

Help for Lyme Sufferers

A New Law Will Educate Texas Doctors About a Painful Tick-borne Disease

By **Jeff Prince**
www.fweek.com

Phillip Williamson studies ticks, especially those that carry diseases. His research at the University of North Texas Health and Science Center has helped establish the existence in Texas of Lyme disease, a painful, debilitating ailment that the medical community here has denied for years.

Williamson has testified at legislative hearings over the years, as a growing number of Texans pushed for better diagnosis and treatment. Now those efforts are paying off.

More than a decade of work by activists prompted the Texas Legislature this year to pass a law intended to help doctors learn more about Lyme disease and allow them to treat patients without fear of losing their medical licenses. The law takes effect Sept. 1.

Williamson, the forensic and investigative genetics and research director of UNT's Tick-Borne Disease Research Laboratory, oversees the lab that does testing for the Texas Department of State Health Services. He spends a lot of time looking at the annoying and sometimes dangerous little bugs through a microscope to determine what pathogens they carry.

A tick is no bigger than a freckle, but its bite leaves gigantic problems for many thousands of people each year. Lyme disease is exacerbated by a medical system that can't agree on the symptoms, the treatments, or even whether ticks in the Southwest can transmit the disease.

Williamson knows the problem well.

"Lyme does exist in Texas; it's not at the infective rate as you would see on the East Coast where it's endemic, but it's here," he said.

The Infectious Disease Society of America (IDSA) estimates 20,000 people a year are infected with Lyme, but critics accuse that organization of downplaying the disease and

prompting state medical boards to attack doctors who try to treat patients. The Texas Medical Board has threatened to suspend the licenses of doctors who choose to treat patients with long-term antibiotics, even though desperate patients are clamoring for them.

Lyme disease was first diagnosed in 1975 after residents of a community near Lyme, Conn., began experiencing flu-like symptoms and arthritic conditions. Over the years, reports of Lyme disease spread across the country. But IDSA maintains that Lyme is mostly confined to the coastal New England and the Mid-Atlantic states. It recommends short-term antibiotic treatments.

The Texas Medical Board follows IDSA guidelines and discourages doctors from prescribing long-term antibiotics. Patients such as Arlington resident Dawn Irons say those outlawed treatments have proven vital for her ("Hard Bitten," Feb. 4, 2009). She previously visited an Austin doctor for treatments, but the medical board threatened to suspend the doctor's license, and the physician moved her practice to San Francisco. Irons then began seeing a Louisiana doctor. The road trips took a financial and physical toll, but the treatments helped.

"I have officially been in remission since 2009," she said. "I've not been on any form of treatment since then. Shortly after being declared in remission, I returned to graduate school and got my master's degree in counseling. I practice in Bedford and have special interest in people who are struggling with chronic illness and the effects it has on the whole family system."

After years of battling the medical system, Irons is skeptical but optimistic about the new legislation's impact.

"If a doctor was truly able to treat with long-term antibiotics and not be bound to IDSA guidelines, nor be professionally outcast by his peers and labeled a quack - thereby committing professional suicide and ruining his career - I would definitely

see a local doctor," she said. "But ... you can't legislate what the vast majority of the medical field does not believe to exist."

Lyme can be successfully treated with short-term antibiotics if the disease's symptoms are quickly identified. But IDSA's downplaying of the disease has an impact, particularly in this part of the country.

"If you have flu-like symptoms, they're not going to think about Lyme disease," Williamson said. "A lot of people are slipping through the cracks."

Among those pushing for legislative action was marketing executive Dave Claunch, who serves as mayor of West Lake Hills near Austin. Four years ago, his wife, Susan, developed problems with extreme foot pain, migraines, and general fatigue. She spent nine months visiting doctors in Austin and Dallas without being diagnosed. So she scoured the internet.

"She started to see that the symptoms she was having were connected to Lyme disease," Claunch said. "To this day we still don't know how she got it. We've learned that less than half the people affected by this disease recall ever seeing a tick, and only about 30 percent of them ever get the bull's-eye rash."

Susan visited numerous doctors but her self-diagnosis met with skepticism.

"Every single one of them said, 'No, there's no Lyme disease in Texas.' They wouldn't even order the tests," Claunch said.

The couple finally found an Austin doctor willing to prescribe lab tests, which detected Lyme infection. The next problem was finding a doctor willing to prescribe treatment despite possible repercussions. They ended up going out of state.

"That's when we realized it was a bigger problem than we thought," Claunch



Williamson (left): "Lyme does exist in Texas." photo by Jeff Prince

said. "There is a huge debate in the medical community - a debate, a schism, a war, however you want to define it - about how to treat Lyme disease. The few doctors in Texas willing to treat with high-dose antibiotics have been reluctant to promote their services publicly. They're worried they'll show up on the medical board's radar."

The couple found themselves dealing with a complicated disease, inexact science, and insurance companies that resist paying for long-term treatments.

"Lyme is like an onion, and every layer you peel off is rotten," Claunch said.

Doctors in San Francisco, Washington, D.C., and Springfield, Mo., have since treated Susan. Travel expenses add immensely to the costs, but the results have been beneficial.

"She has improved greatly on this intravenous high-dose antibiotic therapy," Claunch said. "It's saved her life."

Claunch met other Texans dealing with Lyme disease, and they began getting together and comparing notes.

"We combined our forces and leveraged our connections with various members of the legislature to get an interim study of the issue done between this most recent session and the session before that," he said.

Sen. Chris Harris of Arlington, a longtime sufferer of Lyme disease, introduced a bill this session to encour-

age the board to educate doctors on the disease. The bill also created a process for the medical board to use in reviewing and approving a list of continuing medical education courses on Lyme. Medical practitioners can use this training as a defense if they are later investigated by the board for treating Lyme with long-term antibiotics, Claunch said.

Both houses of the legislature unanimously approved the new law, which instructs the medical board to put together a list of training courses by late 2012.

"We think this bill is a great step forward," Claunch said. "Over the next year we'll be working with the medical board to create that list of approved classes that will give Texas doctors access to a wide range of information about this disease." *pha*



Jeff Prince has been a staff writer at the Fort Worth Weekly since 2001. He covered a story about the abuses in the Texas Medical Board in 2008 and interviewed former PHA writer David Noblitt who passed away that same year.

www.helpelizabeth.net

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Learning to be Assertive Despite the Fatigue of Illness



by Lisa Copen

I had just received the third pink slip in two weeks from the lab that said my payment was past due. Over three times I had called and my insurance company had assured me that the lab work was covered and that they would mail out a check that afternoon. This time, when I finally got a representative on the telephone, I was polite but firm. I said that I wanted the problem taken care of immediately, and I wrote down her name and the supervisor's name. It was time to get even more assertive.

Has assertiveness gotten a bad rap, however, among the chronically ill? Is it assumed that we won't have the energy or stamina to fight all of the battles that we will face? When we do talk to someone in customer service, we are rarely taken absolutely seriously.

After all, isn't it just the drugs that make us impatient and nit-picky about all of this insurance stuff? Has anyone ever brushed off

your assertiveness simply by assuming, "She doesn't have anything else to think about all day, so no wonder she's upset!"? Or "She's just taking her frustrations out on me because she has a chronic illness."

