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

FREE

Public Health Alert

Vol. 5, Issue 12 | Investigating Lyme Disease & Chronic Illnesses in the USA | December 2010

Senior Olympian Overcomes Paralysis & Near Death to Win Silver

Futuristic Genomics and new Molecular Medicine made it possible

www.LifeLyme.org

A dozen years ago, Veny Musum, Senior Vice President of John Paul Mitchell Systems and founding member of The NJ Council on Physical Fitness Sports, collapsed in the hallway of his house from relentless crushing pain due to chronic Lyme disease. At that time, the furthest thing from his mind was going to the New Jersey Senior Olympics. Veny's only concern centered on just making it through another day. Yet, on Sunday, September 12th he not only found his way back healthwise, he decided to attempt to compete in The New Jersey Senior Olympics, and he won a Silver Medal in the 800 meter track event.

"I have the absolutely brilliant work of molecular scientist Trevor Marshall, PhD and my heroic doctor, Lesley Fein of Caldwell, NJ to thank for this miracle!" Musum explains how he went to over 20 different doctors and tried everything from naturopathic medicine to IV's in his chest via a catheter for over four straight years to get his health back. Nothing worked like this new protocol based on genomics and molecular biology pioneered by Dr. Trevor Marshall Ph.D.

Dr. Trevor Marshall will be Chairing a Metagenomics session at the prestigious World DNA and Genome Day Conference to be held in China in April, 2011 celebrating the 50th anniversary of the discovery of DNA by James Watson and Francis Crick. The discovery marked a milestone in the history of science and gave rise to modern molecular biology, which is largely concerned with understanding how genes control the chemical processes within cells. In short order, their discovery yielded groundbreaking insights into the genetic code and protein synthesis. During the 1970s and 1980s, it helped to produce new and powerful scientific techniques, specifically recombinant DNA research, genetic engineering, and rapid gene sequencing.

Dr. Marshall will be in good company at the five day conference as nine Nobel Prize Laureates in Chemistry, Physiology and Physics have also been invited.

Musum appeared on both PBS and NJN News in addition to being part of a Sunday front page story in The Star Ledger and in his local paper, The Bernardsville News, as the State's media have taken note of his struggle and astonishing road back to health. "Almost everything you think you know about Lyme disease, and more importantly, chronic illness in general is misleading at best," he remarks.

In addition to this, Musum is presently Chairman of the Chronic Illness Center, (CIC) a organization seeking to establish the first in the world center to bring this type of breathtaking, revolutionary medicine to the general population. The protocol has been shown to be effective in at least 50 different heretofore imponderable chronic illnesses that range from neurological, dermatological, rheumatological, psychological, gastroenterological, etc. The success rate is approaching 90% which is unheard of for all those in the clinical cohort.

On the political front, Musum and his colleagues have garnered overwhelming backing from all branches of government.. Recently formal 'Resolutions' in support of the establishment of a Chronic Illness Center initiated by Senator Kip Bateman and Deputy Speaker Upendra Chivukula received unprecedented support. Co-prime sponsorship by the Chairman of the NJ Assembly Health Committee, Herb Conaway and NJ Senate Health Committee Chair, Loretta Weinberg helped gain UNANIMOUS votes of support for both AR202 in The Assembly (78-0) and SR20 in The Senate (38-0). Both the former and current Governor are aware of the group's work as well as both United State Senators and many US Congressman from our state. Executive Director of the New Jersey Conference of Mayors, Al LiCata has also been a strong supporter. "It's heartening to see such incredible bipartisan support from every level of government at the local, state and federal level," Musum remarked. "It shows when an issue of this importance is raised and a clear solution is offered, every elected official is willing to step forward."

Though a long time athlete, captain of his high school football team, former power lifter, and competitive cyclist, Musum was frankly unsure of himself at the starting line in the State's Senior Olympic Games. "My wife Patty and I have been through so much horror for so long, I didn't know if I was ready. We all have those doubts and fears and I made up my mind to face them head on and just do my best." Then the gun sounded and, for three quarters of the race, Musum was right in the front pack. "I almost surprised myself at being able to keep up with the other athletes." Surely they had not needed to overcome what Musum had been through. Then at the 600 meter mark he hit a wall and felt he could barely go on. "In my mind I even thought of quitting the race. I had to even slow to stop and walk a few steps to regain my breath and strength. Then I said, I MUSTN'T GIVE UP! So many need HOPE who are still suffering this very day!" He began to run again but now with a purpose that would see him through to the end. He crossed the finish line! Visualizing the finish in his mind helped him reach his goal. Musum won second place, but he added, "Every one of the Senior Olympians is a true winner just for being there and trying their best."

Being the first competitive track event in his life, Musum was not sure what to expect next. He made his way over to the scorer's table. In the Senior Olympics, everyone competes against their age group so it is not easy to know immediately who in each group are the winners. He glanced at the scorer's sheet quickly and thought he did not earn a top spot. However, in getting a better look he saw the #2 next to his name. He wondered if that meant what he thought – what he hoped. Yes, it surely was- he had indeed won a New Jersey Olympic Silver Medal.

"Next to the day I married my wonderful wife, it was the happiest day of my life. Every step I took was to bring hope to countless others. It's a miracle," he said.

Musum was interviewed on video at the games and he told his personal story and the wonderful emerging science that saved his life. When the President of The Games, Mike Garamella, heard about it, in an unprecedented move, he awarded Musum companion "Honorary" Silver Olympic medals to give to both Doctor Fein and Doctor Marshall. Musum was moved to tears.

"Once and for all," he said,this definitely PROVES how powerful the Marshall Protocol is and how it worked for me when nothing else for over a decade has. God Bless doctors Fein and Marshall for what they are doing.They are brilliant, courageous and caring and we simply MUST find the funding for research necessary to bring these new breakthroughs in Molecular Genomic Medicine to the millions of others suffering with chronic illness.Millions are depending on it."

pha

Download Dr. Burrascano's Lyme Protocol FREE at:

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EDITORIAL

Limiting or Limited Government?

by Thomas W. Kendall Sr., M.D.

As a medical professional for 33 years, it is my opinion that if the Health Care Reform bill, which recently passed against the will of the majority of freedom-loving Americans, is not repealed, the American medical dream will have become a nightmare. This will signal a demise of liberty.

The United States Constitution is not a document to limit the expression of liberty of a free people, but rather to limit the coercive, oppressive, godless tyranny of those who consider themselves superior to others.

No jurisdictional authority exists or is implied by our supreme law that would allow mandated medical care, much less determine the nature of that care. Decades ago, the term crisis had frequent use in clinical medicine when the critical time of a patient's prognosis was defined by the evidence of vital recovery or imminent death. American medicine and America itself is at a crisis. Will the honor, courage, and aesthetic of those who have made themselves the servants of their patients be mongrelized into servitude of the state?

At the 2009 Annual Medical staff meeting of the Greenville Hospital System, two speakers were commissioned to speak on Health Care Reform. Dictums such as "Doctors, you are going to have to change the way you think," and "Doctors, you are going to have to become team players," were among some of the most alarming comments. But when Charles Darwin's name was mentioned and his evolutionary conclusions were invoked, that "Doctors would adapt or they would not survive," I was compelled to respond.

