Waking Up the Nation,
One Reader at a Time...

PUBLIC HEALTH ALERT

FREE

Vol. 4, Issue 4 | Investigating Lyme Disease & Chronic Illnesses in the USA | April 2009

In This Issue

Microbes, Toxins, and Unresolved Conflicts: A Unifying Theory

by Scott Forsgren

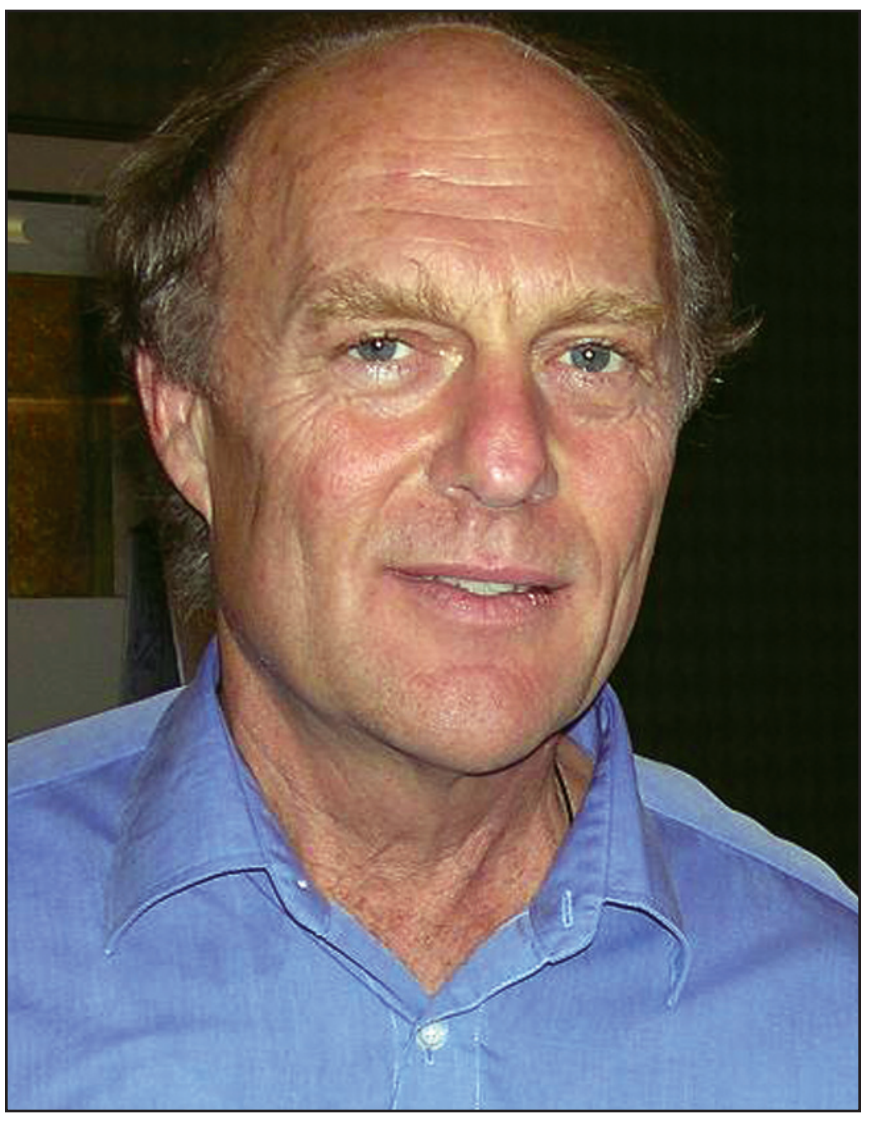
Throughout my journey with Lyme disease, I have looked for teachers and mentors that could help shape my understanding of the disease process taking place within my body everyday. From the onset, it was not enough to accept that the meltdown I was experiencing was the result of a simple infection. I knew that there was more to the complex puzzle of my illness. I also felt that a treatment approach based solely on attempts to manage infection would not result in the higher level of health that I had set out to once again attain.

After eight years of illness and what at times felt like the end was looming, I was diagnosed with Lyme disease in July 2005. I finally had a name for the disease that had ravaged my body for so many years. I was now better able to direct my research towards finding effective treatment options.

Shortly after, I learned of Dr. Dietrich Klinghardt, MD, PhD in Seattle, Washington. Dr. Klinghardt is renowned by many as the top expert in the field of Lyme disease.

As I began to learn more about the work of Dr. Klinghardt, a light suddenly turned on. I understood my illness in a completely new and different way. I understood how to approach my recovery in a way that, for the first time, made me feel empowered to get well. Since the day I met Dr. Klinghardt, my journey has been forever positively changed.

The "Klinghardt Axiom" looks at the multiple contributors to illness and serves as a single unifying theory for chronic illness. This axiom has three major components: microbes, toxins, and unresolved emotional conflicts. It looks at the relationships within this triad and explains how most attempts to recover from a chronic illness will not be successful without a treatment program that addresses each of these components simultaneously.



Dr. Dietrich Klinghardt, MD, PhD has a practice in Seattle

The "Klinghardt Axiom" states "The body always strives to achieve equilibrium between stored unresolved emotional issues, toxins,

"Klinghardt" ...cont'd pg 12

Hidden Health Care Overhaul in Stimulus Bill

by Mary Budinger

Senator Tom Daschle lost his chance to be the Secretary of Health, but his handiwork is evident in the new federal Stimulus Bill. The stimulus package is more than a $787 billion attempt to create jobs. Buried in its 1000 or so pages is a still murky revamping of the American healthcare system.

One part of the health care component that is generating considerable concern is the creation of a new council of 15 federal employees to coordinate $1.1 billion in comparative research to determine the effectiveness of drugs, medical devices, surgery and other treatments.

Betsy McCaughey, former lieutenant governor of New York and an adjunct senior fellow at the Hudson Institute, thoroughly read the House version of the bill and sounded a warning in a February 9 editorial in Bloomberg News.

"Tragically, no one from either party is objecting to the health provisions slipped in without discussion," McCaughey wrote. "Senators should read these provisions and vote against them because they are dangerous to your health. The bill's health rules will affect 'every individual in the United States' (pages 445, 454, 479 - page numbers refer to H.R. 1 EH, pdf version). Your medical treatments will be tracked electronically by a federal system."

McCaughey points out the bill goes further. "One new bureaucracy, the National Coordinator of Health Information Technology, will monitor treatments to make sure your doctor is doing what the federal government deems appropriate and cost effective. The goal is to reduce costs and 'guide' your doctor's decisions (pages 442, 446). These provisions in the stimulus bill are virtually identical to what Daschle prescribed in his 2008 book, Critical: What We Can Do About the Health-Care Crisis. According to Daschle, doctors have to give up autonomy and 'learn to operate less like solo practitioners.'"

There's nothing particularly new about comparative effectiveness research - the National Institutes of Health, along with the Agency for Healthcare Research and Quality, have been doing it for years, with a budget last year of about $335 million. But the goal was usually to establish if a particular treatment was safe and effective, not if it was better than the alternatives.

"The stimulus bill will affect every part of health care, from medical and nursing education, to how patients are treated and how much hospitals get paid," McCaughey wrote.

McCaughey is not alone. Words of caution also came from William Winkenwerder, Jr., M.D., MBA, who served as Assistant Secretary of Defense for Health Affairs in the U.S. Department of Defense 2001 - 2007, and Grace-Marie Turner, president of the Galen Institute, a think tank specializing in health reform, and a previous member of the federal Medicaid Commission. They wrote for the National Review that, "This is the biggest land grab in the health sector ever attempted by the federal government, and it would be a major step toward thrusting full responsibility for health-care financing onto the American taxpayer-today and for decades to come."

And the 15-member federal health board? "Composed entirely of federal employees appointed by the president, charged with running 'comparative effectiveness' research to assess which drugs and other medical treatments are most effective," they explained. "The board's decisions would determine what medical treatments the federal government would or would not pay for. The treatments some patients desperately need might not be on the list. House Appropriations Chairman David Obey (D., Wis.) explained that drugs and treatments 'that are found to be less effective and in some cases, more expensive, will no longer be prescribed.'"

"Stimulus Bill" ...cont'd pg 13

Feature

The Total Body Detox® Solution

by Sherrill Sellman, ND

The benefits of our modern way of life are many, but they come with a price - the pollution of our planet with its severe impact on health. The silent killers of the 21st century are the toxic heavy metals and chemicals that accumulate in our bodies over our lifetime.

The legacy of the past century was the creation of more than 80,000 chemicals. Each year the U.S releases a staggering 4 billion pounds of these toxins into our environment, contaminating the air, water, soil, plants, animals, and, of course, humans.

Mercury, lead, cadmium, arsenic, pesticides, insecticides, dioxins, furans, phthalates, VOCs, and PCBs are just some of the foreign substances that have created an excessive body burden of harmful chemicals.

Just how bad is it? Pretty bad. Most of us have between 400-800 potentially toxic, carcinogenic, endocrine-disrupting, and gene-damaging chemicals stored within our cells. Fetuses now grow in a womb contaminated with as many as 287 foreign chemicals, and more than 630,000 of the 4 million babies born in the United States are at risk for brain damage and learning difficulties due to mercury exposure in the womb. In fact, the level of mercury in umbilical-cord blood is 1.7 times higher than the level in the mother's blood!

Is the cancer epidemic related to toxins? According to the Columbia University School of Public Health, 95 percent of cancer is caused by poor diet and environmental toxicity.

And it's not just cancer. The systems most affected by these toxic compounds include the immune, neurological, and endocrine systems. Toxicity in these systems can lead to many chronic health problems including immune dysfunction, autoimmunity, asthma, allergies, cognitive deficits, mood changes, neurological illnesses, and changes in libido, reproductive dysfunction, and glucose dysregulation.

Of all the toxic exposures, mercury is without a doubt the most destructive. It is a deadly neurotoxin causing psychological, neurological, enzymatic, and immunological problems. Mercury contributes to or causes all known illnesses including autism, autoimmune diseases, Alzheimer's disease, cancers, heart disease, endocrine problems, and neurological and behavioral disorders.

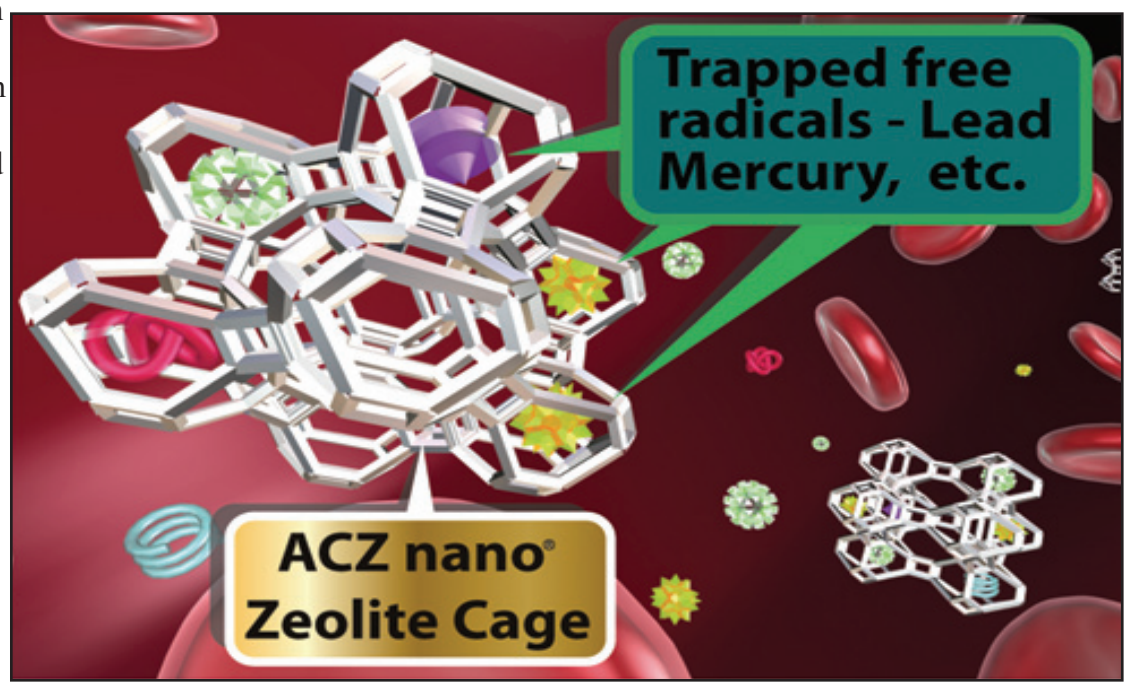
The problem with toxins such as mercury and lead is that once they enter the body, they are difficult to remove. Toxic accumulation quickly overwhelms the body's detoxification pathways and can ultimately result in severe symptoms or a chronic, debilitating illness.

The alarming fact is that there are simply no safe levels of exposure to any of these toxic contaminants.

One More Piece to the Toxicity Puzzle

A respected pioneer in the field of heavy metal detoxification, Dr. Dietrich Klinghardt, M.D., PhD has determined that there is a direct correlation between stored toxins and infectious pathogens. He states that "for each equivalent of stored toxins there is an equal amount of pathogenic microorganisms in the body." The presence of stored toxins causes immune system deficiency that supports the growth of pathogens such as bacteria, viruses, fungi, and parasites.

The term Toxic Body Burden (TBB) is now being used in reference to toxic heavy metals, synthetic chemicals, and pathogens that enter and accumulate in the body. Retaining and restoring vibrant health requires an effective two-pronged approach that can detoxify toxic substances while simultaneously eliminating infectious microorganisms.



Zeolite - Removes Toxins Naturally

Zeolite is a naturally-occurring crystalline structure created from volcanic ash that spewed into the atmosphere during violent eruptions over 300 million years ago. For thousands of years, civilizations throughout the world have used zeolite as a traditional medicine. More recently, zeolite powder was given to victims of the Chernobyl fallout to reduce radiation levels in their bodies. Zeolite is so effective in binding toxins that it is used as a molecular sieve to create purified, medical grade oxygen from air.

What makes zeolite so unique is its cage-like, honeycombed structure which is negatively charged. When ingested, this natural mineral attracts and irreversibly binds and removes toxic heavy metals, chemical elements, and free radicals through the urinary tract. This process is called Chelation.

Many toxic poisons are positively charged and these toxins are attracted into the zeolite cage like the strong attraction of steel filings to a magnet.

One of the most significant benefits of zeolite over other detoxification agents is its affinity schedule for toxic heavy metals. Zeolite binds with mercury first and lead second, moving on to additional toxic heavy metals and chemical toxins which may include pesticides, herbicides, plastics, and even radioactive particles without removing precious nutrients such as calcium and magnesium.

