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

FREE

PUBLIC HEALTH ALERT

Vol. 6, Issue 12 | Investigating Lyme Disease & Chronic Illnesses in the USA | December 2011

Level II Biological Agent Used as an Adjuvant in Vaccines

by Tina J. Garcia

There are hundreds of thousands of patients on six continents who are suffering from a chronic, neurologic disease caused by a biodefense/biowarfare Level II bacterial pathogen. At one time or another during their search for a diagnosis, the majority of these patients have been diagnosed with one or more of the following -- Multiple sclerosis, ALS, Parkinson's, myalgic encephalomyelitis, fibromyalgia, chronic fatigue, lupus, rheumatoid arthritis and autism.

The predominant symptoms experienced by these patients are excruciating musculoskeletal pain, debilitating neurologic/cognitive dysfunction and crushing chronic fatigue. This is a debilitating and torturous infection. Patients are bedridden, using walkers and wheelchairs, suffering relentless pain and inhumane denial of medical care.

Despite such suffering, many have been told they are either imagining their illness or suffering from depression. Doctors tell them that all they need to do to feel better is to take some ibuprofen or get a job or a hobby.

Families are devastated, some with several members infected. Suffering children spend months at home with an intravenous PICC line and an IV pole. These chronically-ill children miss out on years of education and social activities; our children are suffering and dying. The fact that the medical community is ignoring this crisis is a disgraceful travesty. The bacterial infection I am referring to is a Level II biological agent being studied in biolabs throughout the United States. It was discovered by a National Institutes of Health (NIH) biodefense/biowarfare lab scientist named Dr. Willy Burgdorfer in 1982. The bacterium was named after him - Borrelia burgdorferi (pronounced boar-rell-ya berg-dor-fer-eye).

This infectious disease is known as the New Great Imitator, because it presents with so many different symptoms and imitates many different diseases and conditions, such as the ones I mentioned above. In addition to all of those diseases, research shows that this virulent bacterial infection can cause cardiac abnormalities and lead to Alzheimer's and certain types of cancer.

Do you know someone who has been diagnosed with any of the illnesses I named? Do I have your attention yet? I certainly hope so, because this chronic bacterial infection is an epidemic -- even a pandemic -- because migrating birds are spreading the vectors that transmit this infection.

Borrelia burgdorferi is commonly known as Lyme disease and it is no longer confined to the Northeast coast of the United States. It is a global problem, and people in many countries are being denied proper medical care. The Centers for Disease Control and Prevention (CDC) and its puppet organization, the Infectious Diseases Society of America (IDSA), disseminate disinformation about Lyme disease. This disinformation campaign serves to minimize the severity of the problem.

The CDC and IDSA also restrict treatment choices through published treatment guidelines used by the insurance industry, and have been involved in state medical board prosecutions of doctors who treat patients with long-term antibiotics. The CDC and IDSA don't bother any doctors who treat tuberculosis or acne with months of antibiotics, but if doctors treat Lyme patients for too long, they are brought before state medical boards with the intent to strip them of their licenses and ruin their careers.

Why is this happening? I have been infected with Borrelia burgdorferi since 1998 and have been searching for the answer to this question since I became a patient advocate in 2005. Of course, there is one obvious answer, the old standby - follow the money! Yes, this is the underlying reason, because members of the Lyme Medical Cartel make big bucks from research grants, patents for test kits, testifying on behalf of insurance carriers and the development of Lyme and other vaccines. This coordinated effort to monopolize and manipulate the parameters of a disease for profit is very complicated, and the government "ill-health" agencies, medical societies, medical journal peer reviewers and other mechanisms are deeply intertwined.

The insurance industry benefits from the IDSA Practice Guidelines for the treatment of Lyme disease, because insurance utilizes those guidelines to only pay benefits for short courses of antibiotics, instead of months to years of treatment. However, the pharmaceutical industry also benefits, because they reap profits from numerous drugs used to treat numerous conditions caused by this stealthy, debilitating, Level II biological agent.

Over the last six years, as a Lyme disease advocate, I have received calls from numerous patients across the United States. I have read stories and emails from patients in Canada, Russia, Europe, the Middle East and Australia. Their stories are all the same - chronically ill with severe pain and cognitive dysfunction, some with seizures and paralysis, others with cardiac problems, many using walkers and wheelchairs, have seen multiple medical specialists who failed to diagnose their illnesses, have found stories of other patients online and were looking for a Lyme specialist close to home (preferably in their state or country). Yes, many Lyme patients have to travel great distances to obtain medical care.