When you imagine an assertive person, what comes to mind? Webster's Dictionary says that assertiveness is "positive; affirming confidently; affirmative." Too often we confuse assertiveness with aggression which is defined as "making assaults and unjustly attacking." Most of us have had moments when we have slid into an aggressive mode, but assertiveness is based on one's ability to confidently step forward.

Rather than becoming aggressive, I believe that the chronically ill often become burnt out on fighting and we simply avoid any conflict. Who has the energy to fight for our rights? Next time a situation arises where you may need to be a bit assertive, here are some things to remember.

I have the right to say no without feeling guilty

For those of us with chronic illness, this is a big one! We must say, "no, thanks," or "I'll pass," much more often than we would prefer. Even when we master the ability to say no, the guilt continues to sit with us for days. Let it go! You know your abilities and limitations and what is best for your own health and your family's

well being.

I have the right to state my opinion, even if I change my mind

Have you ever been on a jury and you had to state your decision up-front, but than as the deliberations continued, you changed your mind about the verdict? You have the right to say what you think, but it's best to think before you speak. Is what you say going to hurt someone's feelings? Are your comments going to help the situation?

I have the right to take risks and try new things

Just because you have a chronic condition doesn't mean you have to eat at the same restaurant the rest of your life. Try new things! You may find a new hobby or a new activity that you are able to easily do, in which you would have never thought about.

"When I started taking photos it was on one of those cardboard cameras," says Darcie. "But then I found that I really loved it and I wasn't half bad. So I bought a real camera. It's been fun. I've had an excuse to go to events that I couldn't participate in before, like boat races, because I am 'the photographer.'"

I have the right to be heard

Whether you are having a conversation with a medical professional or your

mother, you do have the right to be heard. Too many of us fall into the habit of talking all of the time, however, and forgetting that we also have the responsibility to listen. Know your boundaries and what you are willing to listen to and not.

When a man approached me after a health fair and said, "I can cure you in 30 days," I replied, "You have sixty seconds to tell me why I should talk with you further about your product." I listened... and no, he didn't convince me. He felt okay about it though, and I got out of an uncomfortable thirty-minute sales pitch.

So be assertive – practice in front of the mirror if you must. As you step out and share your opinion, it may feel awkward at first, but then you will gain more confidence and it will become simpler the next time the opportunity arises. Even studies have shown that assertive people are more likely to have personal and professional relationships that are based on honesty and mutual respect.

If you lead a support group or are considering it, don't miss Lisa Copen's new book, <http://StartAnIllnessSupportGroup.com> for your ministry needs. Over 300 pages with step-by-step instructions on how to write a vision statement, promotion and attendance and much more!

pha

All-Overish-Ness

ness, Virginia, the All-overish-ness."

A cadre of medical specialists thought his might be a case of polymyalgia rheumatica but the usual blood work was normal. With a sense of finality he insisted that I be satisfied with his version of a diagnosis whenever I asked him what was wrong. He always spoke as if I, a physician, certainly should understand as meaningful, this obvious, accurate label. At that time I could not; 10 years later I believe I do understand because I have experienced the all-overish-ness myself.

Checked out again by a battery of medical specialists as he approached the century mark, there were no logical answers to the question of Dad's diagnosis. He was pronounced a remarkably healthy male with normal blood pressure, no major cardiac problems and looking especially good for his age. He made it to the century mark and beyond by nearly a year. Those last 10 years were a nightmare for him, however, because of pains that relentlessly incapacitated him.

A man who was raised never to acknowledge any discomfort, he eventually screamed with pain at every attempt to move or to be moved. It also was heart-

rending to his family and to his attendants.

Ticks are a part of the way of life for people who live on the rural Eastern Shore of Maryland. And he was a biologist; ticks are considered by biologists and birders there to be common occupational nuisances. He picked them off himself without a thought. One dog belonging to the family had a known total of 300 ticks on him when my sister undertook the task of counting them.

I remember the first time after 1991 when Dad died that I thought about the all-overish-ness syndrome again. I had been sure that the new mattress that my husband and I had purchased was defective. It was so firm, I thought, that it made my hips ache. But when the aching spread to my hands and to my ankles, it became more difficult to blame the mattress. Soon after that, as I hurried to get my purse to pay a delivery man, I suddenly collapsed on the steps leading upstairs. The doctor who I consulted then for weakness and joint pains tried to reassure me that my lab work generally was OK and I looked just fine for my age. I thought, "I have heard this somewhere before and I know this drill!" But I never

knew another name for it until an additional 6 years had come and gone. That was when my new family doctor recognized the symptoms and applied a scientific label to my version of Dad's excellent clinical description, "the all-overish-ness". Of course, that syndrome was in him more than likely the same syndrome that later developed in me.

My doctor identified it as chronic Lyme, co-infective with other tick-borne diseases, verified many months into treatment with positive borrelia and babesia DNA testing.

Dr. John Drulle wrote in 1991: "Polymyalgia rheumatica (PMR) is a common disease of elderly people characterized by pain and stiffness in the muscles of the upper arms and legs, fevers, malaise and weight loss... In classic form, the cause of the condition is unknown... I have personally seen three cases of Lyme-induced PMR..."

Polymyalgia rheumatica sounds a lot like "chronic Lyme all-overish-ness" to me. However, I may rename it for myself. It could just as well be called chronic "over-ish-ness" - tyrant that it is.

pha



by Dr. Virginia Sherr, MD

Dad lay in bed or was propped up in a chair. He walked in great pain, feebly, and only with assistance. Everyone said that's what happens when you get to be 99 years old. But I could not understand it. For 90 of those years, he was vital, vigorous - a determined biologist and active gardener. I thought that surely something specific must account for his symptoms and his suddenly appearing to have given up.

Not depressed a day of his very zestful life, the change in him impelled me to search for an unrecognized melancholia. He wouldn't have any of it:

"It's the All-overish-

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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295 Belle Street
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Six Medical Myths Busted!



by Dr. Jacob Teitelbaum, MD

The truth? Do the things that feel good, and you may live longer!

When making the choices needed to optimize health, it is critical to have accurate information. Otherwise, our diet and lifestyle sacrifices, for which we sometimes give up things we enjoy, may kill us instead of helping.

Because of this, I would like to look at common, and simply wrong, medical myths about things we avoid for our health, and then let's look at what the science really shows. Along the way, you may find you get to enjoy your pleasures again — guilt free!

Let's examine 6 medical myths, along with my

"bust" for each of them!

Medical Myth 1: Skinny People Live Longer

Being overweight won't kill you — it may even help you live longer. That's the latest from a study that analyzed data on 11,326 Canadian adults ages 25 and older who were followed over a 12-year period. The report, published online last week in the journal *Obesity*, found that, overall, people who were overweight but not obese were actually less likely to die than people of normal weight. By contrast, people who were underweight were more likely to die than those of average weight. Their risk of dying was 73% higher than that of normal weight people, while the risk of dying for those who were overweight was 17% lower than for people of normal weight. The finding adds to a simmering scientific controversy over the optimal weight for adults.