"Is it a presupposition that the Federal Government has any responsibility in health care?" I asked the speakers. One responded with laughter and said he would not address that question. The other said, "We don't know what it's going to be like when these changes are implemented."

What will happen as the Health Care Reform Bill becomes the new way? Initially there will not be significant change in the delivery of services, but as the progressive regulatory restrictions limit medical decision-making, doctors and patients will begin recognizing the following substantial changes:

1. Doctors will face fines and imprisonment for failure to adhere to ever-increasing bureaucratic regulations that have little if anything to do with providing the best care for the patient and have everything to do with control of the doctor and profession.

2. Innovation will shift from cutting-edge technological advances benefitting all of mankind to isolated government selected interests to benefit politically-motivated elitist agendas.

3. The patient-physician relationship becomes vulnerable to politically appointed non-medical administrators whose philosophies put the well-being of the state and its ruling class over the well-being of the patient. This is perhaps the most important change.

Most Americans are not aware that only 18% of U.S physicians were members of the AMA (American Medical Association) when "Obamacare" was signed March 23, 2010. This organization received much media attention in its support of the legislation which protects its monopoly of the coding of medical care procedures that is required for physicians to receive payment for services. Physicians are polarized in these ideological debates. Do they do what is best for their patients or what is best for the nationalistic, socialization of our once free and prosperous nation?

Now is the time for those who have never thought it necessary to be involved and take action. Unless the principles of the framers and their ideas which produced the Articles of Confederation, the subsequent U.S. Constitution, and the Declaration of Independence, are embraced and defended, we do not deserve the liberties that our heroes past and present fought and died for. Several physicians were involved in drafting our founding documents. They knew about tyranny. We physicians today must oppose this breach of our founders' intent. The Hippocratic oath I pledged upon graduating from medical school included the promise "I would allow no harm to be done to my patient." This attack on American freedom is harmful to all of us. It arises from within our own halls of legislative, judicial, and executive responsibility. WE THE PEOPLE must acknowledge our contribution to this current crisis. We must act immediately with courage and conviction to return our Republic to the rule of law. We must return to constitutional rule and limit government's oppressive tyranny, not liberty-loving free Americans.

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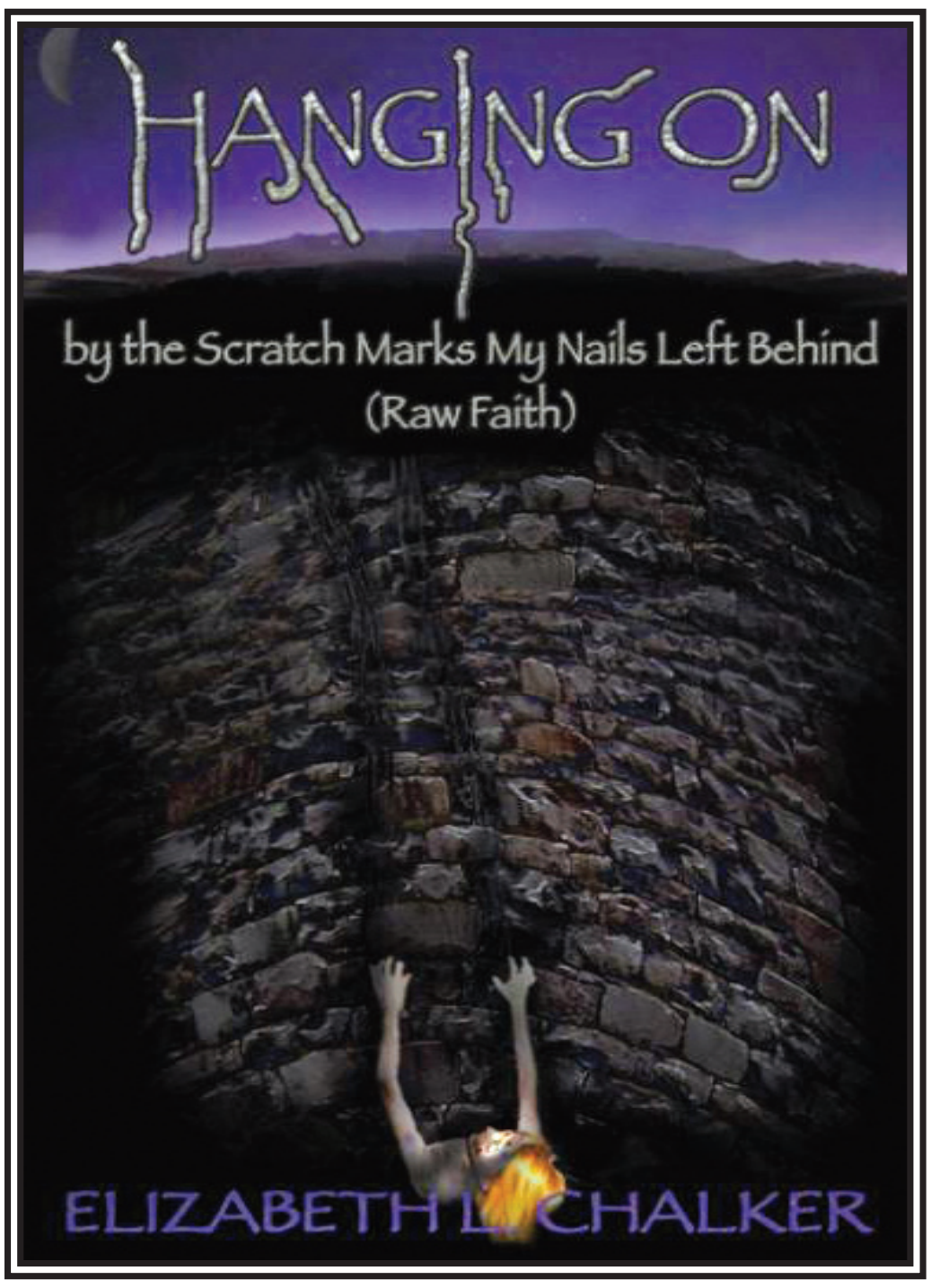

Elizabeth's Chalker's Book Is Now Available!

Elizabeth has written a powerful, God inspired book that will encourage and help strengthen anyone who reads it. If you are in the midst of suffering, or struggling through intense hardships, then this book will provide solace and hope to pull you out of the darkness and into the light!

Elizabeth is still courageously fighting for her life and to get the resources necessary to receive life-saving medical treatment.

Offer exclusive to this site:

For those who make a contribution of $35.00 or more to help Elizabeth, you can request a personalized, signed copy of her book (shipping included within the US, add $5 if international).

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Thank you for your help, your support, and your prayers. We pray that Elizabeth's book will help you in your journey.