However, zeolite goes far beyond the critical job of removing damaging toxins. Research has shown that it has many other vital actions in the body.

Zeolite removes free radicals. Unlike classic antioxidants, zeolite does not neutralize free radicals by donating an electron to stabilize them. Instead, zeolite's structure captures free radicals. Once trapped in the zeolite, the inactivated free radical can then safely be eliminated from the body.

Zeolite has broad-spectrum antiviral properties, fighting viral infections in two ways: First, by attracting and binding viral sub-particles, thereby interfering with viral replication and eliminating them from the body. Second, by inhibiting viral proliferation.

Zeolite helps support proper pH by establishing optimum pH levels of the blood

"Detox" ... cont'd pg 14

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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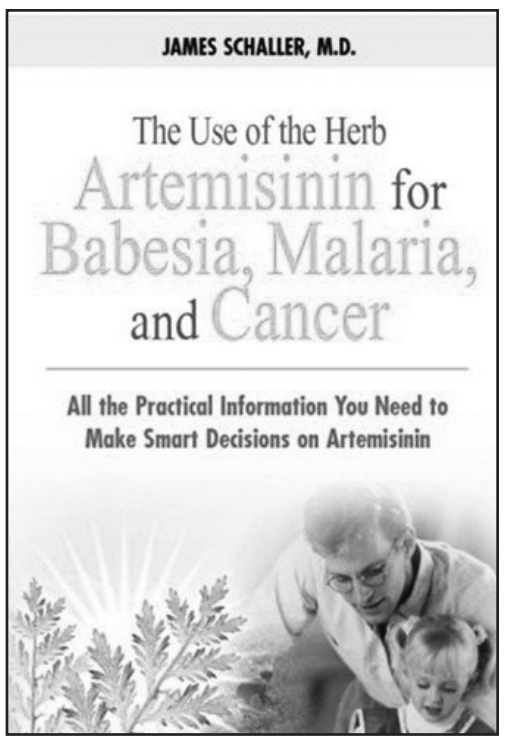

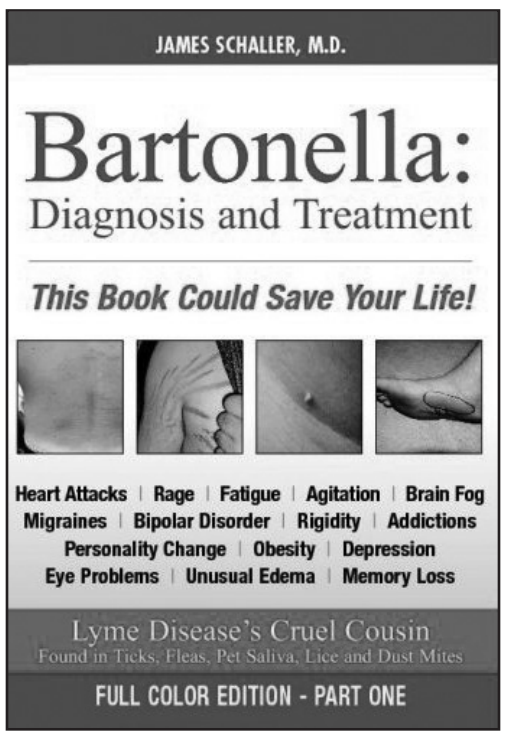

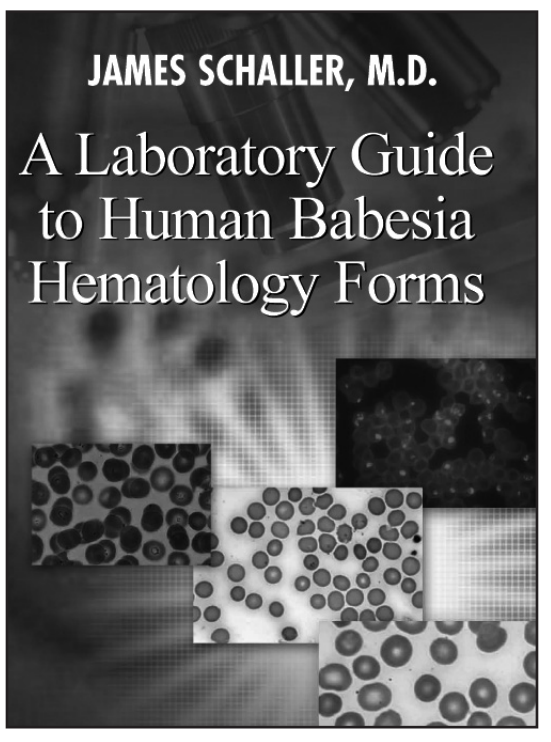

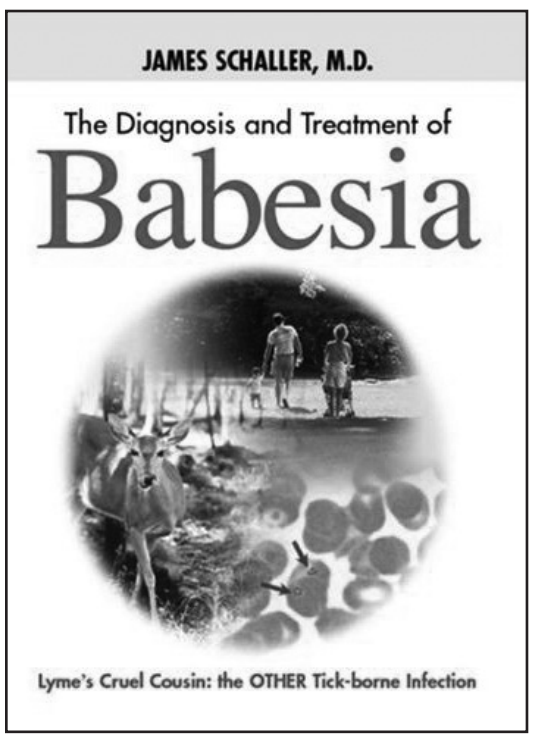

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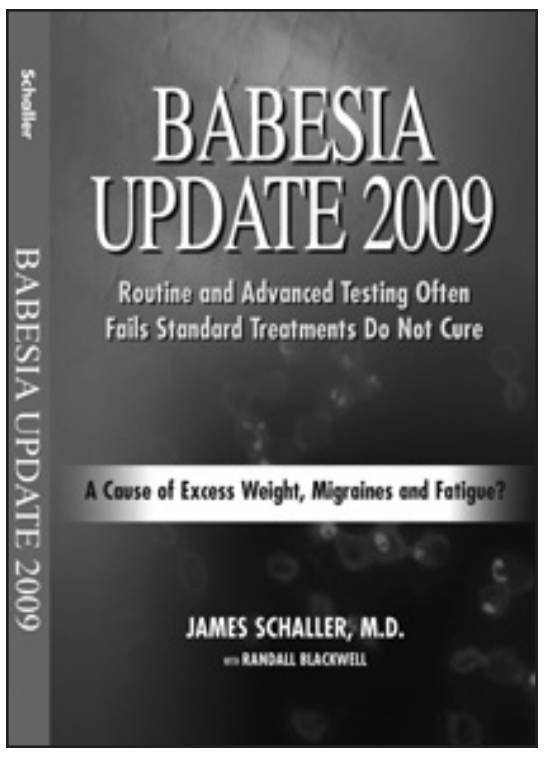

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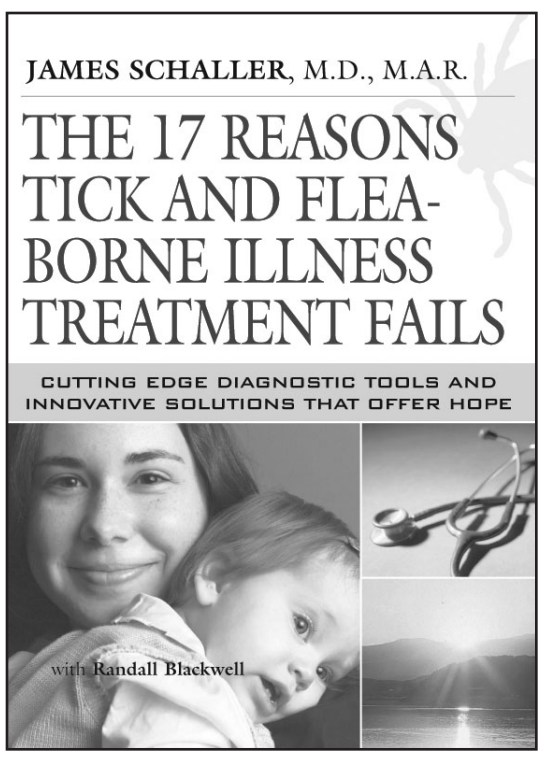

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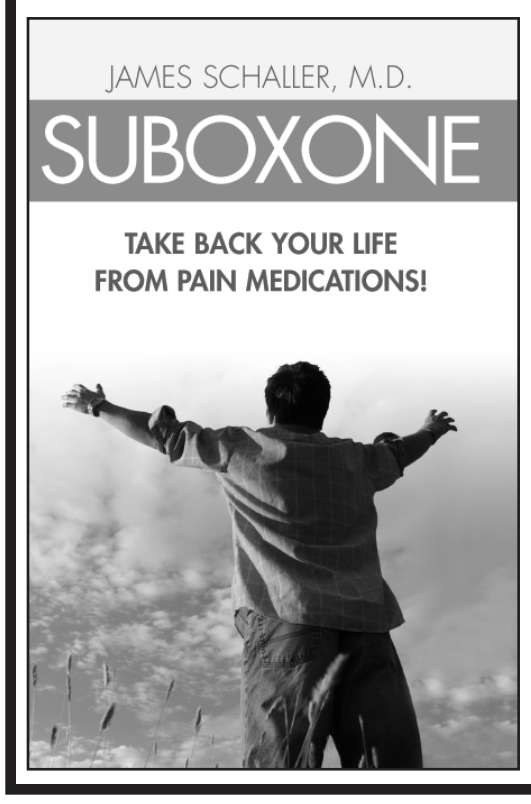

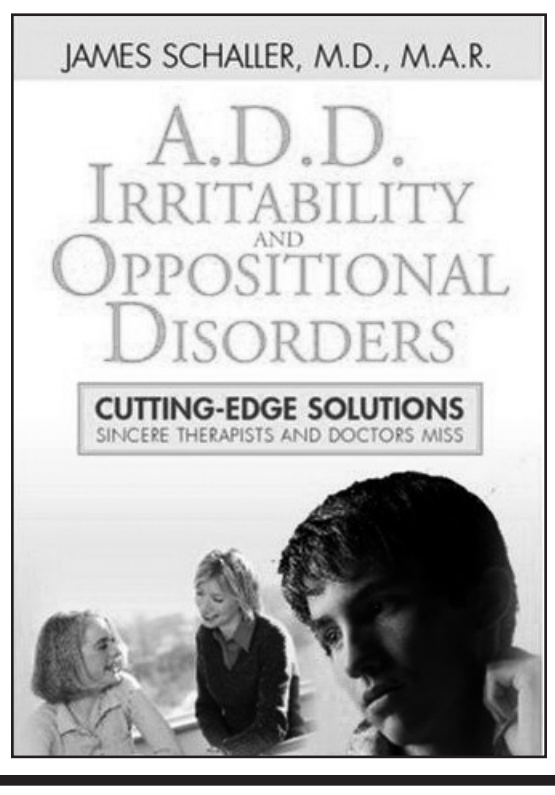

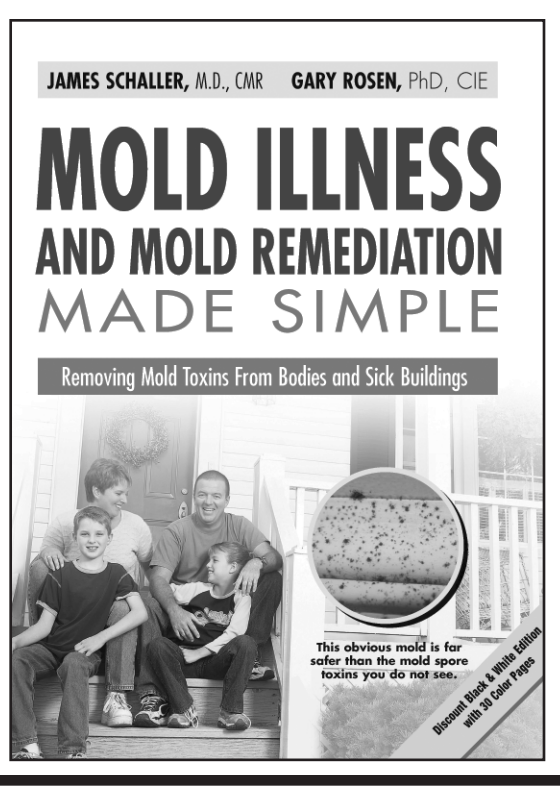

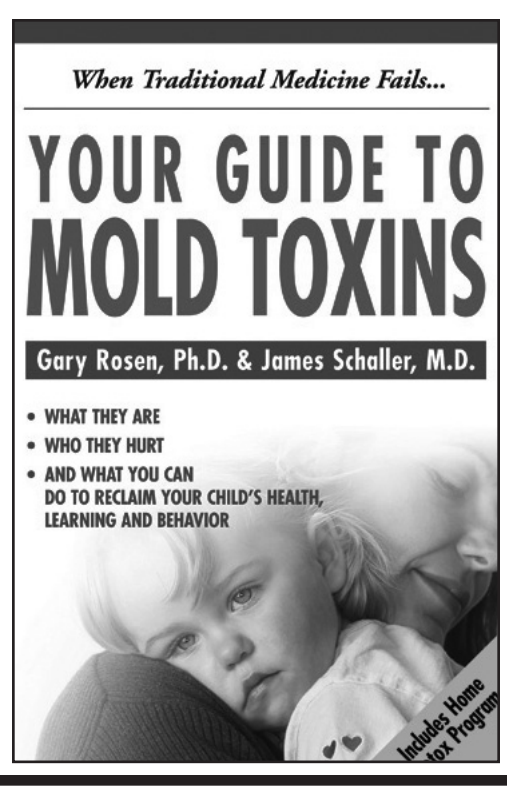

Our Christian Walk is Really a Marathon

by Joan Vetter

Perhaps that's where I first went wrong - believing walking with the Lord was just that - only a walk. Lately it seems like the speed has increased and I have to run to keep up. There have been a few times I've "hit the wall" too. So I searched out what it means to run a marathon.

First you need to train. Not just any way you want to, but listening to experts and following a schedule. Then you need to eat the correct foods, drink appropriately and learn to pace yourself.

