

Using Neurotransmitter Precursors for Depression, Migraines and Obesity

An Interview with Warren M. Levin, MD

by Tina J. Garcia

Five-and-a-half years ago, in November of 2004, I found myself in a desperate and devastating situation. I could barely hold up my head, due to swelling in my brain from a central nervous system infection. My cognitive function was severely impaired, and I could barely walk due to excruciating pain in my legs, ankles and feet.

It was providence that led me to the knowledgeable and compassionate doctor who was able to recognize what no other previous doctor had been able to do. Dr. Warren Levin diagnosed me with Lyme disease and provided the treatment that saved my life!

My heart swells with gratitude for Dr. Levin's response to my situation and for his experience with Lyme disease and other chronic infections. Dr. Levin has for many years engaged in continuing research and study in the pursuit of better treatment outcomes for his patients. He has successfully implemented many innovative methods in his medical practice.

Dr. Levin opened the first Holistic Health Center in New York City in 1974, and his defense of Complementary Medicine for over fourteen years before the Office of Professional Misconduct ended successfully in 1994, leading to the passage of NY State's Alternative Medical Practice Act, and the ignominious defeat of the infamous Victor Herbert, MD, JD, the self-appointed Chief Quackbuster of Mainstream Medicine. Since then, Dr. Levin has been fondly referred to as the Dean of Alternative Medicine on the East Coast.

Tina: Dr. Levin, as always, it's such a pleasure to speak with you. What medical gems of knowledge will you be sharing with us today?

Dr. Levin: Thank you, Tina. It's a pleasure for me, also, since you consulted me early in my short stay in Arizona, and at that time the State's Health Department had seventeen total cases of Lyme disease in Arizona for the entire year of 2003. I found seventeen cases in my first six months in practice, with no patient base to

start from, and fortunately, you were an activist. Hopefully, together we have helped to change their focus.

What I'd like to share in this interview is that there is a growing interest within the mainstream medical community in neurotransmitters and the role they play in mental illness. As usual, Complementary physicians have been way ahead of the field, because of our concern for the built-in failure rate of Conventional Psychiatry's approach, and the powerful alternatives available that combine the basic principles of OrthoMolecular Psychiatry, (a term first created by the genius Linus Pauling, PhD as the title for an article in Science Magazine in 1968), and Biochemical Individuality as the title of a book published by another great biochemist of the 20th century - Roger Williams. The most concise expression of those two combined concepts is embodied in a beautiful quotation from a relatively unknown scientist, Emerson Pugh: "If the human brain were simple enough that we could understand it, we would be so simple [minded] that we couldn't understand it!"

Going back in time, the big breakthrough in psychiatry came from Freud coming up with theories about mental illness through his very time-consuming theory of analysis. Even when I was in medical school, his theories were still the major paradigm, but somewhere between then and now behaviorism came into play. Freud said that you cannot change your behavior until you understand why you're behaving that way. The behaviorists said that if you change your behavior intentionally and maintain the change, your brain will convert and act that way by itself. I certainly think that behaviorism is a more efficient method than analysis.

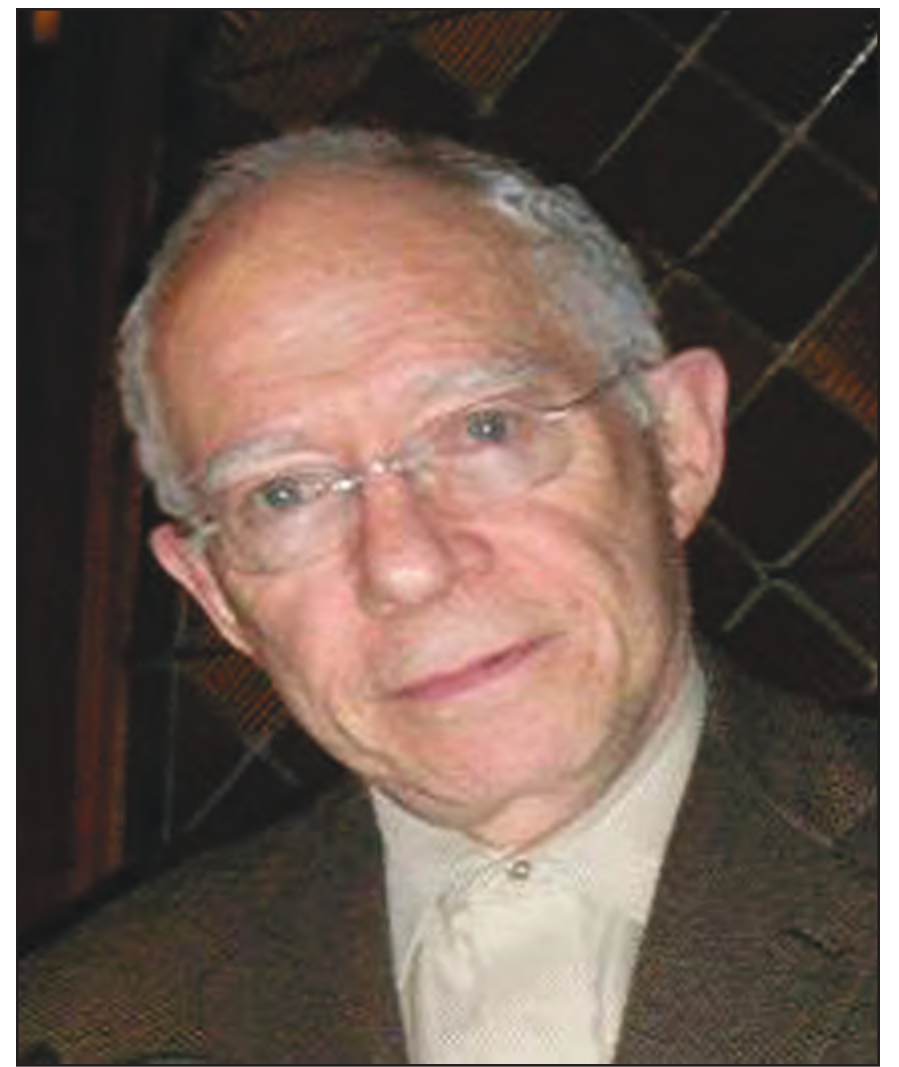
All sorts of methods came about to help people change their attitudes, behaviors and their basic views of life. Still, therapists are constantly trying to make this process easier and more helpful. Then the pharmaceutical industry came into the picture. Again, when I was in medical training, we did not have any tranquilizers or anti-depressants. While I was between my junior and senior years in med-

ical school, I worked in one of the largest insane asylums in the country, Byberry Hospital outside of Philadelphia, Pennsylvania.

My job was to conduct the physical examinations of schizophrenic patients, who were living in horrendous conditions -- worse than being in jail -- and then to follow them to see how they responded to Thorazine, which was the very first anti-psychotic drug. Now the success of that treatment with Thorazine is testified to by the fact that Byberry is basically closed down. What that means is that the people who had been forcibly institutionalized at Byberry, those who were unable to care for themselves and who were risks to themselves and society, were eventually converted into members of that society. They actually became able to live outside of the abominable conditions in the hospital, even though they weren't completely healthy or well. They were not happy or well-adjusted, but some of them were able to hold menial jobs. So, due to this success with the use of Thorazine, the drug-oriented treatment of psychiatric disorders was born.

After that, I think the next thing that came along were called tranquilizers, such as Miltown (Meprobamate). With the use of "downers" and "uppers", the use of psychiatric drugs for socially happy purposes began, with healthy people taking the drugs to feel good and get either high with amphetamines (by prescription only of course), or to zone out with prescribed anti-anxiety drugs. Unfortunately, we have gone on from there.

What I think is now most horrifying is the idea that we are giving children of younger and younger ages psychotropic drugs to make them conform to somebody's standards of acceptable behavior. Ritalin was the first that I am aware of that was used specifically for Attention Deficit Hyperactivity Disorder (ADHD), and it continues to be a mainstay, along with the other class of "uppers" - the Amphetamines. As an example of our continuing ignorance, we still do not understand why the uppers calm down the hyperactive kids, and the downers also work paradoxically to get them "wound up."



It is interesting to note that the pharmacological action of Ritalin is identical to that of cocaine, except that it has a slower onset and is of longer duration. So, with Ritalin, you get the same effect, but it is delayed and is longer-acting. At the same time that we tell kids to stay away from drugs like cocaine, with the other hand, we give them these cocaine-like drugs. I use a different definition of ADHD that I picked up from one of my colleagues, Mary Ann Block, DO. She said it stands for "Another Doctor Handing out Drugs."

Many of the medications that are being used today are from a group of drugs in which they don't really know the mechanism of the action of the drug, the biochemistry isn't certain and exactly where it works in the brain isn't certain, either. However, we give it to people merely because "it works." Although we have no idea of what's going to happen after many years of taking these drugs, they are prescribed anyway. This results in the fact that we are truly a drugged society, and the people who are responsible for bringing this about support each other by making up new diagnostic codes for mental disorders. It appears that as soon as they make one up, they have a drug ready for treatment.

I'll give you an example. PMS has been given a

fancy name now -- "Premenstrual Dysphoric Disorder." I laughed when I heard it called pre-menstrual syndrome. Although it is hormonal in nature, it's no longer treated with hormones; it's now treated with psychotropic drugs.

