

The Lyme Disease Epidemic: CDC Tuskegee Experiment, Phase II

Experiment Covertly Continued by the CDC Through the Biowarfare Research Establishment

by Jerry Leonard

"Never would I have deemed it possible that a group of medical people would work so vigorously and with such malice against a group of desperately ill people. But, here it is."

-Lyme victim/activist (personally requested anonymity, for fear of reprisal)

Lyme disease is the most common tick-borne disease in the Northern Hemisphere. In addition to crippling arthritis, it can cause severe and disabling neuro-cognitive disorders that are difficult -- if not impossible -- to cure.

I know first-hand of Lyme disease because I caught it in 2006 and still have not been able to eradicate the effects. This is true in spite of long-term antibiotics administration from an expert (I was one of the lucky ones) within several months of the bite.

Like I once did, you may think Lyme disease is something that you catch from a tick while taking a walk in the woods and that it can be readily cured with antibiotics.

That is the spin of U.S. authorities. But they're lying to us. They are also systematically putting doctors (like mine) out of business for successfully treating Lyme patients (like me) with long-term antibiotics.

What's going on here?

"Who could imagine the government, all the way up to the Surgeon General of the United States, deliberately allowing a group of its citizens to die from a terrible disease for the sake of an ill-conceived experiment?"

--Commentary on the Tuskegee Experiment

Lyme disease is caused by one of the most complex bacteria known to man, called *Borrelia burgdorferi*. The bacteria is named after a biowarfare researcher named Willy Burgdorfer, who first identified the causative Lyme organism in 1981 in Ixodid ticks sent to him from the East Coast while he

was working in a National Institutes of Health (NIH) biowarfare lab in Montana (Rocky Mountain Labs). Burgdorfer readily recognized the *borrelia* bacteria infecting the Ixodid ticks because he himself had already been injecting Ixodid ticks with various strains of *borrelia* throughout the 1950s, and publishing his production-infection methods.

The Ixodid ticks sent to Burgdorfer's biowarfare lab had been collected from the area surrounding an East Coast biowarfare lab that conducted outdoor tick experiments 20 miles from Lyme, Connecticut--the epicenter of the Lyme Epidemic. These ticks were sent to Burgdorfer by Jorge Benach, a member of the Centers for Disease Control and Prevention's (CDC) elite biowarfare defense unit, known as the Epidemic Intelligence Service (EIS).

The bacterium that causes Lyme disease (which is notoriously difficult to grow in cell cultures) was first propagated in cell cultures in Burgdorfer's biowarfare lab by Alan Barbour, also a member of the CDC's biodefense unit. Barbour was able to rapidly propagate the extremely difficult-to-cultivate Lyme *borrelia* in cell cultures because, prior to the breakout of Lyme disease, he had been busy culturing *borrelia* organisms. He subsequently wrote articles summarizing strange-sounding human experiments with *borrelia* strains that were propagated in mice, prior to injection back into humans.

Barbour went on to create so-called mutant strains of *Borrelia burgdorferi*, and was eventually rewarded with the directorship of a biowarfare lab at the University of California, Irvine. Barbour has also published articles identifying segments within the DNA of the *Borrelia burgdorferi* bacteria found outside of the Plum Island biowarfare lab near Lyme, Connecticut. Strangely enough, these bacteria have telomeric "sequence similarities" to a biowarfare virus (African Swine Fever Virus) being investigated and geneti-

cally engineered inside Plum Island labs, the proximate location of the ticks Benach had sent to Burgdorfer's biowar lab.

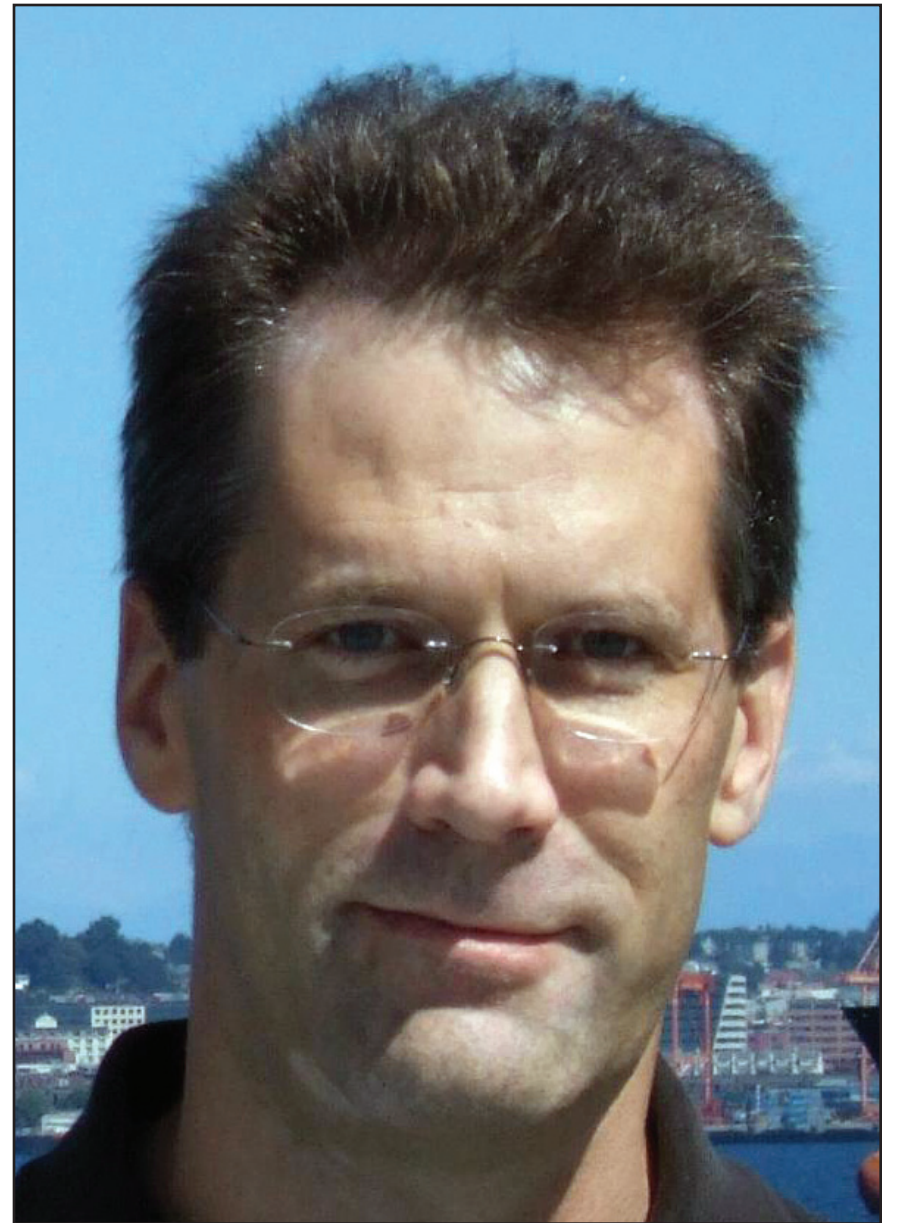
"It's possible to see the modern history of Lyme as a string of events with an EIS member at every crucial node."

-Elena Cook, "Lyme Is a Biowarfare Issue"

Borrelia organisms were of interest to the military because of their ability to cause both mentally and physically disabling infections that were capable of relapsing, even after treatment with antibiotics. This was due to the organism's ability to not only rapidly evolve in a manner that frustrated antibiotics administration, but also to rapidly disseminate throughout every organ in the body. Another form of self-protection is the organism's ability to form biofilms and protective "cysts" when confronted with a hostile environment, only to reconvert from dormancy to active infection once a friendly environment was again encountered (for example, when any administered antibiotics were gone). This protective dormancy capability, which is shared by anthrax (a biowarfare agent also studied by Barbour before Lyme broke out), would be highly useful for real-world biowarfare exercises.