But the most important thing is realizing you will "hit the wall" sometime during your race and that doesn't mean it's over. It means if you keep on going you will make it. Others go through this and still finish the race.

Legend has it that marathons got their beginning when a Greek messenger was sent from the town of Marathon to Athens announcing that the Persians had been defeated in the Battle of Marathon. He ran the entire distance without stopping, and then burst into the assembly exclaiming, "We have won" before collapsing and dying.

We too have a message - that we have won - and to proclaim it fully we have to die to only focusing on ourselves. One of the walls we hit in our Christian race is discouragement. There are times when we feel nothing is changing, and our prayers are not being answered. Perhaps friends and family seem to be unsupportive or downright antagonistic. Perhaps an affliction increases its grip with a fury that cries unfair.

Another wall is believing the lie that we really can't make it. I listened carefully to the interview with Captain Sullenberger as he described what he felt when he realized his plane was about to crash land in the Hudson River. His initial reaction was that he couldn't believe this was happening to him. However, on the heels of that thought he also proclaimed, "I was sure I could do it." He was a man confident of his training and his experience. Because he was at the helm, 155 people survived that day. Incidentally, he also gave credit to the crew and to the passengers by sharing his belief that the miraculous outcome was a team effort.

We may think our race is just our own - for our own glory, but the Christian race is also a team effort. We've got to take a drink from that brother or sister on the sidelines. We've got to cheer and encourage others in their race and be able to accept words of encouragement from others along the road. One of the interesting aspects of participating in a marathon is that few people enter expecting to win. Their goal is to finish.

Another stumbling stone is fear, perhaps the fear of making a mistake. I remember the time I knelt at the altar at our church to receive communion. I was aware of how crippling and self-centered my fear of making a mistake had become. So I was asking God to deliver me from it. At that particular church we took the wafer and then dipped it into the grape juice when the next minister brought the chalice. I was so busy concentrating on asking the Lord to remove this fear that I popped the wafer into my mouth. When the next minister came he had to go retrieve another wafer for me. In my heart I was laughing at the freedom I experienced - not a shred of self condemnation did I feel.

A friend shared a quote with me: "A person who never makes any mistakes seldom makes anything else." I believe a person who is afraid of making another mistake won't make any significant steps further in his race. That's why we are told in scripture to forget the past.

Sometimes during our struggles we forget the message of Hebrews 12:2-4 "Keep your eyes on Jesus who both began and finished this race we're in. Study how he did it. Because he never lost sight of where he was headed - that exhilarating finish in and with God - he could put up with anything along the way: cross, shame, whatever. And now he's there, in the place of honor, right alongside God. When you find yourselves flagging in your faith, go over that story again, item by item, that long litany of hostility he plowed through. That will shoot adrenaline into your souls!" (Message Bible)

Race on!

pha

You Are Not Old Enough to be That Sick

by Lisa Copen

I was twenty-four years old, enthusiastically living in a new city, finding my independence, careers, and following my heart when I became disabled in a period days and was eventually diagnosed with rheumatoid arthritis. It only took about four weeks, but with two visits to doctors each week, explaining my significant pain, it felt much longer. Eventually I found a wonderful doctor of internal medicine who asked me about fifty questions. In about two days I had a diagnosis.

Despite the terms "chronic" and "forever" I felt relieved to know the label that described my chronic pain. Few of my friends, however, shared my enthusiasm for a diagnosis. The managers at my office were more concerned about the fact that I wasn't wearing heels to work anymore, making me look less professional.

"Encouragement" was quickly tossed around, like "You're too young to feel so badly!" Rheumatoid arthritis was only something that could be related to the aches and pains their grandparents suffered from and a hot water bottle made it go away. They'd laugh and say, "You can't have arthritis yet!" Those who attempted to sympathize compared my weary body to a sports injury they had. "I have a touch of arthritis on my knee cap from football in college. It's not fun when the rain comes, but you just have to keep pushing and not think about it." Even well-intentioned words were enhanced by the brush off of a hand or even rolling eyes.

When you are diagnosed with a chronic illness while in your twenties, all typical decision-making it thrown off schedule. This time in your life should be about choices for areas of education, a career, relationships, and even where you will live. Instead, all of these decisions are put on hold and you must make more life-changing choices - fast! How do you accept, or not accept, the diagnosis? What medications should you take? What is the risk of side effects and are they worth it? How do you find the best doctor? We get a fast education on how to read lab test results, what forms of alternative treatments to try, and even when to let yourself have a good cry versus when to just bite your lip and hold the tears back.

As I tried to make each decision based on careful research, instinct, and "worse case scenario" situation, hearing someone flippantly say, "You're too young to have that illness" felt like a slap in the face. Though a simple comment, my heart felt it deeply, as if they assumed I was too ignorant or accepting of the doctor's diagnosis. They implied that I needed to be more assertive and get a the "real" diagnosis of an illness that could be cured in a few weeks with a pill. After all, I couldn't really be that sick, because I "looked so good."

Laurie Edwards, a woman who grew up with a chronic illness as a child is the author of 'Life Disrupted: Getting Real About Chronic Illness in Your Twenties and Thirties,' In her book she explains, "However infuriating and irrational such comments are, they only have the power to define or validate our conditions if we allow that to happen. There are all sorts of reasons why people find it easy to scorn or deny illness, especially in younger people who 'should' look and act healthy - fear, ignorance, intolerance, to name some."

The onslaught of advertisements for prescription medications have somewhat educated the general public that illnesses such as rheumatoid arthritis and fibromyalgia are legitimate illnesses. The downside is, however, that everyone considers himself an expert, and they often make their assumptions based on the visuals of those same commercials: people with debilitating illnesses miraculously playing tennis or running down the beach. While some people may find remission due to the medications, most of us are just glad to be able to get out of bed, dress ourselves, and drive a car. The commercials fail to educate that, despite an illness being controlled, they are still accompanied by tremendous daily pain.

With each chronic illness, most of which are invisible, people will doubt that your illnesses impacts your life as significantly as it does. If you are in your twenties or thirties, they will be even less likely to understand that feeling better requires much more than a good attitude or a little bit of exercise.

pha

Get a free download of 200 Ways to Encourage a Chronically Ill Friend from "Beyond Casseroles" by Lisa Copen when you sign up for HopeNotes invisible illness ezine at Rest Ministries. Lisa is the coordinator of National Invisible Chronic Illness Awareness Week.

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Really? Is This What It's Come To?

by Dawn Irons

I remember vividly the day the story broke about Travis the chimp going on a rampage and beating a woman nearly to death. I was on the phone with a friend and she mentioned that the chimp must have had a bad day. I said, "No, he probably had a 'Lyme rage' moment!"... and no sooner had the words crossed my lips the newscaster had said that Travis had been recently diagnosed and was currently being treated for Lyme disease.

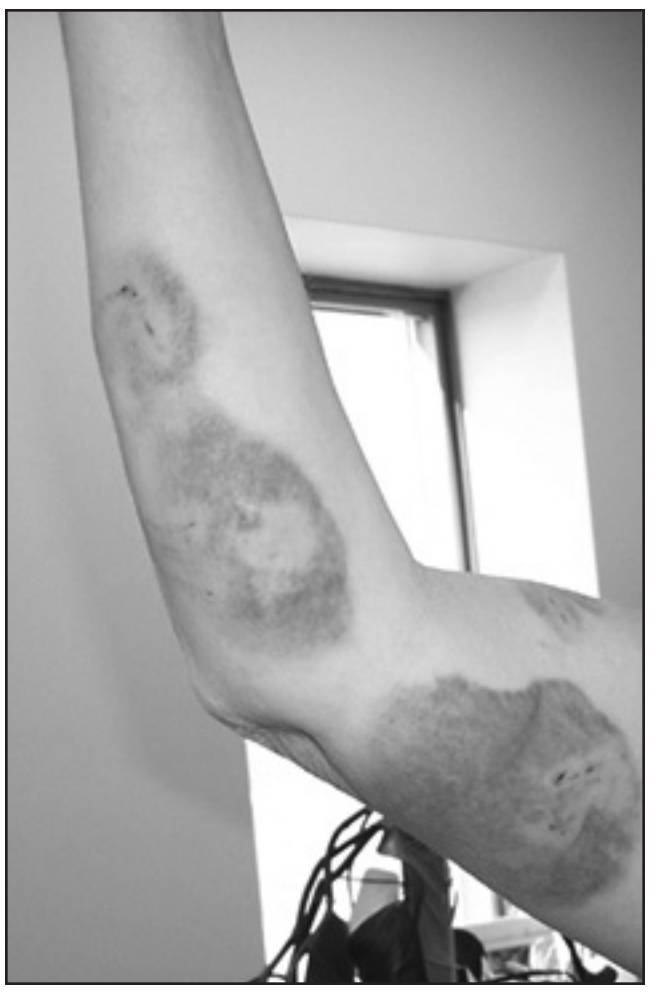
There was silence on both sides of the phone. My friend asked me how I knew that. I told her that I was attempting to make a joke and lighten the tenseness of the conversation. She was even more intrigued, and I was no longer laughing. The fact that the chimp truly did have Lyme disease, and was shot down and killed in order to protect the woman who had been so brutally attacked, just rattled me to the core.

I remember when I began treatment, and shortly before I was diagnosed, that my anger levels seemed to be on a constant roller coaster ride. I secretly wondered at times if I could have been bi-polar. There were times that I could be in a wonderful mood and then suddenly, without notice, find myself ready to rip someone's head off!

This concerned me greatly and I began to pay closer attention to when these anger episodes would flare. Within a few weeks I started to notice a pattern. There was usually some loud noise that would preceded the sudden mood shift. There were often times sudden noises would pervade my environment. Sometimes it was my children and the neighborhood kids playing video games in the livingroom, and their volumn levels just steadily escalated to a point that it caused me unbearable, physical pain and I would uncharacteristically just explode in anger, yelling at people to be quiet and leave the house. I would quickly retreat to my bedroom with horrendous migraines. This happened fairly often.

Other times, it was a dish falling from the cabinet and crashing to the floor. Still other times it was the family dog barking incessantly. Sometimes it was sound feedback on microphones or speakers at church. I also noticed mood shifts and temperament changes in very bright environments. Sunlight could be excruciating. Stage lights were more than I could handle. I found myself sitting in dark rooms with the blinds closed just working on my computer. I could not handle any background noise. No television or radio in the background was possible, the sounds just became too painful and I seemed to stay in a constantly agitated state. There were times when even the light coming off the computer screen was excruciating.

> "It's a sad state of affairs that we have a disease with so much stigma attached that our star celebrity is a chimp with 'roid rage'. During the making of our documentary, UNDER OUR SKIN, Amy Tan was the only celebrity who would go on camera about this devastating disease."



Many people have opted to have a formerly wild but now domesticated animal, as a household pet. The recent national news of Travis the chimp, who was diagnosed and being treated for Lyme disease as he went on a violent rampage seriously injuring a woman in Connecticut, has raised many questions in the public eye as to what Lyme disease does in human hosts. Concerns about the chronic form of the disease are also being looked at more seriously by patients and doctors alike. [Right photo]: these injuries show the damage done to someone after a domesticated chimp attack.

Once I was diagnosed, the doctor assured me that things would get much worse before they got better...I just went home and cried.

There is just no explainging the mood swings to children. They don't understand. I have three children who suddenly found themselves without a functioning mom. When treatment started, so did the herxheimer reactions. There were weeks, and sometimes months, that I slept around the clock. At my worst state, there was a time from 2001 to 2006 that I barely have memories of at all-- other than excruciating pain, multiple miscarriages, multiple hospital visits and the feeling that my children were slipping further and further away from me and there wasn't a thing I could do to change the problem. There were times I was convinced my children hated me. I struggled with knowing that my anger flare-ups truly scared them. They scared me too.

About a year into treatment I finally began to see the light at the end of the tunnel... and it wasn't painful anymore!

Who knew that just one news story could take me back to such a dark place in my life?

I was flooded with many emotions as the story continued to make headlines and talk radio. It frustrated me to hear doctors say that Lyme disease could not do that to the chimp. Of course, these are the same doctors who tell you Lyme is cured with 28 days of antibiotics too. I guess it really came as no suprise.

What I found interesting though, is that Lyme disease was in the news daily for over a week and it pervaded TV talk shows, talk radio-- everyone was talking about Lyme disease!

I thought it was rather ironic, but suddenly we had a poster child-chimp for the Lyme disease cause. With the vast numbers of celebrities that have been diagnosed with Lyme, we now have a chimpanzee for our spokesperson and the media are flocking to the story like white-on-rice.

Kris Newby, one of the producers for the recently released Lyme documentary commented, "It's a sad state of affairs that we have a disease with so much stigma attached that our star celebrity is a chimp with 'roid rage'. During the making of our documentary, UNDER OUR SKIN, Amy Tan was the only celebrity who would go on camera about this devastating disease."

I would never have wished this kind of attack on anyone, nor the kind of death Travis faced on any animal. But there has been some good come of the story already. Lyme disease is front and center on almost every news media person's mind since Travis, in his Lyme-induced rage, seems to have lost his mind and went on the attack. *pha*

Partnering with Patients - A Team Approach

Meet Murray R. Susser, M.D.(H) Part 2

by Tina J. Garcia

[Don't miss part 1 of this story on the PHA website.]

Tina: This protocol is entirely different than the Infectious Diseases Society of America treatment guidelines, which recommend only 200 mg of Doxycycline with the fulfillment of some absolutely ludicrous attachment and endemic criteria. I would take your treatment over theirs any day.

Dr. Susser: Yes, they're really out of touch, really out of touch. The Infectious Diseases Society of America has been accused of having conflicts of interest. The IDSA panel made the announcement that chronic Lyme disease doesn't really exist, and it turns out they probably had financial interests with insurance companies. The Attorney General of Connecticut brought charges against them.

My approach to patients is one of partnership in helping with their diseases. I am the junior partner; the patient is in charge. I will be the best advisor I can possibly be. I will offer options because most of the things that I do don't have rigid protocols. Like the old days--strep throat, ten days of penicillin or pyelonephritis, seven days of Keflex. There are a lot of rigid protocols in medicine and most of the things I work with are conditions like chronic fatigue syndrome, which is one that falls through the cracks. It was mostly considered to be an emotional disorder or depression. I'd say that if you had your life taken away by an illness, wouldn't you be depressed?

So, this book I wrote twenty years ago on Chronic Fatigue Syndrome is still valid in many ways, because the principles contained within it are what I apply to my patient approach. I look at all the possibilities and offer what certainty I can to patients. One of my strengths in medicine is that I'm willing to live with uncertainty and most doctors are not.