Medical Myth 2: Salt is Bad for You

That myth has been well busted. Repeated studies show that people with higher salt intakes live longer.

Medical Myth 3: Oily Food

is Bad for You

This depends on the kind of fat. Trans fats (added to many processed foods — especially margarine, which was touted as more "heart healthy" than butter) is a major killer. Butter is much healthier.

Fish oil is especially healthy. Fish oil deficiency is the 6th leading cause of death in the U.S.

Omega-3 deficiency is the sixth biggest killer of Americans and more deadly than excess trans fat intake, according to a new study. The Harvard University researchers looked at 12 dietary, lifestyle and metabolic risk factors such as tobacco smoking and high blood pressure and used a mathematical model to determine how many fatalities could have been prevented if better practices had been observed. The study, jointly funded by the Centers for Disease Control and Prevention (CDC) through the Association of Schools of Public Health, drew on 2005 data from the U.S. National Health Center for Health Statistics. They determined that there were 72,000-96,000 preventable deaths each year due to omega-3 deficiency, compared to 63,000-97,000 for high trans fat intake.

Medical Myth 4: Eggs Raise Cholesterol and are Bad for You

Over 6 studies (at my last count) showed that eating 6 eggs a day for 6 weeks had no significant effect on cholesterol levels.

Meanwhile, eggs are the best (most complete) protein source available — short of being a cannibal and eating other people!

Medical Myth 5: Chocolate is Bad

Dark chocolate has been shown to be high in antioxidants and offers numerous health benefits. Simply enjoy it in moderation.

Medical Myth 6 (the Most Deadly Myth): Avoid Sunshine

This especially dangerous piece of medical mal-advice is causing an epidemic of vitamin D deficiency, and is estimated to be causing 85,000 excess cancer deaths a year in the U.S. Vitamin D deficiency also contributes to obesity, and numerous other medical problems. The proper advice? Avoid sunburn, not sunshine!

The Overriding Fallacy?

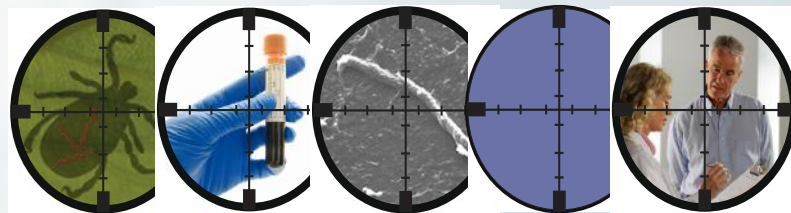
The great fallacy is that things that make you feel good are bad for you. I suspect it is quite the opposite, and that these are the things that are GOOD for you! Listen to your body, and see how you feel overall with different pleasures. If they leave you feeling better overall long term, I suspect that odds are they are beneficial. I trust what our body and feelings tell us much more than the busted myths put out by our usually well-meaning but often wrong medical system.

About the Author:

Jacob Teitelbaum, M.D. is the director of The Annapolis Center for Effective CFS/Fibromyalgia Therapies.

He battled Chronic Fatigue Syndrome and Fibromyalgia while attending medical school in the mid 70's. In his struggle to heal, he discovered treatments that were unknown to the medical community and began a quest that became his life's passion — helping those who suffer from these debilitating illnesses. The treatment program he developed has helped tens of thousands of sufferers reclaim the vitality CFS/FMS once robbed from their lives. Through his books, speaking engagements and private practice, he's been fortunate to reach many of you.

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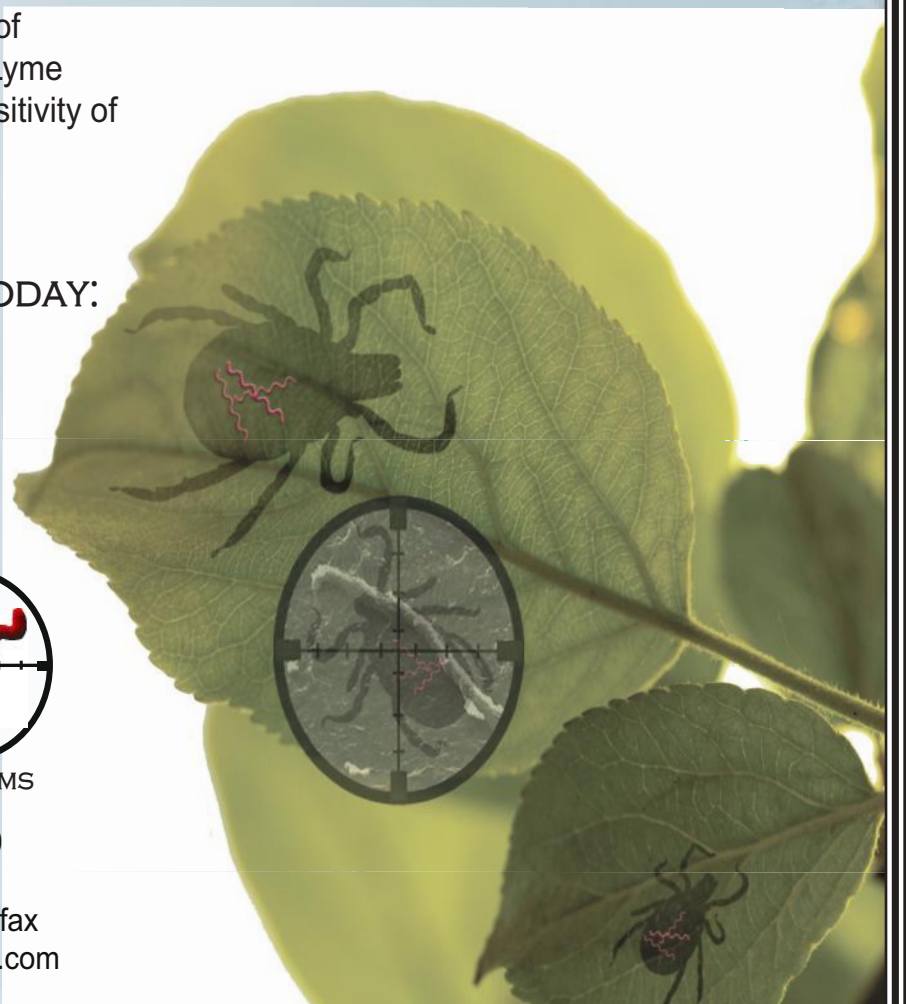
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Who Is My Neighbor?



by Joan Vetter

Seeking to justify himself, the rich young ruler arrogantly asked Jesus who his neighbor was. I never noticed the way the Amplified version of the

Bible (Luke 10:30) portrayed Jesus' answer. It states, "Jesus, taking him up, replied..." I've always been interested in the scripture that states Jesus knows a man's thoughts, so He knew why this man asked that question and he was up for the debate. Jesus then proceeded to tell him the parable of the good Samaritan.

As we dissect the parable, first Jesus said "by coincidence" a certain priest was going down along that road. So I take it that God sent him - for I've heard coincidence described as God-incidence. However, for whatever reason, this priest chose to actually pass

to the other side of the road. Then a Levite also passed by on the other side.

