the opportunity; it's an honor to interview you today. Would you please share your medical education and experience?

Dr. Korn: Of course, it's my pleasure. I began by attending four years at Ohio State. Now Michigan fans may cringe at that because of the rivalry between Michigan and Ohio State, but that's okay. It's all in good fun. I decided to change my major and took dentistry at West Virginia University Medical Center School of Dentistry in Morgantown, West Virginia. I spent four years at WVU and obtained a dental degree. With my dental degree I entered the public health field and performed oral surgery in Virginia.

I was very interested in oral cancer and proposed a program for oral cancer detection which developed into a pilot program that was sponsored by six state and local health groups. This exciting program became the pilot project for the state of Virginia. I had the desire to learn more and realized that I needed additional training. This decision led me back to medical school.

It was pretty funny that one major medical center in the area where I was practicing dentistry told me I was "too old" then; I was 24 or 25. So, I kept that in my heart and was accepted at the Chicago College of Osteopathic Medicine. The Dean there also had double degrees, so he was very excited about having me there with my DDS and pursuing my DO.

I taught oral pathology at the medical school. During my internship, I practiced dentistry to help me get through med school and pay the bills. I also had four little guys at the time. Quite honestly, we really had a good time; it was fun. Chicago is a nice town, and even though it's quite cold in the winter, I wanted to do my internship right there in Chicago where I had four dental clinics. I eventually ended up selling the dental clinics, however, because it became too cumbersome for me during my busy and demanding internship.

I had a very good medical practice base from the start, because I already had a patient base from the dental clinics. These patients wanted me to take care of their medical needs, too. So, I practiced typical straight hospital medicine, delivered babies and was



Dr. David C. Korn, D.D.S., D.O., M.D.(H)

involved in just about every phase of medicine. I was as happy as I could be. I didn't even know if anyone owed me money, because I was just so happy to be practicing medicine. It wasn't a very good way to be, though, because certainly you have to be tuned to the business aspects of medical practice. But I'm telling you, I was really excited to be practicing medicine. I was doing obstetrics and gynecology, and even though I wasn't board certified, I was the busiest oral surgeon in the hospital. So, I had a lot of surgical experience and was on the staff of the academic departments in emergency medicine surgery, ob/gyn and family medicine.

In 1978, I also worked 24 hours a week in the trauma room, because Olympia Fields, a Chicago suburban hospital, was in those days a Level I trauma room. I really liked that. So, between 1978 and 1980 I worked in emergency medicine and built my family medicine practice. About that time, I became very interested in headache medicine, because I had been a migraine patient for many years. This is very important from a standpoint of Lyme disease, which is today

one of my major interests. From the age of 12 to the age of 33, when I met Dr. Seymour Diamond during my internship, I had migraines every day. Dr. Diamond was then the leading headache authority in the world, and he was able to put me in touch with some treatments that helped relieve my headaches greatly. After that, I began studying headache medicine quite vigorously and went to all the lectures I could go to under Dr. Diamond's study group. I then started my own headache medicine practice and began getting many patients with headache problems.

I'll never forget attending a headache conference in Arizona. Everyone was walking around complaining about how awful the weather was. It was January, the temperature was 55 degrees, and it was a little rainy and overcast. I had just come from Chicago where it was 55 below, so I thought it was a pretty good exchange. But the local natives were complaining. It just goes to show that everything is relative.

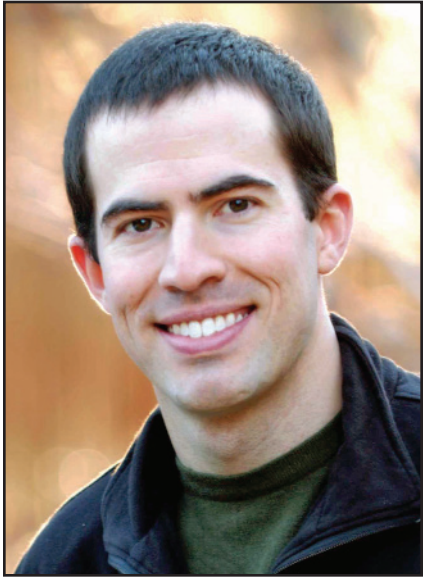
I brought my family to Arizona when I attended that
"Dr. Korn" ...cont'd pg 8

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Chronic Lyme Disease: Real or Medical Myth?

~a Chapter Excerpt from the 2008 Annual Lyme Disease Report~



by **Bryan Rosner**
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As discussed in my recent book, *The Top 10 Lyme Disease Treatments*, there is currently a heated debate surrounding the question of whether the chronic form of Lyme Disease is a real medical condition caused by Lyme Disease bacteria, or instead, a psychosomatic condition caused by paranoia or other mental factors.

The Infectious Disease Society of America (IDSA), which is generally recognized as the authority on topics relating to infectious diseases (including Lyme Disease), does not recognize that chronic Lyme Disease is caused by an active bacterial infection. On the other side of the debate reside thousands of Lyme disease patients and physicians who believe that chronic Lyme disease is in fact caused by the persistent presence of an active infection.

IDSA guidelines generally determine Centers for Disease Control (CDC) guidelines, and CDC guidelines generally determine what is and is not accepted practice for licensed physicians. Hence, because the IDSA does not recognize chronic Lyme disease as a real medical condition, neither do the majority of physicians in the United States.

Before moving on, let's clarify what the debate is actually about. The IDSA does not deny the existence of Lyme disease itself-the organization recognizes Lyme disease as a significant bacterial infection. What the IDSA disagrees with is the position that active Lyme disease bacteria can persist inside the human body after a standard course of antibiotics is administered. IDSA acknowledges Lyme disease, and understands that it is dangerous, but the organization takes the stance that the disease always goes away after it is treated with a few weeks of antibiotics. The IDSA does recognize a syndrome in which people who have suffered from Lyme Disease experience ongoing symptoms after antibiotic therapy. However, according to the IDSA, this syndrome (which they refer to as "post-Lyme syndrome") is not caused by infection with Lyme disease bacteria, but instead, psychosomatic factors such as hypochondria and laziness.

For people suffering with chronic Lyme disease, IDSA guidelines can be devastating. Yes, the IDSA does recognize "post-Lyme syndrome," but only as a psychosomatic

disorder-not as an active bacterial infection. Why does it matter whether or not the IDSA believes chronic Lyme disease is caused by active bacteria or paranoia? Actually, it matters a lot. Although the IDSA does recognize post-Lyme syndrome, their stance on the cause of the disease makes the difference between Lyme disease sufferers being vindicated and receiving the treatment they need, or being ridiculed and denied appropriate treatment. Current IDSA guidelines stipulate that doctors should treat chronic Lyme disease with psychological counseling, and if that does not work, doctors should simply throw patients out of the office and tell them they are crazy. When doctors attempt to

M.D., Gary P. Wormser, M.D., and the Ad Hoc International Lyme Disease Group.

The report begins with accurate information:

"Lyme disease, the most common tick-borne infection in the northern hemisphere, is a serious public health problem. In North America, it is caused exclusively by *Borrelia burgdorferi sensu stricto* (hereafter referred to as *B. burgdorferi*), whereas in Europe it is caused by *B. afzelii*, *B. garinii*, *B. burgdorferi*, and occasionally by other species of *Borrelia*."

However, after this statement, not much else in the report bears resemblance to reality. The authors recognize

"How should clinicians handle the referral of symptomatic patients who are purported to have chronic Lyme disease? The scientific evidence against the concept of chronic Lyme disease should be discussed and the patient should be advised about the risks of unnecessary antibiotic therapy. The patient should be thoroughly evaluated for medical conditions that could explain the symptoms. If a diagnosis for which there is a specific treatment cannot be made, the goal should be to provide emotional support and management of pain, fatigue, or other symptoms as required. Explaining that there is no medication, such as an antibiotic, to cure the condition is one of the most

same old people saying the same old thing. They just choose to select one set of research and ignore other research."

This chapter will examine what the scientific literature actually says, in an attempt to reveal the truth. The *New England Journal of Medicine* article claims that "Chronic Lyme Disease is the latest in a series of syndromes that have been postulated in an attempt to attribute medically unexplained symptoms to particular infections. Chronic Lyme disease is a misnomer, and the use of prolonged, dangerous, and expensive antibiotic treatments for it are not warranted." Is this a true statement? You decide after reviewing the evidence. The studies we will look at below have been conducted all over the world and represent an objective and diverse cross-section of modern Lyme disease research. Please keep in mind that the following collection of scientific studies represents only a small sampling of the available, relevant articles-there are many more research summaries available than space in this book will permit.

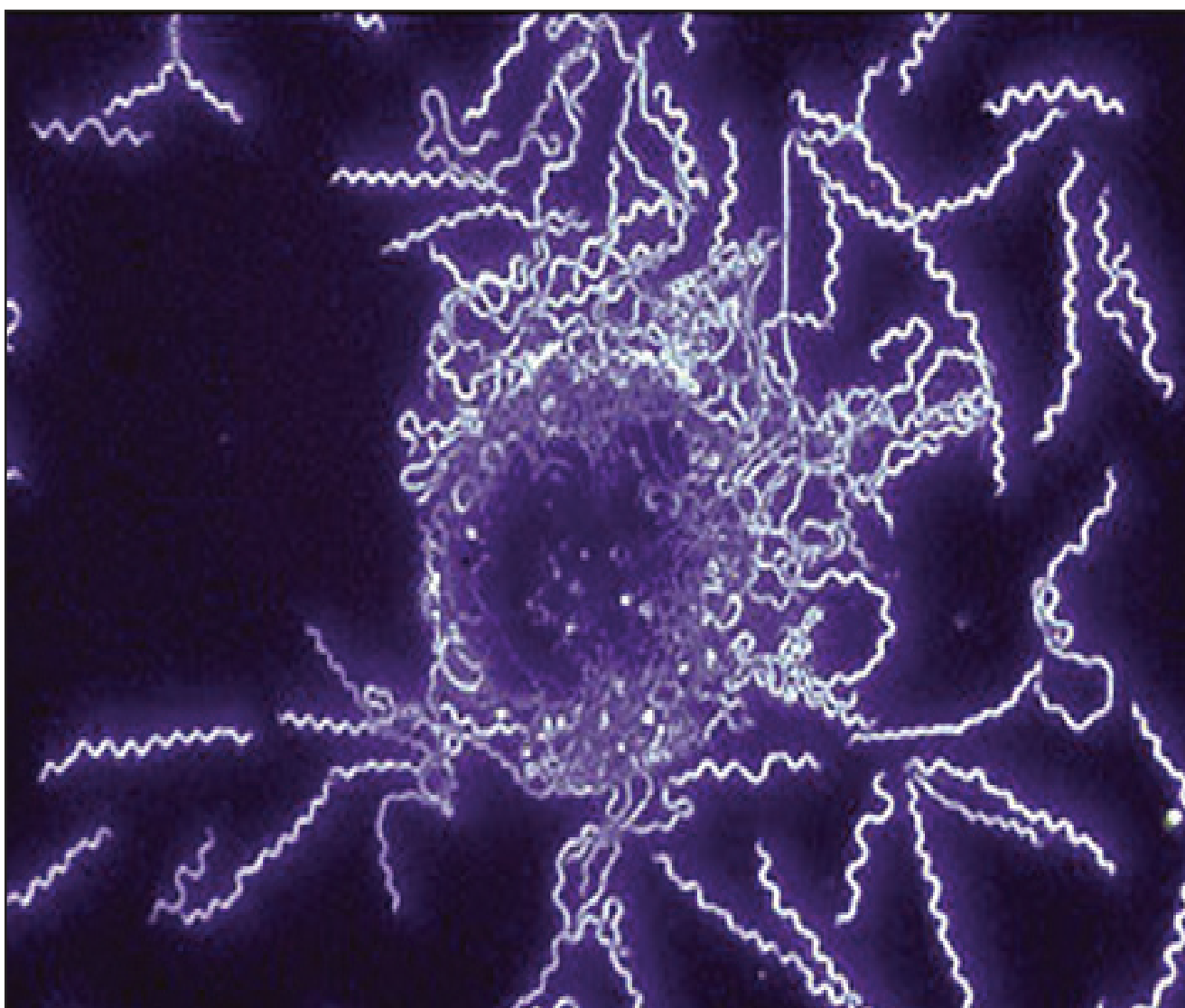
The science is clear

Let's start by examining the findings of the Institute of Rheumatology, in Prague, Czech Republic. Physicians in Prague report a case of a female patient suffering from Lyme disease. Her case was confirmed by detection of *Borrelia garinii* DNA present in her blood and synovial fluid. After treatment with antibiotics, symptoms persisted and six months later, *Borrelia garinii* DNA was "repeatedly detected in the synovial fluid and the tissue of the patient."