For example, one thing that I know is that something caused your disease, but I don't know what it is. It has to be in some category or another-a bacteria or a toxin or allergy. So, I take the most likely possibility and design a good safe therapeutic trial and do that. Now, with Lyme, the testing has recently given us much more certainty, with Igenex Lab and tests like the CD57. There are a number of things that give us much more information about Lyme.

So, I had a patient just today who had her tick bite twenty-some years ago, with a bull's eye rash and everything, and she's probably been to fifteen doctors, none of whom would believe she has Lyme. She has Lyme tests from labs that don't do well with Lyme and they came back equivocal or negative, so she didn't have Lyme by any standard for all these years. Yet, she has all the classic signs of Lyme-myalgia, arthralgia, brain fog, classical rash in New York, and her mother recognized it. She has Lyme clinically. In two weeks, if the testing comes back positive, there's a ninety-nine percent chance she has Lyme. I say that, just from her clinical history, there is a ninety-nine percent chance she has Lyme, no matter what the test shows. She's been sick all these years.

I even use the principals of Thomas McPherson Brown, who was the great rheumatologist at George Washington University Medical School. He discovered that he could cure sixty percent of his rheumatoid arthritis patients by giving them minocycline, an antibiotic, for ten months. He found Chlamydia in the joints of rheumatoid arthritis patients, which is a bacterium. He didn't know anything about nutrition or probiotics and he was a major player in conventional medicine. He published in peer reviewed journals and, not only that, he was in Washington, D.C. and was the rheumatologist for three different presidents in White House. This guy was big time and he was ignored by conventional medicine. It's one thing if they ignore me here in my little office, but to ignore Thomas McPherson Brown is really insane. I now have seen many patients who came to me with a diagnosis of rheumatoid arthritis; I discovered Lyme and treated them successfully - no more rheumatoid arthritis!

Tina: Have you ever treated a patient who presented with a bull's eye rash?

Dr. Susser: Yes, and I treated the patient for three weeks, and they never got Lyme. And, of course, the earlier the diagnosis, the easier it is to treat.

Tina: Are you finding Lyme cases here in Arizona?

Dr. Susser: I treat patients who acquired Lyme in other states, and I have patients who travel from northern California, Utah, New Mexico and Florida. As for Arizona, absolutely, quite a few. Most of them have been around for a long time, months or even years. I've seen acute cases, but curiously enough, not with a tick bite. There are other insects that might carry it, maybe fleas, mites, mosquitoes or houseflies. There are definitely more mammals than deer who carry it, like mice and squirrels and rabbits. And I know horses and dogs can get it, too. So, there are many animals that carry Lyme and it's getting more and more prevalent. At the same time, we don't have any really good answers for it. The antibiotics are a poor answer for it, but at least if you catch it early, it can work very well.

Dr. Murray R. Susser, M.D.

CFS is another disease that slips through the cracks. It was first named by Paul Cheney and Dan Peterson in Incline Village, Nevada. They had a flu epidemic and some of the people remained sick. That was the time when the Epstein Barr test first became available on the clinical market. All these people began testing positive for Epstein Barr and they decided it was an Epstein Barr epidemic, which it turned out not to be. It turns out that Epstein Barr, which is Human Herpes Virus 4, is in all of us and when you get a serious illness, the HHV4 virus flares.

That led to confusion between Epstein Barr and CFS. When they found out that CFS was not caused by EBV, they decided it was an emotional disease and a form of depression. It was a crippling disease and in some cases it probably was Lyme. The definition of CFS is fifty percent debility for greater than six months with no known cause. It also has other symptoms like muscle pain, joint pain and swollen glands. So, myalgia was a common accompaniment.

In my book that I wrote with Michael Rosenbaum, called Solving the Puzzle of Chronic Fatigue Syndrome, I came up with the idea of Mixed Infection Syndrome. Again, the wisdom of conventional medicine is that you can only have one infection at a time until you're dying, and then you can have all these opportunistic infections that take hold. In my opinion, "opportunistic" is a redundant word, because all infections are opportunistic. They look for the opportunity to invade. What they mean is that an infection needs a real strong opportunity.

We are constantly besieged with bacteria and various organisms in the body. There are five hundred different bacteria that live in the gut. There are hundreds that live in the mouth, live under our fingernails and live on the skin. So, we have many different bacteria. The total count in the gut is variable. Some people say it's three trillion and some people say it's much more than that. How do you count them; it's hard.

The point is that in CFS as a diagnosis, it will disappear when we are smart enough to diagnose all the different infections and all the different toxicities that can cause chronic fatigue. Lyme is a perfect example. Lots of these people we've labeled with CFS have Lyme disease. When we discover the Lyme disease, it's no longer CFS; it's chronic fatigue from Lyme disease. If they also have Babesia or some other co-infection, it's Mixed Infection Syndrome. They commonly have been on antibiotics for one reason or another and get an overgrowth of yeast in the gut. Then they have some sort of fungal or yeast infection. Then that opens the door to parasites and to other forms of bacteria that can invade, such as clostridium dificile and things of that nature. So, there are a number of organisms that will invade under these circumstances, and the patient is not terminal. The immune system is not totally collapsed. It's just collapsed enough. Then there are confounding factors like toxic metals and toxic fungus and molds in the house. One good thing about Lyme and the co-infections is that they validate my theory from twenty years ago that we get mixed infections.

A leaky roof or a leaky water pipe will lead to black mold, one of which is Stachybotrys. Stachybotrys toxins can be crippling and can lead to chronic fatigue and immune system depletion. Then the yeast, bacteria and parasites can invade. So, I would consider all these things in a patient with CFS symptoms, but not necessarily test for all of them. When you start testing for all these things, you run out of blood and money pretty quick. If I tested for all the things that are possible, I could drain somebody's bank account and their whole vascular system. Therefore, I use my best clinical judgment, and I have a lot of experience doing that.

Tina: What would you say is the difference between Chronic Fatigue and Fibromyalgia?

Dr. Susser: Aside from the fact that they commonly occur together, it is a case of which came first-the chicken or the egg-fibromyalgia means muscle pain and chronic fatigue is just that, chronic fatigue. You can have one without the other, but they commonly occur together. Fibromyalgia is fatiguing, and some people start off with fatigue and the fibromyalgia follows.

Now when it comes to Bb infections, the most important recommendation I have is to be really aggressive. I use a pincers approach. By that, I mean if you just use antibiotics and don't boost the immune system, you won't see a complete cure. If you just strengthen the immune system, it's almost never enough. I've never seen a serious case of Lyme get better without antibiotics, and I've tried. The important thing with Lyme is to recognize that the Lyme organism metamorphosizes. The Lyme organism starts off as a spirochete, a strong cell-wall organism, and it's hard to see under a microscope. It's long enough to be seen, but it's very thin. So, in order to see it under a microscope, you almost need to use a darkfield or light-field microscope.

When you treat it with antibiotics, you start off with an antibiotic that kills the cell wall. The organism will start to die, but it's a slow-growing organism. Most organisms with which we get infected are like E-coli, streptococcus, staphylococcus, pneumococcus and gonococcus, and they're fast-growing organisms. They divide every twenty minutes when they're infecting, so you get three generations in an hour. They are very vulnerable to antibiotics. Lyme, on the other hand, divides every twenty hours. Therefore, it's much harder to kill. Its metabolism is much slower and deliberate.

If you get chronic Lyme, you can understand that instead of taking ten days to treat it, it can take ten months or more due to its slow replication. When you combine that with the fact that it's intracellular and it hides very well from the immune system, hides from antibiotics, and metamorphosizes from a cell-wall phase to an L form, which is a form that does not have a cell wall, it becomes much more difficult to treat. There are also the cyst form and the granular forms which are resistant to most treatment and can remain dormant for years.

There are antibiotics that attack the protoplasm rather than the cell wall. They don't work as well on the cell-wall form, during early Lyme, but somewhere around three weeks of azithromycin or clarithromycin (antibiotics we like to use on Lyme), the cell-wall form will metamorphosize. At first you may notice that you'll start feeling better, and after about three weeks, you may stop getting better. So, then you add Doxycycline, and you continue both of them because the forms keep shifting back and forth. At the same time, you may be ignoring Babesia, which you may have if you haven't checked for that. Even if you have checked for that, there are false negatives.

That's why a doctor has to use clinical judgment. So, I often add Plaquenil, Metronidazole or some other parasitic drug, which can hit Babesia. Babesia is like malaria; it's a parasite. There are a lot of herbals and nutritional boosters for the immune system. There's a whole program I

"Susser" ... cont'd pg 9

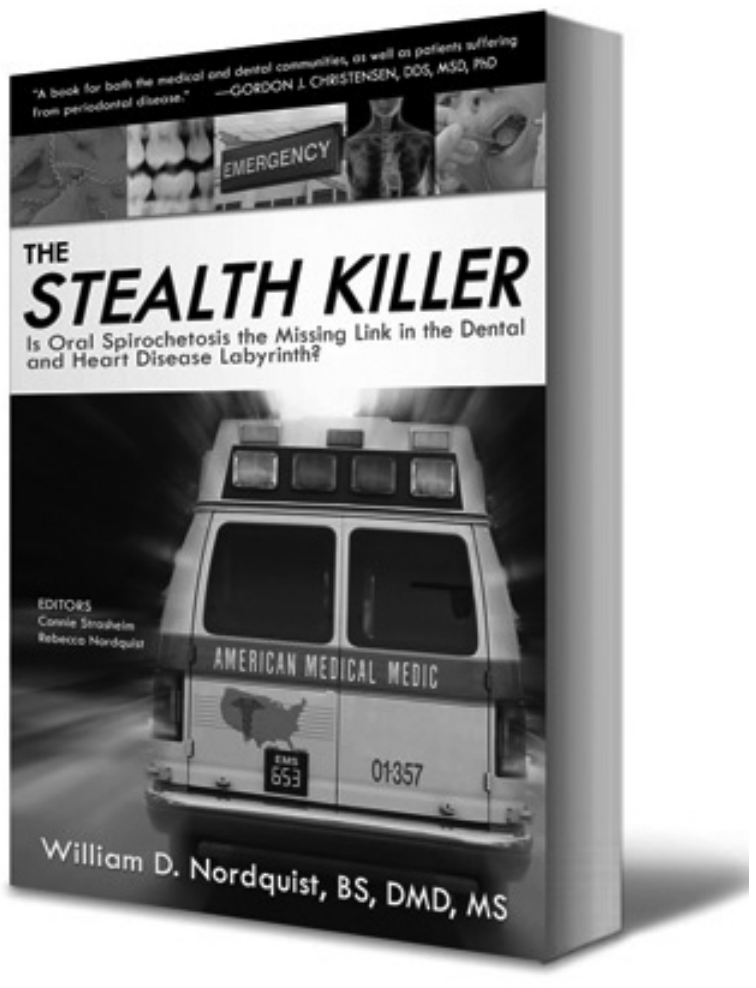
The Stealth Killer: Is Oral Spirochetosis the Missing Link in the Dental and Heart Disease Labyrinth?

by www.lymebook.com

Can oral spirochete infections cause heart attacks?

The discovered relationship between dental and heart disease announced by the United States Surgeon General in 2000 has necessitated a unique cooperation between dentistry and medicine. Patients who have systemic diseases, such as heart disease, diabetes, and Alzheimer's disease, also typically have multiple missing teeth. As a result of the missing teeth, these are the patients who require the services of implant dentists. Therefore, implant dentistry requires dentists to understand these diseases and the many medicines that these patients are taking to treat their ailments.

Scientific studies have definitely shown a relationship between periodontal (gum) disease and heart disease. With this new understanding, the dentist's role in medicine has been dramatically elevated. They are now responsible for diagnosing and treating gum disease because it is related to diseases that affect other parts of the body, not just the mouth. Is there a cause and effect; dental disease causing heart disease? Are bacteria that cause periodontal disease also causing heart disease? That seems to be the case. The recently released book by William D. Nordquist, (The Stealth Killer: Is Oral Spirochetosis the Missing Link in the Dental-Heart Disease Labyrinth?), connects the dots from one hundred plus years of dental and medical research to establish a compelling hypothesis to explain the missing link between dental and systemic disease. These are serious questions and they greatly increase the responsibility of dentists for their patients who need dental implants.



An extensive review in the medical and dental literature, plus eight years of microscopic investigation in Nordquist's laboratory, reveals some very important clues in the search for the relationship between dental and heart disease. Some important facts are:

❖ Both periodontal disease and heart disease are in epidemic proportions in the modern age, especially after World War II.

❖ More people die of heart disease than all other diseases combined.

❖ By the time most people reach a "ripe old age," they have some form of heart disease.

❖ 75-80% of people have some form of gum disease.

Even though dental disease has been prevalent since the recording of history, it took a very virulent turn in World War I with the disease named after is discoverer Vincent's infection (Trench Mouth).

Vincent's disease is primarily a spirochete bacterial infection. Spirochetes are involved with gum disease today.

Spirochetes cause other serious diseases, such as Lyme disease, Syphilis, and stomach ulcers, as well as other not as well-known debilitating diseases. Microscopic research on Syphilis in the early 1900' revealed that Syphilis has a unique "life cycle". When the bacteria are treated with an antibiotic or the immune system itself attacks it, the bacteria undergo a morphogenic change and become a "spore". The disease is almost impossible to completely eradicate. It has also been reported in the older literature that oral spirochetes also produce these "spores". Research has shown that the Lyme disease Borrelia spirochete also has a similar life cycle and produces "spores" and "cyst" forms.

This "life cycle" of oral bacteria makes the treatment of gum disease very difficult, if not impossible. Once periodontal surgery is done, if not done on highly compliant patients, it usually returns and addition surgeries are required, but the surgeries rarely ever cure the disease.

Bacteria cause gum disease. Eliminating these bacteria before it causes disease is the key to curing gum disease, not surgery necessarily. Surgery maybe needed to help in the decontamination process. Bacteria eradication treatment is paramount.

Could oral spirochetes and their unique "life cycles" have something to do with heart disease? Almost certainly.

Research is now being initiated on a grand scale into this relational problem between dental and heart disease. Many more theories and solutions will be reported as dentists and doctors work together to better understand and treat this problem.

Book available from www.lymebook.com

pha

Brief Introduction to Rife Machine Therapy

by Bryan Rosner
www.LymeBook.com

Recently, Dawn Irons (editor of the Public Health Alert newsletter which you hold in your hands) forwarded me an email with a request from a reader. The request was for more rife-related information in Public Health Alert. So, in response to the request, I will be doing a series on rife machine therapy as used for Lyme disease. The series will appear in Public Health Alert over the next several issues, most likely 3-5 articles in total.