Some reported being bitten by ticks (some with multiple tick bites), mosquitoes and spiders. Others did not recall ever having a bite that caused an illness. It is known that ticks, mosquitoes and spiders carry this bacterium, but what about all the people who were not bitten, yet are testing positive for Borrelia burgdorferi? How did they become infected?

Recently, I thought that perhaps these people had become infected through vaccinations received in the past. Much of the population is now aware of the contaminants found in vaccinations developed by pharmaceutical companies, such as mycoplasma and leukemia viruses. I understand that, even though the pharmaceutical industry does create drugs that improve health, the industry does not grow and profit if people are healthy. The simple truth is that more profits are made from people with chronic disease, and with the many and varied symptoms created by infection with Borrelia burgdorferi (over 300 different conditions, in fact), Borrelia burgdorferi may very well take first place in the category of pathogens that cause chronic, infectious, inflammatory disease.

Autoimmunity

Shall we unquestioningly believe that the human body's intelligent and intricate immune system has suddenly gone awry and is "attacking itself?" Technically, it is attacking the body's cells; however, when referring to autoimmune diseases, do physicians explain the cause as intracellular pathogens, chemicals or metals in the body's cells that are provoking an attack by the immune system? Rarely do we receive such an explanation. All we are told is that the cause of autoimmune disease is unknown.

Various Forms and Colonies of Bacteria in Biofilm

However, it is known that some pathogens which cause chronic infection have the ability to morph into various forms and produce a biofilm that surrounds the colonies of pathogens to protect them from immune system antibody attack and assault with antimicrobials. Borrelia burgdorferi has the ability to do this.

The persistence of Lyme infection was described in published medical research by a Lyme disease researcher and biodefense/biowarfare lab director, Dr. Mark Klempner. "The Lyme disease spirochete, Borrelia burgdorferi, can be recovered long after initial infection, even from antibiotic-treated patients, indicating that it resists eradication by host defense mechanisms and antibiotics."

Years later, Klempner contradicted his findings in a published paper for the National Institutes of Health (NIH), in which he claimed that long-term antibiotics are of no benefit. In addition, Klempner contradicted his research further when he co-authored the IDSA Practice Guidelines for treatment of Lyme disease -- guidelines that state that persistent Lyme infection does not exist. Then he was awarded the position of Director of the National Emerging Infectious Diseases Laboratories at Boston University in Massachusetts. Next, factor in the state of each individual's immune system function, their diet (whether healthy or not), co-infections and their unique genetic profile, and you will be able to see how this pathogen can present in so many different ways. Some people will develop Parkinson's tremors, some will develop Guillain-Barre and others will get facial paralysis. Some will get white matter lesions that cause MS and others will develop plaques that cause Alzheimer's. Some develop cardiac abnormalities and most suffer from musculoskeletal and neurological symptoms, because Borrelia burgdorferi bacteria love collagenous (composed of collagen) and neural (nerve) tissues.

Is Borrelia burgdorferi Being Used as an Adjuvant in Vaccines?

Could the use of Borrelia burgdorferi (Bb) as an adjuvant in vaccinations be the reason so many ill people, who never had a tick bite, are testing positive for Bb? Bb acts as a stimulating adjuvant that can initiate a profound immune system response in conjunction with any vaccine.

Why have three Lyme researchers been rewarded for their extensive study of Lyme disease by being appointed as Directors of U.S. biodefense (synonym biowarfare) laborato

"Vaccines".... cont'd pg 3

www.helpelizabeth.net.
There is an option to contribute online via Pay Pal, Credit Cards, or by electronic check.
Elizabeth Chalker
c/o Dr. Corey Cameron
6292 La Costa Drive, Suite D
Boca Raton, Florida 33433
ecdonations@mindspring.com

Recipes for Repair: A Lyme Disease Cookbook

by Marjorie Tientjen

A crucial question which needs to be focused on with persistence is….why can some people remain healthy when harboring a certain pathogen while others become acutely or chronically ill while hosting the exact same pathogen? Coinfection with numerous pathogens does play a part in illness severity but more and more researchers, doctors and patients are beginning to realize that the condition or terrain of the body plays a very important role in determining who remains healthy and who becomes ill.