Additionally, even after antibiotic therapy, antigens and parts of spirochetes were detected by electron microscopy in the synovial fluid, tissue, and blood.

A similar discovery was made in Germany at the University Hospital of Frankfurt. Researchers describe Lyme disease as a "disorder of potentially chronic proportions." They also note that "therapeutic failures have been reported for almost every suitable antimicrobial agent currently available and resistance to treatment...continues to pose problems for clinicians in the management of patients suffering from chronic Lyme Disease." Another University in Germany, Ludwig-Maximilians-University, located in Munich, reported that "failures in the antibiotic therapy of Lyme Disease have repeatedly been demonstrated by post-treatment isolations of the infecting *Borreliae*."

One of the most interesting German studies, completed at Ludwig-Maximilians-Universität Munich, attributed the clinical persistence of Lyme disease after antibiotic therapy to the presence of variants and atypical forms of *B. burgdorferi*. In fact, similar to the conclusion I draw in my book *Lyme Disease and Rife Machines*, German researchers conclude that "*B. burgdorferi* *“Chronic Lyme” ...cont'd pg 4*



The Borrelia burgdorferi spirochete is the infectious agent that causes Lyme disease.

treat a raging bacterial infection as if it were paranoia or a character flaw, the result is a large number of very sick patients being talked at instead of disinfected. Additionally, treating chronic Lyme disease as a psychological problem also results in the ridiculing and disparaging of Lyme patients when the therapy doesn't work and symptoms persist.

On the other hand, if chronic Lyme disease is treated appropriately with antibacterial therapies, patients will actually get better, get support in areas that matter (emotional, insurance coverage, and understanding from employers and family members), and get compassion during ongoing sickness. So, as you can see, the question of the cause of chronic Lyme disease is of critical importance to those suffering from the condition.

In recent months the debate has only become more intense, and its resolution seems as far off as ever. On October 4, 2007, the *New England Journal of Medicine* (one of the most well-respected and credible medical organizations in the world) published an article entitled *A Critical Appraisal of "Chronic Lyme Disease,"* authored by Henry M. Feder, Jr., M.D., Barbara J.B. Johnson, Ph.D., Susan O'Connell, M.D., Eugene D. Shapiro, M.D., Allen C. Steere,

that "...after antibiotic treatment, a minority of patients have fatigue, musculoskeletal pain, difficulties with concentration or short-term memory, or all of these symptoms." But, instead of attributing these symptoms to an active bacterial infection, the article states that

"Data from controlled trials have shown that there is substantial risk, with little or no benefit, associated with additional antibiotic treatment for patients who have long-standing subjective symptoms after appropriate initial treatment for an episode of Lyme disease." Furthermore, the article dismisses the improvements attained by patients who have received benefit from long-term antibiotic treatment: "Although anecdotal evidence and findings from uncontrolled studies have been used to provide support for long-term treatment of chronic Lyme disease, a response to treatment alone is neither a reliable indicator that the diagnosis is accurate nor proof of an antimicrobial effect of treatment."

Finally, the article concludes by stating that "It is highly unlikely that post-Lyme disease syndrome is a consequence of occult infection of the central nervous system." The following advice is offered to clinicians who see patients claiming to have chronic Lyme disease:

difficult aspects of caring for such patients. Nevertheless, failure to do so in clear and empathetic language leaves the patient susceptible to those who would offer unproven and potentially dangerous therapies."

It is not difficult to imagine the damaging and completely counterproductive effects this article will have on sufferers of chronic Lyme disease. This new report raises the stakes considerably and renders an already red-hot, hostile environment, even more perilous. The suffering and despair of the Lyme disease community appears to be headed for a turn for the worse, if that is even possible given the current state of abandon and disparagement it is already experiencing.

The *Hartford Courant*, on October 5, 2007, reports the response of Dr. Raphael Stricker, president of the International Lyme Disease Association (ILADS), to the article: "It's a disaster for people with chronic Lyme Disease...since it appeared in the *New England Journal of Medicine*, everyone will take it as dogma and nobody [referring to insurance companies] will want to pay for treatment."

Pat Smith, president of the Lyme Disease Association (LDA) had a similar response to the *New England Journal of Medicine* article: "It is just the

Public Health Alert

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

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

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Standing on the Edge of a Dream

Realizing the Benefits of Long Term Treatment & Reclaiming a Life the Disease Had Stolen



by Dawn Irons

My journey with Lyme disease has been a long, arduous, and hard fought battle. There were days when the thought of dying would have been a welcomed relief just to escape the pain, but I knew enough of the disease process and cycling effect of the Jarisch-Herxheimer reaction to know that this season of pain would cycle through to better days. But there were days I wondered if I would ever see the other side!

When I was diagnosed with Lyme disease in November of 2005, that was a welcome relief which gave me a NAME to call what I had been battling since 1987 that sent me into a medical mystery that specialist after specialist could not figure out and kept passing me on to the next medical specialist. Getting a diagnosis was like winning the grand prize at a power lottery!

My life as I had known it ended in 2005. I physically could not perform the most basic functions of life. Getting out of bed and getting dressed was an energy draining task that would leave me exhausted and needing a nap just to recover from the effort. By March of that year I stopped homeschooling and put the kids in school as I could no longer teach the children. I was lost as lost could be. My whole world-- my health, my role as wife and mom and teacher just crumbled before me. My husband was worried. My kids were scared. I was a hollowed out shell of who I used to be.

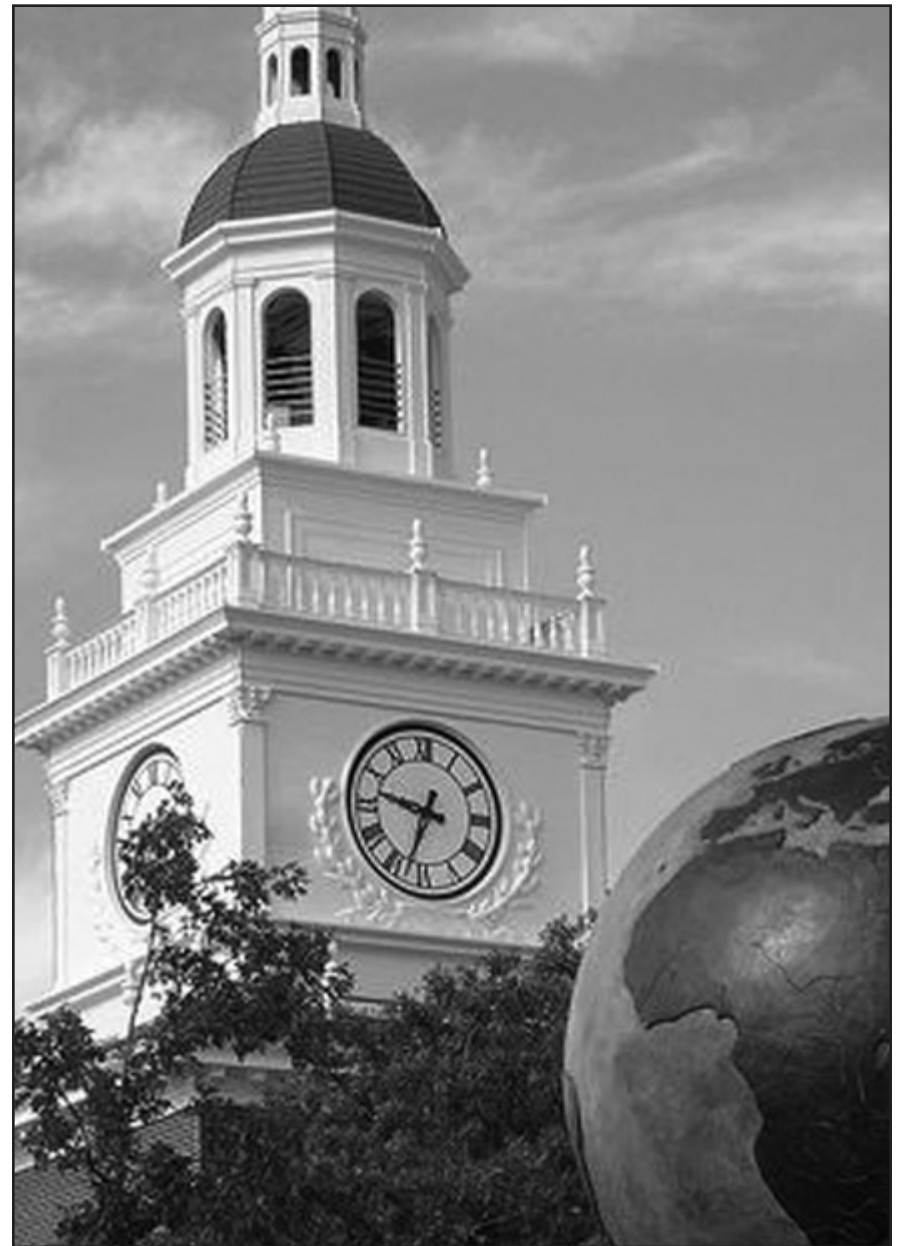
But then there came the diagnosis! I was thrilled beyond measure to receive a diagnosis! I can fight a war when I know who the enemy is! I was amazed to learn that Lyme disease was in the middle of medical controversy as I was being diagnosed. I looked at both sides of the argument-- actually tried both sides of the argument--and when one failed, I went with the only remaining option on the table... long term treatment. What did I have to lose?

Since that time the doctors have still raged on in their ivory towers about ideology and conflicts of interests, but as a patient who "chose the path less taken" I am now 3 years into treatment, getting my life back, and now standing on the edge of a dream! I have seen my darkest days and they are behind me. That does not mean I don't still have a bad day, or a herx every now and then, but as I continue treatment it is only getting better and better.

I am weeks away from starting graduate school. If you had asked me 3 years ago if this day would ever been possible I would have told you a resounding NO--not in a million years! Yet here I am standing on the edge of a dream...with my student ID in my hand!

I am pursuing my Masters degree in counseling. If there is one thing Texas needs, it is a Lyme literate therapist! We have patient support groups in Dallas/Fort Worth, Austin, San Antonio, Houston, Victoria, Denton and people writing me at the PHA almost daily looking for support groups in areas of Texas where there are no established support groups at all. Still our doctors in Texas say we do not have Lyme disease in Texas while our Department of Health and Governor say we do! Go figure!

Dreams come in all shapes and sizes. I have mine in my sights. I will battle my Lyme battles as they arise. I am just thankful for my doctor who was willing to think outside the box and treat my symptoms as long as we needed--because



A view of the campus clock tower where I will be attending graduate school to get my Masters degree in Counseling. Three years in treatment has made this dream possible. If my doctor had only agreed to IDSA's guidelines of 6 weeks of treatment, I would still be bedridden and completely incapacitated. It is questionable if I would still be alive at all if it were not for the option of long term treatment and a doctor willing to take that risk with me. Now I have my life back and I am standing on the edge of a dream! Thank you, Dr. Forester!

Lyme, for me, is only a battle now--it is no longer a WAR. I am touching my dream. It is in my grasp! I am living my life again.