As I sat down to write the first article (and of course was struck by writer's block immediately) it dawned on me that I should not try to reinvent the wheel, but instead, simply use excerpts from a book which I wrote on rife machine therapy as used for Lyme disease. The book is titled "When Antibiotics Fail: Lyme Disease and Rife Machines." So, the series of articles will be comprised of selected excerpts from my book, and possibly some additional information. To learn more about the book, visit www.lymebook.com.

Before we begin, it is important for me to let you know that I am not a doctor or health care provider and that rife machines are not FDA-approved and are considered to be experimental. Their long-term positive and negative effects are not well understood. I urge you to read my complete rife-related disclaimer at: www.lymebook.com/ rife-disclaimer

I would also like to note that this series will be an introduction only. There is a vast amount of rife-related information which will be skipped over due to space limitations.

So, here is the first article in the series. This excerpt is the Preface from my book:

There is substantial evidence that rife machines are safer and more helpful than other "proven" Lyme disease treatments. Rife machines appear to be safe because they have had the chance to show negative side effects over their 15+ years of use against Lyme disease, but have not. They appear to be helpful in fighting Lyme because many people who use them attain significant improvement (and sometimes remission) from Lyme disease. This success is possible even after antibiotics fail. For evidence of rife machine effectiveness, look no further than the Lyme disease community. A small, scattered group of Lyme disease sufferers have been successfully treating their antibiotic-resistant, chronic Lyme disease with rife machines for over 15 years. Many of these people are able to quit antibiotics for good after they begin rife machine therapy, and they consider their "antibiotic days" just a bad memory.

Rife machines are appealing to Lyme disease sufferers for many reasons. They are not expensive or inconvenient to use. They can be built or purchased for less than it costs to replace a hot water heater. A rife machine treatment only takes a half hour or so, and is needed just several times per month. Conversely, history has shown that rife machines are not an appealing research option for medical research companies. So this very useful alternative therapy has never been investigated by well-funded organizations. The treatment has remained largely underground. Sadly, many Lyme disease sufferers don't know about the rife machine treatment option.

In my battle with Lyme disease, it was years before I heard of rife machines. I continued to become increasingly sick and miserable despite seeing many doctors and spending tens of thousands of dollars on conventional and alternative therapies. In desperation I decided to adopt a new strategy to locate better treatments: I resolved to find people who actually got better and ask them how they did it. I am quite certain many readers know exactly what I'm talking about. After you've seen a dozen doctors but aren't well, you start asking around at church or work. You interview Lyme disease sufferers to find what worked.

As I began to locate the people who recovered I was surprised by a striking commonality - many used rife machines to get better after nothing else worked. Sure, there was the occasional antibiotic, hyperbaric oxygen chamber, or herbal remedy success story. But those were few and far between. Especially when it came to chronic Lyme disease (which I had). By and large, what I found was that a Lyme disease sufferer had one of two stories: Either, "I'm well (or

"Rifing" ... cont'd pg 10

"Susser" ... cont'd from pg 7

use including CoQ10, D-Ribose, L-Carnitine and Carnisine, una de gato (cat's claw), and Artemisia. I like colostrum and sometimes colloidal silver and oral chelating agents. So, there are a number of things you can use, and it sometimes taxes the imagination to be able to prioritize. I can think of three hundred things that I could do, but I have to prioritize each case and find the best thing for that person that is possible at that time.

Tina: That's so wonderful that you have that individualized approach. From a patient's perspective, it's so important that, after seeing so many other doctors, to eventually find someone like you, Dr. Susser, who will work with a person. Perhaps you have already witnessed this in Lyme patients-that is, a bit of anxiety.

Dr. Susser: Oh, yes! I've had patients who just burst into tears because someone finally believed them!

Tina: Do you have any suggestions for other medical practitioners?

Dr. Susser: Be open to the possibility. One thing about Lyme is to never get cocky about it. Don't ever get overly confident that you've reached a cure just because somebody starts feeling better for a while. I've seen a lot of relapses when people quit too soon. That has to do with this twenty-hour replication rate and also with the idea that Lyme is intracellular and hides from the immune system. Remember that it can go into a cyst or granular form. It can become dormant. There are a lot of other diseases that are like that. Tuberculosis is like that.

Tina: Why won't the medical community accept that Lyme is like tuberculosis in its ability to evade and lie dormant?

Dr. Susser: I don't know. There is lots of evidence to show Lyme's ability to lay dormant. Tuberculosis takes up to a year and a half to treat. When you first catch tuberculosis, it may only seem like a mild flu. It doesn't necessarily cause a serious illness, and it leaves a little calcified nodule in the lung that has live tuberculosis organisms in it that are dormant.

When you get older, maybe 50 to 70 years old, you get pneumonia, cancer or some debilitating condition like alcoholism, the tubercle breaks down and you get tuberculosis. You then get a cavitation in your lung and a terrible disease, but it's something you caught fifty years before. So, why would it be a surprise that other bugs can do something like that?

An astounding aside to this conversation is that about hundreds of millions of people worldwide are infected with dormant tuberculosis.

Tina: Have you observed an AIDS type syndrome develop from Lyme disease infection?

Dr. Susser: I haven't yet seen anyone with Lyme as bad as terminal AIDS. I've seen some people who are pretty sick, but not with AIDS. AIDS is really dreadful. I used to see a lot of AIDS before the protease inhibitors were made available. These drugs suppress some of the action of the virus and they sure have prolonged a lot of lives and improved quality of life. I hardly see AIDS patients anymore.

There are some people that say that HIV has nothing to do with AIDS, and I don't believe that for a second. I think there's a very strong correlation from everything I've seen. I haven't seen anyone with AIDS that didn't have a positive HIV. Everyone with HIV starts getting the immune system changes and if you do a T-cell subset, you see a lowering of the helper cells and an increase of the suppressor cells. When the ratio gets very low, the infections get very bad.

I saw one young man die very quickly when he got pneumonia. He needed to be hospitalized, so I sent him to UCLA, but he didn't get there in time. They started treating him, but he died very quickly. Every patient I've seen who had lethal AIDS had a positive HIV. Then I started seeing the ones with lethal AIDS start turning around with protease inhibitors, but most of them go to infectious disease doctors who specialize in protease inhibitors

Tina: What is your take on the political aspect of Lyme disease?

Dr. Susser: Be politically active. I don't know who's politically active in fighting people like the IDSA. They're very powerful, but ultimately, everything winds up political. I have a saying: "If you tell the truth and keep telling it, eventually, your word becomes the law of the universe."

When it comes to health, be proactive. The more proactive a patient is with their health, the better they do, in my experience. People often come to me quite sheepish and apologetic. They say, "I looked this up on the Internet and I don't want to tell you how to be a doctor and I don't want to pretend I'm a doctor and such." This is all nonsense. Patients don't have to be apologetic for learning. Information is information and knowledge is knowledge. The important thing is to find somebody who can help you use that knowledge, because nobody is going to get enough knowledge to deal with it themselves.

For example, I could go to a lumber yard and buy everything I need to build a house. If I built that house, I don't think anybody would want to step in it. I'm not going to be the one to build a house that you could live in or even survive in for a moment. But people learn enough to buy vitamins and sometimes drugs and do a lot of things for themselves, but they can also damage themselves that way.

I have people who bring me lots of good information and I use it. I remember reading about Sir William Osler; he was the modern Hippocrates, the idol of medicine around the turn of the last century. He was a brilliant clinician and people really listened to him and followed his teachings. He had a lot of sayings like Hippocrates. One of the things that he said that always stuck in my mind was, "Listen to the patient. He will tell you what's wrong with him."

So, I consider that one of the most important things I ever learned in medicine. It's one thing to hear the words and another thing to hear the meaning. I'm very careful to listen to the meaning and to hear everything the patient says. A lot of doctors will just jump from the superficial finding to this, this and this and seven minutes later they're done. You can't do Lyme in seven minutes. I can treat an earache in seven minutes and tonsillitis in seven minutes, but that's not really treating the whole situation. Sometimes you need to set up the immune system and nutritional system and find out whether it's the first tonsillitis they've ever had. I can run people through and do an "augensblick diagnosis" - that's German for "blink."

I can do that, but it's not very satisfying and it's not very safe. You can miss some really important things if you don't take a little more time and dig a little deeper. If people are frustrated and have a hunch that their doctor isn't looking deeply enough or hearing them well enough, change doctors. Also change doctors if a doctor doesn't want you to have another opinion. If you're not getting well and your doctor doesn't want you to have another opinion, then you need another opinion. At least that's my feeling.

Arizona Advanced Medicine is Dr. Susser's practice located in Scottsdale, Arizona. For more information visit Dr. Susser's website at www.azadvancedmed.com.

pha

National Support Groups

National Multiple Sclerosis Association:

www.nmss.org

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

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(1-877-434-7441)
Fax: 215-643-9307
alsassoc@alsphiladelphia.org

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

North Texas
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877-714-0088

The ALS Association Upstate New York Chapter
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www.timeforlyme.org
914-738-2358
Meetings: first Thursday of every month from 7-8:30 p.m. at the Greenwich Town Hall

National Support:
truthaboutlymedisease.com/
Dana Floyd, director

LDA of Iowa
PO Box 86, Story City, IA
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ticktalk2@mchsi.com

Kansas
913-438-LYME
Lymefight@aol.com

Montana
bepickthorn@earthlink.com

North Carolina
Stephanie Tyndall
sdtyndall@yahoo.com

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

Lyme Disease Support

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

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

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

TEXAS :

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

Dallas/Ft Worth
John Quinn
Jquinn@dart.org
214-749-2845

Houston
Contact: Teresa Lucher
lucher@sbcglobal.net

League City/ ClearLake & NASA Area
Sandra Mannelli
smannelli@comcast.net

Washington State
Alexis Benkowski
WA-Lyme-owner@yahoogroups.com

WI / IL / MN Regional areas
Contact PJ Langhoff
(920) 349-3855
www.Sewill.org
www.LymeLeague.com (Intl)

Western Wisconsin Lyme Action Group
Marina Andrews
715-857-5953

Military Lyme Disease Support

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

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

Texas Lyme Disease Association

www.txlda.org

All donations are tax exempt.
Donate online with PayPal:
donations@txlda.org

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

much better) because of rife machines" or "I'm still suffering and nothing is working."

I had absolutely nothing to lose - I had already lost everything to Lyme disease. So I acquired a rife machine. It cost me $700.00. When it arrived and was sitting in my living room, I thought to myself, through my Lyme disease brain fog, "you've got to be kidding - this bizarre apparatus is actually going to kill such horrible, unstoppable bacteria?" I took a deep breath and flipped the switch on. To my amazement, I began to see improvement after a couple weeks of using the machine. Though people had told me rife machines worked, I was still shocked it was actually doing something. After a couple of months I was much better. Initial improvements did not relent, but continued consistently and predictably. I had used many other therapies that worked at first, but ceased to be effective after a while. Rife machines were different - they kept working.

I got better and better. My brain began to work again. Lyme disease is primarily a neurological disease, and my neurological symptoms improved rapidly. My body returned to feeling healthy and strong. I could exercise again, and even enjoy it. I had been sick so long I really forgot what 'normal' felt like. It did take a while to achieve lasting results - as you'll read, the recovery process is long. Any successful Lyme disease therapy requires months or years to be fully effective. But I was happily patient after all I had been through. Am I completely cured? At the time I wrote this book, I still had lingering symptoms. However, rife therapy took me from debilitated and bed-bound to a functioning member of society. No other therapies provided this improvement. And I continue to improve each and every week. Before rife therapy, I continued to get worse each and every week. Chapter 1 contains a detailed discussion of the typical results people get with rife machines. Although rife machines do not cure everyone, they often allow people to return to a normal lifestyle and enjoy life again.

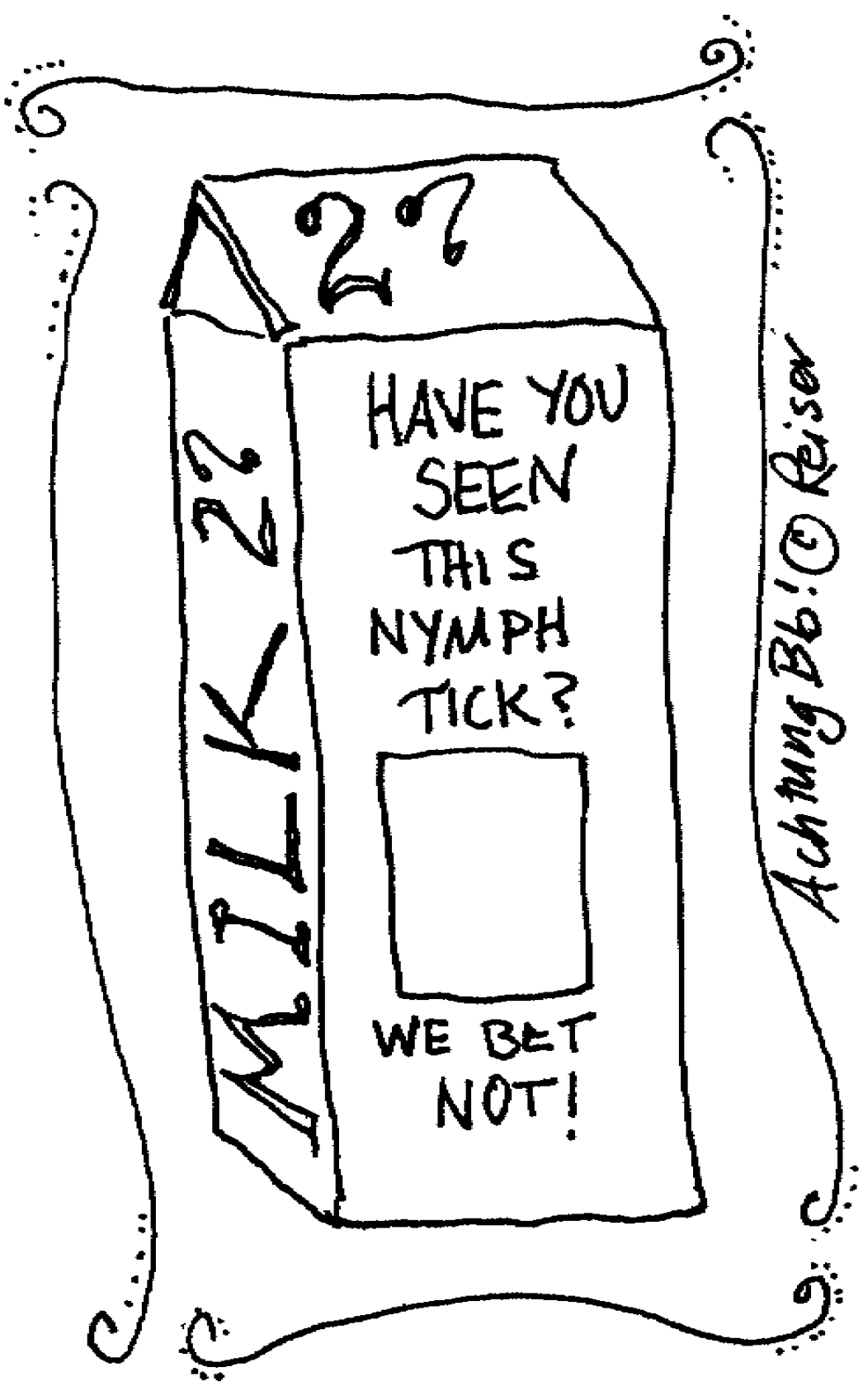
As my brain started to actually work again, I reflected on what happened to me. I was angered that I had not heard of this treatment earlier in my sickness and saddened that most Lyme disease sufferers are not aware of it. I became motivated to get the word out. I briefly considered attending medical school. But as quickly as the idea materialized, it vanished. I was broadsided by the realization that doctors cannot recommend rife machines because they do not have FDA approval. Ironic, I thought - the best way to share this promising medical therapy was to avoid medical school.