Dear Reader,

I don't know if there is really a way for anyone to understand the depths of pain and suffering from which this work of Elizabeth's springs. As one who has witnessed this firsthand, being physically with her in the day-to-day more than anyone else, it's still unfathomable to me what she goes through. The reality of her minute-to-minute existence is far too unbelievable to wrap the mind around. Most of the writing was done in a very dark, cold room in complete silence. Much was done with the computer on Elizabeth's lap, with her typing with her eyes closed, as the light even from the computer screen was too much, too painful. All of it was done with a continual headache/migraine, as those only change in level of severity. She worked in small increments in between excruciating, unbearable physical pain and exhaustion, and moments of reprieve where the physical pain/symptoms and migraines were "bearable enough."

Most of us will never know the loneliness that she experiences or the fear as she watches uncontrollable things happen to her body each day. Even though I am with her as often as possible, and she is never out of my thoughts or my heart, most of this she suffers completely alone, except for her constant companion and angel of God, Symon. Yet in this existence, that is impossible to call a life, she has never wavered in her faith. She has sought, screamed, challenged, asked tough questions, and been candid in her queries, and also candid in all of what she experiences. However, she has never abandoned her faith. Additionally, she has always been there to support those she loves in spite of the constant abandonment, with words of faith, encouragement, love, and wisdom, always giving beyond her strength and capabilities and often paying a huge price of increased physical pain and other symptoms for days or weeks, as her own health deteriorates.

To me, she is the epitome of what God wants for all of us. To love where there is no evidence, give when there's nothing left and believe where there is nothing left to hold onto except "the scratch marks our nails left behind."

Elizabeth, you are and will always be a daughter, very dear friend, and mentor to me. I congratulate you on completing this amazing project, this work of raw faith. Your perseverance is astounding and awe- inspiring. To witness the tortures you live every second of every day, the loneliness, the travesty, and injustices, and then to see the incredible genuine love you are, is truly phenomenal. God shines through you so brilliantly, such is evident to all who know you and know of you—and is equally evident through the God-inspired writing you have completed and now share with the world. I love you forever.

Dr. Corey Cameron

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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In Vitro Effectiveness of Samento and Banderol Herbal Extracts on the Different Morphological Forms of Borrelia Burgdorferi

by Akshita Datar, Navroop Kaur, Seema Patel, David F. Luecke, and Eva Sapi, PhD
Lyme Disease Research Group
University of New Haven

Abstract

A tick-borne, multisystemic disease, Lyme borreliosis caused by the spirochete Borrelia burgdorferi has grown into a major public health problem during the last 10 years. The primary treatment for chronic Lyme disease is administration of various antibiotics. However, relapse often occurs when antibiotic treatment is discontinued. One possible explanation for this is that B. burgdorferi become resistant to antibiotic treatment by converting from their vegetative spirochete form into different round bodies and/or into biofilmlike colonies. There is an urgent need to find novel therapeutic agents that can eliminate all these different morphologies of B. burgdorferi. In this study, two herbal extracts, Samento and Banderol, as well as doxycycline (one of the primary antibiotics for Lyme disease treatment) were tested for their in vitro effectiveness on several of the different morphological forms of B. burgdorferi (spirochetes, round bodies, and biofilmlike colonies) using fluorescent, darkfield microscopic, and BacLight viability staining methods. Our results demonstrated that both herbal agents, but not doxycycline, had very significant effects on all forms of B. burgdorferi, especially when used in combination, suggesting that herbal agents could provide an effective therapeutic approach for Lyme disease patients.

Borrelia burgdorferi, the primary causative agent of Lyme disease, is a spirochetal bacterium that can adopt different inactive forms, such as cystic and granular forms (round bodies), as well as colonylike aggregates both in vivo and in vitro, in the presence of unfavorable conditions such as exposure to the antibiotics commonly used for treating Lyme borreliosis.1-4 Unfortunately, when B. burgdorferi is in these inactive forms, conventional antibiotic therapy will not destroy the bacteria.3 Still to date, the frontline treatment for Lyme disease is administration of pharmaceutical antibiotics such as doxycycline, minocycline, clarithromycin, penicillin G, and ceftriaxone.4,5 Many studies have shown that in spite of continued and high-dose antibiotic therapy, chronic Lyme disease is not treated successfully in many cases.6 Also, in the absence of ongoing antibiotic treatment, relapse is common.7,8 This means that even after antibiotic treatment, the host immunity fails to prevent recurrence.8 One possible explanation for this clinical observation is the presence of different morphological forms of B. burgdorferi, which may protect it from the antibacterial therapy. Soon after treatment, relapse is observed, most likely because the B. burgdorferi can revert to the spirochetal form. Furthermore, the cost of antibiotic treatment, especially when administered intravenously, is substantial. Antibiotic therapy may also cause multiple undesirable side effects.9 Thus, there is an urgent need for novel, more efficient, and more cost-effective treatment approaches that can efficiently eliminate all forms of B. burgdorferi.

There is an alternative clinical treatment option gaining wide use, called Cowden Condensed Support Program, that utilizes several herbal extracts designed to eliminate microbes in Lyme disease patients. Richard Horowitz, MD, president of the

International Lyme and Associated Diseases Educational Foundation (ILADEF), has prescribed this protocol for over 2000 of his patients and reports that it has been effective for more than 70% of them. The two herbal agents from the Cowden Condensed Support Program selected for this study are Samento (a pentacyclic chemotype of Cat's Claw [Uncaria tomentosa] that does not contain tetracyclic oxindole alkaloids), with reported antibacterial and antiviral properties, and Banderol (Otoba sp.), known to have antibacterial, antiprotozoal and anti-inflammatory effects.10-12 Both herbal agents are used during the first two months of Cowden Condensed Support Program, then in rotation with other antimicrobials for the duration of this 6-month protocol.

In this study, we evaluated these natural antimicrobial herbal extracts as well as doxycycline (one of the primary pharmaceutical antibiotics for Lyme disease treatment) for their potential effects on the different forms of B. burgdorferi.

"Samento & Banderol" pg 5

Faith Factor

Rescued

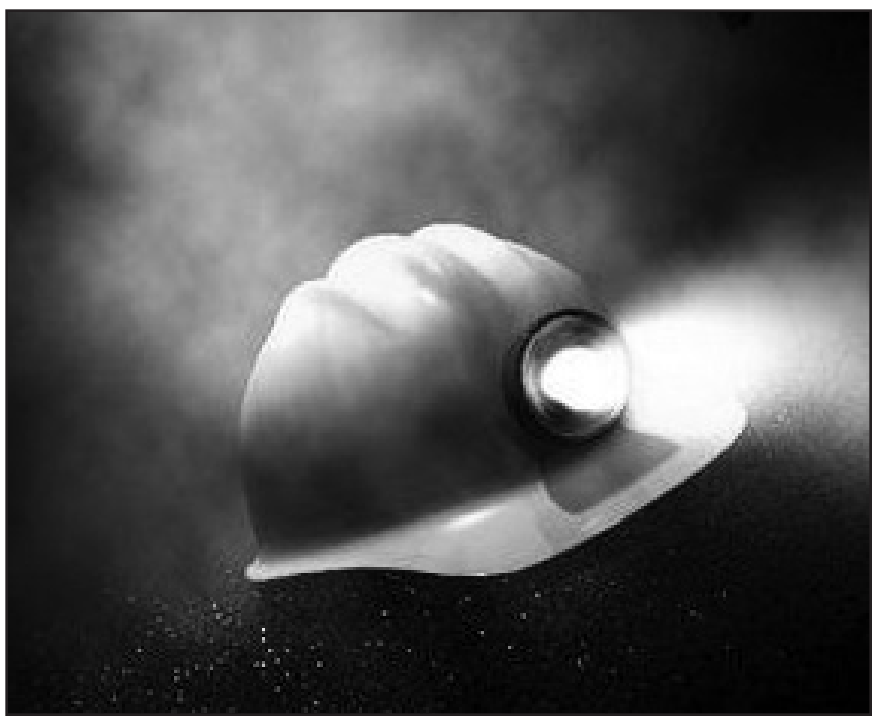
by Joan Vetter

The world seemed to hold a collective breath as we anticipated the rescue of the Chilean miners on television. For me, it represented more than just a dramatic release of thirty three trapped miners. Their dire circumstance parallels our Christian faith and brought new light to certain scriptures.