Remember, as I share this I'm not judging anyone - my finger points also to myself. How often is it too inconvenient to stop and help a stranger. We have all our proper little excuses folded up in neat little bundles in our mind. I don't have the experience to help and I may not do the right thing. I've got somewhere I need to be. Somebody else can stop.

I was already planning to write on being a good samaritan when I received the newsletter from Crystal Peaks Youth Ranch

in Oregon. Kim Meeder, founder of the ranch relays the encounter she and two friends had while hiking. They happened upon a hiker lying on the ground in obvious distress. There were people passing by, but only two others stopped to help. The afflicted woman began to have a seizure and was going into shock. Kim and her friends wrapped a blanket around her and laid down beside her to keep her warm. Then they carried her down the trail by making a stretcher from walking poles, shirts and dog leashes. The sad part of this story is later they discovered one of the men who walked by was a

pediatric doctor who was equipped with a thermal mat and a radio, but he chose not to stop and help.

I realized it is so easy to allow Bible stories to be simply a story, but how the Lord longs for us to put ourselves into the story and learn of Him. Kim states, "Friends, each of us has something we can give to those in need around us. We don't need to be the smartest, fastest, or most experienced...we simply need to stop and give what we have to those who are suffering in our midst."

pha

Maintaining Your Marriage in the Midst of Suffering

by Linnette R. Mullin

"Marriage is an adventure, like going to war," says G.K. Chesterton. Is this how you feel - that marriage is a series of battles, one after another? I believe all couples dealing with chronic illness struggle daily just to survive and wonder if life will ever get better. Others don't fare quite as well and the marriage comes to a tragic end. Despite the constant upheaval we Lymies and our spouses face, I believe our marriages can do much more than simply survive. I believe they can thrive. Though our marriage isn't perfect, John and I have grown by leaps and bounds since the day we said "I do" seventeen years ago. We've been through enough trials to keep blog readers hooked for years. Keep this in mind as I share in an overview some things that have been vital in rescuing and strengthening our marriage. And remember that whether you are the one who is chronically ill or your spouse is, we all face the same struggles. So, please consider the following insights regarding building or rebuilding a strong marriage in the midst of your sufferings.

Between you and God:

1. Correct life focus - an intimate relationship with Christ

is vital. Without it, there is no guarantee of success.

2. Pray without ceasing - bathe every aspect of your life in prayer, moment by moment - especially your spouse and your marriage.

3. Trust God completely - don't put your faith in your faith, but in God Himself. Don't limit God by putting Him in a man-made box. He's so much bigger than we can ever hope to realize while in this life. He can and does move mountains that seem quite impossible to us. We may not be able to see or understand the things we go through in this life, but we can have peace knowing that God knows and is working it all out for our good and His glory.

4. Renew your mind - train your mind how to think about God, yourself, your spouse, your children, your circumstances, but mostly God. Learn Him.

5. Ask for wisdom - God gives wisdom to all who seek it. It is the truth of God's word that keeps us anchored.

6. Avoid bitterness - its roots go deep and are the hardest kind to destroy. It grows and chokes out all the work God would do in our hearts. It numbs us and keeps us from recognizing the Holy Spirit's leading. Its poison blinds our

eyes to God's truth and the true condition of our lives.

7. Talk to yourself - always tell yourself the truth and tell yourself the truth always. Don't allow lies to infiltrate and dissuade you from doing the right thing and being the person God wants you to be. Remember whose you are. If you are a true child of God, remind yourself of it often. Learn more and more what it means to be His child. This is an area where we should constantly be growing in our knowledge.

Between you and your spouse:

1. Learn effective modes of communication - scrutinize how you communicate with your spouse and strive to replace bad habits with good ones. For example, speaking when angry is usually the worst time for discussion and sometimes it's the issue itself that stirs anger. Explore ways of communication that create the least amount of provocation. You might find emails, texts, or letters to be the safest means for such things. Find what works for you in your situation.

2. Develop a strong sense of understanding - everyone involved struggles with the same internal battles, just from a different perspective...fear, guilt, disillusionment, frustration, depression, anger, bitterness,

humiliation, helplessness, and so on. Coach yourself to think from your spouse's perspective as much as possible.

3. Expect ugly moments - growth and change don't always look pretty. So many times we and our spouses have to go through a difficult trial before we learn what needs to be learned. There may even be temperament issues during the process because we tend to react the most when conviction is the heaviest. These are not moments for worry, but for prayer.

4. Learn patience - be patient with yourself and your spouse as neither of you is perfect and sanctification is often a slow-go. Don't try to change your spouse; you'll only make things worse. Focus on changing yourself and pray for God to work on him or her. Since we all grow at different rates, be patient when you "get it" but your spouse doesn't. Remind yourself often that God is the only one who can change hearts.

5. Recognize improvements and be thankful - the slightest improvement is good. Even though it often feels like "two steps forward, one step back," be thankful. Recognize each step forward for what it is and don't take any of them for granted.

6. Persevere beyond your limits - don't give up no matter how hard things get, no matter how much you think the other person wants to. God makes all things beautiful in time and saving your marriage really is worth the effort.

7. Enjoy the moments - relish those special moments, no matter how small, when all seems right with your world. They may be few and farther apart than we would like, but you would be amazed how the more you recognize and cherish them, the more numerous they grow.

As you strive to build a strong marriage in the midst of physical suffering, remember that God is with you. As the gold-smith is closest to the gold in the fire so as not to lose what is precious, so is God closest to those going through trials. I didn't go into my marriage knowing these things. I've learned them along the way. So, be encouraged! If you find yourself struggling in your marriage, don't believe the lie that it's too late for you. God has an amazing way of working in people's hearts. It's not too late to turn your life and your marriage around. Trust God, for "I am sure of this, that He who began a good work in you will bring it to completion at the day of Jesus Christ." Philippians 1:6 (ESV). pha

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Vaccine Wake-Up Call for Parents: Your Children Are Being Taken



by Barbara Loe Fisher

Every mother has had the nightmare. We dream our child, who we love more than we thought we could love anyone, has been taken away by strangers and cannot be found. The cold fear rises up from our stomach into our throats as we search, endlessly, to find the child we would give up our own life to protect from harm.

The biological imperative for parents to protect their young is stronger than the law of any nation. It is stronger than any value or belief. It is primitive and hardwired into a mother's DNA because it is the fierce protective instinct that enables intelligent life on earth to survive.

Historic Power Struggle: Doctors vs. Parents

The debate about vaccination in the 21st century is not just about the science and whether vaccines and vaccine policies are a safe and effective way to keep individuals and populations truly healthy.^{[1], [2]}

It is also part of an historic power struggle between parents and doctors about whether doctors or anyone else in society should have the legal right to give children a pharmaceutical product or medical treatment that carries a risk of injury or death without the parent's voluntary, informed consent.^{[3], [4], [5]}

CA Bill Strips Informed Consent Rights from Parents

Today, there is a bill on the desk of California

Governor Jerry Brown (Assembly Bill 499)[6] that has been quietly and quickly rammed through the state legislature by the medical-pharma lobby.^[7]

If Governor Brown signs that bill into law, then children as young as 12 years old will be vaccinated with Gardasil, hepatitis B and future vaccines for sexually transmitted diseases without the knowledge or consent of their parents.