So this book was born.

The book is based on scientific data, laboratory exper-

"Rifing" ...cont'd pg 11

Ticktoons



by Terri Reiser

Renegade Patient: The No - Nonsense Practical Guide to Getting the Health Care You Need ~ A book review~

by Marjorie Tietjen

Title: Renegade Patient: The No - Nonsense Practical Guide to Getting the Health Care You Need

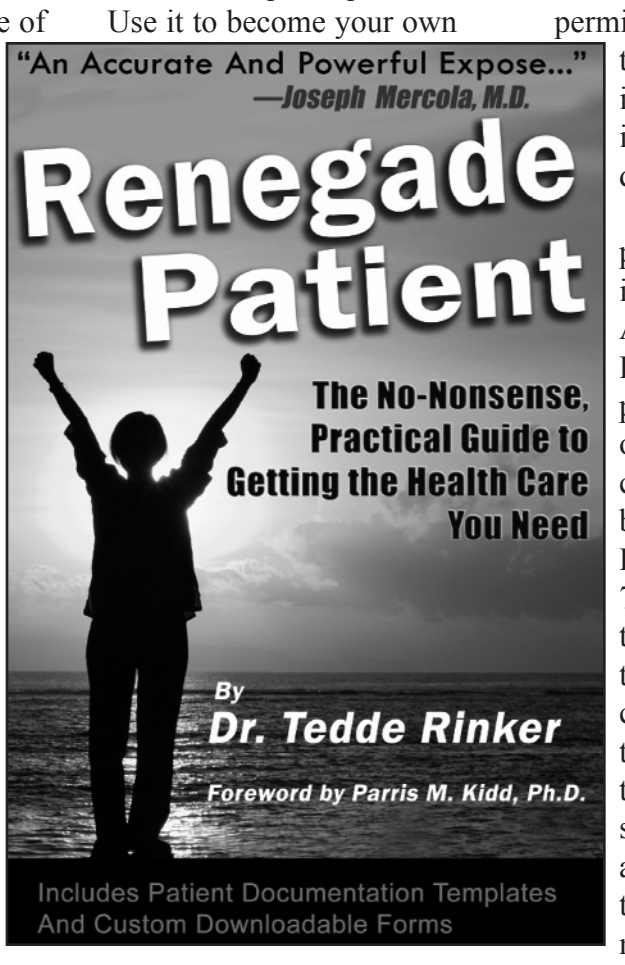
Author: Dr. Tedde Rinker

ISBN: 10: 0 - 9763797 - 7 - 5

Trying to navigate through our modern health care system is a tough job and sometimes seems insurmountable. In her book, Renegade Patient, Dr. Rinker offers valuable insights and information, which if implemented, could substantially empower the patient in obtaining the knowledge and confidence they require in order to obtain quality health-care.

Rinker tells it from both sides. She shares the perspectives of the patient and the doctor. Understanding where each other is coming from helps to foster a healthy productive doctor/patient relationship.

The author encourages the patient to research into the different forms of medicine in order to decide which style of treatment best fits his or her particular needs. Rinker is one of the few doctors who actually encourages the patient to become familiar with computers and to use them to learn all they can about preventative health care and or their current medical problems. She tells us that we need to be discerning when using the Internet and that we can't believe everything we read. However, the author cautions us that this advice also applies to the medical journals. Medical journal articles can also be slanted and falsified.



We need to become our own advocates. Dr. Rinker's book outlines our medical rights. This information helps patients to have more confidence when dealing with a medical system which does not always have the patient's best interests at heart. The following quote from the epilogue sums it up like this...."Remember: an inquisitive, curious, and critical mind that questions and challenges the status- quo, actively searching for better solutions and alternatives to the commonly accepted but flawed model, is the best weapon a person has. Use it to become your own empowered and wise health-care advocate."

Dr. Rinker strongly advises that it would be very advantageous for us to keep our own charts. Included are detailed instructions on how to do this. It is very important to go to a doctor visit prepared. Know what you need and what your rights are. Make lists of symptoms and questions you may have. Recording a visit is often helpful. This is not just for the memory impaired, but for anyone. You do not need permission to record a visit but the physician should be informed. Patient privacy issues are also discussed in detail.

Advice is also given to physicians. Chapter nine is entitled "It is Not Always the Doctor's Fault." Doctors and patients alike suffer from our heartless managed-care system and need to band together as a team. Dr. Rinker says on page 77, "I cannot promise you that your doctor is one of those who are eager to courageously step out of the confines imposed on them and are not afraid to stand up to the insurance and pharmaceutical industry. My guess - based on my own experience and observation - is that too many health care professionals are frightened to take that risk. However, as the song goes, "times they are a - changing." Consumers are becoming savvier and more demanding."

There is a helpful chapter concerning "Undeifying" The Physician. In chapter 18, Dr. Rinker talks about "When Self Advocacy is Not Enough." Here she discusses when you may need to hire a professional health advocate or if recruiting a family member for this job would work for you. Often patients are too sick to advocate for themselves.

This book is chock full of helpful information for both doctors and patients. We need to understand each other and appreciate the difficulties both sides face. As a chronic Lyme patient, I found that reading this book was very validating. Dr. Rinker writes with a sense of compassion and caring. This made me feel that there is hope for the medical profession and that a doctor's job is not just to dispense drugs and order tests but also to heal through a caring attitude, with a willingness to really listen. Patients' symptoms must never be glibly dismissed as "all in their head." The importance of this aspect of the healing profession should not be minimized.

I highly recommend this book and will keep this valuable reference close at hand.

pha

"Rifing" ... cont'd from pg 10

iments, and the vast wisdom and experience of Lyme disease sufferers and rife machine experts. The experience and wisdom of real people is favored over abstract medical politics. The book is an attempt to show you that rife machines are for real, and do work. Rife machine therapy's track record of providing relief for this incurable illness without side effects is something every Lyme disease sufferer should know about. You won't find this information at your doctor's office or anywhere else in print or on the internet. I know because I spent years looking for it.

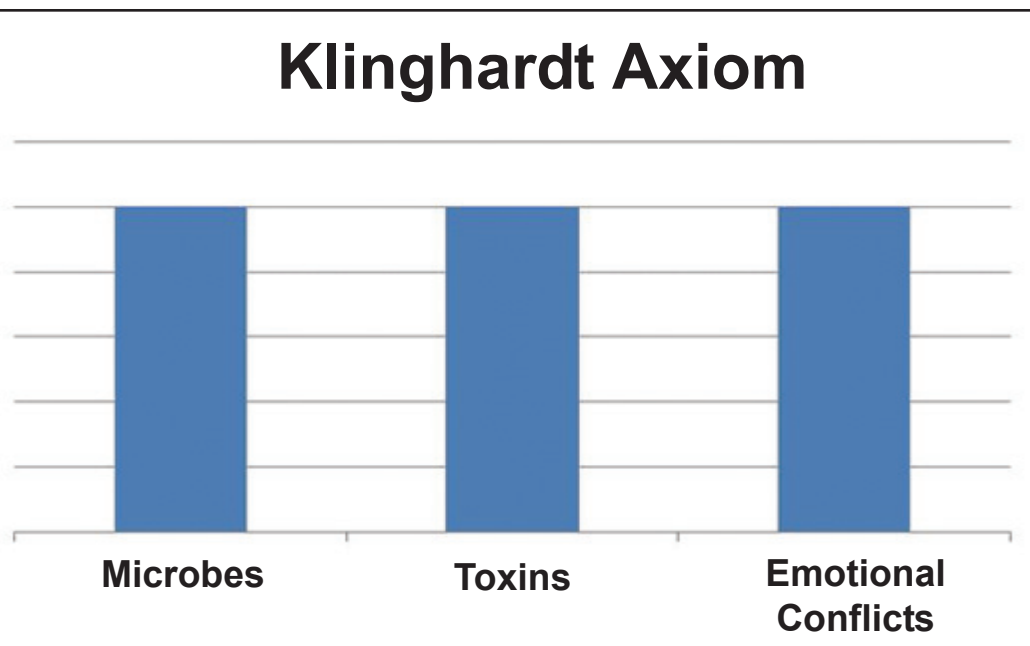
If you are skeptical, I can empathize. Before I actually tried rife machine therapy, I viewed it as just another treatment failure waiting to happen. I had already tried e-v-e-r-y-t-h-i-n-g. And I mean everything. I tried ozone, colloidal silver, saunas, dozens of herbs, an underground Lyme clinic in Nevada, many supplements and drugs, endotoxin-induced-hyperthermia (also known as "shake-and-bake"), homeopathy, acupuncture, Chinese medicine, Transfer Factor, colostrum, hyperbaric oxygen chamber, cholestyramine, IV and oral antibiotics, and more. Some of these therapies were helpful; none provided satisfactory results. I even spent $20,000 on an experimental treatment in Italy (commonly known as "ICHT") which promised a cure. But I didn't get a cure there…or anywhere. I was among the most skeptical of Lyme disease sufferers.

Critics of rife machine therapy added to my skepticism. These people (sometimes doctors, some-times laypeople) discouraged me from researching rife machines for a long time. But I discovered that those who dismiss this life-saving therapy habitually fail to produce evidence that rife machines are ineffective or harmful, and ignore the reality that many people are well today because of rife machines. Although they wouldn't say it exactly like this, critics think that chronic Lyme disease sufferers should just be quiet and docile while they spend the rest of their sick lives patiently waiting for conventional medicine to come to their rescue. I heard this suggestion (with slight variations) many times from "experts." I don't know about you, but I didn't find that appealing. I had already given mainstream medicine more than a fair chance - and I was still sick.

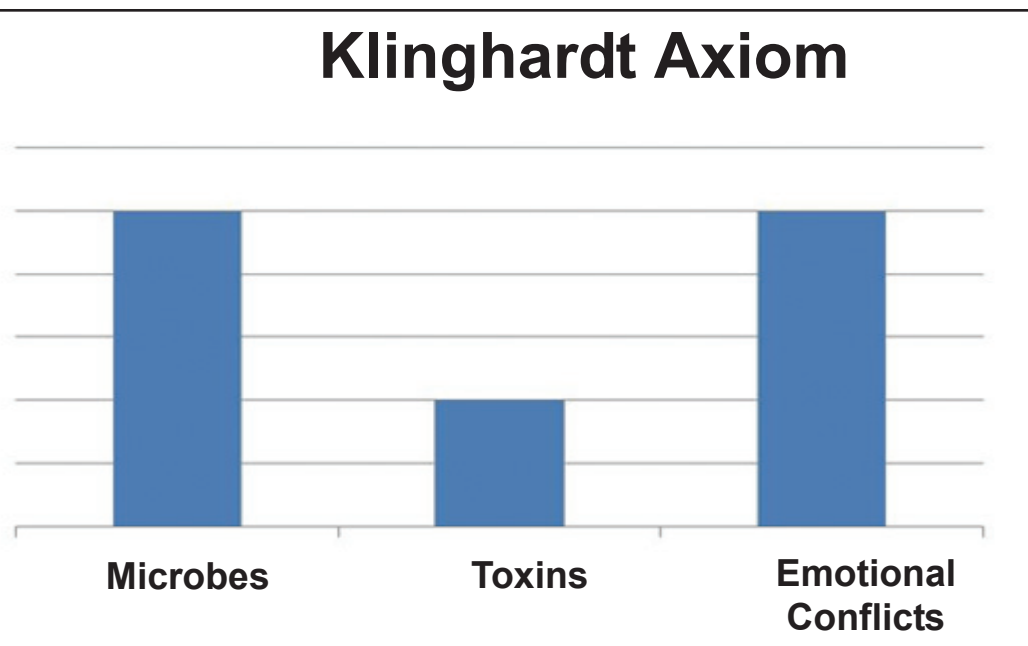
I also heard people say that the placebo effect is responsible for rife machine success against Lyme disease. But where was the placebo effect when I failed to get benefit from so many other "proven" medical therapies? Why did the placebo effect show up and save the day all of a sudden, as soon as I tried rife machines? After I started using rife machines, the term "placebo effect" blended into the rest of the useless medical jargon I had heard from countless "experts." These supposed experts were really good at talking but really bad at offering any kind of solution. Rife machines offered me a workable solution. This book will give you the tools to come to your own conclusion.

pha

"Klinghardt" ...cont'd from pg 1



The "Klinghardt Axiom" states that the level of microbes, toxins and emotional conflicts within the body are proportional to one another



When only the level of toxins is reduced, this leads to a state of disequilibrium which results in symptoms. These symptoms may be immunological or psychological.

and the presence of pathogenic microbes." It is only through a well-planned treatment protocol that considers all of these factors that the patient will return to a state of wellness. Let's look further at some of the relationships described by the axiom.

The level of infection in a body is directly correlated to the level of toxins, or toxic body burden. If the toxic body burden is high, the level of disease-causing microbes will also be high. This leads to a total combined body burden which results in chronic disease. Once this state is reached, there are no easy solutions. One cannot attempt to address the body burden of infection through an anti-microbial protocol alone. It will simply fail. The toxic body burden must be addressed as well if there is to be any chance of success in reducing the infectious load of the patient.