I still have my Lyme battles. Even now I am battling the pseudotumor cerebri issue that is common with Lyme disease. My spinal and brain fluid has increased to the point it has put too much pressure on my intra cranial space and is causing a significant hearing loss in my right ear. We are waiting to see if the diuretics will work at taking the fluid off before going in for a spinal tap to drain the excess fluid... these are battles I will continue to battle until I see a complete remission or complete healing. But these battles are nothing more than irritants. I deal with them. They don't

steal my life like the disease did before when it was left undiagnosed and untreated or under-treated.

I am standing on the edge of my dream! I can handle the battles! In the bigger picture, the war has been won because of a doctor who was willing to treat the patient-- not a set of guidelines (that were later proven to be riddled with financial conflicts of interests I might add!) Dr. Forester, my beloved physician, who calls on *The Great Physician* for guidance, I'd be lost without you! You're my hero!

I thank God, most of all, who was ever-so-faithful to direct my path to Louisiana to find the exact medical care I needed to save my life! *pha*

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It's a New Day



by Joan Vetter

Don't you love new beginnings? A new baby? A new job? A blank canvas if you are an artist? Do you realize that YOU are a blank canvas in God's hands and He is the Master artist?

Instead of worrying so much about what we will do

each day - just think of how much more would be accomplished if we asked God to bring forth His awesome creative gifts through us every day. A new year often means well-intentioned resolutions.

However, we usually approach them with an "I" - I want to lose weight, I will exercise more, I will stop smoking, etc.

Instead, let's anticipate the blessings of God and the creative flow of His gifting. Many of us have just gone through a season where we received gifts. Maybe some of them were the wrong size or not really what we wanted. However, the true giver of perfect gifts is the Lord who made Heaven and earth. He also created you, and knows exactly who you are and what you

need.

God's word says, "Every good gift and every perfect gift is from above, and comes down from the Father of lights, with whom there is no variation or shadow of turning."

So if you didn't receive the "perfect" gift at Christmas, trust the Lord to bring those precious gifts that speak of His knowledge of who you are. After all, He created you, and knows even the number of hairs on your head. (That always blows my mind - especially when the number changes daily!).

When you are on the lookout for God's gifts don't expect them to arrive in tinsel or pretty bows. One of my favorites was two different times a cardinal (He knows how I love them) appeared

right when I needed a pick-me-up. Once the bird sat quietly for a long time on the Azalea bush outside our bedroom window. Another time he flew to the tree close to our dining room window as I stood there asking the Lord to lift my discouragement.

A friend shared this morning of the day she was walking. The day was really chilly and her nose began to run. She said, "Lord I really need a tissue", and a few minutes later she looked up and saw a perfectly good tissue caught on a branch. I'm sure many a skeptic would say it was only a coincidence, and I can't begin to understand how it got there, but I know she won't forget that "gift".

I remember the day of my grandson's funeral - the end

of July in Texas - but a cool breeze danced around the gravesite as we sat there, and butterflies seemed to be led by an angelic symphony as they darted from flower to flower. My heart lifted with the certainty that this life is not the end. What a gift His presence was on that day.

In this New Year, let's learn to receive all the gifts God has to give-- starting with the greatest gift of all - Jesus Christ. If Fed Ex comes to our door with a package that requires a signature, they won't leave it until we sign to receive it. Likewise, we need to simply sign our name, so to speak, on the gift sent from Heaven.

Have you said yes to the greatest gift of all? *pha*

"Chronic Lyme" ...cont'd from page 2

produce spheroplast- L-form variants...these forms without cell walls can be a possible reason why Borrelia survive in the organism for a long time (probably with all beta-lactam antibiotics) and the cell wall-dependent antibody titers disappear and emerge after reversion."

Researchers at the University of Dermatologische Privatpraxis, Munich, Germany, agree with their German peers in a 1996 study which notes that patients with erythema migrans can fail to respond to antibiotic therapy. "Persistent or recurrent erythema migrans, major sequelae such as meningitis and arthritis, survival of Borrelia burgdorferi and significant and persistent increase of antibody titres against B. burgdorferi after antibiotic therapy are strong indications of a treatment failure. Most, if not all, antibiotics used so far have been associated with a treatment failure in patients with erythema migrans."

In Austria, in 2001, the Lainz Municipal Hospital in Vienna admitted a 64 year-old woman who presented with various systemic symptoms hinting of Lyme disease. Spirochetes were detected in samples of her skin lesions. Shortly thereafter, a diagnosis of Lyme disease was made. According to doctors, "despite treatment with four courses of intravenous ceftriaxone for up

to 20 days, progression of [Lyme symptoms] was only stopped for a maximum of one year." A nearby hospital in Graz, Austria, studied four cases of verified late stage Lyme disease and found that serology was Lyme-positive even after repeated courses of high-dose intravenous penicillin-G and/or cephalosporins.

Researchers at the Turku University Central Hospital, Finland, conducted a study in which 165 patients with disseminated Lyme Disease were followed after antibiotic treatment.

Approximately 10% of the patients experienced a clinical relapse with positive PCR tests and spirochetes successfully cultured from the blood of the patients. Note, in this case, that the Lyme disease relapse was not evidenced only by continuing symptoms, but also by two independent testing methods: both PCR testing and blood culture. This single study, even without aid from the numerous other studies presented in this chapter, should be enough to call into question the IDSA's staunch and dogmatic stance on

chronic Lyme disease.

Italy also has experience with chronic Lyme disease. In 1992, the Universita di Genova, located in Genoa, Italy, reported on two patients with "chronic Lyme arthritis resistant to the

The Universita di Genova, located in Italy, reported two patients with "chronic Lyme arthritis resistant to the recommended antibiotic regimens." These patients were eventually cured by long term treatment with benzathine penicillin.

recommended antibiotic regimens." These patients were eventually cured by long term treatment with benzathine penicillin. The Italian researchers who conducted this study offered two possible reasons why antibiotic therapy finally worked, and both of these reasons involve active, persistent infection: "the sustained therapeutic levels of penicillin were effective either by the inhibition of germ replication or by lysis of the spirochaetes when they were leaving their sanctuaries."

Moving across the globe to Thailand, scientists at KhonKaen University write that "Electron microscopy adds further evidence for persistence of spirochetal antigens in the joint in chronic Lyme Disease.

Locations of spirochetes or spirochetal antigens both intracellularly and extracellularly in deep synovial connective tissue as reported here suggest sites at which spirochetes may elude host immune response and antibiotic treatment."

In France, a study was published in the Journal of Antimicrobial Agents and Chemotherapy in 1996, conducted by the University of Marseille. The study notes that "despite appropriate antibiotic treatment, Lyme Disease patients may have relapses or may develop chronic manifestations."

It would be understandable for the IDSA to neglect, or at least take less seriously, research conducted outside the borders of the United States,

since the IDSA is an organization that operates inside, and is accountable to, U.S. citizens and the U.S. government. However, as we move in to examine studies conducted in the United States, you will see that a significant portion of the evidence in favor of chronic Lyme Disease actually originated here on American soil.

In 1996, the Fox Chase Cancer Center in Philadelphia, Pennsylvania, conducted a study in which it was discovered that urine samples from 97 patients clinically diagnosed with chronic Lyme disease contained Borrelia burgdorferi DNA. The interesting aspect of this finding is that most of these patients had previously been treated with extended courses of antibiotics, the implications of which are simply that antibiotic therapy (even extended courses) does not always eradicate the infection. The study concludes that "a sizeable group of patients diagnosed on clinical grounds as having chronic Lyme Disease may still excrete Borrelia DNA, and may do so in spite of intensive antibiotic treatment."

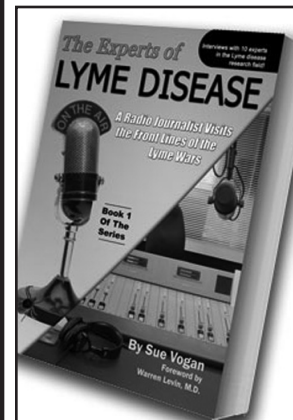
The State University of New York at Stony Brook conducted a study in 1996 to determine which of two types of antibiotic (azithromycin or amoxicillin) is more efficacious for the treatment of early Lyme "Chronic Lyme" ...cont'd pg 6

THE POISON PLUM
By Les Roberts

The Poison Plum is a gripping, chilling novel exposing the rampaging epidemic of Lyme disease now sweeping across America and the disease's connection, if any, to the government's top-secret biological research laboratory at Plum Island, New York.

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Healing Our Children: Sacred Wisdom for Preconception, Pregnancy, Birth and Parenting

~ a book review ~



by Marjorie Tietjen

Title: Healing Our Children: Sacred Wisdom for Preconception, Pregnancy, Birth and Parenting

available at www.amazon.com

Author: Ramiel Nagel

ISBN - 13: 978 - 0- 9820213 - 1 - 6

How we feed and raise our children ultimately determines the future health of our society. In this modern culture, we have traded the importance of our children for the importance of materialistic goals. Our world is currently reflecting this tragic shift in priorities. Sally Fallon, who wrote the foreword to the book, provides us with an excellent analogy to explain the reasons for our modern illnesses and discomforts.

Healing Our Children is very comprehensive in its scope....covering just about every issue that one can think of in relation to a child's health and well-being. The preparations begin even before a child is conceived. In order to have a well-formed healthy child, the parents themselves must have an exceptional diet for a period of time before conception and this superior nutrition must be continued during pregnancy and throughout childhood.

The author, Rami Nagel, shares with the reader how the observations of Dr. Weston Price are still relevant today. Dr. Price traveled throughout the world comparing the diets of indigenous peoples who ate only their native unprocessed foods to those who lived in the more populated areas and consumed factory-made foods. These devitalized foods were stripped of their nutrients and laden with sugar. He found that those eating the natural foods bore children who were well-formed, robust, cheerful and rarely sick.

Dr. Price observed that those who obeyed the natural laws of diet expressed more of the Divine nature and possessed a higher form of manhood. Those who ate the modernized diet produced sickly, deformed children who grew up more prone to pain, unhappiness and crime. The communities which followed their native

unprocessed diets experienced little crime and had no need for jails. Rami explains it this way, "We were not thrown out of the Garden of Eden, represented by good health and a happy life, but rather, we have forgotten how to nurture and maintain that garden, which is a dormant potential within each one of us."

The author stresses that we must take back the responsibility for our children and that it is our duty and our privilege to fully nourish, nurture and protect. Parents who take the time and effort to do this will be richly rewarded by children who are happy, healthy and bright. Our society will then reflect this rich inheritance.

Nagel thoroughly discusses the types of foods that are important for preconception, pregnancy, and later in the book he talks about the nourishing foods needed by growing children. Many adverse conditions of childhood can be prevented or healed through proper nutrition.

Rami encourages parents to understand and respect their child's stages of development and to not expect more from them than they can comprehend. He and his partner Michelle speak of how important it is for parents to be available to their children, to carry them close when they are young....to provide a sense of connection and security. They

try to relay how crucial it is for the mother to bond with her child and that this is what will help to foster true happiness and close relationships.

Healing Our Children is a refreshingly unique and helpful book. The author covers all facets of raising a healthy child....the emotional, the spiritual, the nutritional and the practical. I was very impressed. However, there may be some advice given in the book that may sound radical or impractical to some parents. I thought about this for a bit and came to the conclusion that the reason some of the suggestions seemed impractical was because we have come so far from a natural way of living and have created lives which are increasingly artificial. Due to the fact that we live in a modern society, it is realized that everyone may not be able to accomplish everything suggested in this book. This is why Rami encourages parents to take from the book what most feels comfortable for them. Rami does not present a 'one size fits all' protocol. He shares the options and allows the reader to decide what is best for their individual circumstances.

I found the section on vaccines to be especially powerful and motivating. Rami presents the facts and shows us why vaccines are not helpful but in fact can cause deaths, lower immune function and

many chronic diseases.