For instance, the scripture in Psalms 40:1-3: "I waited patiently for the Lord, and He inclined to me and heard my cry. He also brought me up out of a horrible pit, out of the miry clay, and set my feet upon a rock and established my steps. He has put a new song in my mouth - praise to our God. Many will see it and fear, and will trust in the Lord." For these miners, waiting patiently meant sixty nine days from the first time God heard their cry. Sometimes we feel God doesn't hear our cries, but all during this time men were actively at work designing and implementing their rescue

During a time of trial we may identify with the miners during their captivity. Have you ever felt your situation was hopeless? I love the correlation of the families camping out close by in what they termed Camp Hope. We also, in what looks like a hopeless situation, desperately need the hope and prayers of those closest to us. The miners themselves also received hope as they held on to the love and anticipation of being reunited with their families. Hope is the anchor for our soul as we wait with faith and patience for our breakthrough. Another principal in scripture they exemplified is unity. The men followed the man who became their leader in rationing their food. They prayed every day, exercised and worked to keep their spirits positive. Mario Sepulveda, one of the miners, said "I was with God and with the devil. And I reached out to God." After his release he said, "Life is short - in one second it can all be gone. Live your life. Don't worry about money."

As the miners were brought out one by one, the joy of watching their reunion with loved ones was viewed worldwide. Wasn't that spark of gratitude for life and family burning a little brighter in our hearts as we rejoiced with them?



Another scripture in Psalms fits so well here. It is "When the Lord brought us back and restored our freedom, we felt so good, we felt so strong. At first we felt we were dreaming. How we laughed. How we sang. We were overflowing. Then we heard the nations say, Look what the Lord has done. The Lord has done great things for us and we are filled with joy." Ps. 126:1-3

The world loves a happy ending - let's show them how strong and faithful our God is to deliver us! *pha*

Feature

The Great Imitator: Part 2

by Dottie L. Heffron

In the first part of this three part series, I wanted you to see how important it was for doctors to keep on top of the latest medical technology. Doctors should do their own research instead of relying on information peddlers, especially from pharmaceutical companies. Drugs only mask certain health problems and there is always an underlying problem causing your ailment. The aspirin rids you of a headache while the real problem might be a narrowed artery ready to aneurysm or inflamed nerves.

I also asked you to look around at the rest of the worlds' view of "Lyme disease." I am sure you have seen that other countries were no longer calling it "Lyme disease." They have always called it Neuroborreliosis. Many world scientists saw that many major U.S. universities and doctors who once got big dollars in grants to study "Lyme disease" no longer were being funded. The funding has for the past 3 years gone to different entities.

We also revealed OspA is "The Greatest Imitator." Please recall that recombinant OspA is Yale University's LYMErix vaccine patent. Many researchers know it to be synthetic tripalmitoyl cystine (Pam3Cys), an activator of latent viruses. It also tolerizes the immune system to similar antigens, meaning they won't be recognized as dangerous and antibodies will not be produced.

In this section, part 2, we will explore the works of Justin Radolf, Janet Weis, Schröder and Schumann, Weissmuller and his group in Germany and other renowned scientists and show you our mode of discovery that led us to believe OspA is a synthetic Pam3Cys. This is the "true science" of Lyme disease.

In our discovery, we first note that Dr. Mario T. Philipp, Professor of Microbiology and Immunology at Tulane Medical School revealed in 1998 that OspA is a Tripalmitoyl Cystine (Pam3Cys)[1]. Since we knew LYMErix was recombinant OspA, a lipoprotein vaccine, we decided to take look at the other lipoprotein vaccines to see what the similar lipoprotein vaccines outcomes were.

To our astonishment, the tuberculosis vaccine had the same outcomes and adverse events as the LYMErix vaccine. They seemed to make existing infections worse. "In these areas, the present vaccine - Mycobacterium bovis bacillus Calmette-Guérin (BCG) - is failing. Progressive tuberculosis occurs because the potentially protective T helper 1 (TH1)-cell response is converted to an immunopathological response that fails to eliminate the bacteria." [2]

Physicians, "Masters of Public Health," and researchers were begging for new vaccines against TB. [3] How could this be? There just had to be some common link between all this. We kept searching for answers.

We looked over the Pam3cys/OspA data again and wondered what does this do mechanistically? We already knew Pam3Cys is managed by TLR2 (Toll-Like Receptor 2) and according to some, also TLR1 or TLR6. The research on Toll-like receptors' role in our immune system is ongoing as of today. [4]

"Lyme neuroborreliosis is likely caused by inflammatory effects of the tick-borne spirochete Borrelia burgdorferi on the nervous system. Microglia, the resident macrophage cells within the central nervous system (CNS), are important in initiating an immune response to microbial products. In addition, astrocytes, the major CNS glial cell type, also can contribute to brain inflammation. TLRs (Toll-like receptors) are used by glial cells to recognize pathogen-associated molecular patterns (PAMPs), mediate innate responses, and initiate an acquired immune response. Here we hypothesize that because of their PAMP specificities, TLR1, -2, -5, and -9 may be involved in the pathogenesis of Lyme neuroborreliosis." [5]

Please refer to Figures 1 and 2, they will give you a better idea of what and where they are located on the cells.

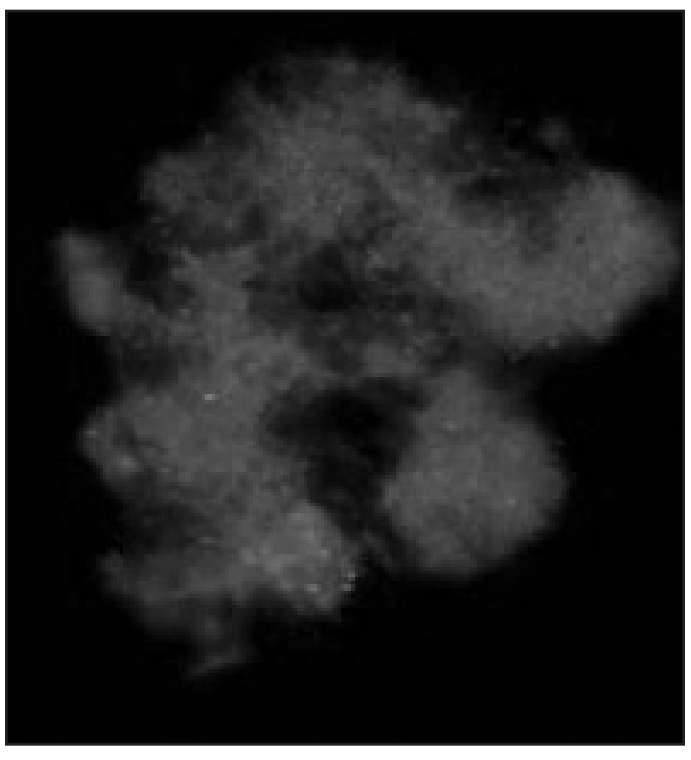
We were studying about other effects of lipoproteins, macrophage activity and the toxicities associated with the free-radical degradation products. Of course the makers of LYMErix would never mention or thought it would be recognized that mycoplasma and mycobacteria have the same type of antigens as Borrelia.