In addition to weapons that could kill quickly, the Pentagon was interested in weapons that could incapacitate - like Rift Valley fever. As Michael Carroll relates in his book *Lab 257*:

"Pentagon scientists briefed President Dwight D. Eisenhower on using Rift Valley fever as a *nonlethal biological weapon that would 'incapacitate' the enemy, rather than kill him. Used correctly, it could deter and demoralize the enemy and, at the same time, spare buildings and infrastructure from incendiary bombs.* The president approved funding in this new area of weaponry, calling it a 'splendid idea.' Research on incapacitating germ agents began." [emphasis added]



Jerry Leonard

The staggering benefits of Lyme disease as such an incapacitating infection were summarized by Mark Sanborne, author of the report "The Mystery of Plum Island":

"Lyme's ability to evade detection on routine medical tests, its myriad presentations which can baffle doctors by mimicking 100 different diseases, its amazing abilities to evade the immune system and antibiotic treatment, would make it an attractive choice to bioweaponers looking for an incapacitating agent. Lyme's abilities as 'the great imitator' might mean that an attack could be misinterpreted as simply a rise in the incidence of different, naturally occurring diseases such as autism, MS, lupus and chronic fatigue syndrome (M.E.). *Borrelia's* inherent ability to swap outer surface proteins, which may also vary widely from strain to strain, would make the production of an effective vaccine extremely difficult. ... Finally, the delay before the appearance of the most incapacitating symptoms would allow plenty

of time for an attacker to move away from the scene, as well as preventing people in a contaminated zone from realizing they had been infected and seeking treatment."

Incapacitating bacteria are now infecting people in the U.S. en masse, causing a major epidemic of chronic illness. An estimated 20,000 to 200,000 people get Lyme disease every year alone. And even the higher number may understate the number of cases due to the non-specific nature of many of the symptoms of Lyme disease and the poor accuracy of the available tests.

"The more we do to you, the less you seem to believe we are doing it."

- Joseph Mengele

Just as sinister as the disease itself, from the earliest days victims have been systematically denied accurate diagnosis and helpful treatment with antibiotics by various individuals who all too often have connections to the biowarfare

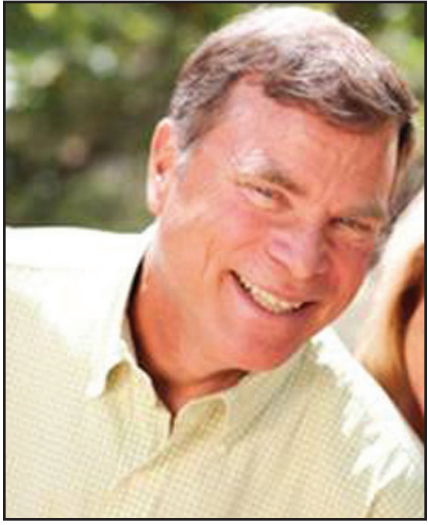
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Lyme Disease Management: Immune Health Part 3



By Peter J. Muran, MD, ABIMH

Let's summarize our prior two articles before launching into the final in this series on the extraordinary immune and gut relationship. The immune system is the most powerful means the body has to fight infection and its central role applies to Lyme disease as well.

Part one discussed how the immune system is divided into two types of subsystems, the innate and the adaptive immune system. The innate system is a more primitive type of system and is seen in most life forms. The innate system is more generalized in its detection of a foreign substance. Its immediate response would be to destroy the substance by exposing harsh chemicals to the foreign substance. Major components of the innate system are dendritic cells, macrophages and natural killer cells. The adaptive immune system is seen in higher life forms and is more sophisticated in its specific reaction to an offending agent. The two major pathways of the adaptive pathways involve two different types of white blood cells or lymphocytes. These lymphocytes are known as B-cells and T-cells. The B-cells form antibodies. The T-cells can develop into a variety of forms depending on how they are programmed. The adaptive immune system is mostly programmed by the dendritic cells, a major component of the innate immune system.

Part two discussed how the gastrointestinal tract, GI tract, is a major contributor to the response of the immune system. Something foreign or irritating to the cells of the GI tract will trigger the innate immune system, causing a localized inflammatory response. If the localized inflammation is not kept under control it will progress to cause an inflammatory response throughout the whole body. This whole body or systemic response is caused by the innate immune system's programming the T-cell lymphocytes to release pro-inflammatory chemical messengers called cytokines. The pro-inflammatory cytokines are managed by another type of programmed T-cell known as T regulatory cells. It is when our immune system cannot be controlled or it gets "stuck" in an

expression of a repeating inflammatory response that tissue destruction occurs and it is felt as pain. The messengers for this chronic inflammatory response are certain cytokine expressions from specific T lymphocytes, Th1/Th17. An example of the over expression of Th1/Th17 is the joint pain and destruction seen in Lyme disease.

In view of the importance of the immune system and its intricacy it is clear that the management of a complicated disease such as Lyme requires utilization of a healthy immune system. A healthy immune system is dependent on a healthy gut. A healthy gut is dependent on a healthy bacterial flora and consumption of foods that are not inflammatory. An over-stimulated inflammatory response as a result of poor GI health can result in the immune system getting "stuck" in a pro-inflammatory mode. The healthy immune system would benefit in balancing out the pro-inflammatory mode to a non-inflammatory mode through regulation or modulation of the immune system.

The over-usage of antibiotics will change the normal GI bacterial flora, which can lead to dysregulation of the immune system as described above. The dysregulation of the immune system will cause symptoms that are sometimes confused with that of Lyme disease. While antibiotics should be considered as a part of the treatment program for Lyme disease, it is important to maintain the delicate balance between the use of antibiotics and a healthy gut bacterial flora. Development of bacterial strains that are optimal for an individual's GI tract and immunity is one of the hottest topics undergoing investigational research. Today, we can only guess that we are improving the healthy flora in the selection of the specific probiotics selected for an individual. As research develops we look forward to being able to select the exact strains required by an individual.

What we eat has a great influence on our immune system response. Inflammatory foods or food sensitivities greatly change the internal milieu or environment of the GI tract. It can lead to severe dysregulation of the immune system, whereas a proper diet will lead to proper regulation of immune modulation by supporting and promoting regulatory T cells.

Note that food sensitivities are not the same as food allergies. Not all food sensitivities develop antibodies. As described above, the pro-inflammatory T-cell lymphocytes can be triggered off without developing antibodies. This response covers many situations where a person is just not getting better because of their diet. The problem is the

reliance on a food to antibody test result. The test results could be negative yet the food sensitivity persists. Unfortunately, this misunderstanding leads to the mismanagement of individuals who have treatment directed only at inflammatory response and not the causes of the inflammation.

An example of this misguided treatment is similar to someone who develops an intermittent autoimmune response. This person has a sensitivity to dairy and gluten but does not show an antibody response. Frequently, the main focus of treatment is a disease-modifying anti-rheumatic drugs, DMARDs (e.g. CellCept or Mobic), which are pro-inflammatory, initiated by Th1/Th17 immune-blocking drugs. There is no direction by the physician to tell the person to stop their routine consumption of dairy and foods which are contributing to the flare-up their T-cell response.

It is important to reduce the cause of an out-of-control T cell response in tandem with immune regulation which reduces the recurrence of autoimmune flare-ups. The use of such medications should be considered a secondary aid in treatment of an out-of-control immune system. The primary treatment should be the elimination of the irritant to the GI tract, in this case dairy and gluten, while supporting the competency of the digestive capacity.

A large portion of the immune system is affected by the GI tract. The management of Lyme disease is best directed at increasing the natural antibody/antigen response, the adaptive immune system, while preventing an out-of-control inflammatory T cell response. Reducing a misdirected immune response sourced at the GI tract improves the directed immune response to management of Lyme disease.

Case Study

Toni was a 37-year-old top commercial banking executive with a specialty in acquisitions. She has a past medical history of progressive joint pain, which started approximately 2 years prior and was left untreated. The joint pains were debilitating and migratory with associated fatigue. She had developed significant fatigue to where she could not get out of bed four days out of the week. She also had associated with her illness significant muscle pain, insomnia and cognitive changes.

The noticeable cognitive changes include difficulty in thinking and concentrating, short-term memory loss, disorientation, reversing numbers, word finding problems, and depression. The patient also states that she has had fever and night sweats; swollen and tender neck lymph glands;

unexplained menstrual irregularity, PMS and loss of libido; stomach discomfort associated with bloating and daily diarrhea; heart palpitations with severe swollen ankles and feet; neck discomfort which includes stiffness, cracks and pain; and headaches with a slight dizziness similar to vertigo type symptoms. Her past medical history includes ongoing sinusitis and human herpetic viral infections with prior increased liver enzymes and a history of asthma, which was triggered off by mold and pollution.

Skin problems included mild acne on the face with long standing history of treatment with doxycycline; bumps on the upper arms; increased cellulite; moderate amount of dark circles under her eyes; easy bruising; lackluster pale skin; sensitivity to bites; strong body odor and thick calluses on feet. She has noticed an intolerance to milk and gluten products associated with nausea and severe upper abdominal pain.