Merck & Pharma Profit

This proposed law would cost the cash-strapped state of California multi-millions of dollars to implement. Most of that money will go to Merck and other vaccine corporations to pay for multiple doses of each vaccine that will be aggressively promoted^{[8], [9]} to young children, who are not yet physically, mentally or emotionally mature enough to make fully informed decisions about risk-taking, including whether or not to take a medical risk.^{[10], [11], [12]}

This proposed law gutting parental informed consent rights is great news for drug companies like Merck, which sells Gardasil to the government for \$108 per dose,^[13] but it is very bad news for parents.

Parents Legally Responsible for Secretly Vaccinated Children

What if a 12 year old child is biologically at high risk for having a life-threatening vaccine reaction but the parent is not told the child has been vaccinated and does not watch for symptoms and the child's reaction ends in permanent disability?^{[14], [15]}

Will the person, who has secretly given the vaccine to the child without the parent's knowledge, be legally responsible for what happens if the child has a serious reaction?

Will the drug company that sold the vaccine to the state be legally responsible for the physical harm done to a secretly vaccinated child?

No. The parent will be

legally and financially responsible for caring for the child,^[16] who was taken by strangers and vaccinated without the parent's consent, and is now brain damaged for life.

No Liability for Drug Corps or Doctors

In America, there is no legal liability or responsibility for drug companies selling or doctors giving government-recommended vaccines when those vaccines injure or kill children or adults.^{[17], [18]}

How can the state of California - or any state - give anyone in society the power to secretly take a child away from a parent and subject that child to a medical risk without the parent's consent?

There is no doctor, no government employee and no politician, who has the moral right to do that to a parent or their child.

When Parental Rights Are Lost, Children Are Exploited

This California legislation that was pushed through the state legislature by pharmaceutical and medical industry lobbyists will strip parents of the long-held legal right to make informed, voluntary decisions about pharmaceutical products and medical procedures that carry risks for their children.

That fundamental legal right is all that stands between parents and exploitation of their children by those in positions of power in society with a personal or professional vested interest in forcing every child to use pharmaceutical products that are not safe or effective for every child.

Wake-Up Call for Parents In All States

This is a wake-up call for parents in all states. If politicians can vote to strip parents of their legal right to exercise informed consent to medical risks taken by their children in California, it can happen in your state, too.

If young children can

be secretly vaccinated for sexually transmitted diseases without their parents' consent today, it will not be long before all babies and children can be secretly vaccinated with every government-recommended vaccine without their parents' consent tomorrow.

CA Parents: Your Children Are Being Taken

Join NVIC's vaccine choice Advocacy Portal. Stand up for your legal right to make informed, voluntary decisions about medical risk taking for your child today or you will not have that legal right tomorrow.

California parents: NVIC has issued a California Action Alert about Assembly Bill 499 at www.NVICAdvocacy.org.

Let Governor Brown know how you feel about your children being taken from you.

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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.

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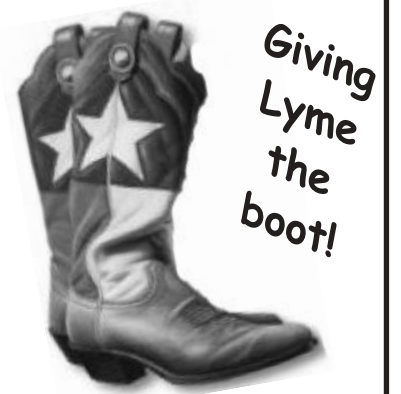


Military Lyme Disease Support

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

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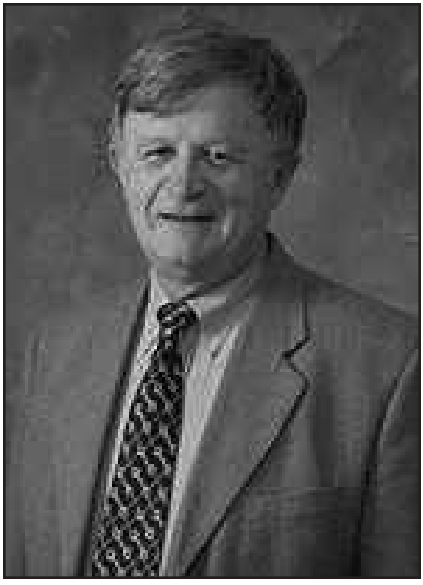
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Microbes & Mental Illness



by Robert C. Bransfield, M.D.

Microbes are the greatest predator of man. As medical technology improves, there is increasing recognition that infectious disease contributes not only to acute but also chronic relapsing illness and mental illness. The evidence to support this is a combination of insights from theoretical biology (particularly Darwinian medicine), research, and direct clinical observations.

We lead our entire lives surrounded by microbes. In a state of health, there is a balance, a reasonable resistance to infectious disease, and a peaceful co-existence. In contrast, with infectious disease, there is an imbalance between the threat posed by microbes and host defenses. This balance is affected by environmental factors (including exposure to pathogens) and a number of host factors such as genetics and/or increased vulnerability as a result of a state of chronic stress. Although the stress response is adaptive in a short time frame to allocate resources during a crisis, if the stress response is persistent, rather than cyclic, it further increases vulnerability to disease.

The most common sequence of disease begins with a vulnerability and an exposure to one or more stressors. The vulnerability may commonly include genetic and/or increased vulnerability as a result of chronic stress. As a result of these and other vulnerabilities, the microbe more easily penetrates the host's defenses and an initial infection may then occur.

Although infection

may occur from microbes that are always present in the environment, a greater number of organisms or more virulent organisms further increase risk. Acute infections are most noteworthy in general medicine. However, the course of the infection most relevant to psychiatry includes injury from a prior infection; chronic, low-grade, persistent relapsing infections; or the persistence of the infectious agent in the inactive state. When persistent, relapsing infection occurs, there may be extended period of latency followed by some triggering event(s) (i.e.: chronic stress, injury, surgery, or other infectious agents), which may then cause the activation of the infectious agent(s) and the progression of the pathological process.

Some injury in infectious disease is a result of toxic products or direct cell injury, but a significant amount of injury is a result of host defenses gone awry in response to the infection. Neural injury may occur by a variety of mechanisms, which include vasculitis, direct cell injury, toxins, inflammation, cytokines, autoimmune mechanisms, incorporation of parasite DNA into host DNA, and excitotoxicity. This injury leads to a vicious cycle of disease, resulting in dysfunction of associative and/or modulating centers of the brain. Injury to associative centers more commonly causes cognitive symptoms, while injury to modulating centers more commonly causes emotional and allocation of attention disorders.