Toxins can stem from multiple internal and external sources such as heavy metals, flame retardants, insecticide residues, mycotoxins from mold, Lyme biotoxins, and many more. These toxins lead to a suppression of the immune system in the various body compartments where they reside. Once these toxins contaminate an area of the body and immune surveillance and function is reduced, this body compartment becomes the ideal breeding ground for pathenogenic microbes and numerous infections to move in. They not only move in, but they are essentially free to further damage the body as a result of the immune system's inability to address these organisms in areas where the concentration of the toxins are highest.

If one attempts to reduce the level of infection without concurrently reducing the toxic body burden, any positive results will be short-lived. Once the anti-microbial agent is stopped, the infections will once again move into their former home where they will thrive in the presence of a toxic environment.

Microbes grow and prosper proportional to the level of stored toxins in the body. A more successful treatment approach is to lower both the level of toxins and the level of infectious organisms in the body simultaneously. In fact, it may be the case that a focus on toxin reduction and immune support and modulation will result in a successful outcome even in the absence of an aggressive anti-microbial program.

If we take the impact of toxins on microbes one level higher, we must consider the impacts of electromagnetic radiation, a very powerful toxin to the human body. Electromagnetic fields (EMFs) from cell phones, cell towers, cordless phones and other sources strongly drive the growth of many microbes within us.

Molds, for example, increase their rate of growth and put out far more virulent mycotoxins in the presence of EMFs. They feel that they are being attacked and respond by fighting back. It is suggested that all levels of the microbiome are influenced by electromagnetic radiation including viruses, spirochetes, mycoplasma, streptococci, staphylococci, and numerous others. Thus, in looking at the impact of toxins on microorganisms, we must not only consider our internal toxic body burden. We must look at the toxic forces around us and make every effort to minimize the external toxins which also have powerful disease-promoting properties.

Next, we turn to emotional conflicts and how past traumas are a significant factor in healing. In Dr. Klinghardt's teachings in the area of Applied Psycho-Neurobiology (APN), Dr. Klinghardt talks about the relationships between specific emotions that we hold and organs that are impacted by these emotions.

For example, anger and frustration are the primary emotions associated with the liver. Likewise, fear and guilt are associated with the kidneys. Being overcritical or controlling impacts the large intestine. The emotions of loneliness or abandonment impact the small intestine.

When these emotions are present and not dealt with, they alter the blood flow in the associated organs. Unresolved conflicts create loops of arousal in the subconscious and are expressed by branches of the sympathetic nervous system which leads to hypoperfusion and vasoconstriction (reduced blood flow) as well as a hypersensitizing of pain receptors. When the blood flow is reduced, immune surveillance in those organs is also reduced and oxygen and nutrient delivery is depressed. As a result, the levels of infections and toxins increase as the immune system is no longer able to perform its job in those areas. If the organs which are impaired are organs of detoxification such as the kidneys or liver, there is an overall decrease in the clearance of toxins which results in a redistribution of toxins into the connective tissue and into the matrix.

> The body always strives to achieve an equilibrium between stored unresolved emotional conflicts, toxin storage and the presence of pathogenic microbes

The matrix is the space between the cells - the area in the body that includes the blood vessels, lymphatic vessels, autonomic nerves, fibroblasts, collagen, elastin, glucosaminoglycans, proteoglycans, cell membranes of neighboring cells, cells of the immune system, and nutrients.

The matrix is where nutrients and information-carrying substances move into the cells and toxins move out of the cells. The matrix as a whole is a significant storage site for toxins in the body. Psychologically, the matrix is related to unresolved emotional conflicts with the mother. It is essentially another organ of the body. If the body can detoxify more each day than it takes in, there is no need for a storage organ. If, however, the body cannot detoxify what it encounters on a daily basis, the matrix then becomes a backup storage container and acts like a sponge. Once the matrix is contaminated, the nutrient, water, and oxygen transport into the cells is impaired, the transport of metabolic waste from the cell to the excretory pathways is blocked and chronic illness follows.

Borrelia spirochetes live in the matrix and are collagen-eating organisms that feed on connective tissue. One of the key elements of a good detoxification protocol is to ensure that the matrix is no longer serving as a sponge for toxic waste.

It is easy for most people to accept that microbes or infections are a significant factor in a condition such as Lyme disease. It becomes slightly more difficult for some to fully grasp how our toxic body burden promotes the proliferation of the disease-causing microbes. It is often an order of magnitude more challenging for a patient to accept that emotional traumas or conflicts may be a contributor to their illnesses. However, these conflicts very significantly impact our ability to detoxify which results in increased toxin accumulation and a higher level of microbes. It is only through a treatment program which works to address each of these three factors that the patient will find and achieve lasting wellness and a new, optimal state of health. *pha*

Resources:

Dietrich Klinghardt, MD, Ph.D. is a highly-respected pioneer in the field of chronic illness and treatment of Lyme disease. Dr. Klinghardt studied medicine in Freiburg, Germany. He has since created a comprehensive diagnostic system known as ART, or Autonomic Response Testing, which has transformed many medical practices and helped numerous practitioners become gifted healers.

Dr. Klinghardt has recently released a new 4-DVD set geared towards educating patients. The set is entitled "Protocols for Patients and Practitioners: Fundamental Teachings of Dietrich Klinghardt, MD, Ph.D." and is available now either as a full set or as individual DVDs at http://klinghardtneurobiology.com

The "Klinghardt Protocol 2008" which discusses approaches to treatment of chronic illnesses and Lyme disease can be found on Dr. Klinghardt's web site at http://klinghardtneurobiology.com

About the author:

Scott Forsgren is the editor and founder of BetterHealthGuy.com where he shares his twelve year journey through a chronic illness only diagnosed as Lyme disease after eight years of searching for answers. He has attended numerous conferences taught by Dr. Klinghardt as well as having been a patient of Dr. Klinghardt for the past three years. Dr. Klinghardt has been a powerful mentor, teacher, and guide as Scott has worked to understand the disease which had previously taken so much of his life and moves toward a place of health and wellness. *pha*

[see Q&A with Dr. Klinghardt on pg 13.]

"Stimulus Bill" ... cont'd from pg 1

Opposing Views

Linda Bergthold wrote in the Huffington Post that McCaughey was huffing about a lot of nothing. "Does anyone care about the facts?" Bergthold asks. "This so-called Federal Health IT Coordinator was actually established by President Bush in 2004. It was a Republican idea. And the money in the Stimulus Bill expands that activity to help hospitals and doctors around the country turn their paper records into electronic ones."

Bergthold argues that the money for comparative research, "is meant to stimulate more information about what works and make that information available to patients and doctors. In fact, in a press statement from the Senate Finance committee, it is made completely clear that this information may NOT be used by Medicare to make coverage decisions."

Dr. Elliott S. Fisher of Dartmouth Medical School said the Federal Council would attempt to answer whether it is better to treat severe neck pain with surgery or a combination of physical therapy, exercise and medications. What is the best combination of prescription drugs and counseling for mild depression? How do drugs and "watchful waiting" compare with surgery as a treatment for leg pain that results from blockage of the arteries in the lower legs?

In a report filed with the final version of the bill, negotiators said they did not intend for the research money to be used to "mandate coverage, reimbursement or other policies for any public or private payer."

Steven Pearlstein, business columnist for the Washington Post, described McCaughey's commentary as a right-wing brushfire, "a work of political arson by the country's drugmakers and medical device makers, which have the most to lose if there is solid research showing that some of their most expensive and high-margin products aren't really better than the low-priced spread. The flames were also fanned by 'disease groups' like Easter Seals and the American Cancer Society, which fear that any attempt to determine what works best will inevitably lead to a one-size-fits-all approach

Dr. Betsy McCaughey, an Adjunct Fellow with the Hudson Institute

to treating people with serious chronic conditions."

Andrew Witty, the chief executive of the pharmaceutical company GlaxoSmithKline, said European officials often weighed the costs versus clinical benefits of new drugs and got mixed results. "Other countries have fallen in love with the concept [of comparative effectiveness], then spent years figuring out how on earth to make it work," Witty said.

Health Care Hidden in an Economic Bill

As Bergthold points out, the health care portion of the stimulus bill has been bouncing around since at least 2004. A year ago, Senator Daschle wrote that the next president should act quickly before critics mount an opposition. "If that means attaching a health-care plan to the federal budget, so be it," he said. "The issue is too important to be stalled by Senate protocol."

Some lawmakers expressed concern about the underhanded appearance. "We are not going to let the federal government monitor what doctors do," Sen. Arlen Specter said the day after McCaughey's editorial. Specter was one of only three Republicans to support the Democrats' stimulus/spending bill.

"If Bloomberg News has pointed out a potential problem…there will be clarification to avoid having the government meddle in what doctors do," Specter said.

Specter said the provision for $19 billion on electronic health records was intended to "provide technology" - to computerize the health records of all Americans. He said the government should not be in the business of making decisions on patients' treatment.

Specter noted that Congress never held hearings on the bill, and that has created problems. "This is one of a number of provisions that has popped up that we have to revise and be very careful about." Specter said he protested the rush to judgment, but "the only answer we get is that the situation is so dire, such an emergency, we have to act."

Stimulus Priority on Health Care

In a public opinion survey conducted in January by the Harvard School of Public Health and the Kaiser Family Foundation, helping the newly unemployed pay for health insurance ranked second only to helping businesses keep or create jobs as the top priorities for President Obama and Congress.

"It was higher than tax breaks for the middle class and higher than helping people pay their mortgages so they can stay in their homes," says Robert Blendon, professor of health policy and political analysis at the Harvard School of Public Health. "And it wasn't listed as a healthcare issue. It was listed as an economic stimulus issue: Helping people who just lost their jobs pay their health insurance is something that people can really see as instant relief."

Congress also approved spending about $17 billion in higher government health insurance payments for doctors and hospitals, beginning in 2011 when they adopt electronic

Sen. Arlen Specter, R-PA

health records. The bill also calls for $500 million on incentives for physicians, dentists and nurses to practice in communities where there is limited access to health care; and about $300 million to provide additional vaccinations.

Doctors See Danger

Many doctors feel the stimulus bill has a hidden agenda to eliminate alternative medical practitioners by encouraging conformity in medical practice.

"Congressional Democrats are using the cover of an economic crisis to advance an agenda that will destroy the doctor-patient relationship and set us on a course for government-administered health care," said Representative Tom Price (R-Georgia), a doctor.

"Nationalized health is upon us, hidden in the fine print with limitations on doctors' choices about treating patients," another doctor said privately. "'Standard care' decided by the government, not your doctor, is what you will get."

Larry Trivieri, Jr., co-author of The Alkaline-Acid Food Guide, said: "One-size fits all, cookie-cutter medicine is already the dominant health care approach of far too many conventional and alternative physicians today, and we already know how poor the outcomes of such an approach to medicine are. The stimulus bill has the pharmaceutical industry's handwriting all over it. Only drug-based medicine can thrive under such rigid measures of medicine. And only drug-based medicine can survive the stringent cookie-cutter measures that will be imposed on doctors and hospitals after this bill passes."

As Winkenwerder and Turner pointed out, "The U.S. already spends $2.2 trillion a year on health care, and it is widely acknowledged that we are not getting anything close to our money's worth. Can we invest an additional $160 billion wisely? Highly unlikely."

The devil is in the details, as the saying goes. Because this bill was so large, and rushed through without time for debate, most people really will not know what's coming until it is upon them. Most people are in the same boat as this person who responded to one of the on-line stories about the stimulus: "As a chronically ill person, I am incredibly curious to see how this all is applied to every day health care and health care professional interactions."

The only thing that seems clear in wake of the bill's passage is that it represents a sharp turn toward greater government control over our health sector.

pha

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

Q&A with Dr. Klinghardt

Q: Do you believe that people with chronic Lyme disease have solely an autoimmune condition as some promote?

A: Late Lyme disease is the persistence of infection. There may be some inappropriate immune responses which complicate the patient's condition but these inappropriate immune responses are the direct outcome of the presence of infection, not the result of something which occurs after the infection is eradicated.

Q: Why do you incorporate the use of anti-virals and anti-fungals into your treatment of Lyme disease?

A: It is a major mistake for us to approach these organisms as anything other than highly evolved, intelligent lifeforms. They do not live on their own, isolated from other micro-organisms around them. In fact, it is through a communication between the microbes within us that the microbes have yet another protective tool. In effect, the communication and sharing of information between the various organisms has created a "superbug".

For example, in the event that a Lyme spirochete is threatened by a treatment modality it may encounter, the spirochete may pass its DNA to the nearby mycoplasma. When the mycoplasma are then threatened, it may pass its DNA to the nearby mold.

Thus, once we recognize that these micro-organisms share more than we think, it becomes clear that an effective treatment strategy must address bacteria, viruses, and molds simultaneously in order to have the maximal effect.

Q: Does this aspect of sharing of information potentially affect the results of conventional laboratory testing?

A: Absolutely. When we look at PCR testing, this test looks for a segment of DNA known to exist in a given organism. What if this organism has shared its DNA with another organism? The test may now be positive for "organism A" in the complete absence of "organism A" if "organism A" had previously shared its DNA with "organism B". This is, in part, why a better approach to treating these infections is to modulate the immune response rather than to attempt to attack an organism with an anti-microbial or antibiotic that may be very limited in its effect or may be for the wrong infection entirely.

Q: How does one address the autoimmune component of chronic Lyme disease?

A: The single most effective therapy my German colleagues have found for regulating the Th1/Th2 response arms of the immune system and for down-regulating autoimmune reactions is auto-urine therapy. Under the guidance of a medical professional, the patient injects his or her filtered urine into the body. This not only serves to communicate information to the immune system which results in a more appropriate immune response, but the urine itself contains various fragments of organisms that the immune system has previously not mounted an appropriate response to. It is not uncommon for people to have very significant Herxheimer reactions to this therapy as their immune system wakes up and begins to address backlogged infections.

Q: Can a patient start a heavy metal detoxification protocol at the onset of treatment?

A: As you know, it is important for us to address both the infectious and toxic components of illness, along with emotional conflicts. All of our patient protocols include a very significant detoxification component. Before we jump into the heavy metals, however, we first ensure that we have bypassed any genetic issues in the methylation cycle. It is only after the patient is more effectively methylating that we would look to begin a heavy metal detoxification component.

Redistribution of heavy metals is a serious concern. We do not want to move metals from areas where they are causing limited or no problems to areas where they cause significantly more challenges for the patients, such as the brain. It is important to work with a practitioner that is highly skilled in heavy metal detoxification before attempting to do any work in this area.

Q: What are your thoughts on the impact of biofilms?

A: Biofilms are likely a major component of why many patients continue to have persistent infection. The biofilms are loaded with protective agents that not only protect the organisms they house, but biofilms can virtually explode and kill white blood cells and thus thwart any attempt on the part of the immune system to remove the pathogens which are protected by the biofilm.