She went to several top specialists and although some of the tests were positive for Lyme disease she did not fit the exact criteria and Lyme disease was excluded from her diagnosis.

She did start treatment with a Lyme literate physician who began treatment with Neurontin and Trileptal for joint and muscle pain; Trazadone for insomnia and Claritin for sinusitis. She was to begin the antibiotic therapy in 2 weeks with the use of three antibiotics (Omnicef, azithromycin and minocycline) to be stepped up quickly with the inclusion of Flagyl in two weeks. She was having difficulty in managing the above medication treatment and sought other medical advice.

Prior positive labs included:

2009 - Elisa and Western blot IgM for positive for Bb; total porphyrin elevated 173
August 2010 - CD57 @ 20/ul ; human herpetic viruses (HHV) #1, #2, #3 and #6; D3@ 34 ; and C4a elevated at 4285.

Recent positive labs were as follows:

Infectious disease - Borrelia burgdorferi, HHV 1,2,3 and 6. Negative for typical co-infections and Chlamydia pneumonia
Gastrointestinal tract - The GI tract with small intestinal bacterial overgrowth (SIBO). Large intestine with Helicobacter pylori, yeast 2+/4+ and gluten sensitivity.
Immune system - The IL-6, C4a and the erythrocyte sedimentation rate (ESR) was mildly elevated. The fibrinogen, CCP antibodies and vascular endothelial growth factor were normal, CD57 @ 16/ul.
Coagulation profile - Plasminogen activator inhibitor type I (PAI-1) gene heterozy

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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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Website:

www.publichealthalert.org

e-mail:

editor@publichealthalert.org

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“Tuskegee Phase 2” ...cont'd from pg 1

community. This large-scale treatment-denial effort has largely been implemented by a group of doctors of the so-called “Steere camp philosophy” of Lyme disease. This group is named after Allen Steere, who headed the initial investigation into the cause of Lyme disease while at Yale University, shortly after graduating from the CDC's elite biowarfare defense group, the EIS. Yale itself is an influential defense contractor that has worked hand-in-glove with the nearby Plum Island biowarfare lab.

There is a strange and telling history behind the raging controversy over providing Lyme victims with antibiotics. Steere's group at Yale at first claimed that antibiotics were useless against the bacterium, in spite of the evidence presented to him by doctors who were making significant progress treating some symptoms of Lyme disease with them.

However, when it could no longer be denied that disease symptoms could respond to treatment with appropriate antibiotics (as other doctors around him had shown), Steere's group inexplicably declared that antibiotics were extremely effective against the disease -so effective that several days or weeks of antibiotics were all that was needed to kill a cyst-forming organism that could quickly spread through

the bloodstream to every organ in the body, including the brain, where blood flow is low. The initial, strident denial of the effectiveness of antibiotics at all, and the subsequent claims of the near-miraculous effectiveness of short-term antibiotics have a common theme: Both are rationales for denying treatment with the long-term antibiotic regimens that are often required to bring Lyme victims back to some semblance of a normal life.

Steere-camp doctors cynically invented a syndrome called "post-Lyme syndrome" to allow them to write off patients who remained ill after short-term care rather than admit an ongoing infection their simplistic treatment had failed to kill.

The Steere-camp researchers' denial of the Lyme bacterium's ability to persist, despite aggressive antibiotic treatment, has created a catastrophically destructive rift in the medical community that has caused hundreds of thousands of patients to suffer and many doctors to lose their practices.

In recent months, articles have been published in

various journals revealing that treatment guidelines by the Infectious Diseases Society of America (IDSA), despite pompous posturing to the contrary, are based mostly on

guidelines over doctors who treat Lyme disease. Quoting Wolfram:

"Physicians who offer longer term treatment approaches run the risk of losing hospital privileges, being denied malpractice insurance or having to pay higher rates for this insurance, being terminated from insurance networks, and facing professional misconduct actions."

The Attorney General of Connecticut investigated specifically the IDSA's treatment guidelines for Lyme disease and found the process by which they were drafted to be riddled with conflicts of interest and biased selection criteria - something Lyme victims have known for years.

In spite of their obvious flaws and deadly impact, the IDSA's treatment guidelines have been drafted and implemented with the help of the CDC and its biowarfare unit, the Epidemic Intelligence Service. They have been very effective at preventing desperately ill patients from getting antibiotic therapy by providing a tobacco-science rationale for

insurance companies to deny expensive treatment coverage and for allowing state medical boards to put doctors who treat against the guidelines out of business. (These medical boards are relying on false tick infection-rate data by state epidemiologists, which are, in turn, dominated by EIS graduates.)

This behavior has resulted in a tragic state for Lyme sufferers. Quoting Richard Wolfram, again:

"...in the case of long-term treatment of Lyme disease, complainants estimate fewer than 150 physicians in the United States are willing to endure the pressures from the IDSA and from insurance companies (by their refusal to cover long-term antibiotic treatment). This number is down considerably from previous levels."

The CDC's extensive and destructive involvement in preventing patients who fall victim to the Lyme bacterium from getting treatment brings to mind the CDC's other effort to prevent patients getting treatment from a bacterial infection-the infamous Tuskegee Experiment. It was this experiment in which unwitting black men were systematically denied treatment for syphilis infections over a period of decades, so that the "natural course" of the disease could be monitored through the

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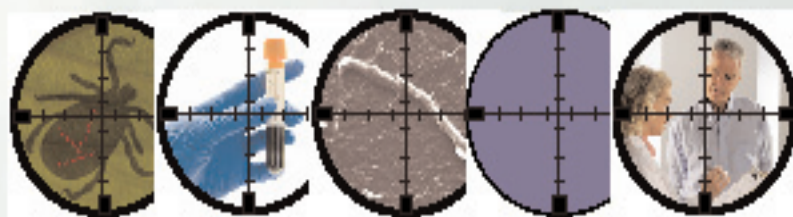
"So now we have... a pandemic fueled by political motives coupled with a consummate disregard for public health, and a pandemic which, when the sources, motives, and actions that led to the ... pandemic come to light, will be incomprehensible in its amorality and foolishness."

-Medical doctor (personally requested anonymity, for fear of reprisal)

nothing but opinion, and can be more fatal than treatments administered outside of the guidelines.

Attorney Richard Wolfram has documented the growing influence of treatment

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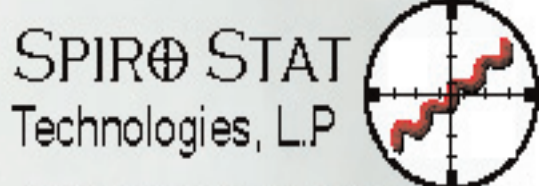
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Finding Freedom Behind the Bars



by Joan Vetter

"We the jury find the defendant, Mary Elizabeth Forsythe, guilty on all counts." The words brought an end to Mary's life on the fast track of worldly success and sent her to prison, where she learned the difficult but glorious lessons of true transformation.

Growing up in rural western Kentucky, Mary dreamt of a life of glamour and success in a big city. With the natural-born instincts of an entrepreneur, Mary worked toward accumulating wealth first by selling homemade lemonade, and then by making

her first stock market purchase at age 13. By the time she graduated college with a pharmacy degree and settled in Dallas, Texas, Mary was on her way to fulfilling her dream. Soon, she owned her own drug store and applied to become a government-approved distributor of AZT for AIDS patients.

Following an audit by the Texas Department of Health and Human Resources, Mary's pharmacy fell under close scrutiny. As Mary realized the seriousness of the investigation, she figured she could simply write the government a check to cover the inventory discrepancy. Little did she know her life was about to be turned upside down. After being found guilty by a jury, she was sentenced to five years at a women's prison in Texas. Her entire outlook began to change as her pride and self-confidence began to break and she sincerely requested God's help.

One day Mary was called to the visitation area where a stranger named Gary asked her, "Do you want to receive the baptism of the Holy Spirit?" She had never heard



of that, but she remembered asking for God's help, so she answered, "Yes." Mary did not understand what happened next. As Gary gently touched her forehead, she fell to the ground in a loving and peaceful manifestation of the Holy Spirit's presence.

After this amazing encounter, the Holy Spirit began to teach her how to live by the Word of God. Her first "class" was "forgiveness and blessing." He led her to forgive

and bless the judge, the jury and all the people who prosecuted her. Mary acknowledges, "I prayed for them until the attitude of my heart matched the words of my mouth, until I genuinely felt forgiveness and compassion for them and truly wanted the Lord to bless their lives."