We can not say for certain the members of the American Lyme Disease Foundation ever even looked at other similar vaccines outcomes considering their backgrounds. It is possible that they would not have had the scientific wherewithal to even consider doing such a history and background.

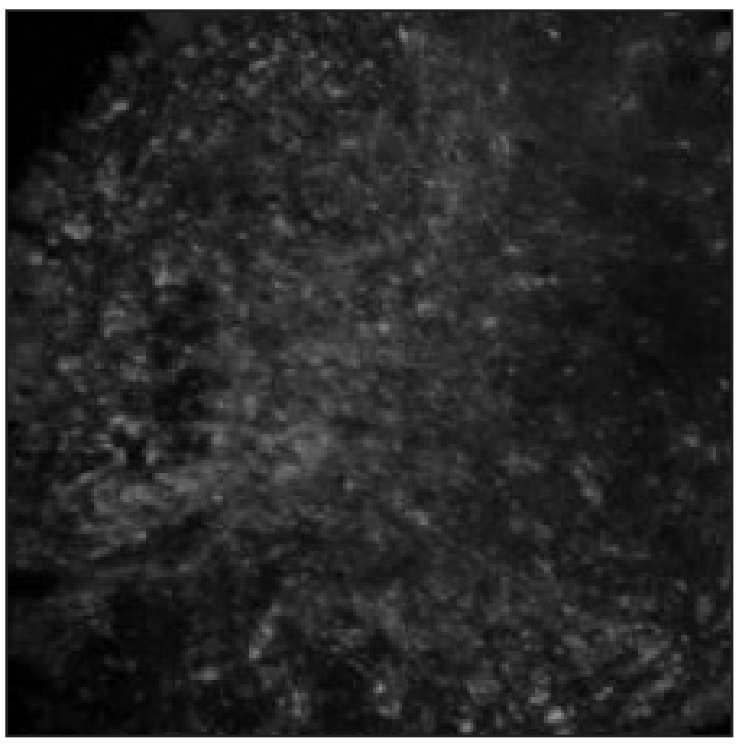
Durland Fish is an entomologist. He is a self professed cheater, exposed in The Hartford Courant. "I went to

"Imitator" ...cont'd pg 7

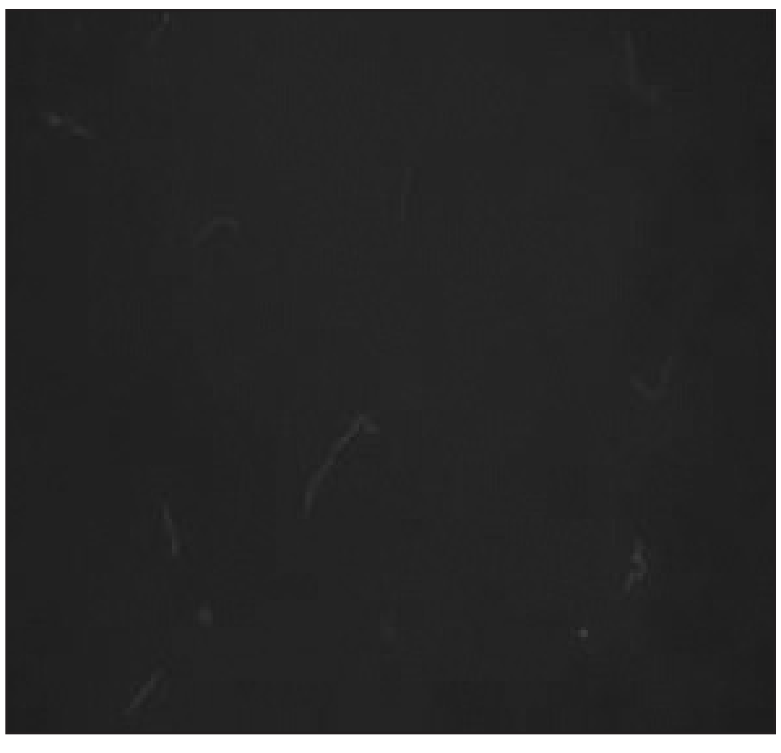
"Samento & Banderol" cont'd from pg 3



Biofilm



Biofilm after exposure to Doxycycline-- causes biofilm to increase in size.



after exposure to Samento and Banderol there was a complete elimination of biofilm

The infectious B31strain of B. burgdorferi used in this study, obtained from American Type Tissue Collection(ATCC# 35210), was cultured in 5% CO2 at 34 oC, in Barbour-Stoener-Kelly H (BSK H) medium supplemented with 6% rabbit serum (Sigma, St. Louis, Missouri) to midlogarithmic stage (2 × 107 cells/ml). Samento and Banderol were obtained from Nutramedix LLC (Jupiter, Florida). Doxycycline was obtained from Sigma. A wide range of concentrations of Samento and Banderol were initially tested to determine the effective concentrations (1:100-1:1000 dilutions). For doxycycline, a concentration 10× higher than the reported minimum bactericidal concentration (250 mg/ml) was used.13 Triplicate test tubes containing BSK H medium, with and without the appropriately diluted antimicrobial agents, were inoculated with a final density of 5 × 106 cells/ml of the test organism.

Direct cell counting methods with Petroff-Hausser counting chambers and morphological studies using fluorescent and darkfield microscopic techniques, as well as LIVE/DEAD BacLight Bacterial Viability Assay (Life Technologies Corp, Carlsbad, California), were utilized to assess the effect of the antimicrobial agents. For statistical analyses, one sample paired T-test was performed using NCSS statistical software (NCSS LLC, Kaysville, Utah).

Samento & Banderol Herbal Extracts

In the first set of experiments, we tested the in vitro susceptibility of the spirochete and round-body forms of the B. burgdorferi B31 strain to Samento and Banderol extracts for 96 hours, then direct cell counting and darkfield morphological evaluation methods were used to measure the effects of the antimicrobial agents. For both herbal extracts, the dilution of 1:400 most efficiently eliminated both the spirochetal and round-body forms (Figure 1A and 1B). However, when we used the combination of Samento and Banderol extracts, 1:300 dilution showed the most effectiveness, and this concentration was chosen for further study (Figure 1C). As a negative control, 0.25% ethanol treatment was also included in all experiments, because these herbal extracts contain ~25% ethanol to transport the nutrients into the cells and for stability.