Unfortunately, today, there is no single treatment that is effective for biofilms. We have used various compounds such as EDTA and green clay with some success. However, this is an area that needs further study and more effective agents will be required.

pha

"Detox" ... cont'd from page 2

between 7.35 to 7.45, supporting an active immune system and healthy brain function.

Zeolite may help to eliminate carcinogenic toxins from the body, especially a category of carcinogens called nitrosamines. The most common sources for these nitrates include processed meats, cigarettes, and beer, which are linked to pancreatic, stomach, and colon cancers.

Zeolite treats diarrhea, promotes healthy digestion and encourages nutrient absorption. Zeolite's ability to capture ammonium ions during digestion promotes a healthier and less toxic digestive system.

There is growing evidence that suggests zeolite is an immune modulator and can increase specific groups of T cells.

A Silver Lining against Pathogens

What did doctors prescribe before the advent of antibiotics to combat infections? The medical profession used colloidal silver. In 1914 the medical journal Lancet reported phenomenal results from silver use, stating it to be absolutely harmless, non-toxic to humans, and highly germicidal. In 1929, over 5 million prescriptions for silver-based products were issued in the United States alone. In fact, colloidal silver has proven itself useful against all species of fungi, parasites, bacteria, protozoa, and viruses.

For centuries dating back to Hippocrates, silver's healing properties for both external and internal use for a variety of medical conditions was widely known. Properly formulated colloidal silver is, beyond a shadow of a doubt, one of the most powerful, yet totally safe, antibiotics known to man.

With antibiotic-resistant strains of bacteria increasing at an alarming rate, efficacious and advanced forms of colloidal silver are once again offering safe solutions.

The Total Body Detox® Solution

To effectively address our Toxic Body Burden of harmful toxins and infections, Results RNA® has created Total Body Detox® comprising two revolutionary Intra-oral spray formulas called Advanced Cellular Zeolite (ACZ) nano® and Advanced Cellular Silver (ACS) 200®. With very impressive research, ACZ nano® and ACS 200® deserve specific mention.

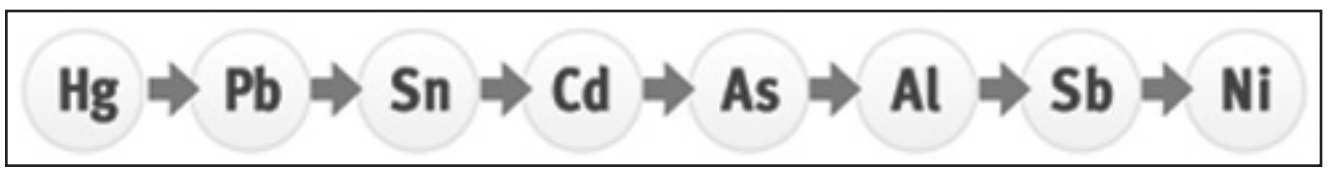
Advanced Cellular Zeolite (ACZ) nano®

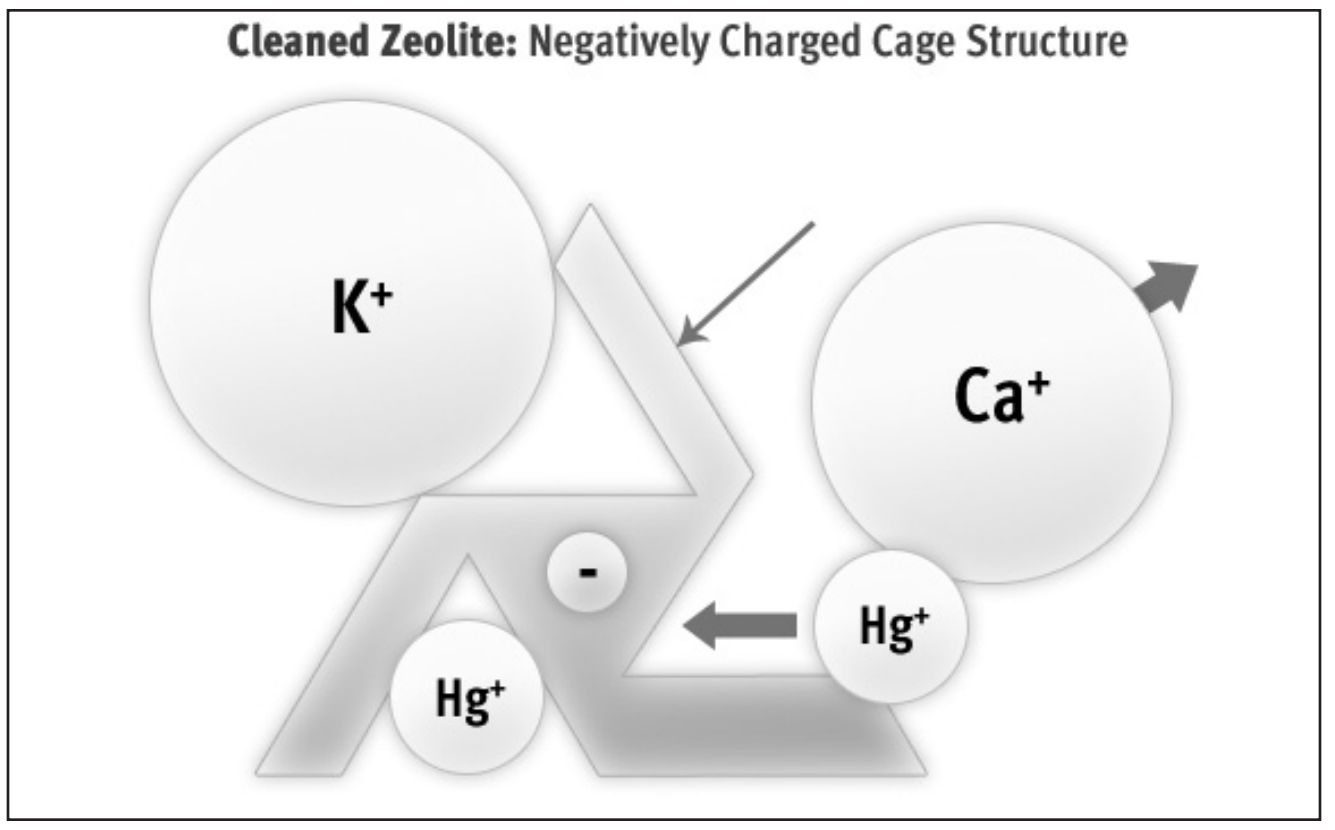
ACZ nano® has many significant qualities which make it a superior choice over other detoxification or chelation methods, including other zeolite-based products. In urine challenge studies, ACZ nano® has been independently proven to increase urinary output of mercury, lead and other toxic metals by over 300 percent. It is interesting to note that extremely toxic mercury levels were recorded in the urine of patients while taking ACZ nano® who had undetectable mercury levels in their urine prior. These significant research results show just how difficult it is for the body to remove mercury and other toxins without an effective chelator present. Urine challenge (pre and post-provocation) studies are the gold standard in measuring the efficacy of any chelating agent.

Traditional chelating agents have significant limitations in safely removing mercury, lead, cadmium and arsenic. One drawback is that agents such as endrate (EDTA) have high affinity for essential nutrient minerals such as calcium and remove them simultaneously with toxins. If not carefully monitored, this removal of calcium can be quite dangerous and bring on rapid muscle weakness and potentially cause heart damage.

A distinct advantage of ACZ nano® is its highly selective attraction for toxic heavy metals with no attraction for vital nutrient minerals like calcium, potassium, and selenium. ACZ nano®'s highest affinity is for mercury and lead.

The following affinity schedule of clinoptilolite zeolite for various heavy metal ions is backed by atomic absorption spectroscopy studies. As you can see, toxic heavy metals are highest in preference of attraction.





As you can see, mercury molecules fit tightly within the zeolite cage while potassium and calcium do not.

ACZ nano® safely removes Mercury, Lead, Tin, Cadmium, Arsenic, Aluminum, Antimony, Nickel and all other toxic heavy metals.

Another issue with acid-based chelators such as EDTA, DMSA, and DMPS is the phenomenon known as "pull-and-drop." With a weak bond, these chelating agents can pull out a toxin such as mercury from the tissues and then drop the mercury into the bloodstream where it can redeposit in the brain or other vital organs. If this happens, the patient's condition is likely to worsen. With ACZ nano®, toxins are tightly and irreversibly bound within the zeolite cage and safely eliminated though the urinary tract from the body within hours.

The strength of the zeolite bond is based upon:

* The toxin's charge density
* The toxin's average molecular size
* A phenomenon known as "molecular adaptive-fit".

As you can see, mercury molecules fit tightly while potassium and calcium do not. Another quality which makes ACZ nano® such an effective chelating agent is a proprietary nano-technology which provides a significantly greater number of nanomized zeolite crystals per dose. This results in an exponentially greater zeolite surface area, providing far more attraction and elimination of toxins than other chelation products.

ACZ nano® is also the only zeolite product manufactured using wetter-water©, a proprietary aqueous solution that is 43 percent lower in surface tension than natural water. This allows micronutrients to be more effectively absorbed through the mucosa to rapidly enter into the blood plasma, continue through the interstitial spaces and into the cells. Beyond the ability of ACZ nano® to remove toxins from the body, it boosts the immune system, enhances the body's metabolic function and nutrient absorption, alkalizes the body, and improves the body's ability to resist disease.

ACZ nano® is demonstrated to be so safe that it can even be used by pregnant mothers, children, and the elderly. Provided in a 2 ounce intra-oral spray (most competing zeolite products are more expensive and sold in ½ ounce dropper bottles), ACZ nano® is truly a powerful answer to our most pressing health problems.

Advanced Cellular Silver (ACS) 200®

The other partner of this dynamic duo is a unique silver-based antimicrobial called ACS 200®. Extremely effective, ACS 200® demonstrates a much broader pathogen kill spectrum than traditional prescription antibiotics, antifungal, or antiviral preparations. Far more advanced in both safety and efficacy than traditional colloidal silver, ACS 200® is a 200 PPM (parts per million) cellular silver that has been proven capable of rapidly killing an enormous array of disease-causing organisms - literally oxidizing the cell wall of gram positive and gram negative bacteria as well as naked virus/fungus, and all without damaging human tissue.

Complete research studies are available at: resultsrna.com/research

Covered by over ten patents to date, the unparalleled safety and efficacy of ACS 200® makes this silver-based antimicrobial the first choice of Health Care Professionals around the world.

Cleanse and Live Vibrantly!

It is possible to live with severe Toxic Body Burden and still not "feel" toxic. This is the equivalent to driving down the freeway at 75 mph with bald tires. Everything seems fine until one of the tires blows. Countless victims of cancer and other life-threatening diseases felt fine the day they were diagnosed. This is why toxins and pathogens are called silent killers.

Cleansing your body now is crucial to maintaining and restoring health. The healing powers of nature, enhanced with 21st century technology, has created the Total Body Detox® - the most effective, safe and affordable solution for the two greatest threats to optimal health today - chemical toxicity and chronic infections.

To purchase Results RNA® Total Body Detox®, please contact your integrative health care professional. To locate a practitioner near you, please call: 1 888 TB DETOX (823 3869). For research and additional information, please visit www.resultsrna.com

To purchase SOLUTIONS IE® Total Body Cleanse®, please visit www.solutionsie.com or call 1 888 234 6863.

About the Author:

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RIBOSCARDIO™ - *the most advanced Ribose*

RibosCardio™ has been designed to support serious energy needs of patients. The product has been formulated with **CardioPerform™**, a potent blend of L-carnitine (transports fuel into the heart to be burned as energy) and Acetyl L-carnitine (improves heart & brain health, protecting against oxidative damage), plus the patented form of D-Ribose, malic acid and magnesium gluconate to optimize energy production and synthesis.

Each scoop contains:

- ✓ D-Ribose
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- ✓ Acetyl L-Carnitine
- ✓ Magnesium
- ✓ Malic Acid

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- Joseph J. Burrascano Jr. M.D.

clinically researched probiotic - PRESCRIPT ASSIST PRO™

Prescript-Assist Pro™ has been shown to promote healthy intestinal function. As a soil-based probiotic, it contains no antibiotic or hormone residues, there is no potential for lactose-intolerance side-effects, and does not need to be refrigerated.

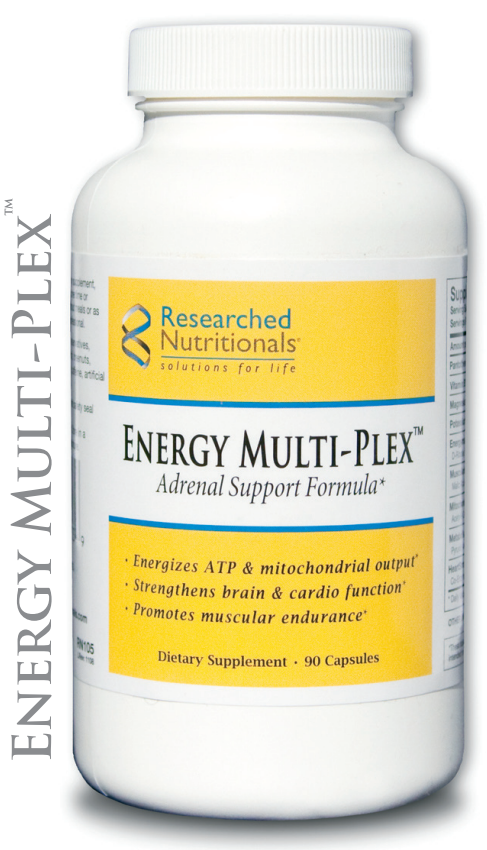
Soil-based probiotic organisms (SBO's) are found in healthy soils which produce and release powerful enzymes that prepare and purify soil to support plant growth. Natural soil is a living biomass composed of SBO's, fungi, yeasts, and microscopic insects. The role of SBO's is to keep the soil biomass in a healthy dynamic balance that supports the growth of plants and animals. Additionally, SBO's simultaneously produce and release specific nutrients necessary to accelerate plant development and reproduction. SBO's play the same role in the gut as they do in the soil: supporting the healthy growth of organisms.

Many forms of SBO's, as well as their enzyme and nutrient byproducts, are consumed when humans eat fresh, organically-grown fruits and vegetables. Prior to the 20th century, people relied on SBO's (versus milk based acidophilus products) to provide intestinal health support. SBO consumption was widespread as people ate foods fresh from fields and gardens. Today, our food processing techniques combined with fungicides, herbicides and heat destroy most or all of these friendly soil-based organisms in our food supply.

ENERGY FOCUSED PRODUCTS

Mitochondrial Support

Adrenal Support



Heart Support

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