She endured intense humiliation and adversity behind bars, but her spirit grew strong as she witnessed women come to the Lord,

receive emotional and physical healings, and grow in Christ's likeness. She also found freedom in her heart and learned to develop an intimate relationship with the Holy Spirit.

After serving five years in prison, she is now president of Kingdom Living Ministries and desires to advance God's Kingdom everywhere she goes.

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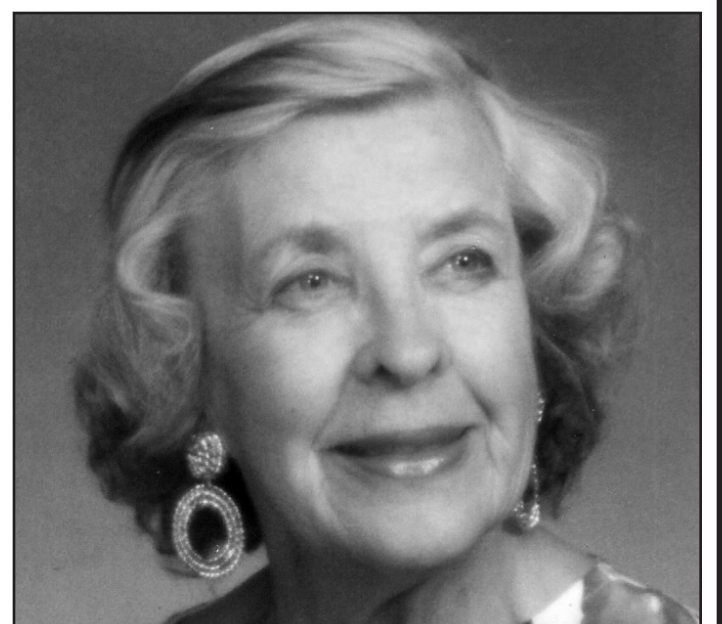
Poetry Corner

A Rose to Remember

No, it isn't just a rose,
 This souvenir I keep,
 It once was vibrant, like our love,
 Anointed with mystique.
 Its beauty, heightened by the hand
 That gave this gift to me,
 A hand that also gave a heart
 From which I'm never free.
 A throbbing pulse of feeling
 Goes through me when I touch,
 This old, de-petaled faded rose,
 I love so very much.

Waiting

The saddest part of any life,
 When living with another,
 Is just to sit, unrecognized,
 And wait to be discovered.
 One glance, one look, that clearly says,
 I know you're in the room,
 Some spark, delineating you,
 From status of a broom!
 I guess I'll wait, I see no sign
 Of stardom on this stage,
 Hope springs eternal, so they say,
 So, HOPE, let's turn the page!



Nawanna Rodgers-Gazin is a talented artist who worked for many years as head of the Graphic Arts Department at William Rainey Harper College in Palatine, Illinois. She retired in 1986 and moved to Arizona.

After her retirement, Nawanna designed a line of greeting cards and homemade jewelry and sold her wares at craft shows for twenty years. She has enjoyed writing poetry, playing the piano and singing professionally since she was very young.

At age 88, she is still a wife, mother and active homemaker, who prepares all meals and does her own housekeeping. Contact: NawannaJ@aol.com.

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patients' deaths and post-mortem examinations.

"Who could imagine the government, all the way up to the Surgeon General of the United States, deliberately allowing a group of its citizens to die from a terrible disease for the sake of an ill-conceived experiment?"

--Commentary on the Tuskegee Experiment

In addition to the similarities in treatment denial (the current phase of the experiment being a more sophisticated and global program using the medical system as a whole through enforcement of fraudulent treatment guidelines), the similarities between the spirochete that causes syphilis and the spirochete that causes Lyme disease (borrelia organisms are a type of spirochete) reinforce this association. As Lyme "expert" Allen Steere summarized: "Lyme disease is like syphilis in its multisystem involvement, occurrence in stages, and mimicry of other diseases."

"... the Lyme disease spirochete, Borrelia burgdorferi, is amazingly similar to the spirochete, Treponema pallidum, that causes syphilis."

--Stephen F. Porcella; Journal of Clinical Investigation. March 15, 2001.

One hypothesis is that the CDC has used the Steere-camp philosophy to continue a new type of Tuskegee Experiment under the cover of biological warfare research through its secretive EIS branch, using deliberately ineffective treatment guidelines put out by the IDSA instead of geographical isolation to prevent victims from getting effective antibiotic treatment. (Curiously, the Lyme Epidemic and associated treatment-denial rationales began ramping up just as the first phase of the Tuskegee Experiment was being ramped down.)

"Our practice is restricted by higher authorities, like the CDC."

--Dr. Muddasar Chaudry, on treating Lyme patients

Consistent with this hypothesis is the fact that the authors of the justifiably maligned treatment guidelines are disproportionately populated by biowarfare researchers. Notably, the lead author of the IDSA Lyme disease treatment

guidelines, Dr. Gary Wormser, also lectures as a biowarfare expert.

Also of interest is the degree to which "science" has been twisted to support the Steere-camp positions that have been institutionalized in the IDSA guidelines. Over the years, this group has invented a non-existent Lyme virus and a non-existent species of Ixodid tick to justify the denial of antibiotics to unfortunate Lyme victims. (They receive millions of dollars of government grants to search for an elusive auto-immune mechanism which would explain chronic Lyme disease symptoms, independent of a well-documented, ongoing infection.)

Just as the Phase I Tuskegee Experiment was conducted under the pretext of developing treatments and vaccines, this Phase II Lyme Epidemic is being conducted under the same pretext.

In other words, vaccine politics. Use the public as guinea pigs to test treatments for a created disease that one day might be used against real or declared enemies - or perhaps be used by a real enemy against us. Since Steere's defense-contractor employer ultimately developed and licensed the first vaccine against the disease (Phase III vaccine trials were personally led by Steere, and his lab did all the testing during the trials), and Steere created the ideology that was useful for developing this vaccine (it allowed him and his employer to map out the immune response to the disease in untreated controls who were denied antibiotics under one guise or another, in what Steere referred to as a "natural experiment" in one publication), vaccine politics go a long way toward explaining the disaster currently befalling the public.

"As of 2007, not a single U.S. government researcher had been prosecuted for human experimentation, and many of the victims of U.S. government experiments have not received compensation, or in many cases, acknowledgment of what was done to them."

-Wikipedia.org (Unethical human experimentation in the United States)

Vaccine politics has a flip side: funneling profits to the pharmaceutical industry. Indeed, in addition to using the epidemic as a vaccine development vehicle, the CDC/Steere-camp philosophy can be seen

as a marketing methodology to make Lyme vaccines cost-effective. A paper published in 1999 by CDC authors summarized how the cost-effectiveness of the vaccine could be improved (increasing "the cost per case averted") by increasing the probability of contracting Lyme disease:

"Since few communities have average annual incidences of Lyme disease >0.005, economic benefits will be greatest when vaccination is used on the basis of individual risk, specifically, in persons whose probability of contracting Lyme disease is >0.01."

Increasing the probability of persons contracting Lyme disease and decreasing the probability that they will be accurately diagnosed and effectively treated are not only parameters in the cost-benefit model presented in this shocking CDC paper. They appear to be the central explanatory principle behind the disastrous policies of the Steere-camp of Lyme disease.

Letting the epidemic rage out of control creates an ever-increasing market for the next vaccine. Perhaps these trials will also be overseen by a CDC biowarfare expert.

So here we are. Benefiting on one end is the biowarfare establishment. Waiting to cash in on the other end is the pharma industry (which covertly runs the biowarfare industry). Stuck in the middle is an unwitting - and untreated - public that stands to gain nothing at all.

I don't buy being yet another guinea pig for the health and military establishment. And neither should you.

It's time the pharmaceuticals companies and the CDC were held accountable for experimenting on the public. An investigation is certainly due. But who should conduct the investigation?

As **The Lancet** recently reported, in the wake of the latest revelations on the nature of the syphilis experimentation in the U.S. and Guatemala, 'President Obama asked the Presidential Commission for the Study of Bioethical Issues to undertake a "thorough review of human subjects' protection to determine if Federal regulations and international standards adequately guard the health and well being of participants in scientific studies supported by the Federal government."

President Obama had to form an independent Presidential Commission to investigate the latest Phase I

Tuskegee revelations because the government-sanctioned watchdog agency - the Institute of Medicine -- was too involved in the research to investigate itself!

Such an independent investigation on human experimentation with the Lyme disease spirochete is certainly warranted. Why? Because the very essence of the establishment itself-the CDC and the biowarfare community-is conducting this newest version of unethical research.