Moving on to depression, one of the really sad things about this whole drug treatment scenario is that people do frequently feel better with the newer drugs (the general class of "reuptake inhibitors"), but unfortunately, that feeling doesn't last. So, they use a little more, which helps again, and then it wears off and they go on to take a higher dose. They eventually run into total resistance in which they don't get any benefit out of it, or they get side effects that are worse than what they were treating. Sometimes, patients cannot afford to pay for the medication, because the insurance companies won't continue to provide insurance coverage. In any event, when people try to stop taking the drugs, they can't stop taking them due to the immense side effects caused by stopping. Thus, stopping the drugs abruptly causes them to crash.

A really unfortunate aspect in dealing with depression and marital relationships is that two of the most important side effects of the class of drugs that is most prescribed for depression now

"Dr. Levin" ...cont'd pg 8

Download Dr. Burrascano's Lyme Protocol FREE at:
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A Belonging Place



Jayne Weigand ready to bring baby Joshua home.

by Joan Vetter

"Come and go with me...to My Father's house, to my Father's house, to my Father's house. Come and go with me to My Father's house where there's love, love, love."

These are the words of a little praise song we used to sing. The next verses are the same with the words, "where there's joy, joy, joy", and then "where there's peace, peace, peace."

We all long for that place where we are loved unconditionally. However, in contrast, we find many conditions where the love of God the Father, hasn't yet reached. How about your heart? Is it secure in the truth that Father God loves you? Or do you still feel like an orphan?

Here is a little test - like when you are in a mall and you see the sign "You are here" with a little red dot. Where do you find yourself in the lists below?

AN ORPHAN HEART

1. You see God as judge.
2. You strive for praise & acceptance.
3. You reject self by comparing yourself with others.
4. Accusing and critical - you make others look bad so that

- you can look good
5. You must be right - you get easily hurt and close off your emotions
 6. You see authority as a source of pain/anger. You distrust those over you and lack submission.

HEART OF A SON

1. You see God as your loving father.
2. You feel totally accepted in God's love & grace.
3. You know you are radically favored and greatly loved by God.
4. You seek to restore others in love and honor
5. Accountable and humble in receiving instruction when confronted.
6. You honor and trust those who God has put in a leadership role in your life

OK - so perhaps you identify with some of the items in the orphan heart column. The worst thing you could do is throw up your hands and take that as condemnation. The whole point of this little test is to identify where our hearts have wandered, or have never been tethered, to the heart of God. Maybe you lived with a father or mother who abused or neglected you. Or maybe you never had a mother or father active in your life.

If you are one of the fortunate ones who can fully identify with the Heart of a Son, then you will find it your DNA to reach out to those who are yet unaware of God's love; or perhaps actually orphans.

One example is the Tuohy family who adopted Michael, a homeless young man of another race, which the movie *The Blindside* was based on. They literally said, "come and go with me" like the little song, and brought him into their family. It took a while to earn his love and trust. Leigh Ann shares in the book *In A Heartbeat*, that she would go into the kids' rooms and kiss them good night and say, "I love you." After Michael moved in she would say it night after night for months without a reply. Then one night, in the dark, came the quiet response, "I love you, too".

Closer to home, for me, is being able to participate in the ongoing joy of the friends who adopted Shosha, a little girl from an orphanage in China several years ago. Just last week, they completed their journey to bring home Josuha Joseph, a baby they adopted from a Taiwan orphanage.

How can families love a baby they didn't give birth to? Perhaps even a child of another race?

Doesn't it sound like God - to desire a child to receive salvation from loneliness, to have his needs for security and identity met? In fact, the Bible reveals the first adoption when Moses was brought into the very palace of the Pharaoh who desired his death.

Likewise, we are redeemed from destruction, and brought into the house of God when we accept Jesus Christ as our Lord, and learn to live in His love. In Romans 8:15-17 we are told that, "You received the Spirit of adoption by whom we cry out Abba, Father. The Spirit Himself bears witness with our spirit that we are children of God."

...And God takes great care of His kids!!!!

pha



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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From Roadblocks to Recovery:

LIA Conference Unites Practitioners and Patients and Offers Hope

Part 2

by Scott Forsgren

The first part of this article was presented in last month's Public Health Alert and is available online at <http://www.PublicHealthAlert.org>. In Part 2, we continue with a review of the following:

- ❖ A Comprehensive Holistic Approach to Healing the "Tough" Ones (Andrea Libutti, MD)
- ❖ Digging Deeper into Lyme and Autism by Identifying the Emotional Trauma Behind These Conditions (Dr. Gilbert Renaud, PhD and Dr. Jorge Moreno, DO)
- ❖ The Judicious Use of Hyperbaric Oxygen in Treating Children with Autism and Lyme (Dr. Kenneth Stoller, MD, FACHM)
- ❖ Utilizing Plant Stem Cells and Embryonic Phytotherapy for Immune Modulation, Biofilm and Symptoms Management of LIA (Dr. Elizabeth Hesse-Sheehan, DC, QN)
- ❖ Fuzzy Immuno Reactivity - Auto Immunity and Autism (Dr. Toby Watkinson, DC)
- ❖ Aerobic and Anaerobic Conditioning to Fight Lyme and My Lyme Plan / How I Did It! (Perry Louis Fields)
- ❖ Recent Advances in the Treatment of Autism Spectrum

Disorder (Dr. Dietrich Klinghardt, MD, PhD)

A Comprehensive Holistic Approach to Healing the "Tough" Ones

Andrea Libutti, MD (<http://www.SpectrumHealingCenter.com>) has personal experience with ASD as she has worked to help her own son emerge from autism. Her pursuit to help her son over the past four years has had the side effect of being able to help many other children on the spectrum. From her work with the great autism doctors and autism moms, she has found a number of promising therapies.

Libutti stated "our environment is getting more and more toxic every year - exponentially increasing - and autism happens to be one of the bad manifestations of this". The Environmental Working Group (<http://www.ewg.org>) published their "Body Burden" report in 2005 and looked at random umbilical cord blood samples. They tested for 400 chemicals and found 287 in all samples with 207 carcinogenic or neurotoxic chemicals. ASD children are compromised from birth.

Pesticides, heavy metals, chemicals (from furniture, carpets, paints, clothing, and

mattresses), poor indoor air quality, mold, vaccines, and electrosmog are all environmental toxins. All children are impacted by our environment, but some children are more susceptible to damage as a result of their genetic backdrop.

Libutti considers three core issues in autism. These are neurotoxicity and inflammation, the crippled immune system, and impaired detoxification. Neurotoxicity looks at infections, chemicals, pesticides, and heavy metals. Chronic pathogenic infections such as Lyme, coinfections, yeast, viruses, parasites, and bacteria all cripple the immune system and further lead to allergies to food, chemicals, and things in the air.

A treatment approach includes eliminating toxins that are coming in, increasing the toxins that are being removed by supporting detoxification, addressing infectious burden, supporting the immune system, and helping the body return to homeostasis.

Her comprehensive approach includes biochemical interventions such as nutrients, diet, and IVs. Energetic interventions such as homeopathy, acupuncture, lasers, craniosacral, and chiropractic are used. Spiritual well-being is

also considered and may be the most important.

Organic, non-GMO foods are critical. Animals that were fed GMO food for three months developed kidney and liver damage. Teflon should be avoided and only stainless, glass, or ceramic should be used for cooking. Safer plastic options should be employed and microwaves should be avoided. Diet should generally start with a GFCF allergen-free diet. The specific-carbohydrate diet (SCD) has been helpful. Only organic, real food should be consumed. Most kids need minerals, essential fatty acids, Vitamin C, Vitamin D, and probiotics. Home cleaning supplies and personal care products should be clean.

Electromagnetic fields (EMF) reduce the body's ability to detoxify and disrupt the blood-brain barrier. Libutti suggests getting rid of all cordless phones and turning off wireless internet at night. Cells phones should be avoided.

Libutti has found the "PK Protocol" helpful in addressing neurotoxicity as it helps to rehabilitate the cell membrane and helps nutrients to get into cells and toxins to be removed. Phosphatidylcholine repairs cell membranes while glutathione detoxifies cells and supports the

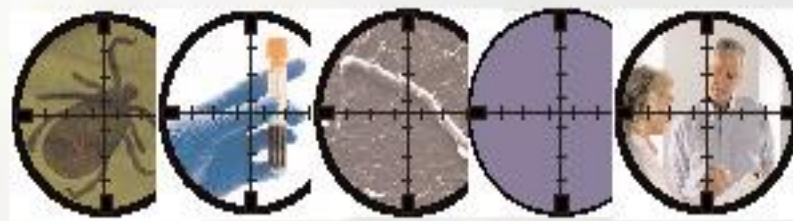
immune system. Libutti employs orthomolecular medicine following the teachings of Linus Pauling, Abram Hoffer, and Jonathan Wright. Vitamin C in high doses, B vitamins, minerals, and other nutrients may be used as oral and IV nutrients. There are orthomolecular protocols for infections, allergies, asthma, CFS, and heavy metal toxicity.

On the homotoxicology front, Libutti utilizes products from HVS Laboratories such as Adaptosode which supports the body's stress response, Biosode which supports the organs, and Detoxosode which helps the body to remove various offending agents. These are combined with drainage remedies to help the body detoxify.