In these experiments, we also compared the effect of Samento and Banderol with doxycycline, the most common antibiotic treatment agent for Lyme disease treatment in a 96-hour treatment period. Our results showed that doxycycline (250 mg/ml) was very effective in eliminating the spirochetal form of B. burgdorferi, but it significantly increased the round-body forms. Comparing this doxycycline data with that of the herbal extracts, Banderol and the combination of Samento and Banderol (1:300) were more efficient in eliminating both the spirochetal and round-body forms of B. burgdorferi in vitro (Figures 1A-C).

In the next set of experiments, we evaluated the effect of the different antimicrobial agents on biofilmlike colonies of B. burgdorferi. The cultures were treated as described above for 96 hours and stained with BacLight fluorescent viability stains, which can help visualize the effects of the antimicrobial agents on the bacterial cells (Figure 2). The green fluorescent stain (SYTO 9, with excitation/emission maxima of about 480/500 nm) colors healthy bacteria that have intact membranes, thus staining live cells; and the red dye (propidium iodide with excitation/emission maxima of about 490/635 nm) colors bacteria with damaged membranes, by displacing the green dye, thus staining dead cells.

In the absence of antimicrobial agents, B. burgdorferi is forming biofilm-like colonies (Figure 2A) with mainly live bacterial cells. In the presence of Samento extract (1:300), the colonies were significantly smaller and less organized (Figure 2B), but they did stain with green dye, indicating that live cells remained. In the presence of Banderol extracts, the size of colonies did not show any reduction; however, the cells inside the colonies are >90% dead.

In the presence of both herbal extracts, no sign of any colony formation was observed in the cultures, but we found evidence of a few individual nonmotile but green spirochetes and round bodies. In the presence of doxycycline (250 mg/ml), the average colony size was increased and contained mainly live round-body forms.

In this study, our working hypothesis was that for an efficient therapy, we have to find antimicrobial agents that can eliminate all the forms of B. burgdorferi. During the course of Borrelia infection, the bacterium can shift among the different forms, converting from the spirochete form to the others when presented with an unfavorable environment and reverting to the spirochete when the condition is again favorable for growth.1-4 To successfully eradicate B. burgdorferi, antimicrobial agents should eliminate all those forms, including the spirochetes, round bodies, and biofilmlike colonies.

Here we have provided evidence that two natural antimicrobial agents (Samento and Banderol extracts) had significant effect on all three known forms of B. burgdorferi bacteria in vitro. We have also demonstrated that doxycycline, one of the primary antibiotics used in the clinic to treat Lyme disease, only had significant effect on the spirochetal form of B. burgdorferi.5

Our later results might provide some explanation for why relapse is so common after discontinuing antibiotic therapy. For example, some of the recent reports on animal experiments demonstrated that although pharmaceutical antibiotics are effective in ameliorating disease, the infection may persist even after seemingly effective therapy, which suggested that Borrelia may remain viable even after antibiotic administration.14-15 If those pharmaceutical antibiotics only eliminate one form of this bacterium, the other forms could be the source of the persistent disease.

The other very important fact needs to be considered for an effective treatment for Borrelia infection: this bacterium typically has a life span ranging from several weeks to six to eight months; therefore, it may take six to eight months for even one generation of Borrelia to become exposed to the antimicrobial for elimination.16 Since the herbal extracts like Samento are reported to be nontoxic, they can be safely taken daily for the long period of time necessary to thoroughly eradicate Borrelia from an infected body.17 In summary, our study has provided in vitro research data on a novel treatment approach using herbal antimicrobial agents to efficiently eradicate B. burgdorferi, the Lyme disease bacterium.

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"Samento & Banderol" p. 10

"Immitator" ...cont'd from pg 4

work for the state health department, totally bored out of my mind inspecting restaurants. A terrible job and I wasn't very good at it," Fish said. He hated imposing regulations on eateries just scraping by in the poor county where he was assigned. "I'm not a very good cop. ... I used to coach them on how to get by - how to cheat." [6] Once a cheater, always a cheater, my grandfather used to tell me.

Edward McSweegan is not only not a medical doctor, he apparently never performed any lab work while either at the US Navy or the NIH. [7] Eugene Shapiro has an undergraduate degree in English Literature. Allen Steere went into Rheumatology specifically because he was told this would be a way to avoid the draft [8] and Vietnam. That is very cowardly, I believe.

Later, in 1992, two years after the ALDF.com was founded, Steere went to Europe apparently alone to falsify the diagnostic standard; leaving out OspA and B in anticipation of a post-LYMErix monopoly on blood products (human and bacterial viral) and the free venture capital known as NIH grants.

By accident we stumbled upon mechanisms of inhibition of the auto-kill kinase by some of these weird lipids (these seemed to behave like BLC2-class molecules or by some other means resulted in immortalized cells) and to our amazement, there it was all along. In 1989, reported that, essentially, "badly cloned B cells that looked like Epstein-Barr immortalized cells." [9] He was working for the Fox Institute Cancer Center at that time and later went on to win many awards for his service and discovery. Paul Duray worked for the US Army and the National Cancer Institute at Fort Detrick.