Since the CDC and NIH are obviously involved in coordinating the experimentation in Phase II of the Tuskegee Experiment, through upholding the treatment guidelines (or more appropriately: "treatment-denial guidelines"), we need to insist on an independent investigation into Lyme disease treatment-denial.

"If this were fiction, the study's investigators would have been the archetypal mad scientists. But the study was conducted by no less prestigious a group than the United States Public Health Service and funded by the National Institutes of Health (NIH), as part of a program to test the effectiveness of penicillin for disease prevention."

--Nellie Bristol, Commentary on Tuskegee Experimentation

As a result of the use of treatment guidelines to deny treatment, America's most egregious example of medical malpractice through treatment-denial is now an everyday reality, conducted on a grand scale, and run with the complicity of the CDC and other public agencies, which are exploiting the public instead of protecting them.

While government spokesmen deny the possibility of ongoing Tuskegee experimentation, the reality is quite different.

NIH Director Francis Collins has recently stated: "I want to emphasize that today, the regulations that govern research funded by the United States government, whether conducted domestically or internationally, would absolutely prohibit this type of study."

Continuing, she stated "Today, researchers must fully explain the risks associated with their study to all research participants, and participants must indicate their informed consent."

Unfortunately, it doesn't work that way. As long as you

create treatment guidelines to justify your experimentation, and as long as you have the money and influence to enforce them and build a fraudulent science base to create a manufactured scientific consensus to justify them-which the pharmaceuticals industry has, you can conduct experiments on an international basis with complete immunity.

This is what is happening. The Tuskegee Experiment has been institutionalized.

As a result, the newest version of the Tuskegee Experiment is not only far more widespread than Phase I, but it also is far more insidious, because it takes place through the creation and enforcement of ghost-written treatment guidelines that are rapidly becoming the standard way by which "Big Pharma" legislates profits through the medical system and the government.

I believe 80 years of Tuskegee experimentation is enough! We need to investigate the Lyme treatment-denial scenario. But we also need to investigate the mechanisms used to carry it out.

There are millions of sick Lyme patients in desperate need of antibiotics that their doctors can't give them because of the CDC's policies regarding pharma's treatment guidelines.


But there is more at stake. The methodology used to run this state-sanctioned experiment in treatment-denial for Lyme patients could be used in the "non-treatment" of other diseases-potentially creating billions of future victims.

We desperately need to understand how treatment guidelines are being created and enforced by the pharmaceuticals industry with the complicity of public health agencies, to the detriment of public health. We also need laws to protect us so that this insidious, covert experimentation is never perpetrated on the American public again.

pha

[Editor's Note: Due to the extensive documentation in this article, there was not enough space to print the 7 pages, single spaced, 10 point font references. Please go to the PHA website for the text version of this article which will include the full documentation and citations for the research in this article.]

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Insights Into Lyme Disease Treatment: 13 Lyme-Literate Healthcare Practitioners Share Their Healing Strategies

Ginger Savely, DNP: Part 3



Lyme-Literate health care practitioners. Each doctor is given their own chapter in which to explain their Lyme disease treatments. This chapter focuses on the treatments of Ginger Savely, DNP, of San Francisco, CA. Note: This book excerpt has been broken up into multiple issues of Public Health Alert due to space constraints, so be sure to visit the PHA website to read the first two installments! (continued from previous issue of PHA)...

Patient and Practitioner Challenges and Roadblocks to Healing

One of my greatest challenges as a practitioner is getting my patients to keep plugging away at their treatments, because they get very frustrated and want to give up. It's really hard, because when they don't see any change in their symptom picture, it's as if they can't "see the forest for the trees." If I can help them to get through their treatments, they are often then able to look back and realize that they are getting better, but in general, it's very hard for them to "hang in there." Providing reassurance is one of the best

things that practitioners can do for Lyme disease patients, however, and a great majority of their job involves being cheerleaders or psychologists.

Another challenge that I have is coming up with individualized treatment plans for my patients, because they are all so different and I never know what's going to work for them. For instance, I have some people for whom artemisinin makes all the difference in the world, and other people for whom it doesn't do a thing. There is so much that we as practitioners don't know about treating Lyme disease. Further complicating things is the fact that there are so many different strains of Borrelia and other infections going around that we don't know about, which means that we don't necessarily know how or what we are treating.

Patients don't always understand this, either. Occasionally, they will get really angry with me because they think that a treatment that worked for another person should have worked for them, and it didn't. Lyme sufferers are constantly talking to one another and giving advice over the Internet, too. They are des-

perate and are constantly coming in to my office and telling me things like, "I heard on the Internet that this is the best method for treating Lyme, so I want you to do this treatment." This can sometimes complicate things because what works best for one person doesn't always work best for another.

So when patients write me angry letters and say things like, "You withheld this treatment from me. It would have helped me!" I want to tell them that they might be the one in million that that particular treatment would have helped. Interestingly enough, some of these people are intelligent and well-educated, and they do end up finding things that work better for them than antibiotics. Problem is, they end up accusing me of being incompetent, even though, as a health care provider, I am making decisions based on statistics all of the time. I have to first give patients the treatment that works the best for the majority. I can't know whether the next person that I am treating is going to be part of the minority of people for whom a treatment isn't going to work, but some people get angry over this issue, anyway. Of course,

when people are sick, they aren't at their best.

Really, though, it's so hard treating Lyme disease! It's no wonder that most doctors don't want to touch this disease with a ten-foot pole. It's a very iffy, wishy-washy disease, and most doctors are more comfortable with conditions that they know exactly how to treat, and in fact, the treatment approach to other maladies is often more standardized. I'm always telling nurse practitioners at national conferences that we (nurse practitioners) are actually the perfect type of practitioner for treating Lyme because our style of taking care of people is much more individualized and holistic than that of physicians'. It's a good area for us. We are more comfortable with this type of thing, whereas medical doctors tend to dislike situations where they are not sure what's going on.

If I knew of a remedy that was the "key" to everyone's healing, then yes, I would be shouting about it from the rooftops. This is the thing that drives me so crazy, though. Every time I think that I've found something that is "it" for "Savely"...cont'd pg 8

by Connie Strasheim
Available from
www.LymeBook.com or by calling (530) 573-0190

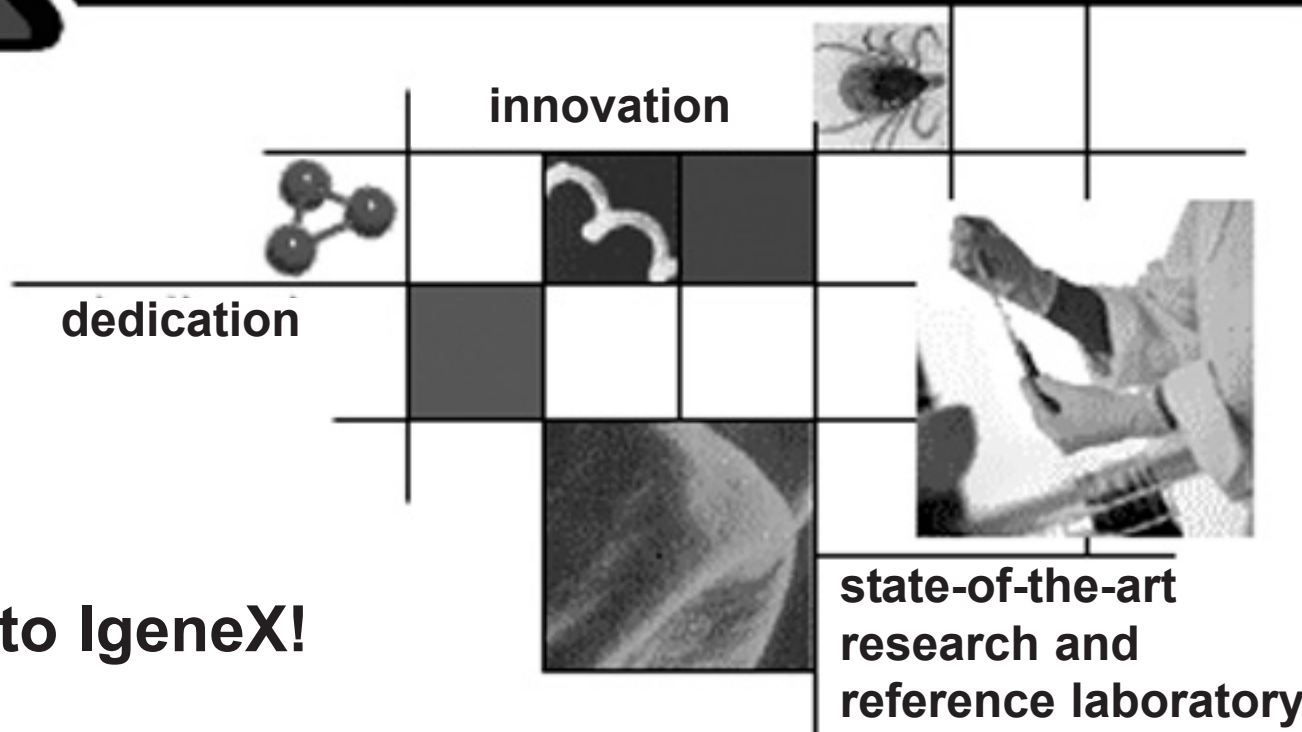
Chapter 4: Ginger Savely, DNP Part 3 of 3