NAET can be helpful, but often holds better in higher-functioning children. Laser Energetic Detox (LED) from Lee Cowden, MD can help the body to release specific toxins. Quantum Neurology is a promising modality. Inherited emotional trauma is a significant factor for many kids and classical homeopathy can be very helpful. Libutti suggested that quantum physics explains the power of positive thinking and that retraining our brains in this direction is critically important.

"LIAF" ...cont'd pg 4

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“LIAF”... cont'd from pg 3

Digging Deeper into Lyme and Autism by Identifying the Emotional Trauma Behind These Conditions

Dr. Gilbert Renaud, PhD (<http://www.RecallHealing.com>) and **Dr. Jorge Moreno, DO** (<http://www.DrJinLA.com>) spoke on the use of Recall Healing to unlock the secrets of illness. Recall Healing looks at the emotional traumas behind illness. Renaud explained that "In Recall Healing, an individual with symptoms is asked the right questions to cause a buried emotion and an associated belief or decision to come into the awareness of the individual enough to be resolved, which often results in the resolution of an associated physical or psychological illness."

Renaud works with clients to bring awareness to a trauma that underlies their condition. He stated that you always find something and that once that trauma is uncovered, other medical interventions work even better. Many of us were programmed to be ill long ago by some word that we heard in the past but are no longer aware of. Recall Healing is built on the work of Ryke Hamer MD, Claude Sabbah MD, and Gilbert Renaud PhD. Renaud has worked with many practitioners that have applied the concepts of Recall Healing in their practices with profound results.

Renaud relayed the importance of working with the parents, primarily the mother, to understand the emotional traumas that may be influencing the health of the child. The mother is often the one capable of healing the family.

Moreno talked about seven hindrances to healing which were: heavy metal toxicity, chemical toxicity, nutritional deficiencies, chronic infections, emotional/spiritual issues, EMF/Geopathic stress, and physical dysfunction.

Disease is not the enemy but rather "it is the brain's perceived best solution at that moment to keep the person alive as long as possible." The brain may download a conflict from the psyche into the subconscious and into the body part that corresponds with a given trauma.

The body is controlled by the "automatic brain" which keeps us alive from moment to moment. It is never wrong. It is akin to a late-generation computer. The question is often "why did the brain produce a given condition in order to save that life?". When we accept that there may be emotional factors involved in illness, they are often found.

The psyche is used to make decisions in our daily life using emotions, thoughts, decisions, beliefs, religion, and education. When a trauma or stress that exists in the psyche becomes overwhelming, the body may download this into the subconscious and later store in the corresponding body part. When the conflict is addressed, the physical manifestation of the conflict can be released. Cancer is often related to holding onto anger or not being able to process anger in a healthy way. There are specific emo-

tional traumas and conflicts behind various illnesses. Hamer himself lost his son and this traumatic shock two months later manifested as testicular cancer in the body's attempt to bring back his lost son.

Behind every condition there is a conflict or an unresolved emotional trauma. People with lives of joy generally don't become ill. Renaud asks clients to create a timeline of difficult life events. The "programmed purpose" is the 9 month phase prior to conception, conception, pregnancy and the first year of life. If a trauma happens to the mother, the mother's brain can download this trauma to the baby in the womb. Generational factors up to three levels are also considered. Illnesses can be the result of procuration (representing or proxy) for an ancestor. When the conflict of an ancestor is discovered, the conflict is no longer carried. The job is to discover the conflict and to give it back to the ancestor. Renaud says that "the psychological and emotional conflicts of the parents become the biological conflict of the child."

According to Hamer, every disease is preceded by a "Dirk Hamer Syndrome" which is a deep high stress experienced by the person in isolation. Swallowing the stress or secret will force the brain to find a place in the body to store the stress if it is not dealt with. Hamer's success rate with stage 3 and 4 disease was 92% as compared to the success rate in the United States, Canada, and other developed countries which is 2%. Every disease has a Hamer Brain Focus which can be seen on a CAT scan and can often be used to identify the specific trauma that the person has endured and what illness may have manifested as a result.

In Lyme disease, the primary conflict is feeling separated from the family clan and feeling as if "I have no clan".

In Recall Healing, there is always an emotional trauma behind conditions and behaviors. Recall Healing is used to identify the hidden emotional trauma and promote the resolution of the trauma which initiates a healing response. Renaud says, "Name it, claim it, and dump it."

The Judicious Use of Hyperbaric Oxygen in Treating Children with Autism and Lyme

Dr. Kenneth Stoller, MD, FACHM (<http://www.hbotnm.com>) advocates the use of HBOT in Lyme disease and autism. He views autism as an "Environmentally-triggered Neuroastroimmune Encephalopathy".

Factors in autism include genetics, environmental toxicity, heavy metal burden, and biologic and immunological triggers. Numerous metabolic "derangements" are observed in autistic children. Autism and Lyme disease are both "politically incorrect dis-

eases" and "the powers that be that should be helping the medical establishment and the public with appropriate interventions don't have clean hands in the causation of these illnesses."

Disseminated Lyme disease may develop in weeks to months and results in significant neurological complications. Numerous coinfections are involved as comorbidities in autism including Mycoplasma, Chlamydia, HHV-6, and others. Hyperbaric oxygen has not gotten a lot of respect in the Lyme disease community or in autism as it is often utilized at the wrong time. HBOT does not cause any harm to children with autism and thus it could be used at any time. In the use of HBOT in Lyme disease, you do not treat someone with HBOT

“The psychological and emotional conflicts of the parents become the biological conflict of the child.”
~Gilbert Renaud

when you are not treating their coinfections. HBOT is a powerful tool, but is not a miracle cure. You must know when to use it to obtain the best possible results.

HBOT treats cerebral hypoperfusion, hypoxia, and neuroinflammation. These clearly exist in autism and can be seen in functional brain imaging such as a SPECT scan. HBOT helps to normalize blood flow in the brain. Several studies have shown that the brains of autistic children are hypoxic. Hypoxia means that the brain is not getting the required oxygen. Biomarkers of inflammation are also observed to be increased in autistic children. There is also evidence of an immune response which may suggest the presence of infections in autism.

HBOT decreases inflammation. Autopsies have shown that autistic brains are inflamed. Stoller suggested that brains in Alzheimer's disease have shown Lyme disease infection. He made the suggestion that it could be the case that this is the same population and that an Alzheimer's person born more recently may not have Alzheimer's disease but rather would have autism.

Children with autism have low glutathione and high levels of oxidative stress.

Surprisingly, HBOT at proper pressures actually decreases oxidative stress by increasing antioxidant enzyme levels. HBOT induces mitochondrial biogenesis which may address mitochondrial dysfunction at the heart of autism. HBOT enhances the activity of stem cells by up to eight-fold. The purpose of HBOT is to improve mitochondrial function. The Lyme organism is intolerant of high levels of oxygen and thus may be treated with HBOT. Lyme typically hides in areas of

the body with low levels of oxygen. Raising levels of oxygen with HBOT thus may be an effective mechanism for treating the disease.

A comprehensive treatment program is required to successfully use HBOT. Used alone and without addressing other factors, HBOT may disappoint. However, when incorporated into a well-planned treatment protocol, HBOT may have profound benefits.

Utilizing Plant Stem Cells and Embryonic Phytotherapy for Immune Modulation, Biofilm and Symptoms Management of LIA

Dr. Elizabeth Hesse-Sheehan, DC, QN

(<http://www.ExperienceHealth.info>, <http://www.PlantStemCellsNutrition.com>) spoke about herbal remedies made from embryonic extracts called embryonic phytotherapy or "Plant Stem Cell Therapy".

Adult plants have many downsides over their embryonic counterparts. They may contain toxic compounds such as lead, arsenic, aluminum, cadmium, and pesticides. Adult plants do not have the same high concentration of phytochemicals, plant stem cells, and plant hormones as compared to the embryonic extracts.

Plant stem cells can be powerful tools for both detoxification and the management of microbial issues. They are often "bipolar" in that they can address both extremes of a given problem such as constipation or diarrhea with the same product. In terms of detoxification, PSCs repair and strengthen the primary organs of detoxification such as the liver, kidneys, lungs, intestines, and skin which promotes more efficient drainage and detoxification. The plants also have specific action in supporting detoxification through their phytoconstituents. They may act as chelators, binders, and excretors.

Development of a protocol with PSCs is done after a detailed history, physical exam, and lab testing including blood, urine, stool, saliva, and hair. Relevant blood testing includes a CBC, comprehensive metabolic profile, hormone panel, inflammatory markers with cytokine testing, lymphocyte subset with NK cells, viral titers, fibrinogen, lipid panel, Vitamin D, homocysteine, RBC magnesium, immunoglobulins, urinary organic acids and environmental pollutants, Th1/Th2 testing, glutathione, SIgA, Gliadin SIgA, Transglutaminase SIgA, and neurotransmitter testing.

Once Sheehan has reviewed lab testing, a detailed kinesiological evaluation is conducted. Putting together a proper PSC program requires the use of both laboratory evaluation and muscle testing. In order to maximize benefit to patients, an extensive understanding of the phytochemistry is necessary. PSCs are extremely complex and have a wide range of action.

Sheehan shared a "Lyme Cocktail" using PSCs which consists of Sweet Chestnut,

Yarrow, Wheat, Wormwood, Maize, and Rye. These support the body in dealing with infections, biofilms, and detoxification. Sweet Chestnut may be effective against Bartonella, Borrelia, Babesia, Ehrlichia, and Anaplasma. Other PSCs would generally be required based on individual needs.