There is also an excellent section which reveals the true purposes of public education and how children are negatively molded by society/government. Mainstream schooling does not appear to be fostering individualism and freedom.

Rami asks "Where do the ideas of what is right and wrong come from?" He suggests that we do not have to give our power away to those who have even less of a clue than we do. He tells us, "We mistakenly believe that those authorities are the ultimate purveyors of truth. Most people whom we fear are totally ignorant of life. In a way they are like robots following a set of rules. They embrace negativity. But they lack the true source of wisdom and power, so they always fail in the end. Only truth can survive; all else falls away."

I highly recommend this book to those who want to raise happy, healthy children who will grow up to be self-reliant with a compassionate mindset which will positively affect the world we share together.

Rami Nagel's book is a gift to us all....a gift of love, of hope, and of true solutions.

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[Editor's Note: All editorials and opinions are that of the author and not necessarily that of the PHA or the contributing writers.]

"Chronic Lyme" ... cont'd from pg 4

disease. The study found that amoxicillin was more effective than azithromycin. However, more interestingly, patients from each group did experience relapses despite antibiotic therapy.

While the IDSA was releasing their guidelines in which it was concluded that chronic Lyme disease is not a medical condition that justifies extended antibiotic therapy, researchers at the New York State Psychiatric Institute were discovering just the opposite. The authors of a report produced at that institution describe a case of fatal neuropsychiatric Lyme disease that was "expressed clinically by progressive frontal lobe dementia and pathologically by severe subcortical degeneration." When describing the situation, doctors note that "antibiotic treatment resulted in transient improvement, but the patient relapsed after the antibiotics were discontinued...prolonged antibiotic therapy may be necessary [in some cases]."

In Boston, Massachusetts, researchers at Tufts University School of Medicine encountered similar findings when investigating *Borrelia's* ability to attach to and invade human fibroblasts in vitro. "By scanning electron microscopy, *B. burgdorferi* were tightly adherent to fibroblast monolayers after 24-48 hours but were eliminated from the cell surface by treatment with ceftriaxone (1 microgram/mL) for 5 days. Despite the absence of visible spiro-

chetes on the cell surface after antibiotic treatment, viable *B. burgdorferi* were isolated from lysates of the fibroblast monolayers. *B. burgdorferi* were observed in the perinuclear region within human fibroblasts by laser scanning confocal microscopy. Intracellular spirochetes...were also identified by fluorescent laser scanning confocal microscopy. These observations suggest that *B. burgdorferi* can adhere to, penetrate, and invade human fibroblasts in organisms that remain viable."

In a separate report, Tufts University researchers conducted a study to investigate neurologic abnormalities found in chronic Lyme Disease sufferers; 27 patients were followed. Six months after a two-week course of intravenous ceftriaxone (2 g daily), 17 patients showed improvement, 6 had improvement but then relapsed, and 4 had no change in their condition. Researchers conclude that "months to years after the initial infection with *B. burgdorferi*, patients with Lyme Disease may have chronic encephalopathy, polyneuropathy, or less commonly, leukoencephalitis." With regard to the cause of chronic Lyme disease, Tufts

University implies a bacterial origin with their closing statement in the study: "These chronic neurologic abnormalities usually improve with antibiotic therapy."

In 1992, Tufts University presented a hypothesis which might explain how Lyme disease bacteria become resistant to antibiotics and host

tected *B. burgdorferi* from the lethal action of a 2-day exposure to ceftriaxone." The researchers conclude that "the Lyme Disease spirochete, *Borrelia burgdorferi*, can be recovered long after initial infection, even from antibiotic-treated patients, indicating that it resists eradication by host defense mechanisms and antibiotics."

At Thomas Jefferson University, Philadelphia, Pennsylvania, urologists who treated seven patients with Lyme Disease found that "neurological and urological symptoms in all patients were slow to resolve and convalescence was protracted...relapses of active Lyme Disease and residual neurological deficits were common."

In direct opposition to IDSA statements, researchers at the Department of Pathology, Southampton Hospital, New York, note that active cases of Lyme disease may show clinical relapse following antibiotic therapy. It is noted that "the latency and relapse phenomena suggest that the Lyme disease spirochete is capable of survival in the host for prolonged periods of time." In their studies of 63 patients with Lyme disease, the

researchers conclude that "some patients with Lyme Borreliosis may require more than the currently recommended two to three week course of antibiotic therapy..."

Also in the State of New York, the New York University School of Medicine conducted a study which evaluated antibiotic treatment of 215 patients between the years 1981 and 1987. Of those with "major" Lyme disease manifestations, a relapse rate of over 20% was observed.

This next study is interesting for several reasons, as we will see. The Albert Einstein College of Medicine, New York, reported in 1995 an "unusual" case of Lyme disease in which the patient experienced repeated neurologic relapses despite aggressive antibiotic therapy. What makes this study interesting is that each subsequent course of antibiotics given after the relapses was followed by Jarisch-Herxheimer reactions, which are known to occur only when active bacteria are dying, which implies that active bacteria were still present in the body after multiple courses of antibiotics. Additionally, subsequent to the various courses of antibiotics, the patient's cerebral spinal fluid tested positive "on multiple occasions" for not only complex anti-*Borrelia* antibodies, but also *Borrelia* nucleic acids and free antigen proteins. This study demonstrates persistent infection via two separate indicators: repeat "Chronic Lyme" ...cont'd pg 9

The Albert Einstein College of Medicine reported in 1995 an "unusual" case of Lyme disease in which the patient experienced repeated neurologic relapses despite aggressive antibiotic therapy. What makes this study interesting is that each subsequent course of antibiotics given after the relapses was followed by Jarisch-Herxheimer reactions...

immune response. Researchers note that "since *B. burgdorferi* first infects skin, the possible protective effect of skin fibroblasts from antibiotics was examined. We found that human foreskin fibroblasts pro-

The Mammography Paradox



by Paul Callahan

Cancer experts have been warning the public for years about the dangers and ineffectiveness of mammograms. Still the medical community continues to tell trusting women that they need them to prevent breast cancer.... Prevent? Conventional medicine's idea of prevention is actually just early detection. What they don't tell unsuspecting women is that with each mammogram that a pre-menopausal woman has, she actually increases her risk for breast cancer. According to cancer researcher Samuel S. Epstein, M.D., the pre-menopausal breast is much more sensitive to radiation than the post-menopausal breast. One mammogram has 1,000 times the radiation of one chest x-ray. If you've had a mammogram already, you know how painful it can be when they compress the breast very tightly. Some women describe it as having their breast put in a vise. Anyone who thinks logically will say, "If there was a small breast cancer lump, why would they handle the breast in that way?" With each compression, you risk the rupture of small blood vessels around the cancerous area. This in turn can lead to the spread from primary-location to secondary-location cancer, which is often deadly. And who is to say that the cumulative effect of multiple mammograms won't actually cause the cancer it is trying to detect? After all, radiation does cause cancer. Breast Thermography on the other hand, does not pose a health risk. Thermography utilizes infrared imaging and can accurately detect a pre-cancerous state 10 years before a tumor is found with more conventional methods.

If this is the case, then why don't doctors tell women about the risks of mammography and the safer, more effective

thermography? Why are they recommending that the age be lowered for women to have mammograms? There are millions of reasons why, and all of them have dead Presidents on them. Yes, mammography is a huge cash cow for the medical community. The answer to breast cancer is prevention. There are numerous steps a woman can take to avoid hearing her doctor give that dreadful diagnosis. Your doctor isn't going to tell you this. Why? Because the average medical doctor has not been trained in prevention. Medical schools teach treatment, not prevention. There is a driving force behind this... Money. It's more profitable to treat a disease than it is to prevent it in the first place. Pharmaceutical companies are some of the biggest contributors to medical schools. They contribute money, medical equipment, computers, etc. In exchange, these schools teach their medical students how to treat with prescription drugs and surgery. Not one medical school in the United States has a required course in nutrition, not one!

Did you know the average life span of a medical doctor is only 58 years? Is this someone you want to take health and longevity advice from? Your general practitioner treats symptoms, while in alternative health we address the underlying cause. I believe that with proper nutrition and supplements, more than half of your visits to the doctor's office could be avoided. Before I get off the subject at hand, let me show you just a few steps you can take now to combat breast cancer:

STOP USING ANTIPERSPIRANT:

The active ingredient in all antiperspirants is aluminum. Aluminum works by clogging the sweat glands. But by doing so, you also trap in toxins that normally get released in the underarm area. These toxins can build up in the lymph nodes and are a suspected link to breast cancer. Biopsies on breast cancer lumps have shown high traces of aluminum present. These lumps are not found toward a woman's inner breast; they are most often found toward the underarms. Antiperspirants also contain talc. There have been numerous

studies linking talc to ovarian cancer. Talc is very similar in its structure to asbestos, it can also be contaminated with asbestos itself. I recommend using a deodorant without antiperspirant in it, but before you go purchasing any deodorant, read the ingredients. Make sure it doesn't contain Propylene Glycol. This is a toxic chemical used to make brake fluid and industrial antifreeze. You don't want this on your skin. The MSDS (material safety data sheet) that is furnished with this chemical clearly states: AVOID SKIN CONTACT. It also says that it has been shown in lab studies to cause kidney damage and liver abnormalities. Even the

up. At the very least, you should take the plastic off and let your clothes air out for a day or so before wearing. Avoid dry cleaning as much as possible if you want to reduce your risk of cancer.

NATURAL PROGESTERONE CREAM:

It's no secret that birth control pills (synthetic hormones) increase a woman's risk for cancer. Too much estrogen in the breast tissue is enemy #1. That is one reason why I'm not a big fan of dairy products. Most dairy products have traces of growth hormones and/or sex hormones since cows have been implanted with these hormones, which allow them to produce more milk. Dairy products can also be laced with pesticide residues and antibiotics. On the other hand, natural progesterone has been shown to prevent the proliferation of breast cancer cells. Estrogen and progesterone compete for receptor sites. If enough progesterone is present, it will cancel out the excess estrogen.

Your doctor has probably never suggested natural progesterone because there is no prescription they can write for it. The drug companies make a synthetic version called progestins, but don't be fooled, these are NOT the same as natural progesterone and have been noted to cause cancer, heart disease and birth defects, whereas natural progesterone is heart protective and helps prevent cancer. Progesterone is the major hormone in a woman's body and the synthetic progestins do not have the same molecular structure. Natural progesterone cream has the exact same molecule as the progesterone produced by women's ovaries. Normally, progesterone cream should be applied to an area where the skin is thin to get into the blood stream and not just store itself in fatty tissue. But many healthcare practitioners recommend applying natural progesterone directly to the breasts as well, alternating each day from left to right breast. The cream should be used for 21 days, stop for 7 days during your cycle, and then repeat. This is to mimic what your body does naturally. As women reach their early- to mid-thirties, their progesterone levels start to decline because their ovaries are running out of folli-

cles that produce progesterone. Natural progesterone cream has no side effects, just benefits, which include: preventing and reversing osteoporosis, reduction or elimination of PMS symptoms, eases menopause/hot flashes, regulates menstruation, stops migraine headaches, restores libido, reduction of cysts, fibroids, endometriosis and some infertility problems. This hormone gets its name from one of its actions; it promotes gestation, Pro-gest-erone. Some women have miscarriages because of low progesterone levels, especially in the first trimester.

One last word on progesterone: doctors are puzzled as to the cause of postpartum depression. Why do some women suffer from this condition after giving birth? If you think about it logically, it's clear. A woman normally produces 15 - 20 mg. of progesterone from her ovaries and adrenal glands on a daily basis, yet the pregnant woman's placenta produces up to 400mg. of progesterone each day through out pregnancy. Remember that progesterone is the feel-good hormone and some women seem to glow through their pregnancy from this elevated hormone level. Taking that into consideration, once the placenta is gone, the high quantities of the hormone in the body goes back to 15 mg. or even less. This sudden and drastic change could indeed be one cause of postpartum depression.