About this article:

The following is an excerpt from the book, Insights Into Lyme Disease Treatment: 13 Lyme-Literate Health Care Practitioners Share Their Healing Strategies, by Connie Strasheim. The book is 443 pages and retails for \$39.95; it is available from BioMed Publishing Group by calling 530.573.0190 or online at www.LymeBook.com. The book is based on interviews with 13



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L.E.A.P. Arizona

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

Arkansas

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

California

Dorothy Leland
website:
www.lymedisease.org
contact@lymedisease.org

Mid-Peninsula Lyme Disease Support Group

Mountain View, CA
2nd Tuesday each month:
6:30-8:30 PM
ldsg_scott@hotmail.com

Lyme Disease Support

Colorado

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

Connecticut

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

National Support:

truthaboutlymedisease.com/
Dana Floyd, director

LDA of Iowa

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ticktalk2@mchsi.com

Kansas

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Lymefight@aol.com

Montana

bepickthorn@earthlink.com

Minnesota

Duluth/Superior Lyme Support Group. Meets first Tues. each month at 7pm, St. Lukes Hospital, 1000 East 1st Street, Duluth, Mn. For more information call Tom Grier at 218-728-3914 or Tom Kurhajetz 218-372-3744.

North Carolina

Stephanie Tyndall
sdyndall@yahoo.com

South Carolina

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

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tmomintexas2@yahoo.com

Dallas/Ft Worth

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

Houston

Contact: Teresa Lucher
lucher@sbcglobal.net

League City/ ClearLake & NASA Area

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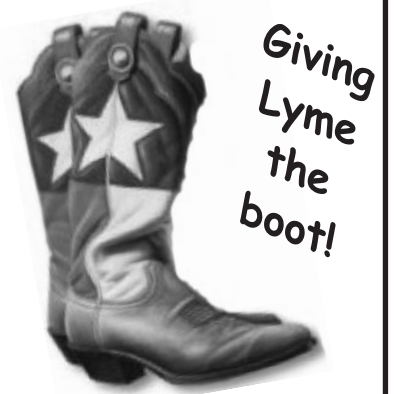


Military Lyme Disease Support

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

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

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“Savely” ...cont’d from pg 6

everyone, I find patients for whom it doesn't work.

For example, I sometimes recommend the mushroom Coriolus to my patients, because I notice that it raises CD-57 levels like crazy. Some of my patients take it and say, "I feel so much better on this!", whereas it doesn't seem to help others at all. It's always interesting how people respond differently to things. As another example, I have patients who use an herbal treatment called burbur, and some will swear that it ameliorates their Herxheimer reactions, while others claim that it doesn't do anything to improve their symptoms. For those that it helps, I don't know how much of it is the placebo effect, but I'm never going to tell people not to try something if it makes them feel better. I have a few things that I would always say "No" to, such as intravenous hydrogen peroxide, but for the most part, if patients ask, "Should I try this?" I will tell them, "Sure, go ahead, try whatever works."

I find that my patients almost always respond positively to my Lyme disease treatments, but the question is, how much? For those that only improve somewhat, the reasons are multiple. They might have a resistant strain of the organism, a genetic predisposition that blocks their healing, or other infections that are primary in their symptom picture. As well, there may be other unknown factors involved and which keep them from healing fully.

Patients often ask me about the importance of treating viral infections, and if I were to check viral titers on most of my Lyme patients, I would find that they all have high titers for other infections, but I think that such infections are opportunistic. That is, they are infections that show up in test results and become active because of Lyme disease. I then tell my patients that these will tend to go away once we treat their Lyme.

Lyme Disease vs. Chronic Fatigue Syndrome

There is some debate in the chronic fatigue world about whether Lyme disease itself may be the primary cause of chronic fatigue syndrome. The question is very hard to answer. Sometimes, a person may have chronic mold, or another issue that is causing their symptoms, even if Lyme is present as a background problem.

On the other hand, I used to be very involved in the chronic fatigue world, and at some point, I began to realize that CFS was caused, in many cases, by Lyme disease, and for that reason, I became more involved in treating Lyme disease.

Those who present with classic CFS symptoms such as chronic fatigue and brain fog are often the most difficult to treat. There is sometimes very little response to treatment in this type of patient, so who knows what this really means?

In the end, however, I'm a big proponent of presenting every treatment to my patients as though it was going to work,

even though I have colleagues who disagree with this approach. They say that doing this is akin to "pulling the wool over someone's eyes," and think that it's better to be frank with patients, but I look at the matter differently. I think that patients' healing is aided significantly when they believe that they are going to get better. A practitioner who says, "Do this, and you will get better" will have patients who tend to get better. A practitioner who tells patients: "You have a 50/50 chance of healing" might end up discouraging them. Besides, what's the worst that can happen if the person doesn't get better? People don't tend to come back and scream, "You said this was going to work!" So in my practice, I look my patients in the eye and tell them, "We're going to do this treatment and you are going to get better." And I can do this and say with all honesty that I feel they are going to get better, because most of the time, they do, and in hindsight, they will often say, "That is the best thing you could have said to me." People need hope, and I don't believe in false hope. You have to give people hope. That's what gets them through this.

Patient Roadblocks to Healing

I find that my toughest patients are those with PTSD (post-traumatic stress disorder). There's a lot going on with them emotionally and their healing is complicated. Sometimes they don't seem to get well, and I don't know how much of this is tied into their emotions. All Lyme doctors have patients that don't seem to get better, but in reality, these are few. It is unfortunate, though, because I hear about a lot of negative conversation on the Internet Lyme disease support groups. People ask, "Is it worth it to treat Lyme? I have read that people don't get better, anyway."

Are you kidding? I wouldn't treat this if people didn't get better-it would be cruel and unfair to take their money and time! Not to mention depressing. The fun and wonderful part of treating Lyme disease is seeing people get their lives back. It's a very exciting and powerful thing, and I think that's what keeps me doing this (fighting the regulatory boards and administering difficult treatments) because I get to watch my patients come back to life before my very eyes.

So people do get better. As for healing and my protocols, I find that those who have been sick for less than a year tend to get better after about a year. Most of my patients with chronic Lyme disease, however, need two years, at minimum, to heal, and on average, two and a half to three years, occasionally a little longer. A very small percentage, perhaps 5%, as well as those who have been sick for twenty years or longer need more time, sometimes five years or more, to heal. But those who have been sick that long do get better. It just takes time.

Do Antibiotics Work?

There is a perception on the Internet that people don't get better with antibiotics.

It seems to me, however, that the people on the Internet support groups are the ones who don't get better. They get a skewed view, or perception of the Lyme world. Those who heal from Lyme disease aren't on the Internet, because they move on with their lives once they get better. I often tell my patients that Internet chat rooms are beneficial in some ways, but they can also be depressing. Those who tend to linger there are those rare people who don't get better. Some are cynical and/or depressed, and so tend to bring others down. They are not a fair representation of those who heal from Lyme—perhaps they represent a number as small as 1% of the Lyme disease population.

Again, all of us who treat Lyme disease wouldn't do it if patients didn't get better. I mean, how depressing! Imagine treating and treating and your patients never getting better. We do this because people do get better. It's unfortunate that those with Lyme who are just learning about the disease and trying to find answers on the Internet get discouraged by what they learn.

It's true, though, that there are some people who can't take antibiotics. These people might be "permanent Herxers." Their Herxing never stops and so they have to find other solutions for healing.

Also, no amount of treatment can bring people with irreversible damage in their bodies, such as those with ALS, back to full health. I must tell them that yes, it is possible that they have Lyme disease, and maybe Lyme was the initial trigger for their ALS, but the damage to their bodies has already been done. We may be able to halt progression of the disease temporarily, but we can't bring them back to full health.