Mixing one 15ml bottle of Cedar of Lebanon and one 15ml bottle of Juniper with 10-20 ounces of distilled water in a spray bottle may act as a powerful tick repellent though should be kept away from eyes and mouth. It can be sprayed on the skin and clothes. Repeat every few hours as needed.

PSCs are so concentrated that "less is more". For children, average dose is 1-3 drops 3 times a day. One PSC remedy can often take the place of 2-4 other remedies.

Fuzzy Immuno Reactivity - Auto Immunity and Autism

Dr. Toby Watkinson, DC (<http://www.TobinInstitute.com>) presented a new hypothesis on the link between vaccinations and autism. In the past, the focus has been on the impact of thimerosal in vaccinations. Recently, Watkinson has looked at vaccinations and antibiotic resistance.

Watkinson termed autism as an "autoimmune encephalopathy". He noted that evidence suggests that all of the microbes in the world are changing partially as a result of over 200,000 tons of antibiotics released into the environment. Microbes are not the same as they were when they were previously genetically mapped. The previously determined sequences have changed and no longer identify the microbes that they once did.

The antibiotic explosion on our planet combined with GMO foods has powerful and far-reaching effects. Antibodies are created in the body to the specific antibiotics that are being consumed. When a person has an infection and is given an antibiotic, they form a partial antibody to the antibiotic. The second time they get that antibiotic, they form the remainder of the antibody to the antibiotic. According to the Watkinson, the third time a person gets that antibiotic, it no longer works to kill the intended microbe. Antibiotics have a lifespan of 12-18 months before every microbe knows how to beat it. Deaths from MRSA today outnumber the deaths from AIDS and yet there are no bracelets for antibiotic resistance.

Antibiotics in low doses create antibiotic resistance. Antibiotics are used in the preparation of vaccines. Vaccines may carry antibiotic-resistant genes. This combined with the immunostimulant materials and adjuvants used in the vaccinations may account for many of the adverse reactions.

Homo sapiens are 90% bacteria and 10% human. 190 million doses of antibiotics are used every day in hospitals with another 133 million doses for outpatient use annually. 50% of these are unnecessary. Watkinson suggested that

“LIAF”...cont'd pg 5

“LIAF”... cont'd from pg 4

antibiotic development is on the downturn and bacterial vaccines may be the next approach to the problem. Vaccines for viral purposes may someday be added to our food supply.

Sources of antibiotic resistance are low dose antibiotics in food source animal feed, medical overuse of antibiotics and hospital disinfectants, disinfectant use on food source animals, antimicrobial use in vaccines, low dose antibiotics in vaccinations, and mercury in vaccinations, disinfectants, and dentistry. Mercury stimulates antibiotic-resistant genes. Watkinson suggested that going after a specific bug with a specific name will not lead to solutions.

Vaccines are incubated in chicken eggs which are at times are contaminated with Salmonella. Some vaccines are cultured on animal proteins which is also a bad idea. Neomycin is added to vaccinations in low doses. Live infections are occasionally used. Many of the problems with vaccine development lead to autoimmune conditions. 85% of vaccine reactions are neurological which suggests that they cross the blood-brain barrier.

The United States requires 36-38 vaccinations and has a high level of autism as compared to other countries with fewer vaccinations. Looking at the data related to adverse vaccine reactions, over 50% of reactions from vaccinations were deemed to be related to antibiotics (aminoglycosides) in vaccines. 92% of complaints related to vaccines could be attributed to antibiotics and antimicrobials in vaccines. Vaccinations with antibiotic-resistant genes are being given to children that do not yet have fully-developed immune systems. Vaccinations may then cross the blood-brain barrier due to exposure to cell phones or wireless internet which then leads to neuroautoimmunity.

Watkinson suggested that antibiotic resistance leads to increased autoimmunity. GMO foods carry both modified DNA and antibiotic resistance. He recommends eating only non-GMO, antibiotic-free organic food, avoiding the use of disinfectants, avoiding Wi-Fi and cell phone use near autistic children, and avoiding antibiotic-resistant dental materials.

Countries with the highest autism rates start their vaccinations at birth. Other countries start at two months or later and have a much lower incidence of autism. The earlier the age of the first vaccination, the higher the incident of autism that is observed.

Antibiotic use in food animals contributes to autism. Mercury exposure leads to antibiotic-resistant genes. Antimicrobial agents and antimicrobials in vaccines lead to numerous adverse reactions.

Aerobic and Anaerobic Conditioning to Fight Lyme and My Lyme Plan / How I Did It!

Perry Louis Fields (<http://www.BeatLyme.com>, <http://www.DieTickDie.com>, <http://www.TheTickSlayer.com>, <http://www.HealthtoHeart.com>) has "been there done that" and feels healthier now than she has ever been. Fields is a USA Track and Field athlete who was bitten by a tick in 2003 and not diagnosed with Lyme until 2005. Fields tested positive for Borrelia, Babesia, and Bartonella. By early 2009, Fields had made a full recovery and returned to racing in 2010.

Fields has a very direct demeanor and doesn't fool around. She does whatever it takes to get herself well. She employed antibiotic therapy for only 30 days before deciding to pursue an alternate path to wellness.

Fields noted that many people with Lyme are angry and have a bad attitude and that these people will never get well. She cautioned people to not fall into that trap. She continues to do many innovative therapies to keep her as healthy as possible.

Fields says that people who are successful in recovering from Lyme are implementers. The reasons that she believes explain those people who do not get well include: 1) some people think it is easier to stay sick - getting well is work, 2) acceptance of being ill with "no cure" - the universe is a big place and there is a cure for everything, 3) incompetence of the medical system, 4) unwilling to "stick to it" and implement, and 5) emotional hang-ups - "You are worth it". Fields talks about Lyme in the past

tense which may itself be a significant reason for her recovery.

Fields does not believe that people with Lyme have to feel worse to get better. "The highs should get higher and the lows should get higher." She suggests working with a DO or integrative medical doctor that has an open attitude and many treatment options. She believes that we must educate ourselves as "nobody will care for you like you should care for you".

Many people focus on killing Lyme. Fields believes that people with "Lyme disease" have 80% of their problem rooted in other dysfunctions and only 20% is actually attributable to Lyme itself.

Fields suggested that before starting treatment one must forgive. Forgive everything and let go of any anger. She suggests balancing emotions with talk therapy, EFT, and various oil blends. Make your living environment a happy one or you likely won't get well.

Fields believes that you must stay active. She says, "If you aren't willing to get active, stay active, and stick to an optimum diet, just go ahead and pick out your coffin". Aerobic and anaerobic conditioning can be used to improve your situation.

People with Lyme need to stay relaxed and not get unnecessarily stressed. Stress hormones impede our ability to recover. Breathing techniques can be helpful in improving lung capacity, improving levels of oxygen, and can help to kill microbes naturally. Exercise helps the body to manage stress and increases natural endorphins. Breathing and sweating both serve as mechanisms of detoxification. Immune function can be greatly improved with exercise. Lymphatic drainage is aided by exercise as well.

Both aerobic and anaerobic exercises are important in the recovery from Lyme disease. Her favorite options are biking and running mixed with weight training. She cautions people to start slowly, but to start some form of exercise even if it is just walking. Fields noted that hard exercise can stress the adrenals and that too much can be problematic.

Fields believes that nutrient balancing is critical at

the beginning of any treatment protocol. Everyone is depleted in one or more nutrients. Fields suggests that blood testing can be useful but prefers smell-sensitive vitamins, taste-sensitive minerals, and taste-sensitive electrolytes. She recommends taking nutrients with aloe juice to increase assimilation. Fields suggests that many people incorporate "fancy stuff" into their treatment protocols while they overlook the basics. Her favorite supplements include Beta Glucan, IP6, alpha-lipoic acid, NAC for liver support, glutamine/MSM/aloe cocktail for the gut, Permeability Factors, selenium, iodine for thyroid support, and flax oil. She likes wheat grass, barley grass, Yerba Mate, nettle leaf, and loose leaf teas.

Fields suggests avoiding corn, soy, and gluten. She advocates the use of raw milk. Protein is necessary and organic grass fed beef is ideal. Quinoa, ghee, and coconut oil are among her favorite foods.

For building immunity, Blood UV, sun gazing, probiotic enemas, and vitamin C IVs may be helpful. As for Herxheimer reactions, she believes that appropriate detoxification support can minimize these reactions. Rebounding, skin brushing, electrolytes, clay baths, coffee enemas, infrared sauna, liver flushes, castor oil packs, colon cleanses, and exercise are among Fields favorite detoxification options.

Fields suggests working on Leaky Gut and ensuring that Candida is being appropriately treated. Stool testing and treatment for gut pathogens can be quite important. Thyroid underfunctioning is a common issue in many people that are ill and iodine or glandular formulations may be helpful. The adrenals may require support with licorice or an adaptogenic formula.

Oral pathology is a critical issue. Wisdom teeth removal and root canals can lead to cavitations and jaw necrosis. A biological dentist may be a key part of one's recovery. Some biological dentists use advanced technologies such as the Cavitat and the Asyra; both of which Fields found helpful in her own journey.