The bottom line is that breast cancer rates are sky high and still headed higher. Over fifty percent of women diagnosed with breast cancer do not survive. Women need to take charge of their own health and not blindly trust the medical community. The sad reality is that doctors are still losing the winnable war against cancer. In my opinion, the answer lies in prevention. If you are concerned about breast cancer or cancer in general, you need to be informed and take action. I hope this information is helpful. For more information about preventing cancer, finding a safe deodorant, natural progesterone cream and thermography centers, visit the following websites:

- www.newenglandwellness.com
- www.preventcancer.com
- www.breastthermography.com

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Your doctor has probably never suggested natural progesterone because there is no prescription they can write for it. The drug companies make a synthetic version called progestins, but don't be fooled, these are NOT the same as natural progesterone and have been noted to cause cancer, heart disease and birth defects.

so-called "natural" brands use propylene glycol. Ask Tom's of Maine why their "natural" deodorant contains a toxic chemical as its main ingredient. Ingredients are listed in order of concentration. Tom's has propylene glycol on the top of their ingredients list. Read your labels and buyer beware.

DRY CLEANERS:

The chemicals in dry cleaning are not suspected, but proven to cause cancer. These chemicals (PERC) are being put right against your skin. Most people keep the plastic wrap on their clothes for days and weeks until they are ready to wear them. This ensures that the chemicals will be just as potent as the day you pick them

TMB President Roberta Kalafut Resigns

Mari Robinson Should Resign Next

by AAPS News

Roberta Kalafut, D.O., just announced her resignation as President of the Texas Medical Board, possibly bringing to a close the worst abuses of power by the TMB against good physicians. Kalafut's tenure was marked by unjust disciplinary actions, particularly against her competitors, and stonewalling by the TMB and Governor Rick Perry. "We applaud Kalafut's resignation," said AAPS

Executive Director Jane Orient. "AAPS has received far more complaints from good physicians in Texas about their medical board than from any other state."

Kalafut's husband, Ed Brandecker, M.D., has been deposed in AAPS's lawsuit against the TMB, which asserts that Kalafut and the TMB have been repeatedly violating constitutional rights.

Fewer than 10% of Texas physicians are the subject of a complaint each year, but

nearly all of Kalafut's competitors have been victimized by complaints. In a letter to State Senator Kyle Janek, Dr. Norman Dozier wrote, "I am the only doctor left in a 150 mile radius that is involved in Pain Management in any form or fashion that has not been sanctioned by TMB..., but God knows she [Kalafut] has been trying."

Under Kalafut's reign, the Chairman of its Disciplinary Process Review Committee was being paid both

by Blue Cross and in malpractice cases by plaintiff's attorneys. Kalafut claimed not to know about the extent of the conflict of interest until a few months before he resigned.

While Kalafut has resigned as President, attorney Mari Robinson, J.D., still hangs on as Interim Executive Director.

Robinson has been the focus of many criticisms, and she should resign immediately also. She instructed Kalafut not to answer a question at a leg-

islative hearing in 2007 concerning her role in the filing of a complaint.

"Perhaps Governor Perry has been too busy campaigning for re-election to find a physician to serve as Executive Director for the TMB," Jane Orient said. "Texans deserve better."

For more information AAPS's lawsuit, see: <http://www.aapsonline.org/tmb.php>

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“Dr. Korn” ...cont'd from pg 1

conference and we really liked this beautiful Arizona climate. I immediately began to formulate a program in my mind to move to Arizona and practice headache medicine. It was a big step, but I wasn't satisfied with my partnership in Chicago, so I did make arrangements with several hospitals here in the valley. From 1980 to 1984, I practiced in Scottsdale as Director of the Scottsdale Center for Headache and Facial Pain. I and a local neurologist, who also had a headache center, made the interview circuit on every local radio and television show for what we called Headache Awareness Week. This endeavor was sponsored by Dr. Diamond's National Migraine Foundation. We closed our offices for a week and gave many lectures on headaches. Then Dr. Diamond and all the other major headache specialists came to town to give lectures on headaches also, and this was very successful.

In 1982, I read a book called *Life Extension: A Practical Scientific Approach*. It was written by Durk Pearson and Sandy Shaw. It was a blockbuster that sold millions of copies. That book became life-changing for me in my medical practice. It presented the possibility of how people might be able to live longer and healthier. I was blown away by the concepts of clinical biochemistry. So, I extensively studied works on biochemistry

and cell pathology. This was a very exciting field! I began to practice some recommendations for enhancement of brain performance post injury and stroke. I thought I could help my mother who had Parkinson's disease.

Then, in 1984, my elderly parents in Ohio became very ill. My brother was also in Ohio practicing dentistry, and I made the decision to return to Ohio to help my brother take care of my mom and dad. While in Ohio, I began using what I had learned in the exciting new field of biochemistry by implementing anti-aging principles in my treatment of patients. The Life Extension Foundation sent patients from Florida and the Midwest to my practice in Columbus, Ohio. I treated them for memory enhancement. It was then that I noticed there were two groups of these patients, for the most part.

One group consisted of patients that could benefit from the brain-enhancing nutrients and drugs that I used and a lot of those drugs and nutrients are set forth in a book called *Smart Drugs and Nutrients I and II* by Dr. Ward Dean. The other group of patients were those who answered "yes" to nearly everything on my history questionnaire. From my observations, it appears that these patients were the early Chronic Fatigue Immune Dysfunction Syndrome (CFIDS) patients and the Fibromyalgics.

The CFIDS and FM patients had tremendous chemical sensitivities, so they couldn't tolerate a lot of the treatment I was giving to others. I began studying the CFIDS and FM patients. At the time, most doctors thought these conditions were ridiculous and non-existent. However, I found it to be quite obvious that there were such clinical syndromes. I investigated them, but it wasn't until long after I moved to and practiced in Arizona, that I explored ways to treat the three main viruses that were involved in the CFIDS syndrome.

I initially thought I might be in Ohio for a couple of years and then move back to Arizona, but as it turned out, I stayed in Ohio for 14 years. I would wake up longing for those beautiful Arizona days. I was finally able to return to Arizona in 1997 and then I opened LongLife Medical in 1999. www.longlife-medical.com I hold two licenses in Arizona, a D.O. osteopathic license and an M.D.(H) integrative medicine license.

Getting back to CFIDS and FM, the three viruses I referred to before are Epstein Barr Virus (EBV), Human Herpes Virus 6 (HHV-6) and Cytomegalovirus (CMV). Those viruses are bad, but they were not necessarily received by establishment medicine. Yet I treated patients with those viruses who had those disorders and symptoms and I got really good results for a period of

time. Unfortunately, patients would return after six to nine months and they would be in relapse. I found later that the reason they were relapsing and I wasn't getting the whole picture was due to Lyme disease. I have worked with hundreds of these patients over the years from 1983-84 to the present.

I am also the Medical Director of Envita Clinic in Scottsdale. www.behealthyamerica.com At Envita, I see other types of patients. The majority of patients I see at Envita are cancer and infectious disease, but some patients see me for preventive medicine.

Tina: Would you share with us your unique and personal patient approach?

Dr. Korn: One thing that is very important to me is that people are three persons. That means all of us; I don't care who you are or what you do. We each have three parts to our being. We have a spiritual part, a physical part and a mental part. All three parts need to be approached in one's treatment of an individual in order to help them be well. Wellness must occur in all three spheres of an individual's being, in my opinion.

Personally, I have a very deep spiritual faith in Jesus Christ and that has served me well. I am an ordained Chaplain and also a Pastor. Now I don't beat people over

the head with the Bible, but I do pray with people in my practice. I pray for them to get better. That's been very helpful to me and I think praying is helpful to many of my patients, also. Not everyone wants to be prayed with. For instance, I had one patient who, after her office visit, went to the front desk and said, "I must be sicker than I know, because that man wanted to pray with me." But that was okay.

So, that's an important part of wellness. Not everyone shares my spiritual beliefs and that's okay. I think, though, that people should eventually come to some sort of understanding of their spiritual essence. To me, there's no question as to what that essence is, but not everyone shares that belief. And I do believe in the Bible as a basis for my spiritual faith.

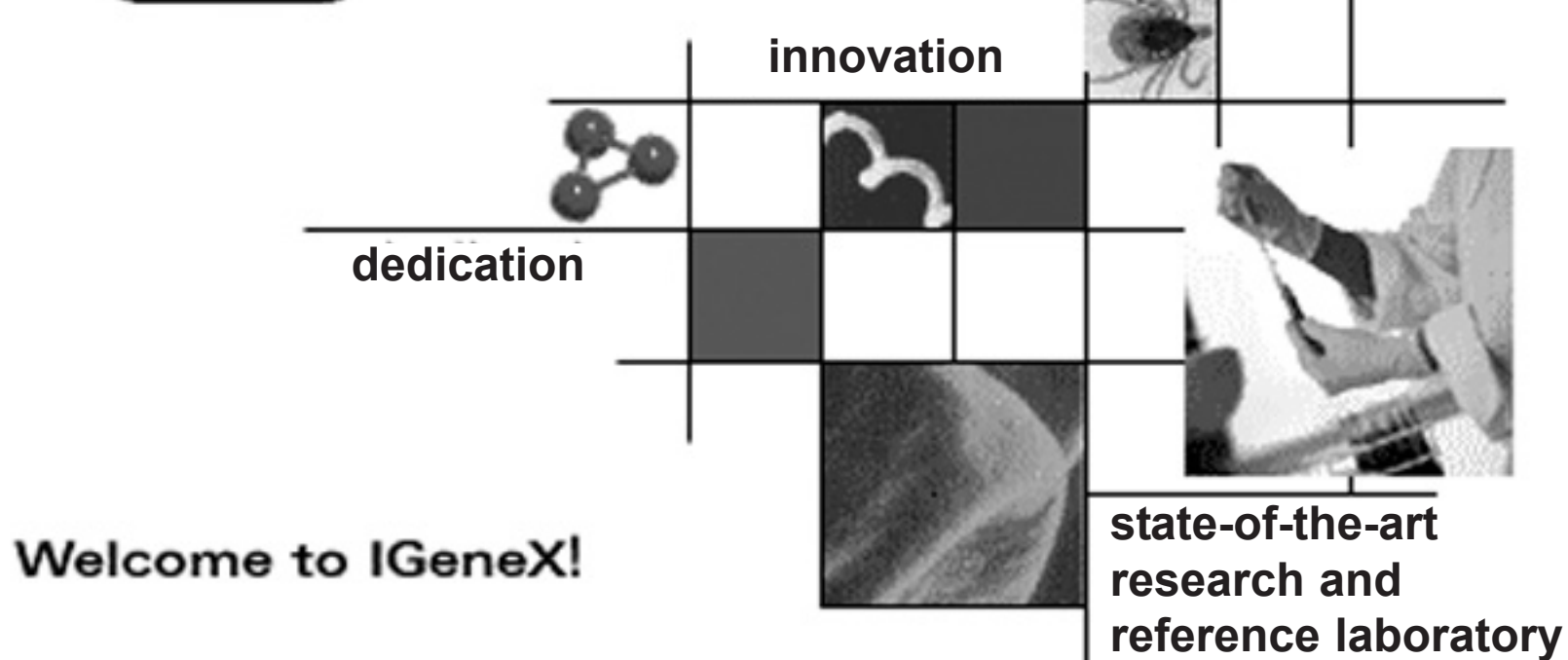
I think a lot of people become more interested in their spiritual natures when they become very ill. Sometimes they even blame God for their illness and I just try to share with them that this is definitely not correct from a Biblical standpoint. When requested, I will provide patients with a Biblical perspective and how it relates to their sickness, but I do avoid spiritual debates with patients.