I am, by the way, intimately involved with this disease. I have had Lyme, as have my two daughters and my mother. Also, my son has gestational Lyme and my sister died from Lyme and ALS. I have found that those practitioners who have had personal experience with this disease are more empathetic, and tend to "get it" more than those who haven't—and it turns out that most Lyme doctors or their family members have in fact dealt with Lyme disease themselves. They may not admit it, but most of them have. That is why they are so ahead of the curve of conventional medical knowledge.

Treating Relapses with Dr. Burrascano's Pulse Protocol

Every now and again, my patients will relapse after I stop their antibiotic treatments. If they do, I apply Dr. Burrascano's pulsing protocol, which involves pulsing antibiotics for six to eight weeks. If patients are going to relapse, it is usually six months to a year after stopping treatments. Whenever that happens, I hit



Ginger Savely, DNP

their infections again with another pulse treatment, but I must wait until they completely "crash", because Burrascano's theory is that patients have to wait until they hit rock bottom before practitioners can "hit" them again with another pulse treatment. They can't just have beginning signs of returning symptoms, or else the protocol won't work well; they must crash entirely. After my patients have gone into remission, if they relapse, I usually have to do only one pulse, and occasionally, two. Dr. Burrascano says that three is the maximum number of pulse treatments that are usually required for patients to get completely well and I have never had to do more than two of these pulses, because after that, I find that my patients are absolutely better.

Profiling the Person that Heals from Lyme Disease

Smokers will never get better. It's amazing how many Lyme sufferers drink, smoke and do drugs. When my patients do things that tear down their immune systems, they don't tend to heal. Those who do what it takes, eat the right food, adhere to treatments and so on, are the ones who get better.

Also, I have consistently seen that people who are able to get rid of their anger heal. Those who are eaten up with anger and resentment, as well as those who get depressed and ask questions like, "Why me?" don't tend to heal. Those that have a calmer, less fatalistic perspective and say things like, "I know this happened for a reason. I may not know that reason, but I accept it", tend to do better. I have patients who are sick as dogs, but they maintain their sense of humanity and humor. They crack jokes and they laugh. They are the ones who heal. People go through grieving stages when they first get sick, and it's not until they finally arrive at a place of acceptance of their illness that they really start to heal. Those who are angry, those who are kicking, fighting and screaming, and living their

lives as though the illness wasn't there, tend to be hindered in their healing. They push through their activities and think, "By golly, this isn't going to get me down". They continue to work full time and ignore their symptoms, but their symptoms don't go away. It's surprising how many people just keep pushing themselves in their daily activities, and yet they are sicker than dogs. It blows my mind. It's like they are in denial and running away from the disease. Teenagers are very much this way. They refuse to let it stop them. Those who accept their new situation, and say, "Okay, this is the new me. What can I do in this situation?" get better. Once patients are able to relax and accept their illness, then they start to heal.

Stress Reduction and Behavior Modification

Western medicine is beginning to realize that it isn't possible to separate the mind from the body in the healing process. People have often been told that their illness is all in their head, and in a way, it is! Tick-borne diseases infect the brain and cause malfunction in the limbic system, a part of the brain that receives all kinds of inputs from the external world (emotional, physical and otherwise) and "translates" them into body functions. To say that stress reduction and behavior modification will help patients' physical condition does not mean that part of their problem is psychosomatic. It means that their limbic system is highly sensitive to stress, and, as is the case with many physical problems, will have a better chance of healing itself when the burdens of stress are removed from it.

Strategies for Stress Reduction Biofeedback

This therapy teaches those with Lyme to identify when and where their bodies are reacting to stress and how to let go of that stress. Mental health provider networks have information on practitioners

"Savely"...cont'd pg 10

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“Savely”...cont’d from pg 8

and places where this type of therapy can be done.

Cognitive Behavior Therapy

This therapy helps those with Lyme to identify the unrealistic thought patterns that cause them stress and anxiety and to adopt new mind sets that enable them to be easier on themselves. It can also teach them to set limits, let go of guilt, blaming and the need to be in control, as well as how to accentuate the positive aspects of their lives, and so on. Patients can call therapists in their insurance plan to see if any of them specialize in this type of therapy.

Humor

It has been said that laughter is the best medicine. It's good for those with Lyme to surround themselves with light-hearted people, to find humor in their current situation and to not take themselves or their illnesses too seriously. It's also beneficial for patients to watch funny TV shows or movies, while avoiding the "heavy" ones.

Lifestyle Adjustments

Those with Lyme should analyze their life situation and list all of the things in their lives that are causing them stress, and then decide to eliminate as many of these things as possible. If they can reduce their work schedule to part-time, for example, this can be beneficial, as can quitting their job if they are financially able to (See below).

Financial Support

For many people with Lyme, financial worries are at the top of their list of stressors. It can be beneficial for them to file for disability payments through their employer's disability insurance program (if the employer has one) or file for disability benefits under the Social Security Disability Income program (SSDI). The SSDI process is difficult and there are many roadblocks. I highly recommend that those with Lyme enlist the help of a disability counselor if they decide to apply for this income. The standard fee charged by disability lawyers is 25% of what the client wins in back pay, with a maximum fee of \$5,300. This is the standard fee for all disability lawyers and counselors and is regulated by the Social Security Administration. There is no fee charged to clients if they don't win their case, except for a small service fee because the lawyers work on a contingency basis.

Balancing Rest and Physical Conditioning

People with Lyme are often perplexed because they feel as though they're getting two opposite messages from their health care provider: rest, but get up and move! The fact is, they need to find a balance between both. Too much rest can lead to de-conditioning of the body, which will make them feel even weaker, as well as more tired and depressed. Too much activity, however,

will lead to an exacerbation of their symptoms and longer recovery time. Ideally, those with Lyme should try to do some form of mild to moderate exercise every day. Some Lyme disease sufferers who are reading this might be thinking, "I barely have enough energy to get through the day, let alone exercise!" The idea is to do daily reconditioning, but starting off slow and easy, and progressing so gradually that they never become frustrated or exhausted. They should never exercise aerobically, but research has shown that those with Lyme improve by doing other forms of mild to moderate exercise.

Activities That People with Lyme Should Do

1. Every day, take a half-hour (no more!) nap in the afternoon. More than a half-hour leads to grogginess, due to the body coming out of a deeper sleep.
2. Pay attention to the body! Learn to recognize signs of fatigue and then get some rest before becoming drop-dead tired.
3. Plan a regular time every day to do "movement therapy". (I don't use the "E" word!). People should do this even if they can only manage a few stretches, and they should make it a habit. Also, it's important that they keep their expectations low, and forget the motto, "No pain, no gain!" They should start their first week of "movement therapy" with a very low goal in mind

(i.e.; walking to the mailbox and back). It's also beneficial to do some mild stretching before the "movement therapy", as well as afterwards. Beginning yoga is great for those with Lyme, but they shouldn't sign up for a challenging class! I taught myself to do yoga with Richard Hittleman's, Yoga 28-Day Exercise Plan. Swimming is also an ideal, gentle exercise to try.

Other activities that those with Lyme can do for their daily "movement therapy" include walking, Pilates, working with light hand weights, and cycling on flat surfaces at a slow to moderate pace. They should avoid running, jogging, aerobic classes, heavy weights, or any sport that increases the heart rate.

What Friends and Family Members Can Do to Help the Sick

While it's important for loved ones to be there for sick friends and/or family members, it's also important for caretakers to be supported because it's really hard to be a parent or spouse of someone who has Lyme disease. They suffer, too. For instance, one thing that's hard about taking care of Lyme patients is that they are so sensitive to everything. You want to hug your loved ones with Lyme, but they are so hypersensitive that it hurts for them to receive a hug or be touched. Also, it would help if loved ones could try to learn as much as they can about Lyme disease, so that they know

what their sick family members are going through. Because the biggest problem with this disease, unlike any other illness such as cancer, for instance, is that people wonder, even if it's just a little, if the Lyme sufferer is really sick. People think, "Well, c'mon, can't you just snap out of it? Can't you just push yourself a little?" I see relationships break up over this and I see dissension in families, because family members refuse to believe that there is anything wrong with the sick person. He or she just looks so normal!

Last Words

While treating Lyme disease is a great challenge, for me, it's so exciting to watch people get their lives back. There's nothing like it. Watching the transformation of those who once lost it all, were in the dumps, couldn't function and who felt like their lives were over, is wonderful and what makes my job worth the sacrifice.