Once these issues are addressed, Fields moves on to

"killing the bugs". Attacking from multiple angles is more expedient and efficient. Fields believes that antibiotics can make people very sick for a long period of time and should be a last resort. First, a parasite cleanse may be helpful. Fields utilized energetic medicine such as the Ondamed and the Multi-wave Oscillator. She likes the Salt/C protocol followed by Liquid Copal Pulsing such as grapefruit seed extract and oregano oil. Fermented enzymes may address biofilms. She believes that hyperthermia such as sauna therapy can be useful. Hydrogen peroxide IVs and blood ozone are more aggressive options for microbial management.

Chlorella, psyllium, charcoal, and Welchol are options for continuing to support detoxification while killing bugs. Metal chelation with cilantro and chlorella may be beneficial. DMSO with 30% food grade hydrogen peroxide solution mixed 50/50 applied to the spine or joints was helpful for Fields. DMSO and aloe may reduce inflammation. Fields suggests that a home ozone generator may have many applications such as ozonating water and ozone enemas.

Fields is now on a maintenance program consisting of "My Kit", "My Nutrients", "My Diet", "My Living Environment", ozone, energetic medicine, geo-cards, clean water, dry sauna, exercise, annual parasite cleanses, annual colon cleanses and liver flushes, continuing to remove metals, happiness, and forgiveness. With her current program, Fields is back at the top of her game.


Fields has an upcoming, tell-all book which will be available through the web site <http://www.TheTickSlayer.com>.

Recent Advances in the Treatment of Autism Spectrum Disorder

Dr. Dietrich Klinghardt, MD, PhD (<http://www.klinghardt.org>, <http://www.KlinghardtNeurobiology.com>) shared the latest approaches to treating ASD. Klinghardt expressed that the numbers are far worse than we ever imagined. A recent study suggested that

“LIAF”...cont'd pg 7

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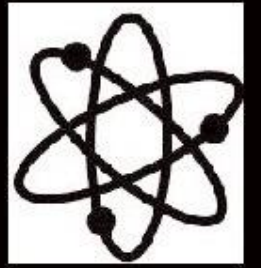
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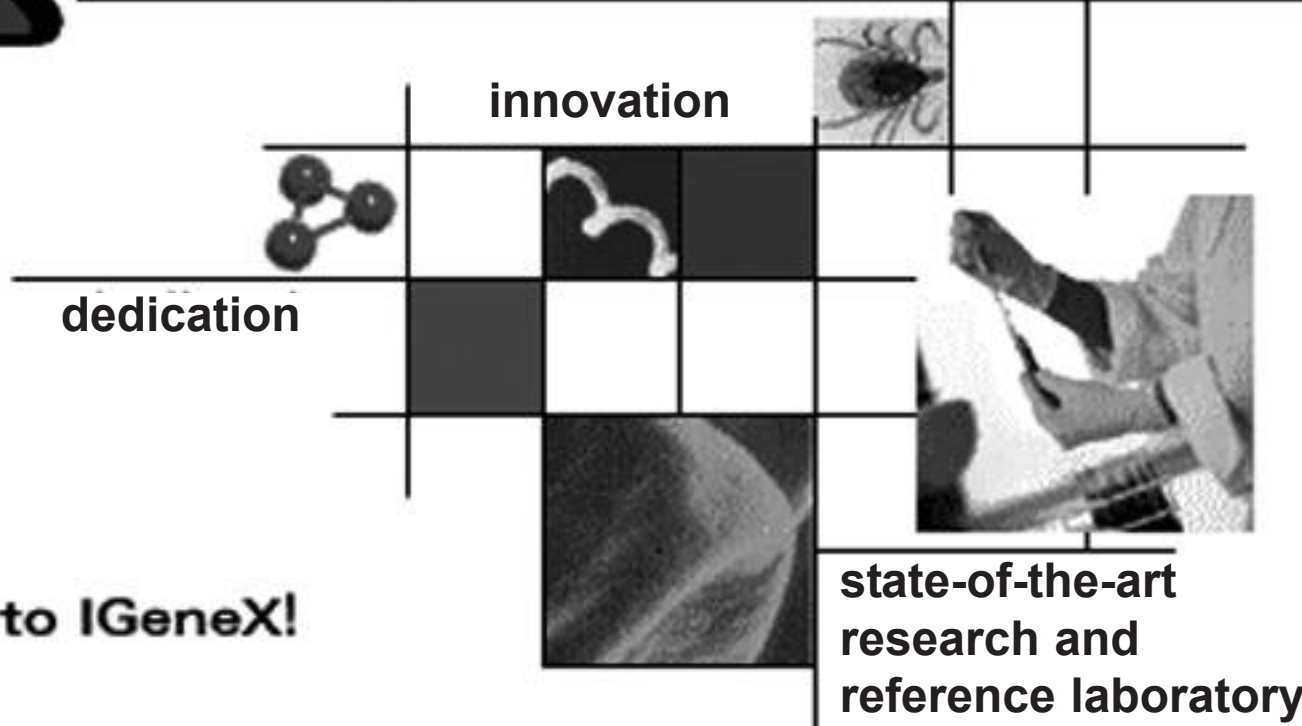
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“LIAF” cont’d from pg 5

many adults will outlive their children due to the fact that the "healthspan" and lifespan are declining.

Klinghardt noted that many others promote the idea that the genes are the "core of our life" and that when the genes are faulty, there is no chance of having a healthy life. He aimed to clear up this misunderstanding. What determines health and vitality is the activity of our metabolic enzymes. In autism, these enzymes are disturbed. Enzymes can exist in many shapes and forms. The genes determine the basic building block of the enzymes but the shape and the ultimate activity of them are determined by signals coming from outside the cell. There is something higher than the genes that tell the genes what to do. Genes are not always active. They have a certain rhythm that determines when they should be active and when they should not be active.

ASD children may have a higher number of polymorphisms, or damaged genes, but no specific ones. For every gene defect identified in ASD child, the same gene defect has been found in healthy children. This suggests that the gene defect is not the cause of the illness. Most genes have backup genes that can be activated when the primary gene fails. Even when a child has a demonstrated gene defect, this is not the end of the road according to Klinghardt. The remaining healthy genes can make the proteins that are otherwise absent as a result of a defective or missing gene.

Internal signals from the cell wall determines the switching on or off of the genes. Three external signals are also involved. These are: 1) biochemistry or signaling molecules, 2) EMFs and gravity, and 3) emotional, mental, ancestral, and transpersonal fields. Klinghardt suggested that doing Family Constellation or other emotional work on the mother or father often has a profound physical effect on the child.

"Autism is caused by inappropriate behavior by the cell. Autism can be healed by optimizing the environmental signals, even if there are genetic imperfections," Klinghardt suggested. Everything known on the biomedical aspect of

autism is a "signal gone wrong". Treatment then becomes about finding the signals that can be used to activate things in the cell that are dormant.

To turn on missing genes, optimize functioning genes, and silence defective genes, Klinghardt acknowledges that the biochemical approach to ASD treatment is to varying degrees effective here. The autonomic nervous system is involved in the release of neuropeptides as a response to our perceptions, emotions, thoughts, and general stress levels. Effective therapies include energy psychology, homeopathy, acupuncture, magnetic field therapy, neural therapy, Family Constellation work, prayer and holding therapy. As a result of the inability to express oneself, ASD kids often send a signal of frustration to the cell wall. Managing stress in ASD children is important in supporting their recovery.

Other signals that change the behavior of the cell wall are based on physics. It has been shown that gravity affects that transcription of genes. Vibration can also have a profound effect. Therapies include touch and breath therapies, floor time, movement, sound, color, smell, Gordon-Pomares, and vibrational trainers. Electromagnetic fields have a profound negative effect on gene expression. Wherever a cell phone call can be made, an ASD child is under a significant amount of stress. EMF mitigation (all fuses off at night, "Sleep Sanctuary") and the CES Ultra which gives the brain a healthy rhythm (<http://www.CESUltra.com>) may be helpful. Wireless internet should be disabled. Cordless phones should be removed. According to Klinghardt, cordless phones are "insanity squared".

ASD kids often have an imbalance in hormones, especially an elevation in androgens such as testosterone and DHEA. Treatment options include Lupron injections, high-potency homeopathic testosterone and DHEA to downregulate hormone production, and

high-dose Vitamin A. Gossypol dysregulates androgens. ASD kids with Lyme disease have further dysregulation. Smilax (sarsaparilla) binds and neutralizes gossypol.

There is nothing better than homeopathy to help regulate gene expression and cellular regulation. For the most part, biochemistry cannot reach the inside of the cells. Homeopathy can reach the inside of the cells as it is applied physics and not applied biochemistry.

For infections such as

“Autism is caused by inappropriate behavior by the cell. Autism can be healed by optimizing the environmental signals, even if there are genetic imperfections.”

~Dr. Dietrich Klinghardt

Lyme, Mycoplasma, Herpes viruses, XMRV and others, Klinghardt has created "Klinghardt Lyme Cocktail" (KLC) as the primary therapy for microbial management. To address metal toxicity, KLC incorporates agents to support detoxification of metals such as Phospholipid Exchange and MicroSilica. Chlorella, chlorella growth factor (CGF), and cilantro are other options. CGF also turns on growth factors which support both physical and mental growth.

Vaccine induced damage resulting primarily from adjuvants is another factor in autism. Therapies include laser detoxification and homeopathy. Klinghardt mentioned the use of homeopathic oxytocin, craniosacral work and holding therapy to help increase the bond to the mother.

Methylation defects may be related to a lack of bonding at birth resulting from a C-section, the mother being knocked out, or other separating birth experiences. Laser detoxification for any drug that may have been

used to induce labor or was used during labor may be helpful.