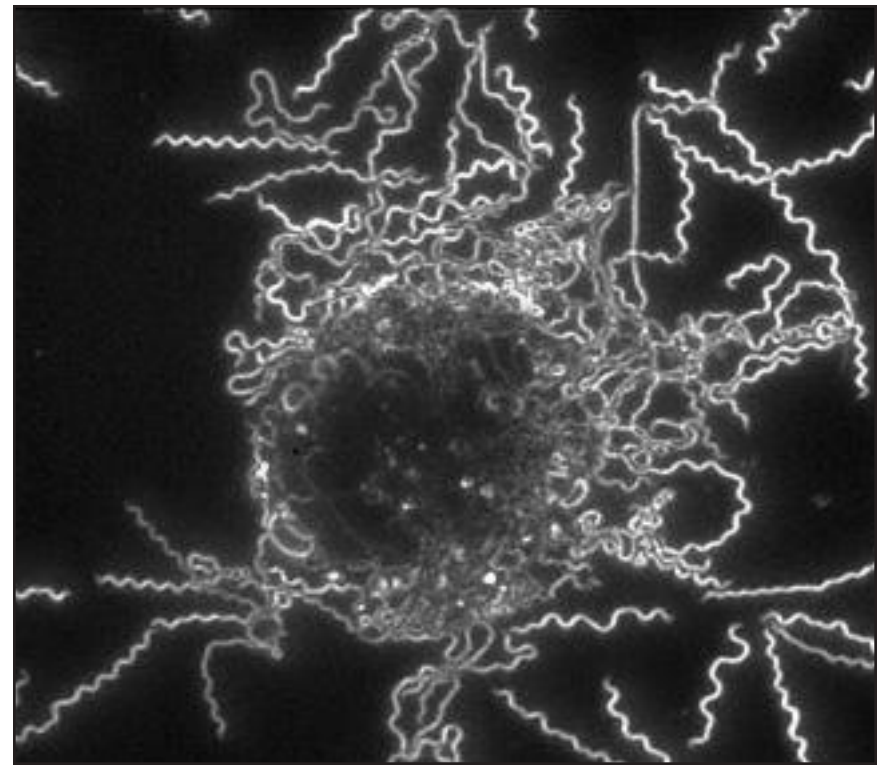
Psychiatric syndromes caused by infectious disease most commonly include depression, OCD, panic disorder, social phobias, variants of ADD, episodic impulsive hostility, bipolar disorders, eating disorders, dementia, various cognitive impairments, psychosis, and a few cases of dissociative episodes.

In clinical experience, the link between infectious disease and psychopathology has been an issue with Lyme disease, syphilis, babesiosis, ehrlichiosis, mycoplasma pneumonia, toxoplasmosis, stealth virus, borna virus, AIDS, CMV, her-

pes, strep and other unknown infectious agents. In the collective database of patients demonstrating psychiatric symptoms in response to infectious disease, the majority of the cases have been infected by ticks. Aristotle referred to ticks as "filthy disgusting animals". They spend their lives living in dirt, feeding on the blood of mice, rats, and other wild animals. When they bite humans, they pose a risk of injecting an infectious cocktail of pathogens into the host.

Patients with psychiatric symptoms from tick-borne diseases are most commonly infected by *Borrelia burgdorferi*, (Bb) the causative agent of Lyme disease and quite often other coinfections. There is an increasing recognition that many chronic, relapsing infections are complex interactive infections in which microbes interact with each other in a manner that contributes to the disease process. The models most commonly discussed are coinfections associated with HIV and tick-borne coinfections. For example, coinfections associated with Lyme disease may be acquired at the same time, before or after the Bb infection. Interactive infections, however, is a more accurate term than coinfections, since these infections invariably cause an interaction that changes the disease process.

To understand coinfections, we need to begin by defining each disease



Borrelia burgdorferi the spiral shaped bacteria that causes Lyme disease.

separately. This, of course, is an area of much controversy in regard to late stage chronic, relapsing Lyme disease. A similar controversy exists in regard to other chronic infections. It is difficult to explain how interaction occurs when there is such disagreement defining the clinical syndrome and pathophysiology associated with each infection separately.

A couple of years ago, other tick-borne diseases were not considered to be very significant in contributing to chronic, relapsing Lyme disease. Once there was a greater focus upon these organisms, it became clear that coinfections were a significant issue. We can better understand chronic, relapsing diseases such as Lyme disease by taking a closer look at interactive coinfections, host vulnerability, and host response that contributes to the disease

process.

Some very interesting work is being done to better understand the role of interactive coinfections between Bb and stealth virus, *Candida*, *Babesia*, and *Ehrlichia*. For example, stealth virus facilitates lipid production which facilitates Bb growth, Bb is protected from host defenses inside *Candida* cells, *Babesia* causes immunosuppression, and *Ehrlichia* causes bone marrow suppression.

In summary, the complexities of these issues teach us humility. To better understand the clinical syndrome associated with these infections, internists need to recognize the significance of mental symptoms in chronic interactive infections and psychiatrists need to better appreciate the role of microbes in causing mental illness.

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Rapping with Rosner

An Interview with the Author of

“When Antibiotics Fail: Lyme Disease and Rife Machines”

by Scott A. Forsgren

Since I was diagnosed with Lyme disease in summer 2005, I have employed numerous modalities in an attempt to regain a sense of health and wellness. I have used Rife therapy as one of many approaches in treating my own chronic Lyme disease. It is an option that I encourage everyone to research and come to your own conclusions as to whether or not it is right for your unique healing journey.

I recently had the opportunity to sit down and rap with Bryan Rosner, the author of the popular book “When Antibiotics Fail: Lyme Disease and Rife Machines”. It has served as a major catalyst in the decision that many people have made to incorporate Rife treatment into their Lyme disease program. In the remainder of this article, I will share with you the discussion that Bryan and I recently had.

When and how did your Lyme disease journey begin?

I have likely had Lyme since birth. I had a few issues as a child that I attributed to growing pains but when my health deteriorated as an adult, many of the symptoms were similar to those I had as a child but much worse. In 2002, I contracted Giardia from a stream while hiking. That seemed to have a negative impact on my immune system which allowed the Lyme to more clearly present itself. I started having migraine headaches and other problems that I knew were not symptoms of Giardia. As it turned out, Lyme disease was at the root of my problem.

How bad were you at your worst?

At my worst, I was really, really bad. I could hardly walk up a flight of stairs. I often felt like passing out. I was very depressed. I had significant issues with my memory. I could not eat. I had gone from being a strong athlete in my twenties doing triathlons to someone that could just not function. I had paranoia and often felt like I needed to check myself into a mental institution. I was most impacted psychologically.

What co-infections or other factors did you have to deal with besides Borrelia burgdorferi (the causative agent in Lyme disease)?

To my knowledge, I did not have any Lyme co-infections. I did trial courses of Mepron, Zithromax, Malarone, and Artemisinin without any noticeable effects. There probably were some other tick-borne infections, but we never specifically identified them. All the tests came back negative. Mercury was a significant issue for me, however. I had the highest level of mercury in over 800 patients that my doctor had seen. As it turns out, my father, mother, and sister all tested high as well. We believe the source was a mercury-containing outdoor paint that was used to paint the inside of our house. I have done three years of chelating and continue to do so occasionally to this day.