How to Contact Ginger Savely, DNP

Ginger Savely, DNP
Email: gsavely@gmail.com

Note: This book excerpt has been broken up into multiple issues of Public Health Alert due to space constraints, so be sure to visit the PHA website to read the first two installments! Also, visit www.LymeBook.com to read another free chapter from the book "Insights Into Lyme Disease Treatment: 13 Lyme Literate Health Care Practitioners Share Their Healing Strategies."

Lyme Disease Management...cont’d from pg 2

gous for the 4G/5G.

This signifies a decrease in fibrinolytic activity leading to persistent clot formation which could be associated with increased difficulty in breaking down Lyme's biofilm. Intermittent porphyria when physiologically stressed
Endocrine system - T3 (total) 77 ng/dl; T3 (reverse) 52.5 ng/dl; cortisol saliva test (showing an 18 hour cyclic pattern -6am through 12am) was below the lower limits of normal throughout the whole day; estrogen levels were sufficient for the luteal phase of the cycle yet progesterone deficiency levels were suggestive of anovulatory menstrual cycles.

General working diagnosis is composed of:

1. Infectious disease
2. GI dysbiosis with inflammation and leaky gut syndrome resulting in over-stimulation of the Th1/Th17 response with over-production of pro-inflammatory cytokines
3. Difficulties with hepatic and cellular detoxification
4. Biotoxin histocompatibility
5. Genetically impaired fibrin or clot break down, which increased difficulty with the Lyme biofilm breakdown
6. Hormonal imbalance
7. Euthyroid sick syndrome, poor metabolism of T4 to T3(active) secondary to inflammation
8. Adrenal fatigue resulting from a chronic inflammatory state
9. Dysregulation of sex hormones, including estrogen,

testosterone and progesterone.

The approach to such a complicated patient is to begin with correcting the GI tract at the same time as balancing out the hormones. The GI tract had several variables which needed to be addressed. Gluten sensitivity treatment would be to stop all gluten products including food and personal hygiene products.

Toni has a propensity for high yeast growth in the large intestine, Candida albicans. This factor needs to be brought under control prior to starting any antibiotics. If ignored, a bloom of the Candida with its subsequent toxic release would confuse the infectious profile. Treatment with nystatin, diet change, and probiotics were instituted immediately. Zinc carnosine was used to eliminate H. pylori. There is significant research out of Japan showing that this is an effective method without causing additional imbalance of the GI flora.

Properly balancing the hormones increased her resilience and management of immunological stress. The immune system was balanced by first addressing the cortisol levels. Hydrocortisone was utilized to maintain physiologic levels of cortisol throughout the day. After one week of supplementing hydrocortisone, Cytomel, T3 active, was also introduced taking care that the patient was not symptomatic of the T3 active excess in view of possible low cortisol levels. The hormonal balancing helped to

improve her fatigue in conjunction with the length and quality of sleep.

The pain and depression medications, Neurontin and Trazadone, were transitioned to Lyrica and a serotonin based SSRI, Zoloft. 5-HTP was added to help increase the serotonin production. The depression resolved, and the muscle and joint pain started to lessen shortly thereafter.

After the GI tract was staged for control of an exacerbation of a possible fungal overgrowth, antibiotics were introduced. She had significant difficulty with the antibiotics which required them to be slowly introduced. This was accomplished over a 2.5 month progression until tolerating a therapeutic daily intake of antibiotics, Azithromycin and minocycline. With the antibiotics in place and the GI tract and hormonal system supported it was time to add the fibrolytic, lumbrokinase, to start breaking down any fibrin encasement protecting the Bb.

During this time metronidazole, Flagyl, was introduced. After one month of using metronidazole she developed thrush, nausea and vomiting, and ankle swelling. The liver enzymes started to elevate slightly out of normal range. The metronidazole was discontinued and her symptoms improved. Focus was directed towards improving her phase 1 and 2 liver detoxification and elimination while maintaining proper GI balance. Once accomplished, the Flagyl was reintroduced without any

problem.

After four months she was taking daily walks and saunas with drinking plenty of water. The swelling in the legs were gone. The pain medication was reduced as the discomfort subsided. Muscle weakness improved. Cognitive improvements continued with "feeling better to almost being back to "herself".

She had continued improvement of the muscle and joint pain yet the fatigue remained a continued problem. Using a scale of 1 to 10, with 10 representing the most severe, joint pain, dental pain, and muscle pain completely resolved from a 9 to a 3 out of 10. The antibiotics were then pulsed and she continued to improve.

The swelling resolved and the fatigue had improved from a score of 9 to a 5 out of 10. She only felt a little achy with excess activity. The pulsing the antibiotics revealed an associated cyclical pattern of increased cognitive difficulties would worsen to an 8 out of 10 with diarrhea, and without the antibiotics, cognitive difficulties improved to a 3 out 10 without diarrhea. The antibiotics were discontinued. The antibiotics leveled the playing field. It was time to move from the antibiotics to a more naturopathic regimen.

The antibiotics were transitioned to an herbal and homeopathic program while continuing to maintain GI balance and immune modulation.

Currently, the patient is off all pain medications; she is

exercising to the level of not causing fatigue; the cognitive changes have improved, her menstrual cycles have returned to normal w/o any PMS symptoms and no GI issues. She remains on primarily a naturopathic regimen and is improving every day, without any GI problems. The only symptoms are a little fatigue at the end of the day, which she contributes to spending 60% of her day in helping her elderly parents relocate to their new home. The fatigue continually improves.

The success in the Lyme treatment for Toni was based on optimizing the immune system, balancing the major hormones and removing inflammation in the GI tract. The GI tract is the most forgotten yet most influential in absorption of nutrients, improvement of immune response and the pathway to health.

For any further information please visit our website page on Lyme disease: <http://www.alternativemedicinehealthcare.com/immune-health/lyme-disease>. Peter J. Muran, MD, practices Integrative Medicine in San Luis Obispo, CA, specializing in immune conditions such as Lyme disease.

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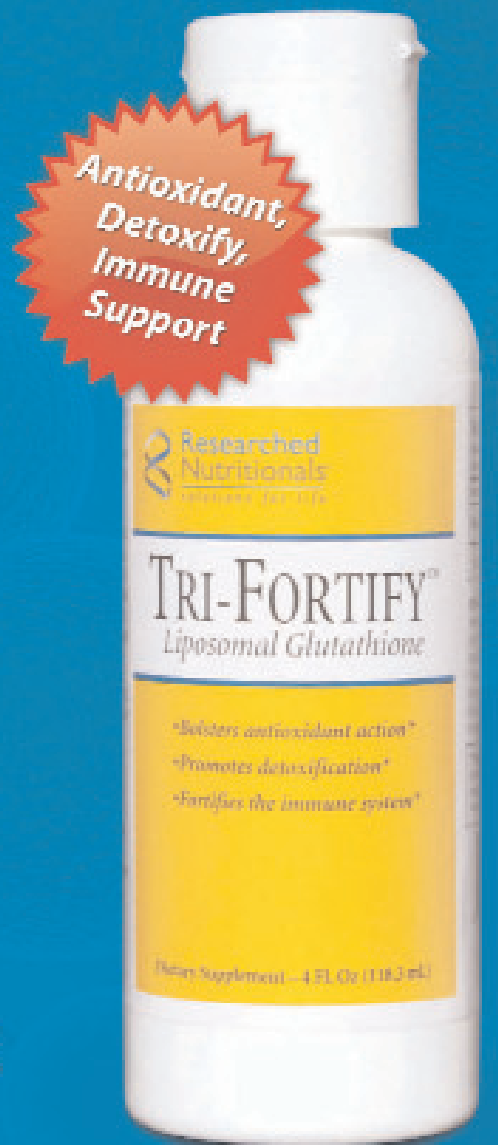
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NutraMedix was founded in 1993 and currently has facilities in Jupiter, Florida, USA and in Shannon, Ireland supplying highly bio-active nutritional supplements to health care professionals and consumers.

From the beginning, NutraMedix has operated with a unique business model. First, the owners and management work diligently to operate a company according to Biblical principles— with honesty, integrity, value and respect for all people. Its corporate environment is one that works to serve both its customers and its employees, producing one of the best customer service teams in the industry. Second, NutraMedix was founded with the goal of using a significant amount of its proceeds to support orphans, widows, Christian pastors and missionaries in economically distressed parts of the world. So as a customer, you are not just purchasing high quality nutritional supplements, you are helping us give back to people in need all around the globe.



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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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