The foods that we choose to consume have a significant effect on our physical and mental health. Food plays a major role in determining the terrain of our body. Pathogens, such as Borrelia burgdorferi (the Lyme disease microbe) actually change form in the body in accordance with whether the host body has a healthy internal environment or a sickly environment or terrain. Some forms of the germ are more pathogenic (illness causing) than others. Certain foods and infections can cause inflammation, which is capable of setting up a vicious cycle in the body. Which comes first…the chicken or the egg? Dr. Singleton expresses this important concept very well in relation to Lyme disease.

"Lyme disease itself can trigger chronic inflammation, and any inflammation that exists before infection impairs the immune system's ability to fight off the invading bacteria. The cycle of infection and increasing inflammation gives the bacteria an ever-stronger foothold in the body, causing increasingly severe health symptoms. This relationship between chronic inflammation and Lyme disease explains why the severity of symptoms for people with widespread Lyme disease can vary so greatly, with some people nearly incapacitated and others only mildly affected."

The authors go on to say that when following the Lyme Inflammation Diet (formulated by Dr. Kenneth Singleton), one should experience powerful anti-inflammatory effects. When inflammation is reduced through diet, this will, in turn, reduce the overall burden on the immune system. When the immune system has less to deal with, it can more effectively target invading pathogens. Gail and Laura Piazza have based all of their recipes on this logical and important premise….to reduce inflammation and to support the immune system.

"Recipes for Repair" is full of helpful information to get the reader started on a healthier way of eating. In one section there is a very useful tool to aide readers in determining their risk for chronic inflammation. The recipe section of the book is divided into four phases. At the beginning of each diet phase there is a chart of foods that are allowed in that phase. I find this feature much more helpful and encouraging rather than listing only the foods which need to be avoided.

The first phase is the most restricted and it is suggested that this phase be followed for one week. The primary goal of phase one is to quickly abort the mechanisms of chronic inflammation and to detoxify the body. Phase one includes such delicious sounding recipes as Sautéed Salmon Cakes, Deviled Eggs, Sautéed Asparagus Omelet, Carrot Almond Pancakes, Pickled Beets, Moroccan Spice-Rubbed Salmon, and Stir Fried Rice and Vegetables.

In phase 2 of the diet more healthy foods are added which makes following the diet less difficult. The object is to slowly reintroduce foods which have a higher probability of causing inflammation. This phase of the diet is followed for three weeks. You'll discover such recipes as Blueberry Oatmeal Pancakes, Chicken Salad, Carrot Pineapple Muffins, Lentil Soup, and Sweet and Tangy Baked Chicken. I found the baked chicken to be absolutely delicious. My husband even complimented the dish!

Phase 3 is called the reentry phase and lasts for 4 weeks. More grains are introduced here, along with the nightshade vegetables. It is advised that the dieter proceed with caution and be alert to any symptoms which may occur and which foods may have caused them. Butternut Squash and Apple Soup is one of the recipes from this section that I am looking forward to trying. Phase 4 is the maintenance phase which can be followed for 6 months or indefinitely. Whole wheat flour is the most significant addition in this phase. In order to maintain health, processed foods should never be added back into the diet.

I found the general personality of the book to be very appealing. The photos are gorgeous and they really make the reader want to try each recipe pictured. The information in the book was presented in a very clear and organized manner, which makes this inflammation control diet easier to implement. I am a firm believer in the age-old adage that we are what we eat. Degenerative chronic disease is becoming more and more common.

Diabetes, Chronic Lyme disease, autoimmune illnesses, etc., are reaching pandemic proportions. We need to address this situation by identifying and healing the underlying causes. Recipes for Repair: A Lyme disease Cookbook does an excellent job of tackling this most dire health emergency and should be read by anyone who is experiencing chronic symptoms. The dietary guidelines put forth in this book are not just valuable for healing Lyme disease but they are for anyone who wants to promote overall health and wellbeing.

pha

"FOOD-BASED HEALING IS POSSIBLE"
Kenneth B. Singleton, MD, MPH, author of *The Lyme Disease Solution*

"No sense of deprivation here. And no need for the cook to prepare two different menus for people with different health status."
Dorothy Kupcha Leland, Author of lymedisease.org's *Touched by Lyme* blog

Recipes for Repair
A Lyme Disease Cookbook
Recipes and tips for the anti-inflammation diet developed by Kenneth B. Singleton, MD, MPH, author of The Lyme Disease Solution
Not Just for Lyme Disease! Also Perfect for People With: other chronic inflammatory illnesses, autoimmune conditions or food sensitivities.
An essential tool for anyone who enjoys preparing meals from whole foods free of processed ingredients (see back cover)
Gail Piazza and Laura Piazza
Foreword by Kenneth B. Singleton, MD, MPH

SAVE 15% with promo code PHA249
Order today at www.recipesforrepair.com!