I used the approach outlined by Andrew Cutler, Ph.D. with alpha-lipoic acid and oral DMPS. One of the advantages of the Cutler approach is that it is easy to do at home and relatively gentle. It does not require IV treatment or require regular visits to a doctor to perform chelation. I have found this gentle, longer treatment approach to be the most effective.

What were some of the many treatment modalities that failed you prior to your pursuit of Rife therapy?

The most interesting was ICHT in Italy. ICHT stands for “intracellular hyperthermia therapy”. It cost \$20,000 for three weeks. While I was there, another patient died and was wheeled out beside me. ICHT did not really work for me. I have done several herbal and antibiotic protocols including IV Rocephin and IV Zithromax. I did hyperbaric oxygen therapy (HBOT). I spent \$15,000 at Century Wellness Clinic, which is now Sierra Integrative Medicine. That was too expensive and too far for me to travel regularly. Everything helped, but nothing seemed to give me the upper-hand.

Can you briefly explain the theory behind Rife therapy and why it may work for Lyme disease?

The theory was discovered by Royal Rife in the 1920's. Since then, it has essentially been lost. The premise is that if you resonate microorganisms with certain frequencies of electromagnetic fields, they will be destroyed. It works very well for certain afflictions. Spirochetes appear to be very susceptible, possibly due to their long, spiral shape. To my knowledge, Rife does not affect cysts or cell-wall deficient forms of Borrelia, however.

One could argue that the best results with Rife may be attained when using only Rife therapy. However, in my opinion, there is room for the use of other therapies that target the cyst and cell-wall deficient forms. I by no means suggest Rife therapy as the only option for recovering from Lyme disease. I think there is a place for all of these tools and they should be used when needed. When using Rife frequencies for Lyme, are frequencies for detoxification and overall support generally included as part of the program?

This is an area where my opinion may differ from others. I have not seen any convincing evidence that Rife frequencies actually benefit detoxification. If that evidence can be presented, I would not argue with it, but I just haven't seen it. There is speculation that there may be other uses for the frequencies, but for me, the best way to detoxify would still be sauna, exercise, colonics, coffee enemas, and liver cleanses.

What do you say to those people that contend that Rife therapy has negative effects on human cells?

It may. No one knows for sure. It is only logical to use Rife therapy as little as possible to get the desired effect. There is no reason to use it for more than about one hour once a week. If there were significant issues from this low-usage approach, I think those would have become more evident by now. Many people have used this technology with no observable side effects.

If we look at the other options for treatment, most have some downside as well. Rife may not be side-effect free, but I have not seen any evidence that it is harmful with appropriate use. The risk is something I am personally willing to take because of the benefits that Rife has given me. I had not gotten better with any of the other treatments.

When taking antibiotics, they are in your system around the clock. The body is being bombarded constantly with those chemicals whereas with Rife, you may be exposed an hour a

week. The body then has the remainder of the week to reenter equilibrium.

Are there any complementary therapies that you believe one should consider while using Rife therapy?

This is an area that is highly individual. If someone has mercury poisoning, they need to address that. If they have co-infections, they need to address those. There may also be hormonal or other imbalances that need to be investigated. I don't think there is any blanket statement that can be made here.

A couple of things will be mentioned in my upcoming book such as systemic enzyme therapy like Wobenzym. It should be taken on an empty stomach between meals. There are studies that show that the enzymes enter systemic circulation and have profound effects on healing. I do think this is one thing that has been overlooked. For me, Wobenzym profoundly helped with a neck injury and also seemed to help with a number of my Lyme-related symptoms.

I think magnesium supplementation is critical. Everyone with Lyme disease should be on magnesium. In my new book, I talk about a recent study that shows 10 Lyme disease sufferers that were dramatically helped with IV magnesium supplementation. There is no good reason why people should not be taking magnesium.

Which therapies are compatible with Rife?

This is the million dollar question. Therapies that are not related to being antibacterial such as sauna, exercise, nutrition, supplements are likely acceptable. Most antibiotics probably do push the spirochete into the cyst or cell-wall deficient forms. I am not sure though that this is a bad thing. Short courses of antibiotics used sparingly may wipe out a whole colony of bacteria and that may be worth it. I don't think antibiotics should be completely avoided, but I do think that there should be periods of time where they are not used so that the Rife therapy can be most effective. I think the Marshall Protocol is a very useful complementary therapy.

Can you tell us more about the Marshall Protocol?

The Marshall Protocol (MP) helped me tremendously and has helped a number of people that I know. It is a good complementary protocol that can be used with Rife. Some people seem to not be helped by it at all and they should pursue other options, but for some, the MP may be very useful.

The MP is the only treatment on earth that I know of that lowers the 1,25 Vitamin D level in the body. This can be immunosuppressive if it is too high. If someone does have that problem, they may not get well without the MP. If they don't have high 1,25 Vitamin D levels, the MP may do nothing for them.

When I started taking Benicar, it was unbelievable. It was the biggest shakeup I had in my health. It helped significantly. There are some people that don't seem to need the MP and it would be arrogant to say that everyone needs any specific protocol. It can be the most helpful thing in the world for some, but may be simply a waste of time for others. It all depends.

Did you avoid sunlight while on the MP?

Sun avoidance is something that I still continue to this day. It seems to be an important

part of sustaining the health that I am in now. When I was on Benicar and started feeling better, I seemed to be even more sensitive to sunlight. I wear long sleeves and protect my skin from the sun. The progress starts to reverse if I am exposed to significant amounts of sunlight.

I also found the antibiotic portion of the MP to be useful. Once you are on Benicar, even if you were previously seeing limited benefits from certain antibiotics, the effects of the antibiotics are greatly enhanced. You take far less of the antibiotic and have a much larger effect. Over time though, I felt like I obtained less benefit from the antibiotics. I do not use them at this point.

Do you support the concurrent use of Flagyl, Tinidazole or similar interventions to combat the cyst form while using Rife therapy?

Yes, I do think these are good options.

How often does each Rife session last and how frequently are they administered? Approximately how long does recovery from Lyme disease take, on average, when using Rife therapy?

An average of one hour once per week is a good guideline. Recovery from Lyme disease takes about 1-3 years with Rife therapy. There is a group of people that don't seem to get entirely well and may plateau at 70-90% and need to look at co-infections or heavy metals. For those people, they will never get better with Rife alone as it is not the whole answer in those cases. Rife does not seem to be significantly effective for co-infections. It seems to be more effective against Borrelia. There are several people that I have talked to, however, that started Rife and subsequently stopped antibiotics and did fully recover. Whether or not the Borrelia was addressed by Rife which allowed the immune system to become stronger and fight the co-infections or if Rife did have an impact on them remains unclear.

Of the spirochete, cell-wall deficient form and cyst form, which of these can Rife devices impact?

The spirochete is the most susceptible. The cell-wall deficient form and the cyst form may not be affected by Rife therapy.

Knowing that a significant percentage of the symptom picture in Lyme is related to neurotoxins, is that also generally addressed in some way while one is using Rife as a primary treatment protocol?

Detoxification is critical. There are many ways to accomplish it. Sauna is probably at the top of the list. You can clean the liver, do colonics, use coffee enemas and these may be useful, but nothing comes close to what a sauna can do. Sauna is a much more common treatment in other countries. Far Infrared Sauna (FIR) or dry saunas are probably the best. It depends on tolerance and individual preference.