I believe the Bible is God's owner's manual for everyone. Sometimes it seems

“Dr. Korn” ...cont'd pg 11

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NC State Researcher Links 'Silent Epidemic' to Hidden Pathogen

by Peake News Services

A North Carolina State University researcher has discovered that certain tick-borne bacteria may be responsible for some chronic and debilitating neurological illnesses in humans, particularly among people with substantial animal contact or arthropod exposure.

Dr. Edward Breitschwerdt, professor of internal medicine at NC State's College of Veterinary Medicine and adjunct professor of medicine at Duke University, studied the bacteria *Bartonella* to deter-

mine how long these bacteria induce active infection in humans. The most commonly known *Bartonella*-related illness is cat scratch disease, caused by *B. henselae*, a strain of *Bartonella* that can be carried in a cat's blood for months to years.

Cat scratch disease was thought to be a self-limiting, or "one-time" infection; however, Breitschwerdt's previous work discovered cases of children and adults with chronic *Bartonella* infections - from strains of the bacteria that are found in cats (*B. henselae*) and

dogs (*B. vinsonii* subsp. *berk-hoffii*).

In a study published in the September volume of the *Journal of Clinical Microbiology*, Breitschwerdt and colleagues from the Duke University Medical Center and the Centers for Disease Control and Prevention in Atlanta were able to detect one or more strains of *Bartonella* in blood samples from six patients suffering from a broad spectrum of neurological and neurocognitive abnormalities, including chronic migraines, seizures, memory loss, disorientation and

weakness.

All of the patients in the study had both frequent tick exposure and significant animal exposure - some were veterinarians, others had grown up on farms or had occupations that kept them outdoors - and all of them suffered from chronic, debilitating neurological problems.

The patients were treated with antibiotics, and three of them saw marked improvement. In the other cases, improvements were minimal or short-term.

Breitschwerdt believes

that his research offers hope - perhaps the identification of a specific infectious cause of chronic neurological disease and another potential avenue of treatment - for what could be a significant segment of the population.

"*Bartonella* has been described by some scientists as a 'stealth pathogen,'" he says. "Our research could lead to the elimination of what may be a silent and currently unrecognized epidemic among humans."

"Chronic Lyme" ...cont'd from pg 6

ed Jarisch-Herxheimer reactions, and repeated observation of antibodies and antigens. Both indicators were found after not just one, but multiple courses of "adequate antibiotic therapy" had been administered!

One of the peculiar aspects of the above study is that the patient was referred to as "unusual." Is this an accurate characterization? Are such incidences really unusual? Actually, they are quite common. In Aurora, Colorado, at the Fitzsimons Army Medical Center, a patient presented with chronic septic Lyme arthritis of the knee. This patient had experienced symptoms for seven years despite "multiple antibiotic trials and multiple arthroscopic and open synovectomies." Polymerase chain reaction (PCR) analysis of the tissue was consistent with *Borrelia* infection, so a diagnosis of Lyme disease followed. The most interesting part of this study is that, after the diagnosis of Lyme disease was made, and after multiple courses of antibiotics were administered, spirochetes were documented in synovium and synovial fluid.

Another similar case observed in Bethesda, Maryland, further calls into question the statement that chronic, persistent Lyme disease infection is "unusual." Doctors in Maryland working with the National Institute of Arthritis and Musculoskeletal

and Skin Diseases, a part of the National Institutes of Health (NIH), report a 40-year-old white man who developed clinical Lyme disease after being bitten by a tick. He was treated with oral tetracycline, after which his symptoms were resolved. However, at a later date, the man was re-tested and *Borrelia* was detected by PCR in his peripheral blood leukocytes. After being re-treated with a longer course of ampicillin, probenidicid, and concurrent cytotoxic therapy, symptoms improved significantly. This individual's case of Lyme disease illustrates two important points: First, ongoing symptoms after antibiotic therapy were confirmed by PCR testing to be caused by active bacteria. Second, re-treatment with antibiotics resulted in significant clinical improvement.

Turning our attention back to New York, let's look at a study conducted on animals at the Baker Institute for Animal Health at Cornell University in Ithaca. Antibiotic treatment of Lyme-infected dogs was studied over the course of 30 days. The study concludes that "*B. burgdorferi* disseminates through tissue by migration following tick inoculation, produces episodes of acute arthritis, and establishes persistent infection...the spirochete survives antibiotic treatment and disease can be reactivated."

The Baker Institute for Animal Health conducted a sec-

ond, similar study which drives the point home even more clearly. This time, researchers experimentally infected healthy dogs via tick bites with *Borrelia burgdorferi*. The infected dogs were then treated for 30 days with high doses of amoxicillin or doxycycline. Interestingly, although symptoms declined significantly after treatment, skin punch biopsies and multiple tissues from necropsy samples remained PCR positive. Moreover, and in direct support of the presence of an actual, persistent bacterial infection, *Borrelia* organisms were found in post-therapy dogs. Some dogs that were treated with antibiotics were kept in isolation for six months post-treatment. In most of these dogs, after six months, Lyme antibody levels began to increase again, "presumably in response to proliferation of the surviving pool of spirochetes."

It is clear that Lyme disease can persist inside the human body chronically. But how? I suggest reading my first book, *Lyme disease and Rife Machines*, to read a thorough and fascinating account of what I refer to as the "Lyme Disease Defense Mechanism," which is the survival process that facilitates the persistence of Lyme disease bacteria in almost any environment. In addition to the information found in that book, here is one new method of persistence which was just recently discovered: In a recent article

published in *The Journal of Microbes and Infection*, researchers discovered the presence of "persister cells" in chronic infections, particularly Lyme disease. These cells facilitate numerous means of bacterial resistance, including modification of host immune cells and enzymes, expulsion of antibiotics from cellular structures, restricted permeability to antibiotics, and creation of protective biofilms. The studies discussed in *Lyme disease and Rife Machines* highlight the many additional strategies Lyme disease bacteria employ to persist and survive despite immunological, therapeutic, and environmental challenges.

What is the truth?

What does the literature tell us? If you take the time to read it and think about its implications, you'll find that the existence of chronic Lyme disease (as caused by an active bacterial infection) is quite obvious and established. Numerous scientific studies, conducted across the globe by interdisciplinary scientists, have plainly shown this to be the case. The controversy is one of political and dogmatic origin, not of scientific origin. The IDSA denies an active bacterial infection as the cause of chronic Lyme disease not as a result of scientific observation, but instead, because of various inefficiencies and shortcomings

inherent in the bureaucratic procedures through which the IDSA operates. The process by which bureaucratic entities accept new truths, and grow in knowledge, has always been painfully slow and inefficient - and such is the case with the IDSA. Because chronic Lyme disease is in fact real, I am confident that it will be recognized as such sooner or later. Unfortunately, in the meantime, patients are left to dangle in the gap between two sides of an academic debate.

After reading the above scientific literature, one cannot help but wonder why the *New England Journal of Medicine* would publish a statement such as this one, found in the October 4, 2007, article mentioned above:

"The lack of convincing evidence for the persistence of *B. burgdorferi* in treated patients is not surprising. The failure of treatment for bacterial infections typically occurs as a result of pathogens that either have or acquire resistance to antibiotics, difficulties in achieving sufficient concentrations of antibiotic at sites of infection, or impaired host-defense mechanisms. None of these factors are generally applicable to infection with *B. burgdorferi*. Although *B. burgdorferi* can develop into cyst-like forms in vitro under certain conditions that can be created in the laboratory, there

"Chronic Lyme" ...cont'd pg 13

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Mary Parker
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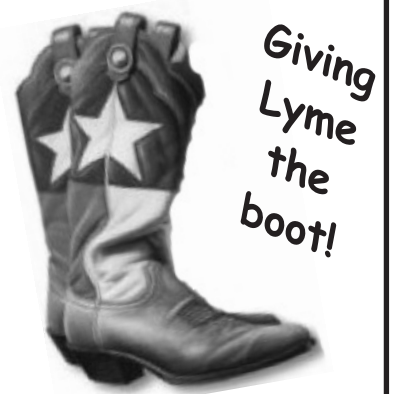


Military Lyme Disease Support

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.

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Ticktoons

"HEY THIS LOOKS SIMPLE!"

Terri Reiser

by Terri Reiser

“Dr Korn” ... cont'd from pg 8

a little hard to understand, because it's written in old English. Truthfully, it's important for an individual to be able to take a step of faith and say, "I believe that Jesus Christ is the Son of God and He died on the cross that we might have eternal life." In doing this, one might be able to establish or reestablish his or her relationship with God. In this way, we are more able to read and understand the Bible.

Many times I tried to be "a better person" and tried to read the Bible, but didn't understand a word in it. In the Bible it says that a natural man understandeth not the things of the Spirit of God. Neither can he know them, for they are spiritually discerned. What's the natural man? That means someone who hasn't made that leap of faith who says, "I believe in Jesus Christ as my Lord and Savior." Some may say, "I don't know much about you, Lord; I don't even know if you're true." That's what happened to me.

I said, "Okay. God, I don't know if Jesus is your Son or if you're even real or any of that. I just know that, if you are real, I need a Savior. I need a god that cares about me right now. If you're real, please show me that you're real." I want to tell you that in a very short time, God showed me that He is real. He showed me in a way that only a supernatural creator could show me. Only He and I knew that prayer; I hadn't shared it with anybody else. And the things that then happened in my life in a very quick order, absolutely answered my prayer. I had been an agnostic, and all of a sudden, I became a born again Christian.

Then, just like I always do, I wanted to know as much as I could about it, so I jumped in and studied the Bible. God actually saw to it that I did. I was able to have the time to study the Word. I began to realize that I needed to study the Bible as aggressively as I had studied medicine and dentistry. It was then that I began to understand it. I felt very comfortable with it, and I read as much as I could in the Bible, about the Bible and about the Jewish people. The Bible is a history of the Jewish people. How does that relate to us

today and at this time in history? Well, because God's dealing with the Jewish people in the future is going to happen at a time when certain things are going on in the world. And that's what is happening now.

Let me explain how I see Lyme disease in this scenario. I believe that Lyme disease is an end-time plague. Now, the world isn't going to come to an end, but rather, according to the Bible, the world as you and I know it is going to change markedly. I think my belief in the Bible has made me a more caring and sensitive individual. In medical school they sometimes teach students not to get involved with patients. I don't believe that's right. I do believe that if you care about people, you can't help but be involved in their lives.

I've had my own suffering and having Lyme disease is a pretty awful situation. A person can become isolated and sometimes, when you think about your own mortality, it makes you wonder what everything's all about. What are we even here for, you know? I think we're here to choose whether we believe in God and Jesus Christ or not believe in them. If we had gone through the torture that Jesus Christ endured, and if you've seen the movie The Passion of the Christ, it showed the horrible brutality of the torture inflicted by the Romans.

If we had gone through all of that, we would at least expect someone to believe that we did indeed go through it. I know I would. I would probably want a lot more than that. Hey, bowing's great to me, you know, so many times a day and all that, but that isn't what Christ wants. He wants us to just believe that He did that, so we can have a relationship with Him and pray to Him. And He is a prayer-answering God, I'm tellin' ya. So when I pray with my patients, I truly believe that God's going to work with them. And I've seen miracles!

Tina: Dr. Korn, I'd like to ask

your perspective about my experience with healing. My own chronic Lyme illness has taught me something about healing and the Atonement. At first I thought that just having faith and believing in Him could effectuate healing. But it's gone beyond that for me. I've since come to realize that I need to have the willingness to undergo such agony, whether it's from an emotional affliction or having a chronic illness. The willingness to embrace and endure the affliction allows the healing to occur, because it's a

We know that five insects have been indicted for carrying Lyme. They used to state only the deer tick, but now we know it's all ticks. Then there are fleas, horseflies, mosquitoes, and the worst of all for Arizonans, dust mites.

blending of the Atonement. Knowing that Christ already suffered that affliction for me places a responsibility upon me to be willing to endure it, too, just as He did. Would you please speak to patients about this?