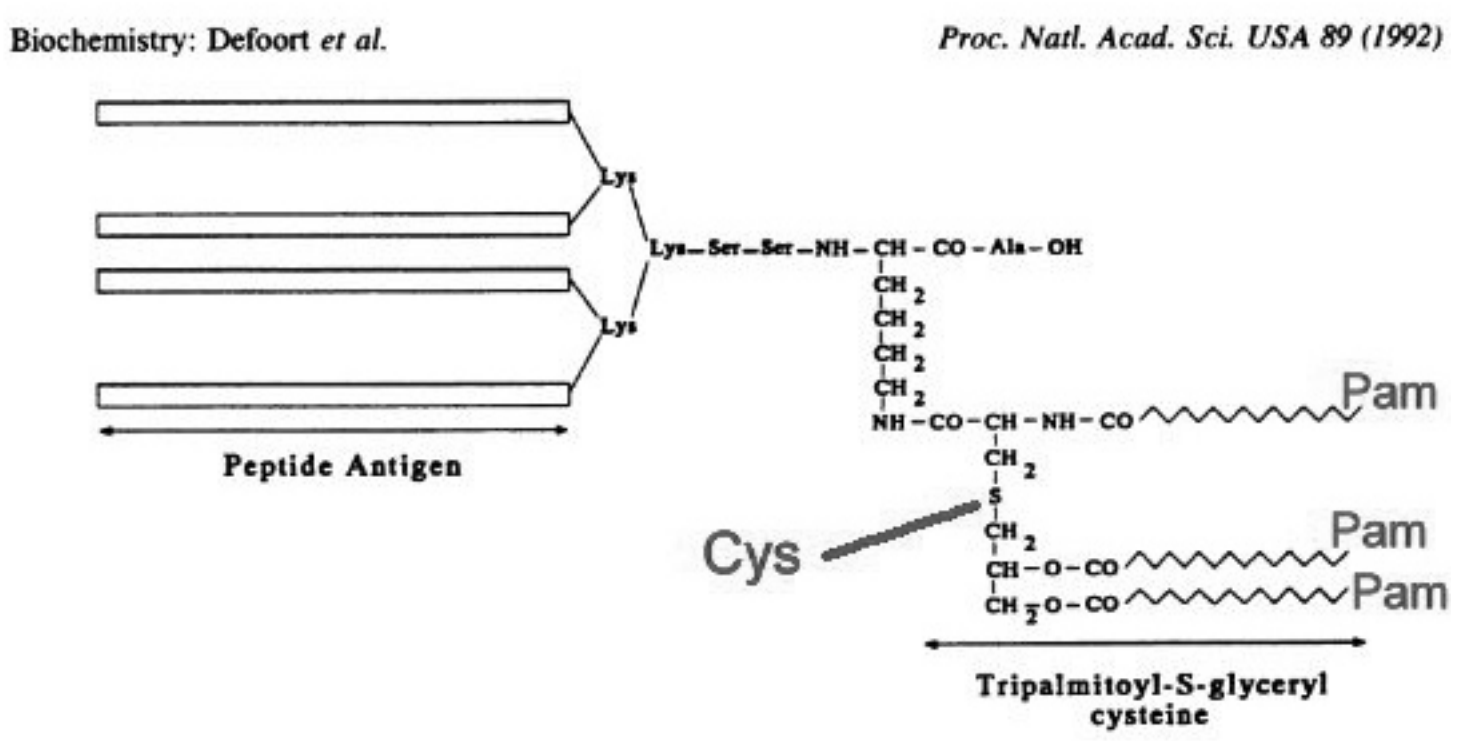
We know from Mario Philipp that OspA was a Pam3Cys structure, but nowhere could we find a structure of either it or in the HIV antigens gp41 and gp120. Antibodies against Pam3Cys in HIV victims- a curiosity, since creating antibodies against HIV seems to be the problem with vaccines.

In 1988 we read [17]…

A novel immunoassay technique using synthetic lipopeptide (Pam3Cys-Ser) linked to immunodominant peptide domains of HIV-1 and HIV-2 envelope proteins as an antigen adsorbent has been developed. Attachment of peptides to microtiter plates can be considerably improved with this method by employing the hydrophobic properties of lipopeptide. From the sera of 121 HIV-1 infected patients 117 reacted with Pam3Cys-Ser-[HIV-1(598-609)cyclic disulfide]. Five of 5 HIV-2 positive sera were positive with Pam3Cys-Ser-[HIV-2(593-603)cyclic disulfide]. Control sera failed to react with these conjugates

We also found that in 1992, Defoort created an HIV vaccine that has this structure:

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC525594/pdf/pnas01083-0219.pdf [18]



No one can show us what OspA looks like structurally. That is to say, there is not one chemical structure available online, anywhere, which includes the free, lipid-protein adjuvant, especially such that we would know what it looks like allegedly as a free molecule. Everyone knows that you can't crystallize a lipid (meaning any fat, oil, fatty acid, margarine, motor oil, hydrogenated-like grease, et.al) [10] John Dunn at Brookhaven - Department of Energy Report , ""It's the perfect stealth bacteria," says one frustrated physician. He's talking about Borrelia burgdorferi, the bacterium that causes Lyme disease. This illness, which is often mistaken for diseases ranging from multiple sclerosis to Lupus, can inflict excruciating headaches and muscle pain, affect the brain and nervous system, attack major organs, and inflame joints." [11]

He goes on to say, "Understanding the structure is the key. The new understanding of the structure was made possible by the protein fixation and imaging techniques at NSLS. The NSLS permits researchers to focus and control light beams such that images can be seen at resolutions as fine as 2 a-near atomic resolution. It is no easy matter to concoct fragile organic matter, such as protein chains, into crystals that can withstand the powerful radiation bombardment of the NSLS and yet retain their original structure." [11]

The Brookhaven team who studied the structures of OspA and C only reported the non-lipid portion of these lipoproteins because you can't re-crystallize OspA in order to shoot it with X-rays. You can't freeze (crystallize) lipids. No one knows the real structure. Remember, structure is function and function is structure, they are one and the same. The only way we know the structure of OspA, as reported by Justin Radolf, was through its function (how it behaves immunologically).

According to NIAID Director, Anthony Fauci, regarding the recently failed-and-stopped HIV vaccine trial:

"Determining the structure of the trimeric form of the envelope protein is currently a research priority and is expected to yield additional insights." [19]

There was never a "key to vaccine failure" other than the known nature of the relapse in Relapsing Fever (antigenic variation or selection pressure, or the fact that antibodies would never work as a vaccine, since they don't work to control Relapsing Fever) until we learned about immune suppression due to synthetic Pam3Cys or the OspA vaccines.

Some of the best scientific sources that we recommend on the subject of Pam3Cys/OspA induced immunosuppression are Justin Radolf in 1990 extracted the lipids and was able to use heavy hydrogen labeled H(3) palmitate to determine that these lipids came on and off the spirochete intact, lending his group to believe the lipoproteins were Pam3Cys- 3 acyl groups.[12], Janis Weis, "Native OspA is active a concentrations lower than these synthetic lipopeptides…unique modifications by the spirochete." She is saying that Bb may be taking up the palmitic acid groups intact, but somehow the spirochete arranges the lipids so that they're more toxic when the bug produces them. [13]

Other notable scientists Schröder and Schumann reported, "Lipoproteins and lipopeptides have repeatedly been shown to act as potent cytokine inducers, interacting with TLR-2, in synergy with TLR-1 or -6."[14], Wiesmüller, is talking about how he added the fatty acid groups ("lipo") to the amino acids ("protein"). In the end he says he used 13C-NMR (radiolabeled carbon) and mass spectrometry to see if it all went on right… and then he separated out the components that added on wrong with HPLC (silica gell) or a SEPARATION METHOD [15]. All the scientists were cross-referencing each others work.

The Duke Biochemistry Department, say the "LIPO - POLY - SACCHARIDES" are components of the cell membranes and are known as endotoxins. Remember that lipids from bacteria are a problem for humans. They're immunogenic. They tell the body that there is an invader. [16].

We also noted there are jobs out there for Lipid Biochemists. This is a hot field now; scientists around the world have found out that Yale falsified their LYMErix vaccine outcomes. OspA did not prevent Lyme. It caused Chronic Pam3Cys or OspA-Immune-Suppression Syndrome, and the New Great Imitators.

In 1994 Justin Radolf reported:

"A structural feature common to T. pallidum and B. burgdorferi is that the majority of their integral membrane proteins are lipid modified (9, 12, and 42). Compelling data have now emerged supporting that these spirochetal lipoproteins are potent immunopotentiators. Treponemal and borrelial lipoproteins have been shown to activate monocytes/macrophages, B cells, and endothelial cells in vitro (1, 28, 29, 36, 39, 49, 56), suggesting that these molecules are inflammatory mediators in both syphilis and Lyme disease. More recently, we reported that synthetic lipohexapeptide analogs (lipopeptides) corresponding to the N termini of the native spirochetal lipoproteins could be used as lipoprotein surrogates in immune cell activation studies (16, 37).