Which Rife device do you believe holds the most promise?

The Doug Coil machine is at the top of the list. It is now available for purchase without requiring someone to build it themselves. In my experience, this has been the best performer. There may be other machines out there that are better.

I just have not experienced them yet. On a scale of 1-10,

10 being that your current health is as good as it was before you became ill, where are you today?

Generally, 8 or 9. Some days might be a 7 while others are a 10. There are a few symptoms that seem to persist, but overall, I am on a marked upward path and have not had any setbacks in three years.

If you were starting your journey through Lyme today knowing what you know now, how would you approach treatment and recovery differently? What would be your plan of attack?

I would talk to more experts and gather more information. I think, in general, Lyme sufferers are better off today than we were even in 2002. With the Internet and so many ways to communicate with others that are also living the disease, there are many more resources readily available to us.

I would definitely get a Rife machine. In fact, it worked so well that I often wonder if I had a Rife device early on, could I have avoided much of the journey? If I were just infected, I would pursue an aggressive antibiotic regimen as soon as possible. Rife and the Marshall Protocol are the two treatment options at the top of my list. Exercise and sauna are also critical. Otherwise, I like to keep it simple.

Do you think that it is possible to entirely eradicate Borrelia from the body with Rife therapy?

No, probably not. In some rare cases, it may happen. Doug MacLean, inventor of the Doug Coil Rife machine, had full-blown Lyme and continues to remain healthy only having used Rife therapy. In 5-10% of cases, it may happen. For those of us that were more chronic, it may be naïve to think that we can get rid of it entirely from the body, but if my quality of life never got better than it is now, I could live with that.

What do you continue to do today as maintenance to keep your health on the upswing?

I am not doing that much really. I still do Rife treatments and I do need them. Symptoms do start to reoccur if I don't do my treatments. I use Benicar for a few weeks in the spring and the fall and it seems to have a significant impact. Many people have flare-ups in the spring and fall and this seems to be a good time for me to bring the Benicar back into my treatment. I use Rife about 20 times per year and the MP in spring and fall. They keep me doing well.

I understand you have a new book on the horizon. What can you tell us about it?

Yes, I do have a new book coming out. It is an expanded look at some of the content of the first book and it contains some exciting new information. I discuss what I believe to be the top five Lyme treatment protocols and my top five Lyme supplements. I also discuss ways to integrate these therapies into a comprehensive treatment plan.

More information on the first book can be found at <http://www.lymebook.com>. Bryan Rosner can be reached through his web site at <http://www.lymebook.com>.

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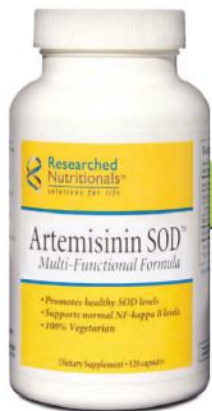
Bryan Rosner is not a medical professional. The information presented here is based solely on his own story and experience.

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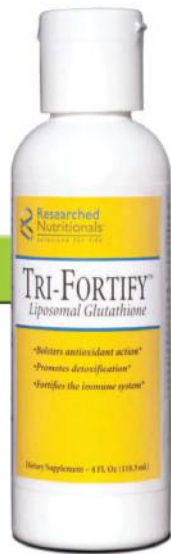
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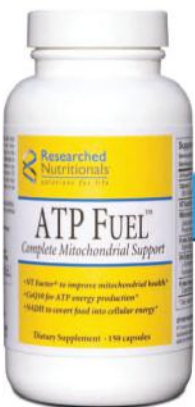


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Prescript-Assist Pro™	Clinically researched probiotic** Soil-based probiotic, providing beneficial flora the way nature intended – not from milk Contains no antibiotic or hormone residues No potential for lactose-intolerance side-effects Does not need to be refrigerated 100% vegetarian	Individuals searching for a clinically proven probiotic Anyone concerned with milk allergies or hormone-fed cows as the source of dairy sourced probiotics Patients on antibiotic treatment, which destroys both beneficial and harmful gut flora Travelers who want to maintain health while traveling
Transfer Factor Multi-Immune™	Potent, front-line immune system support Formulated with pure transfer factor and the most researched immune nutrients to promote healthy natural killer cell levels, fortify macrophage activity and healthy cell replication Clinically researched**	Those looking for the doctor's favorite immune support formulation Promotes healthy immune system for those dealing with ongoing health challenges, as well as individuals striving to maintain overall good health Travelers who want to maintain health while traveling
Tri-Fortify™	Preferred reduced L-glutathione, the major intracellular antioxidant essential for detoxification Offered in an absorbable liposomal delivery system (liquid) Bolsters antioxidant action Promotes detoxification Fortifies immune system	Doctors often prescribe to promote healthy detoxification among those with impacted detoxification systems Any individual seeking to supplement the body's detoxification process

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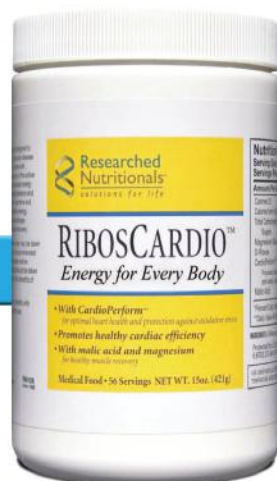
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Speeds Up Energy Production

Product	Features/Benefits*	Who Benefits?*
ATP Fuel™	Optimized energy for serious mitochondrial needs Focuses on repairing mitochondrial membranes and increasing Krebs Cycle energy output Offers the top three energy nutrients and cofactors (NT Factor Energy™ phospholipid delivery system, CoQ10, and NADH) synergistically combined for maximum mitochondrial performance and energy production	Those with compromised mitochondrial function Patients with suboptimal energy levels Athletes undergoing significant physical stress
CoQ10 Power™ 400mg	Recharges the energy system in the heart and the mitochondria Potent antioxidant which promotes healthy cardiovascular and dental health Highest grade and strength in one absorbable softgel	Those with low CoQ10 levels Patients on statins (cholesterol lowering medications), because statins deplete the body's supply of CoQ10, leading to a reduction in energy levels
Energy Multi-Plex™	Non-glandular adrenal support formula, developed to support (but not to over stimulate) adrenals 14 researched nutrients synergistically combined into one formulation	Those needing to nutritionally support adrenals, a condition common among patients facing long-term health challenges
RibosCardio™	Opens ATP pathways to speed up energy production	Favorite of athletes who add it to their water bottles before and during exercise Patients seeking healthy energy levels and who prefer a powder to capsules

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ABOUT THE COMPANY

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.



ABOUT THE PRODUCTS

NutraMedix has made a significant investment to develop a novel, proprietary extraction and enhancement process used to manufacture its liquid extracts. The result is a highly bio-available whole plant, broad-spectrum extract that is also very cost effective. We were the first to introduce Samento, a rare chemo-type of Cat’s Claw, which has remained one of our signature products. We have since developed a full line of liquid extracts utilizing the same proprietary extraction and enhancement process.

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.



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