80 genes are affected by gravity and many of these are involved in the methylation and BH4 cycles. Rocking the child and singing or using a swing can have positive benefits. Klinghardt noted that many have incorporated biochemical treatment into their efforts to recover their children, but that we have overlooked the importance of therapies based on physics.

"The Right Water" may be the most important ASD treatment.

Metabolic processes in the cell break down or are distorted when one is dehydrated. Fluoridation calcifies the pineal gland which is where melatonin is produced, and melatonin is the most important anti-inflammatory and detoxification substance for the brain known.

Reverse osmosis is the only way to remove fluoride from water. Klinghardt suggested an RO system from

<http://www.FreeDrinkingWater.com> as the starting point for "The Right Water".

To 1 quart of RO water, the following are added:

- ❖ 2 tbsp ionic minerals (BioPure MicroMinerals)
- ❖ 2 tbsp Matrix Electrolytes
- ❖ 1 cap of M-Water (adds structure)
- ❖ 1 tsp Tri-Salts (when alkalizing is required)
- ❖ Organic Coconut Juice (1/4 to 1/8 of content)
- ❖ Singlet oxygen energy from Valkion (if available)

Klinghardt noted that silica is critical and he promotes the rubbing of 5 drops of BioSil into the soles of the feet at bedtime to restore healthy tubulin structure and organization of the matrix.

Klinghardt mentioned a new Type III diabetes theory of autism. The brain needs glucose which is regulated by insulin. The growth and development of the brain is largely insulin-dependent. In autism, this mechanism is disturbed

resulting in high ammonia levels in the brain, glutamate toxicity, and TNF-alpha and IL-6 elevation. The solution is D-Galactose at a dose of 4 grams twice a day in water. The galactose is converted to glucose inside the cell and the brain now gets the necessary glucose independent of insulin. Glutathione, NADH, CoQ-10, and ATP all may increase as a result of using D-Galactose.

Immune modulation may be approached by making an autonosode from saliva, urine, or stool. Directions for making an Autonosode can be found at <http://www.KlinghardtNeurobiology.com>. An alternative option is Allergie-Immun from <http://www.Allergie-Immun.de>.

Klinghardt suggested that magnesium feeds Lyme unless given either transdermally or in phospholipids such as Phospholipid Exchange.

Quinolinic acid is a neurotoxin often elevated in chronic neuroborreliosis. Treatment options for "Quin" include the use of chlorella and CGF, cilantro, mucuna powder, MicroSilica, zinc (as in "The Core" from <http://www.BioPureUS.com>), copper, resveratrol, Phospholipid Exchange, Quintessence, lymphatic drainage, and colon hydrotherapy.

Klinghardt has formulated Quintessence which contains Japanese Knotweed (helpful against Bartonella, Borrelia, Treponema denticola, Leptospirosis, and binding of microbial endotoxins), Andrographis (anti-spirochetal, anti-viral), Sarsaparilla (mental and psychological improvement, neurological and cognitive impairment), Stephania (regulates immunity, reduces glutamate and ammonia levels, anti-Babesia, modulates HLA-DR expression), and Red root (lymphatic and tonsillar drainage).

Disclaimer

This article is for informational purposes only and is not intended to serve as medical advice. All decisions regarding any medical treatment should be made only in conjunction with your licensed healthcare practitioner.

Errors or omissions may be present in this article's content. "LIAF" ...cont'd pg 10



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Dr. Levin ... Cont'd from pg 1

(that is, the SSRI's or selective serotonin reuptake inhibitors) are weight gain and loss of libido. The first SSRI on the market was Prozac and to give it its fair due, it was truly the first medication that depressed patients could take that would, within a matter of days, transform them from deep depression into a functional state.

This transformation is truly amazing, but it doesn't last. So, doses are increased and it works again, but not quite as well. Then patients end up taking more and experience more of the above side effects. If you place those symptoms into the picture of marital UNbliss, it can be devastating to the relationship. There are many couples who have stayed together for years when one of them is really depressed and the other one is the caregiver, but that ends up being too much for many marriages to handle. Adding to the problems, when the patient stops taking the medication, the depression comes back with a vengeance and then the marriage is in a terrible place.

The pharmaceutical industry, however, has continued to churn out antidepressant drugs, based upon the conception that depression is a deficiency of neurotransmitters in the brain. The idea of the way this medicine works sounds clever when you listen to it, but if you think about it for any length of time, you can see that it just cannot possibly be beneficial over the long run. Now, there are exceptions. There may be some people who have been on Prozac for ten years and are functioning, but they are few and far between. Most patients have had terrible difficulties.

The reason for this was pointed out by members of our organization ACAM, the American College for Advancement in Medicine. About seven or eight years ago, there were two doctors who came up with a new approach. One was a medical doctor, who had been working intensively with weight control issues and had developed a way of modifying that behavior using neurotransmitter precursor therapy. His name is Dr. Marty Hinz at this website: www.neuroassist.com.

By the time we heard about this, he had thousands of patient years of experience using these natural substances. He got together with a neurobiochemist, Gottfried Kellerman, PhD, a very bright guy who understood the neurobiochemistry more comprehensively than Dr. Hinz, and the two of them jointly presented their findings. It didn't take long to convince me and many of my colleagues that there was a problem with using selective serotonin reuptake inhibitors.

The idea that was presented was that the powers that be in psychiatry had decided that the main issue in depression was serotonin deficiency in the brain. Serotonin is one of many neurotransmitters. A neurotransmitter is a substance that transmits a signal, obviously, but from where to where?

The brain is so unbelievably complex that I have on my wall one of the foundational

principles of my practice. I again refer to the earlier quote from Emerson Pugh, who wasn't a neurologist or any other kind of doctor, but he came up with a statement that I think is pertinent for the ages when he said, "If the human brain were simple enough that we could understand it, we would be so simple that we couldn't understand it."

I don't think that we will ever truly understand the complexities of our brain, this incredible biochemical computer. Now, I've meditated, I've argued and dissected that statement, and the most important thing to me is this -- what he said is true -- I don't think there is anything that is a misstatement or overstatement in that quotation. I think it says it all, and I question anybody who thinks that it makes sense to put a foreign chemical that has just been discovered in the last fifty years into any brain - most of all not into a child's brain.

Taking into consideration the fact that the human brain has evolved with its environment for the past millenia, it is ludicrous for a doctor with the power to say to a mother, "Well, we have this new drug from ABC Pharmaceutical Company, and they say it's going to help your youngster do well. Now, we don't know how it works yet, but they've tried it out and it's working fine for many of these kids."

That is the most outrageous example of delusional thinking! Hopefully, they won't take me out for making that statement publicly. I think that the psychiatric profession, along with the pharmaceutical industry, has been bought and paid for, and the guys who do it are taking part in a mass psychiatric delusion - they behave as though they really believe that they can "fix" a sick or injured brain with a chemical out of the laboratory. It's just one of the things that I find upsetting about our drug-oriented society.

To understand the relationship between the body and SSRI's, let's take a look at the role of the neurotransmitter, serotonin. Basically, the body has an accelerator and a brake in controlling its various functions. Now, the presence of serotonin, dopamine, norepinephrine and epinephrine-like neurotransmitting substances was discovered within the last seventy-five years. I'm not sure when they decided that it was a deficiency in serotonin that caused depression, but Prozac was the first selective serotonin reuptake inhibitor used.

However, what happens is this - billions of cells in the brain connect to each other and to other cells, some very far away. By "far away", what I mean is that, if you think about it, the decision to move your right foot forward to walk originates in the brain and finishes in the foot, and the length between these cells can be six or more feet long.

The fact that these actions are accompanied by electrical signals was discovered in the twentieth century. After that was discovered, it was shown through microscopic study that the nerves did not continue all the way to the foot

from the brain; they went from the brain to the spinal cord and some of the nerves exited the spinal cord. So, the researchers figured there obviously had to be some connection, so the signal could be transported. As microscopes and technology improved over time, researchers were able to observe that a long nerve fiber from a brain cell goes to the spinal cord and meets another nerve cell in the spinal cord that goes to the foot.

They were then able to observe and measure the electrical signals traveling that route, so it was assumed that the connection between those two nerves represented the resistance to the smooth flow of the electricity. They figured that the nerve kept sending the signal until it built up on the sending side, to the point that it jumped across the gap and stimulated the nerve on the other side, acting very much like the spark plug in an automobile.

However, it wasn't until late in the twentieth century that it was discovered that it actually wasn't an electrical signal that was transmitted. Researchers found that the electrical signal came down to the end of "the Axon," which is the fiber that carries the signal from a cell away from it, to the synapse, which is where the axon meets a receiving fiber from another nerve cell, "the Dendrite." The synapse is the space between the sending fiber and the receiving fiber, and there is a bulbous bulge at the end of the axon.

They then discovered that the electrical signal triggered the release of chemical substances from the bulb at the end into the synaptic cleft, which is the space between the nerves where they meet. They realized that those substances were transported or being picked up on the other side, and when enough of them were picked up, that's what stimulated the signal to continue. The brain is truly remarkable, and it is interesting to note that the same process occurs in the brains of animals -- mice, cats, dogs, elephants, goats and horses.