Dr. Korn: That's a great question. I don't have all the answers, but I'm certain we will find out all the answers. It says if we love Christ, we will be with Christ as soon as we leave this body. In that instant, we will be in the presence of the Lord. It says that to be absent from the body is to be instantly in the presence of the Lord Jesus. Then we will have the mind of Christ. That's why I think that 90 percent of our brains aren't even being used yet. They're to be used in the future. We're not going to be floating around on a cloud playing harps; it's not going to be like that at all. We're actual-

ly going to be on this earth helping the Lord Jesus adjudicate His kingdom here. So, we'll be in human form walking around, but we'll be immortal and helping Him administer His kingdom.

Back to your question about suffering, it says in the Bible that we are to carry His cross, and to carry the cross of Christ is to undergo suffering. To suffer is really part of walking with Christ, just as he suffered. If we just blaze through life and have the best of everything, we really don't learn much. And we certainly don't prepare our children properly for life if we spoil them by giving them everything to avoid hardship. Life is hardship and this world is difficult.

Tina: I so much appreciate your spiritual perspective. I believe your words are very inspiring to those suffering from chronic illness.

Dr. Korn: I've had a lot of wonderful training and am very grateful for the training I received at the Chicago College of Osteopathic Medicine. It provided me with invaluable preparation. However, as I work in medicine, I now realize how much we still have to learn. Now I'm not young anymore, but I attend all the advanced seminars and courses that I can, and no one ever taught me a thing about Lyme disease. I do believe that it will be proven that Lyme disease will increase to higher epidemic proportions than any other disease.

I gave a lecture in Utah that was very well-received by a group of about 200 scientists from the Tesla Society in which I compared Lyme plague to the plague of 1300. If you read the Bible books of Daniel and Revelations, you will see the correlation to this being a plague of the last days. It's on six continents. As much as 50 percent or more of all patients who have been diagnosed with a chronic illness actually have Lyme as the cause.

Tina: Are we getting it only

from tick bites? For not everyone reports having been a meal for a tick.

Dr. Korn: I have a few hundred Lyme patients that are Western blot positive and some who are not. We know that five insects have been indicted for carrying Lyme. They used to state only the deer tick, but now we know it's all ticks. Then there are fleas, horseflies, mosquitoes, and the worst of all for Arizonans, dust mites. However, I've seen patients who had no recollection of being bitten by anything other than relating their sickness to the onset of symptoms that occurred within a year or so following the bite of red ants or a spider. This is especially pertinent to people in Arizona, and by the way, Arizona is the only state in which I have treated Lyme patients.

Another way one can contract Lyme, and I have had this personal experience in my family, is through the placenta of an infected mother. Then another way is getting it from an infected mate through intercourse.

Tina: It would be great to hear about your own experience with having Lyme disease.

Dr. Korn: I had no medical school, internship or post graduate training in Lyme disease. Nor has any other doctor for the most part, until Dr. Burrascano and others presented their experience and research.

In 2001, I suddenly became ill with a disease entity that none of the top physicians, University-affiliated institutions or neurological centers in Arizona could figure out. I knew that I was very sick -- and dying. I ended up in the hospital and recall watching the attacks of 9/11 on a television from my hospital bed. After never having been ill with anything other than the migraines, I was suddenly so ill with serious symptoms that I, even with all my knowledge and various wonderful treatments, couldn't break free from. I saw every doctor that should have been able to help me. When all was said and done, out of all those top physicians and centers, not one of them tested me for Lyme disease.

“Dr. Korn” ...cont'd pg 14

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New Yorkers Stand Up for Vaccine Exemptions



by Barbara Loe Fisher

In the harbor of New York City stands the Statue of Liberty, a symbol of freedom that has welcomed millions of immigrants for 112 years, half of the time that the United States of America has been a nation. And on the base of the statue is an inscription that says in part ".....Give me your tired, your poor, your huddled masses yearning to breathe free...."

I remembered that phrase when we were driving from Washington, D.C. to New York City and our van got caught up in the Sunday afternoon Manhattan traffic that led us past the Empire State Building on our way to Long Island.

Freedom was very much on my mind as we headed for Stony Brook University to participate in the December 15 Vaccine Education Roundtable sponsored by New York state Assemblymen Marc Alessi (D-1st

Assembly District) and Richard Gottfried (D-75th Assembly District), who is Chair of the House Health Committee.

Americans have always cherished the freedom to breathe free; to speak, write and dissent without fear of retribution; to believe in God and worship freely without being persecuted; to vote for whom we want to represent us in government and know our vote counts; to follow our conscience and stand up for what is right. Although America is only 222 years old, which is very young compared to other countries that have existed for several thousands of years, during our short history there is no other nation that has defined and defended the freedom of citizens to live in a society based on the principle of equal rights and consent of the gov-

erned any better than the United States of America.

These are troubled times for parents in New York and New Jersey and other states. Every day parents are facing more hostility from pediatricians throwing them out of doctor's offices for questioning vaccine safety and are being harassed by government officials determined to force their children to get dozens of doses of state mandated vaccines without voluntary, informed consent. New York currently mandates more than two dozen doses of 11 vaccines for school attendance while New Jersey leads the nation with nearly three dozen doses of 13 vaccines, including annual influenza shots.

Religious exemptions are being pulled by state officials after they throw parents into rooms and grill them for hours about the sincerity of their religious beliefs. Last year in Maryland, state officials threatened several thousand parents with jail time and stiff fines for failing to show proof their children had gotten hepatitis B and chickenpox vaccinations.

It is in this climate of fear and crisis of trust between parents, who want a more equal role in making vaccination decisions for their children, and pediatricians and public health officials, who are determined to strengthen their power to tell parents what to do, that Assemblymen Alessi assembled a panel representing both

sides to discuss whether or not a philosophical exemption to vaccination should be added to New York's vaccine laws. Currently New York only provides for a medical and religious exemption, even as 18 other states allow a personal, philosophical or conscientious belief exemption to vaccination.

After the Roundtable, Assemblyman Gottfried expressed strong support for First Amendment rights and told the audience of parents, doctors and legislative staff that he is sponsoring two bills to clarify rights defined under existing religious and medical exemptions so they cannot be violated by state officials. After the Roundtable concluded, he said "Important issues were raised. I look forward to seeing additional data from all sides, especially about the impact of



Barbara Loe Fisher participates in the Vaccine Education Roundtable discussion in New York in December 2008 that was sponsored by New York legislators.

Photo courtesy by Christine Zichittella-Heeren

the personal objection laws in other states. I will be reintroducing my bills to strengthen the religious and medical exemptions in the 2009 session. I urge parents to contact their local assembly members and state senators to urge them to co-sponsor."

Assemblyman Alessi commented that "The discussion framed the fact that there is still a large debate on the issue. And although some people in the medical community are adamant that this debate is over, it has only just begun. The amount of conflicting evidence parents are presented with regarding the effects of certain vaccines is staggering. This forum opened the lines of communication between experts in the debate and provided concerned parents with the most recent information on the safety of vaccines. As a parent, I know how difficult it is to make the right decisions regarding our children's health, but if we are to make good decisions, we need to be well informed and continue to have discussions like this roundtable."

At the beginning of the Roundtable, I framed the vaccine safety and informed consent debate and outlined how the informed consent principle relates to philosophical/conscientious belief exemption. I reviewed the general health ranking of New York (25th) compared to the 18 states which have philosophical exemptions (six of the top 10 ranked states have philosophical exemption) and noted that the U.S. uses more vaccines than any nation in the world but ranks 39th in infant mortality.

Other panelists supporting philosophical exemption to vaccination included New York pediatrician Lawrence

Palevsky, M.D. , who called for an authentic dialogue that "moves past what appears to be a growing number of citizens to be a one-sided, paternalistic, and patronizing set of policies and language with an unwillingness to engage in a real discussion about the science of vaccines." He challenged many of the myths and misconceptions about the safety and effectiveness of vaccine policies.

New York's John Gilmore, executive director of Autism United, who has a vaccine injured son with autism, said "Without trust, the proponents of forced vaccination have nothing but authority, and authority is an unacceptable basis for any public policy in a democratic society." He pointed out operational flaws and conflicts of interest in vaccine safety regulation and policymaking. Louise Kuo Habakus, of the New Jersey Coalition for Vaccination Choice, who has two young sons recovering from vaccine injuries, presented slides summarizing vaccine risks and questioning whether vaccines can be credited with major infectious disease morbidity and mortality decreases in the 20th century.

Panelists defending current vaccine policies and opposing philosophical exemptions included New York pediatricians Paul Lee, M.D. , who agreed vaccine safety should be a high priority but disagreed that the amount of mercury and aluminum in vaccines posed a health risk; and longtime vaccine policymaker and American Academy of Pediatrics spokesperson Louis Z. Cooper, M.D. , who agreed trust between pediatricians and parents needs to be strengthened but defended the safety of existing vaccine policies; and Debra Blog, M.D. , medical director of the Immunization

Program, New York State Department of Health, who showed slides of children with infectious diseases and strongly opposed adding philosophical exemption to New York state vaccine laws.

Following panelist presentations there was a spirited debate that lasted for more than two hours as panelists argued and defended their positions. NVIC's videographer, Chris Fisher, will be making a video of the day's events available on NVIC's website.

By the end of the day, I thought about how long parents of vaccine injured children have been asking pediatricians to become partners with them in preventing vaccine injuries and deaths. After nearly three decades, parents and doctors inside and outside of government could not be further apart. The failure of pediatricians and public health officials to take seriously the many cases of regression into poor health after vaccination has become the #1 public health problem in the U.S. today.

There will be no resolution until every state has embraced the informed consent ethic and adopted conscientious or philosophical exemption to vaccination in state vaccine laws. At that point, Americans will be free to vote with their feet and the vaccines the public considers to be necessary, safe and effective will be used and those they do not consider to be necessary, safe and effective will be driven off the market. And then, a real time comparison of the long term health of highly vaccinated, less vaccinated and unvaccinated citizens will tell us a lot about the safety and effectiveness of vaccine policies in the last half of the 20th and first half of the 21st centuries.

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...the U.S. uses more vaccines than any nation in the world but ranks 39th in infant mortality.

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“Chronic Lyme” ...cont’d from pg 13

is no evidence that this phenomenon has any clinical relevance. *B. burgdorferi* may penetrate cells in vitro, but there is no evidence that the organism may be sheltered from antibiotics during an intracellular phase and then disseminate and cause clinical relapse.”

Where are they getting this research? Is there a hidden set of scientific literature somewhere that only these authors have access to? How can the article make such sweeping, inaccurate claims? Any rational person would have to wonder, after reading the research, what forces motivate those who write such statements. It seems clear that whatever their motivation, it is not the presentation of objective, scientific truth. This is frightening considering that these statements were published in a journal as prestigious and important as the *New England Journal of Medicine*. Medical truth is unfortunately not easy to find, even in the places you would expect most to see it.

In the year 2008, the number of organizations and researchers who do not acknowledge the chronic form of Lyme disease can be counted on one hand. You want credible evidence? How about the Yale University School of Medicine. In a report published by Yale in September of 2004, researchers describe a newly-discovered “protective niche for *Borrelia burgdorferi*” that allows the infection to “evade immunity” leading to “chronic infection.” You can add Yale to the list of institutions that acknowledge Lyme disease in its persistent, chronic form.

It is of critical importance that scientists, researchers, and doctors take

steps to quickly correct erroneous conclusions about chronic Lyme disease. It is literally a question of life or death. Right now, as you read this, there are thousands of desperate, debilitated, infected people being told that there is nothing wrong with them. Even in the year 2008, as modern medicine continues to provide solutions to so many health problems, there is a contingent of the population whose needs are being completely ignored. This is not acceptable and change must occur soon. Very soon.