These lipopeptides, modeled after earlier studies of Bessler, Jung, and coworkers on the murein (Braun's) lipoprotein of Escherichia coli (21, 22), have been configured as N-palmitoyl-S-dipalmitoyl-glycerylcysteine-pentapeptides (16, 37) revealing that OspA was Pam3Cys and synthetic, and that OspA without the lipids attached - the way Allen Steere came up with the current, scientifically fraudulent CDC diagnostic standard missing OspA and B in Europe - would be how "not to create antibodies" or an immune response. [20]

Allen Steere reported in 1992, when he went to Europe [21]:

"Supernatants from sonicated lysates of whole spirochetes were prepared as described (20). The group 1 strain of B. burgdorferi, G39/40, used in this study and in the previous study of US patients was isolated from an Ixodes damini tick in Guilford, Connecticut 921). The group 2 strain, FRG [Federal Republic of Germany], was isolated from Ixodes ricinus near Cologne (21). The group 3 strain, IP3, was isolated from Ixodes persulcatus near Leningrad (23). All three strains used in this study were high passage isolates, which were classified by Richard Marconi (Rocky Mountain Laboratory, Hamilton, MT) using 16S ribosomal RNA sequence determination as described (11, 24). The recombinant preparations of OspA and OspB used in this study were purified maltose-binding protein-Osp fusion proteins derived from group 1 strain B31 (25). The fusion proteins contained the full-length OspA or OspB sequence - without the lipid moiety or the signal sequence."

This is the CDC standard we have in place today [22].

"It was recommended that an IgM immunoblot be considered positive if two of the following three bands are present: 24 kDa (OspC) *, 39 kDa (BmpA), and 41 kDa (Fla) (1). It was further recommended that an that IgG immunoblot be considered positive if five of the following 10 bands are present: 18 kDa, 21 kDa (OspC) *, 28 kDa, 30 kDa, 39 kDa (BmpA), 41 kDa (Fla), 45 kDa, 58 kDa (not GroEL), 66 kDa, and 93 kDa (2)."

As you can see in the above paragraph, there is No OspA or B in the diagnostic standard that is in place today. This is why hardly anyone tests CDC positive, and we are all staying so sick.

I do realize this is an abundance of data for regular people, like you and me. The information presented is very hard to understand, but if you really think about what each doctor did and then read their reports, it will become abundantly clear why they committed scientific fraud.

I find myself so compelled to study the mechanisms that once tried to take my life. Now, it sits exposed for all to see as if the emperor was naked all along. The "true science" behind Lyme disease now is there for the taking. Please use the information to empower yourself….empower others.

Coming up next in Part 3- Interview with a notable scientist!

If you have any questions regarding the data presented please email: freethinkerx@live.com

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"Great Imitator" ...pg 9

National Support Groups

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Western Wisconsin Lyme Action Group
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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.

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"Great Imitator" ... cont'd from pg 7

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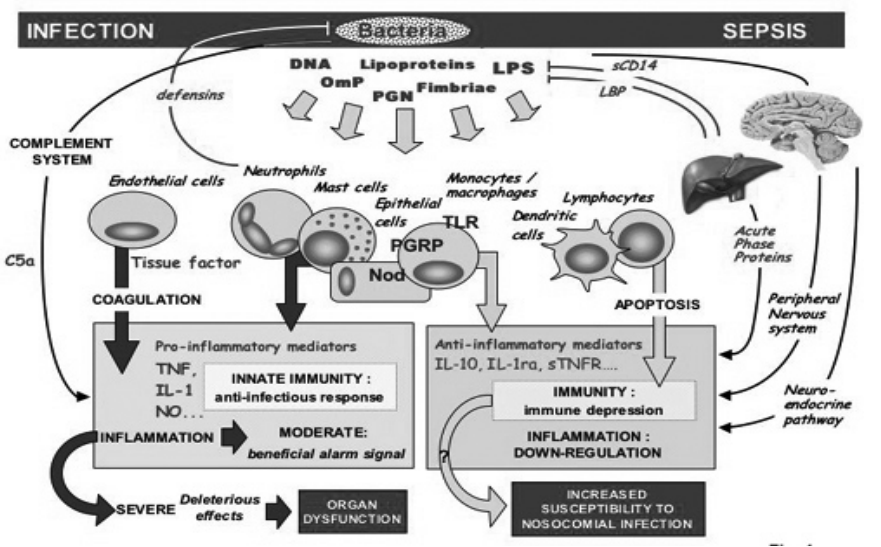

Fig 1 (above) Courtesy of Annane D., Bellissant E., Cavaillon J-M. Septic Shock, The Lancet, 2005, 365, 63

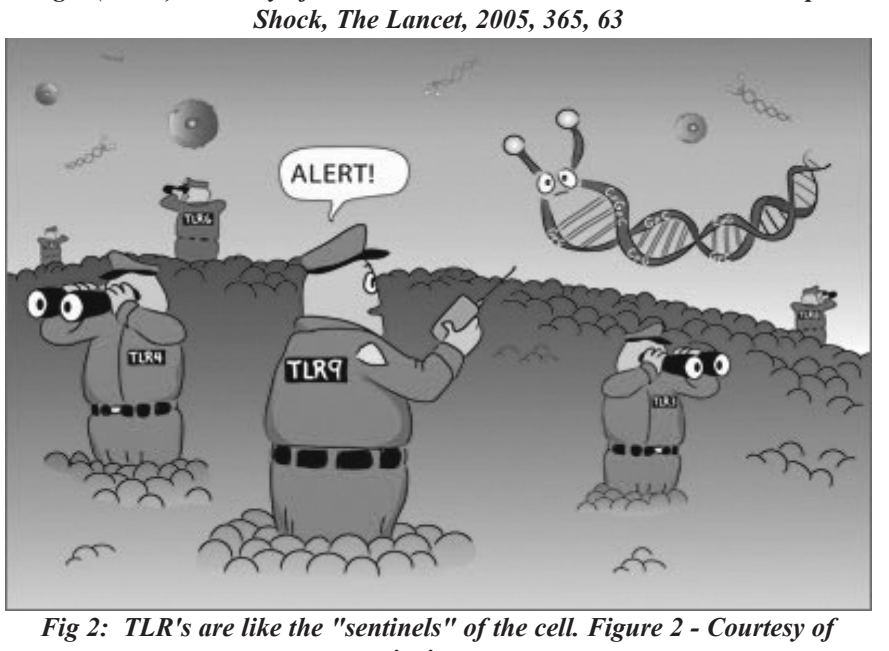

Fig 2: TLR's are like the "sentinels" of the cell. Figure 2 - Courtesy of www.invivogen.com

"Samento & Banderol"...cont'd from pg. 5

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Nutramedix also conducts extensive research to procure the very highest quality raw materials for its powdered capsule products, many of which have been designed to enhance the effectiveness of the liquid extracts. We are committed expanding our line of natural products meeting the highest expectations of health care professionals and consumers.

ABOUT THE FOUNDATION

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.

NutraMedix®

Providing Quality Natural Products Since 1993

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