One of the major stimulating neurotransmitters that was recognized is serotonin. Researchers wondered how they could get the serotonin to be more effective. Well, neurotransmitters in general are complicated molecules. The body has to manufacture them, and of course the body manufactures them with spare parts that are supplied by the diet. This is an expensive and time consuming process, and therefore, the body does not waste these molecules. So, when they are received into the synapse and they produce the results needed, not all of the supply is used. The body then reabsorbs the neurotransmitter back into the bulb of the axon, so it can be used the next time.

So, quite ingeniously, they developed drugs that block the reuptake of serotonin, thereby leaving it in the synapse for a longer period of time. This increases the number of receptors that are activated, and therefore, it strengthens the signal. That was a pretty clever

idea. And, of course, I'm providing only a basic description of the entire process, but it worked in their experimental situation, so they then tried it on humans. They demonstrated that people really did come out of deep depression. It was almost miraculous and the FDA approved it.

However, no one thought about the issue of whether the problem is really a serotonin deficiency throughout the system. If this is the case, blocking the reuptake and further lowering the reservoirs will lower the supply more rapidly, because the reuptake is what keeps them full. Now, the body still manufactures some, but the balance with the proper reuptake is enough to keep us happy and healthy.

When people have too little serotonin in their reservoirs, and they take these SSRI drugs, their levels are depleted further, and they begin to feel bad while they're on the drugs. The dosage of the drugs then needs to be increased so they feel better again, but the increased dosage lowers the reservoirs even further. Ultimately, this doesn't work, because the reservoirs have run dry. Then when they stop taking the drug, they're in a really bad situation.

This issue was recognized by some of the more objective people working with it and it was referred to as "Prozac poop-out." The pharmaceutical companies did realize that there are other neurotransmitters involved in the process and that one of the problems is the brake and accelerator in our systems.

The spinal cord is a focus of attention for chiropractors and osteopaths, because there is a sympathetic and a parasympathetic nervous system. Each organ responds in its own way to the sympathetic system. And generally speaking, the body responds in the opposite way to the parasympathetic system.

For example, when I was young, I wasn't allowed to go swimming right after I ate, because the function of digestion is the preservation of the body, so that the blood supply is directed towards the digestive system. There is a limited blood supply, so the muscles don't have enough blood supply when we are digesting our food. This causes us to get tired faster, especially while swimming in the water.

The sympathetic system is the fight-fright-flight response. It causes the heart to beat faster, the eyes to dilate, and the blood to flow to the muscles instead of the intestinal tract, so it's not a good idea to eat when you're excited. When it comes to SSRI drugs, what makes it difficult to control is that the serotonin acts as an accelerator in certain areas and in other areas of the brain it acts as a brake. So, you can't just give one drug intending to only stimulate, because in other parts of the body it will act as a suppressant.

The other important issue is that the brain is protected by the blood brain barrier (BBB). There aren't many drugs that can get into the brain, because the brain tries to

keep them out with this BBB protection. All of these issues are rolling around in the medication society of today, and the side effects of these medicines present difficulties, as well. More than anything, the pharmaceutical industry has a bonanza, because anyone who starts taking SSRI's and really makes an effort to stick with it, is going to be unable to stop without experiencing some terribly difficult issues.

When people are deeply depressed and then temporarily see the light, they really want to continue seeing the light. So, Dr. Hinz and Dr. Kellerman came up with the idea that, if we give our patients increased amounts of the substances required by the brain to make these neurotransmitters, we could gradually change the brain's balance.

It turns out that this not only works for depression, but in many patients with real serious obesity problems, these neurotransmitter precursors allow them to control appetite, binge eating and all of the other issues, and they lose weight gradually but consistently and feel well while they're doing so. Now that's a pretty amazing thing!

Also, if people who have suffered with migraines for years have the fortitude to try this program, many are able to conquer those terrible headaches, as well. When I began my practice in Virginia, one of my first patients had terrible migraines. I started her on this program and about two weeks later I got a call from a psychiatrist who treated her. She asked me, "What did you give her?" And I answered, "Well, we're using some neurotransmitter precursors." The psychiatrist said, "I've been working with her for years, and since you gave her that stuff, she hasn't had a migraine!"

So, the psychiatrist ended up coming to my office to spend a few days with me and has since attended several of our alternative medicine meetings on using this kind of treatment. I'm not implying that everyone does well; certainly, many depressions are secondary to significant problems that aren't going to be corrected by a drug or a neurotransmitter. However, for the patient with a simple depression not linked to any catastrophic life situation, we have been very fortunate to see many people able to get off these drugs, as difficult as that is. Weaning them off the SSRI's through the use of neurotransmitter precursors enables people to get off the drugs with fewer side effects.

We are such complex organisms that it's foolish to make believe that we understand the body. When I demonstrate this to people, I explain it using a slide show and people can see what happens at the synapse. I ask "What do you think happens to the reservoirs?" And they really understand it. So, I tell them that what we really need to do is to refill the reservoirs. I do not want them to try going off the medication all at once; I want them to stay on the medication and refill the reservoirs from

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behind, as well.

Also, there are so many other situations that can contribute to the depression syndrome, and especially with longtime depression, people tend to eat poorly. They don't take care of themselves and they don't exercise, so the body is not contributing to their well being either. We encourage them to exercise, eat the right food and not eat the wrong food. We also measure their vitamin and mineral levels and a number of other substances in their blood. We correct the deficiencies and address the toxins, and they start realizing that they have to take care of the body that's housing this machine.

Once they start getting better, they are eager to stop the medicine. Sometimes we need to kind of sit on them a bit and tell them that they can't just stop taking the medicine all at once. We are feeling our way along, but I have very few people who have continued the program who have not been able to get off the drugs. I've also had a lot of people who start the program, but are too enmeshed in their misery to complete it.

The biggest problem with the protocol in comparison to taking medications like Prozac, Paxil, Zoloft, Cymbalta, Lexapro and now there's Pristiq, is that the prescription drugs require only one or two pills a day, but it takes well over twenty pills a day to reach and maintain the repletion of the reservoirs. There are also variations in the balance of the serotonin and the other side, the dopamine/norepinephrine, so that some psychiatrists are better than others with their intuition or understanding of which drugs will work better for each particular person.

When patients' reservoirs are refilled, they can taper off these medicines and they do not hit the wall. We also need to correct their deficiencies and see if they have any toxins. We also look for allergies, because allergies can cause depression. This is especially true about food and drink allergies. So, when you take away the addiction, it speeds up the healing process.

Infections can also cause depression, and here we

come to something you know about, knock on wood, Lyme disease. There was a Dr. Paul Fink, who was the President of the American Psychiatric Association some years ago. He said that anytime someone previously healthy suddenly shows up with any kind of psychiatric diagnosis, you should always consider the possibility that it was triggered by Lyme disease. I don't think a lot of psychiatrists think about that possibility. Coincidentally, by six degrees of separation, my brother is best friends with Dr. Fink's brother.

In my opinion, this is another example of how a holistic, complementary, integrative and functional approach works best. You just can't simply treat someone with a pill for their depression. You must look for their allergies, infections and analyze their diet nutrient deficiencies. When you get these things straightened out, they feel better.

One of the sad things is that these two doctors, Dr. Hinz and Dr. Kellerman didn't last together very long. One was a physician/clinician and the other was a neurobiochemist. Dr. Kellerman began looking at all the other neurotransmitters, and when they gave their lecture about eight years ago and they said something like 183 neurotransmitters had been identified, Dr. Kellerman wanted to address all of them.

What Dr. Hinz identified, because he kept incredibly comprehensive records on everyone he treated, was that even though some of these other neurotransmitters might be out of balance, if you straightened out the push and the pull of serotonin on one side and the dopamine on the other side, the other untreated neurotransmitters would fall in line as well.

Dopamine breaks down into norepinephrine (NorAdrenalin being the trade name). Norepinephrine is then broken down into epinephrine (Adrenalin) and epinephrine is the fight-fright-flight response of the sympathetic nervous system, which comes from the adrenal glands. However, when we're experimenting with people, we're experimenting with people's brains. They had to demonstrate that the adrenal epinephrine did not act as the

same neurotransmitter in the brain and you can't give neurotransmitters orally or by injection, because they don't cross the blood brain barrier. That is why we need to give the precursor molecules, so that the body will manufacture them naturally and fill the reservoirs.

So, I have had to choose sides in yet another controversy. I have been working with Dr. Hinz, who has a company called Neuro Research, and Dr. Kellerman has a company called NeuroScience. His company works on a lot of things besides depression. The thing that Dr. Kellerman does first is test the neurotransmitters, and this is how he determines what needs to be treated.

Now, Dr. Hinz refuses to do that, because he has done a great deal of research and found that what is in the blood or the urine is not in the brain, until you have people on these high doses for some time. I think that is scientifically established with peer-reviewed literature, most of which was contributed by Dr. Hinz. I think that was what led to the demise of the relationship, because Dr. Kellerman analyzes many different neurotransmitter combinations.

However, the evidence does show that focusing on those two major neurotransmitters, serotonin and dopamine, and keeping their levels steady, allows everything else to fall into place. This results in a lot less testing and complicated drugs and supplements. After people have been on a steady dose of neurotransmitter precursors for some time, the levels in the blood and urine begin to reflect what is happening in the brain. This is a very complicated interpretation, so I send the labs in for helpful suggestions for changes in the therapy. Every once in a while, we get some scrambled test results, but over the long run, the results have been very successful. I think this is so much better than what's out there in mainstream medicine. However, that's the system that prevails. They're psychiatrists. Why should they worry about these issues? They let somebody else worry about them. They don't do the workups or send the patients out for workups; they just treat them with drugs.