It seems appropriate to close this chapter, and, indeed, close this book, with a letter written by a New York physician who states the facts more articulately than I can. This letter-written by Dr. Richard Brand, M.D.-clearly sums up the current state of affairs. I leave you now with Dr. Brand's words:

October 27, 2007

I have been trying to divine a reason why the various medical specialty organizations (Infectious Disease, Neurology and now, Dermatology) have been racing to perpetrate a preponderance of guidelines that denounce appropriate, or at least reasonable, diagnosis and treatment for one particular medical condition. I am aware of no parallel in any other illness. It is worthwhile to state that the surprising orgasm of guidelines follows no new research findings to account for the timing of their release.

The reason for issuing guidelines was ostensibly to avert the danger of long term antibiotic treatment. I found this particularly confounding

with regard to Dermatologists, who prescribe minocycline for years on end to treat, or sometimes prevent, acne, a far less debilitating condition than chronic Lyme disease. Also, recently humorously stated, long term antibiotic treatment has resulted in some of the healthiest cows and chickens the world has ever seen.

Logically, either the NEJM physicians are all absolutely correct and the entire Lyme community is as misguided as they attest, and our doctors as mischievous or malevolent as they allege, or they themselves are either grossly mistaken or have some motive for their savage attacks on fellow physicians, and by extension, a large and growing population of suffering patients.

Since they are not fools and they have access to the same database that we do, including their own previous studies attesting to the persistence of Lyme following treatment, they must have some motive. At first, I examined the disclosures and recognized some conflict of interest that might offer a rationale for a few in the NEJM group, but that did not account for the other professional groups joining in the fray, all in such a well timed and coordinated fashion.

This afternoon, I discussed these events with a colleague (my wife, Jane Kelman, M.D.). If we are correct that Lyme has been misdiagnosed and under treated, and disability created wholesale through this negligence, and this becomes an accepted public reality, that is, the reality that we already know to be true, the inevitable medical malpractice suits will destroy those physicians

responsible, represented by the three major medical specialties who have been the first contact for most patients with Lyme disease. Those are the very specialties now circling the wagons in a pre-emptive attack to preserve what they recognize is a massive, catastrophic error in analysis and judgment.

While there may have been other, early motivations (the profit from vaccine development, legal testimony fees and so on), there is now one single, unifying, global reason to refute chronic Lyme: To protect themselves from the repercussions that will follow if, or rather when, the preponderance of Lyme cases and disseminated Lyme information reaches critical mass. They will try to argue standard of care by hiding behind their own guidelines and those of their closely related co-specialists. While they have different specialties, they have one common motive. This is defensive and possibly illegal manipulation of the first degree and it is the only explanation that makes sense of the whole.

The current mania to produce guidelines has been driven by the recent explosion in Lyme information hitting every news media, with the recent publicity slanted invariably toward mentioning a controversy rather than merely stating the anti-Lyme position, as had been the case until recently. Major TV stations are picking up on the story, and now, with the Connecticut attorney general adding credibility, and President Bush's treatment adding visibility, the anti-Lyme docs are in an understandable panic. This is beginning to look like their perfect storm, not ours.

The attorney general of Connecticut is at least half right. He is focused on the antitrust implications, but, if he is not already, will become aware of the motive behind their conspiracy: Besides restraint of trade, the effect on many infectious disease, neurological and dermatological physicians will be massive lawsuits for negligence involving failure to properly diagnose and treat, with readily provable losses of health and income directly attributable to medical malpractice.

I am elated by recent events. If the anti-Lyme doctors had simply muddled along, permitting a situation where some Lyme patients got treatment, some didn't, and things were confused, they might have survived longer. However, probably a result of overactive egos, maybe the new preeminence of certain individuals, they decided to go in for the kill, staging the current guideline ploy to finish us off once and for all, literally killing us off by providing permission for insurance companies to deny treatment. This move, paradoxically, will prove to be their undoing, not ours, as it provides a prima facie case for conspiracy.

We have only to keep telling the truth: That Dr. Feder et al make their case by selectively employing particular studies, avoiding others which refute their position, even ignoring their own past studies and pronouncements. Their duplicity is transparent and the heat is building.

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pha

“Dr. Korn” ... cont’d from pg 11

My chief symptom was fatigue, and surprisingly, I had no joint pain or sleep disturbance. However, I had hyperpigmented lesions on my bilateral lower limbs, and my legs and feet felt like someone had thrown hot, melted Crisco onto them. I had four qualities of pain to my lower legs and feet. I had a pain that was a very deep and vice-like pressure, a sharp and stabbing pain, an electrical-like pain that felt as though I was being jabbed with a cattle prod, and a fiery, burning pain. All of this pain was screaming, crying pain. It developed suddenly and then got worse and worse.

I was in one doctor's office for only fifteen minutes when he told me I was finished. He offered to prepare disability papers immediately. He diagnosed my pain as RSD (Reflex Sympathetic Dystrophy) and prescribed very strong pain medicine. He was right on with the pain, but the diagnosis didn't add up, so I researched all these different syndromes. One place told me my legs and feet looked like I had suffered from diabetes for thirty years. But that couldn't be, they said, because you do not have diabetes. Nor do you have a family history of such. I went from clinic to clinic and center to center and no one could figure it out.

So, I turned to my faith and prayed to God. Actually, I tried to bargain with God, as we oftentimes do. I said, Lord, I've helped all your people and all of that. I look back on it humorously in some respects, because of course, God doesn't work like that. He did answer my prayer, though, by sending me to a lecture series that I attended every year presented by Hemex Laboratories, owned at the time by David Berg.

Now, David Berg

should receive thanks from a lot of people, because he came up with the ISAC Panel which tells you whether or not you have thick blood. That thick blood was the basis for so many women being unable to take their babies to term. So he and a practicing obstetrician came up with that understanding and women were given heparin during their pregnancies. And lo and behold, they were able to carry their babies full term!

So, in the Hemex Laboratory waiting room, the walls were splashed with photos of all these little babies who, through their knowledge and treatments, had been able to come to term. That is a very wonderful thing and David Berg should receive recognition for that. He recently retired and sold Hemex to a larger company. You can still order the ISAC Panel to test for thick blood. This is very important for Lyme patients, because people with Lyme disease and other autoimmune-type diseases have thick blood.

Getting back to my diagnosis of Lyme, I was so sick I could barely make it to the lecture. I do remember seeing one of the top physicians in integrative medicine in Arizona at the lecture, and he asked me how I was doing. I told him I was really sick and that I was afraid I was dying. He responded with something like, "Well, we're afraid of that, too." That comment really jolted me. I wasn't upset by it, because he was right. My colleagues were also afraid I was dying. I had lost thirty-some pounds and I was afraid I had cancer, but no one made that diagnosis. My body was ravaged.

At the lecture, a doctor from Missouri who, I think, had the largest Lyme practice in the country, made a presentation on

Lyme disease. While listening to his lecture, I realized that Lyme disease was exactly what I had! I spoke to him after the lecture; he is a very fine gentleman and a wonderful doctor.

After the lecture, I was so ill that I couldn't even make it home. It was an extremely hot day and the traffic was bumper to bumper. I couldn't drive any longer and thought I was going to die, so I stopped to rest in a motel until I could drive home later. I've often thought about that experience and have wondered what people do who don't have a credit card or other means to stop and get a room. It breaks my heart for all these people. Dear God, there are so many of them I can't even tell you.

Tina: It's apparent from what you just shared that Lyme disease has had a tremendous effect upon you. Having a personal understanding of Lyme suffering, is there anything you would like to share with your colleagues?

Dr. Korn: If I would say anything to my colleagues out there in the medical field, it would be this: Please learn the truth about Lyme disease. Open your minds, dear God, and learn about the truth of Lyme disease. It causes over three hundred separate diseases and it acts like all the autoimmune diseases that rheumatologists see today, every single one of them. And if we could learn that and provide the treatments for Lyme, we could even stop people from dying of scleroderma, because I've already done it! We could stop people from needless suffering, pain and terrible death. I know that my pain was just horrible.

Tina: I have to tell you, Dr. Korn, I'm sorry that you had

that painful experience, but how thankful we are for your help.

Dr. Korn: Well, I'm thankful, too, because I wouldn't change it for anything to be honest with you. It's interesting, Tina. I had a lady who had been down on doctors for many years tell me, "Dr. Korn, isn't it wonderful that the Lord allowed you to have Lyme disease so you could help so many others?" I looked at her and thought for a moment and said, "Well, I suppose, but I wish He had sent me a letter." The truth is that she was right.

Tina: Have you ever had the good fortune of connecting with Lyme patients in the acute phase of their illness when you were able to treat the infection easily?

Dr. Korn: No, I have not, not one.

Tina: Is that because patients don't recognize it because the symptoms are so easily attributable to other causes?

Dr. Korn: I think they might end up in other settings, such as the emergency room or their primary care doctor. I'm not a primary care doctor; I'm a specialist in integrative medicine. In Arizona, there are two ways to have the M.D.(H) degree. The first is that of classical homeopathy, which is not my way. The second is the pathway of integrative medicine, and I am an integrative medicine homeopathic physician. My study of anti-aging medicine is what initially led me down the integrative medicine pathway.

Tina: What are some of the most important clinical observations you have made with

regard to chronic *Borrelia burgdorferi* (Lyme disease) infections?

Dr. Korn: A major clue for me is patients that come to me who say that they have gone to the emergency room multiple times and nothing is ever found to be wrong. I know that these patients are not crazy. I've rarely had a crazy patient that wanted to be sick or wanted to be in my office. Referring to patients as crazy, malingerers or hypochondriacs is very sad. Those that do this have not really become mature medical practitioners. If they could step outside of their self-righteousness or arrogance, they might see the situation differently.

They would see that patients are a lot smarter than they give them credit for. Patients are not interested in being in my office for four to six hours trying to get an antibiotic or something else out of me. Patients are just trying to get well and have some enjoyable time with their families. In the thirty years that I've practiced, I've not seen people that really liked being sick.

In closing, the truth is, time will prove us all right. Time will prove that all these people are sick from infectious disease that is being missed by the majority of establishment medicine. I see a correlation between infectious disease and rheumatology, and that probably won't make me very popular with rheumatologists, but that's the truth also. I haven't found an autoimmune disorder yet that did not have Lyme bacteria at the heart of it.

Visit Dr. Korn's website at www.longlife-medical.com.

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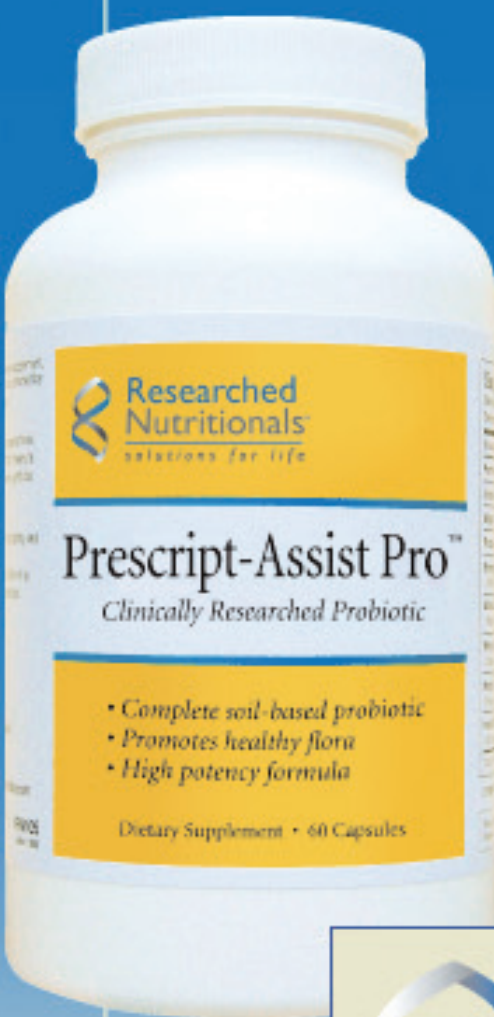


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