Tina: This is really important work. Thank you so much for pursuing this on behalf of patients.

Dr. Levin: I'm honored to be doing it. I feel blessed to have been introduced to it, and to have listened to it, believed it and tried it. It is really important and quite effective in the right situations with the right patients.

I've also been involved with an alternative approach to diagnosing and treating thyroid dysfunction. The Wilson's Thyroid Syndrome organization holds an annual meeting and this year it will be held in Utah in October. For the second time, I will be lecturing. I'm hoping that Dr. Hinz will be included in that program, too. I'm trying to get the word out for him on this topic, as he has really performed a great service to mankind through his research and findings.

Tina: How would neurotransmitter precursor therapy work in patients with Lyme disease?

Dr. Levin: In patients with Lyme disease who are taking antidepressant drugs, the drug adds an additional stress that they're not even aware of. I will start them on this program, so they can get off the drugs. Some people say Lyme patients are chronically ill because they're depressed, but I don't think that's the likely scenario. Actually, many chronically-ill patients are depressed because they're chronically ill. In some instances, when we get under control whatever the chronic problem is, they are able to come out of it without the drugs and without the alternative program.

Tina: It appears to me that if a person has a chronic infection that affects the nervous system, such as Lyme disease, and it has thrown the system out of whack, that it may be a horrendous situation to add drugs into the mix, which can throw it out of whack even more. Would this also apply to Parkinson's?

Dr. Levin: This is a very important topic for patients to understand, especially those with any chronic infection. Parkinson's is a pretty radical degree of dopamine dysfunction.

Mainstream docs use dopamine agonists in the treatment of Parkinson's, but it seems that the nerves that produce dopamine in these areas are damaged somehow. Yet, some people are able to use these precursors and have the symptoms improve. I've had a couple of good results, but I've seen more failures with Parkinson's than with any of the others.

Tina: What final words of wisdom would you like to offer, Dr. Levin?

Dr. Levin: Eat the right food, exercise regularly, and take supplements to make up for the lousy food supply that we've created in this country. Absolutely do not eat any genetically modified foods, such as soy, corn and cottonseed. Eat organic. Unless it's marked organic, don't eat any soy or corn. More than 80 percent of the soy in this country is genetically modified and a very high percentage of corn and its derivatives are modified, also. We have no business messing with the gene pool. I also suggest doing something that will bring you psycho-spiritual equilibrium.

Dr. Levin has a private practice in Vienna, Virginia. Visit his website at www.warrenmlevinmd.org.



Tina J. Garcia is a freelance writer, Life Coach and chronic Lyme disease patient advocate. Tina is the Founder of Lyme Education Awareness Program, L.E.A.P. Arizona, a non-profit at www.leaparizona.com. Her Life Coaching website is www.kaleidoscopehealth.net.

Read other articles by Tina on the PHA website!

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“LIAF” ...cont'd from pg 7

tent. The author apologizes in advance to the presenters and the readers for any potential errors or misinformation which may be present. The views represented in this article may or may not be consistent with those of this article's author.

Exciting Announcement from the LIA Foundation

The LIA Foundation has decided not to have a 2011 annual conference. Instead,

LIA is excited to announce monthly conferences that will be live and online. People all over the world will be able to access these events which will allow LIA to reach a far larger audience than ever before. Further information can be found online at <http://www.LIAFoundation.org>. Don't miss out on this exciting opportunity.

Resources

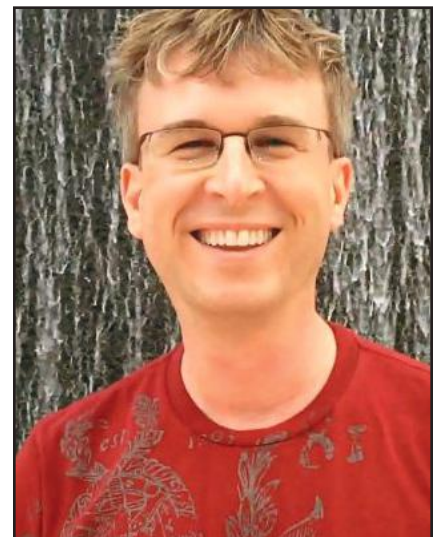
DVDs of the 2010 LIA

"From Roadblocks to Recovery" conference can be purchased from ZenWorks Productions at <http://ZenWorksProductions.com>. I highly recommend reviewing these conference DVDs as they are packed with valuable information.

About the Author

Scott Forsgren is the editor and founder of Better HealthGuy.com where he

shares his thirteen year journey through a chronic illness only diagnosed as Lyme disease after eight years of searching for answers. Scott was honored to be awarded the "2010 Educational Excellence Award" from the LIA Foundation for his efforts in educating the public on Lyme disease. Scott can be reached at Scott@BetterHealthGuy.com.



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- ❖ D-galactose : 5 grams (increases ATP dramatically)
- ❖ 10 -20 drops 20 % Propolis Tincture (anti-viral)
- ❖ Quintessence (Lyme, Ehrlichia, Bartonella) = 5 energetically enhanced anti-Lyme herbs (Buhner)
- ❖ 15 ml Rechtsregulat (enzyme mix to break biofilm)
- ❖ MicroSilica 100 mg

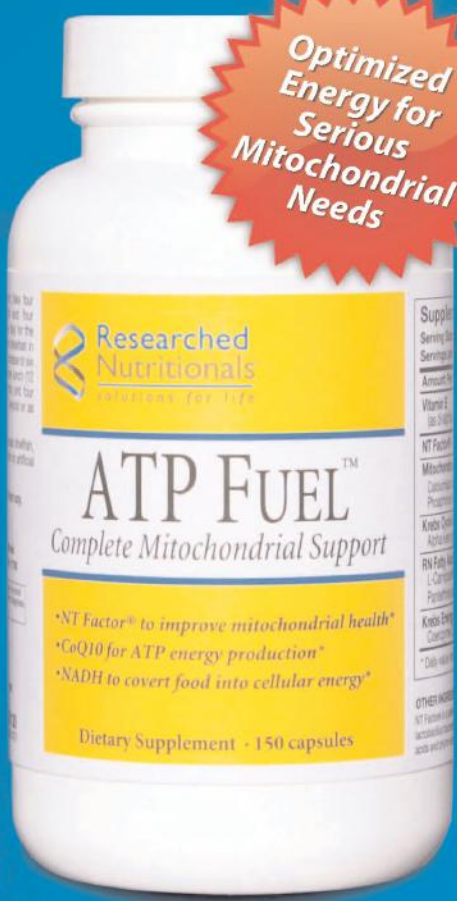
- ❖ Co-curcumin (Ayush Herbs): 1 tsp plus Pippli 2 caps (pepper to increase absorption)
- ❖ Vitamin C powder 2000 mg
- ❖ Acai powder (antimicrobial, antioxidant) 1 tsp
- ❖ Mucuna powder 1 tsp (increases L-Dopa for language and motor development)
- ❖ ½ glass grapefruit juice (important for artemisinin absorption)
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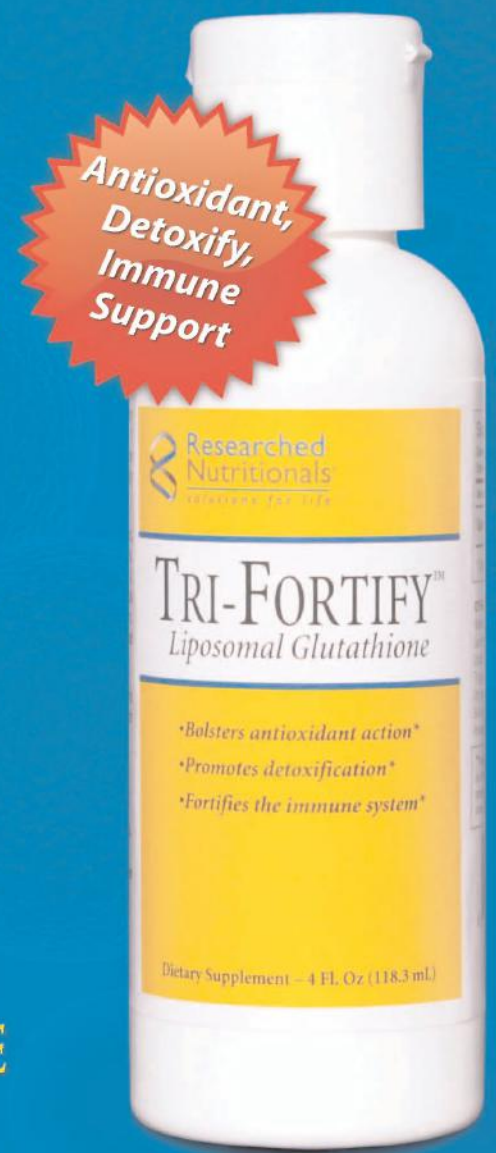
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The owners of NutraMedix have been involved in international Christian ministry since the 1980s. Prior to starting the company in 1993, our Founder and President was a missionary pilot serving tribal groups in Peru. The Kairos Foundation was created in 1995 to fund projects that address both the physical and spiritual needs of people in some of the most disadvantaged areas of the world. The foundation provides ongoing financial support for organizations operating in Africa, Asia, Eastern Europe, North America and South America.



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