For free resources, more information, cooking demos and our blog, visit us at: www.RecipesforRepair.com.

Q: Which one has Lyme Disease?

A: They both do!

But the child is far less likely to receive proper diagnosis and treatment from a knowledgeable doctor.

See www.txlda.org for more info

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.

PHA Staff

Editor: Dawn Irons
Assistant Editor: Susan Williams
Advertising Manager: Laura Zeller
Asst. Advertising Mgr: Tami Conner
Editorial Calendar Manager: Linda Heming
Dottie Heffron
Distribution: Randi Dumont,

Contributors:
Tina J. Garcia, Mary Budinger, Laura Zeller, Bryan Rosner
Kathleen Liporace, Paul Callahan
Scott Forsgren, Dr. Virginia Sherr, Dr. Robert Bransfield, Tami Duncan, Harriet Bishop, Lisa Copen, Joan Vetter, Jennifer Allton, Linnette R. Mullin.

Website:
www.publichealthalert.org

e-mail:
editor@publichealthalert.org

Donations:

If you would like to make a donation to PHA, you may do so through Paypal. Please send the donations to the following address:

donations@publichealthalert.org

We cannot accept credit card payments. Donations should be sent from a VERIFIED PayPal account.

You may mail your donation to:

Public Health Alert
295 Belle Street
Bedford, TX 76022

PHA is a free monthly publication. We function on the sale of advertising space and donations from the public.

We have nationwide distribution.

We are a privately-owned business and have the right to refuse publication of articles or advertising we deem inappropriate.

Disclaimer: This newspaper is for informational and educational purposes only. The owners, staff, writers and contributors of this group are not doctors (unless identified as such in their title). Articles in this newspaper are not intended to prevent, diagnose, treat or cure disease. The opinions in the articles are that of the author and not necessarily those of the PHA Editor or other PHA staff members.

Letters to the Editor

You may send letters to the editor:
editor@publichealthalert.org
or by postal mail to:

PHA
295 Belle Street
Bedford, TX 76022

All letters to the editor must be signed, and include name, address, and phone number. Letters will be printed as space permits.

Order Bulk Copies for your Support Group, Medical Practice or Special Event

www.publichealthalert.org

Click "Bulk Copies"
Fill out the online form.
Send us your payment for postage.
Your bulk copies will arrive within 2-3 days of receiving your payment.

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

ries?

Dr. Mark Klempner, Massachussetts, Dr. Duane Gubler, Hawaii, Dr. Alan Barbour, California

Who is Dr. Alan Barbour? Dr. Barbour is a scientist who has been studying Borrelia burgdorferi for many years. He published research with Dr. Willy Burgdorfer, the discoverer of the Lyme disease bacterium. Dr. Burgdorfer fed ticks using tiny capillary tubes in a government-run laboratory back in the 1950's. These government-run biodefense/biowarfare labs have been conducting tick research for more than half a century -- for what purpose? Certainly not to help Lyme disease patients; the CDC/IDSA disinformation campaign makes that quite obvious.

After Under Our Skin Film Director, Andy Abrahams Wilson, interviewed Dr. Burgdorfer, Dr. Burgdorfer wryly said, "I didn't tell you everything." Dr. Burgdorfer, what secrets are you keeping for the United States government related to Borrelia burgdorferi? Could that information reveal the reason for the inhumane denial of diagnosis and treatment of Lyme disease patients? Could the information you are failing to disclose solve the mystery of and eliminate the denial of Lyme diagnosis and treatment? Does the protection of NIH biodefense/biowarfare interests take precedence over the lives of suffering and dying people? Who does the NIH serve - the needs of American citizens or those with other motives?

Dr. Alan Barbour, an expert on Borrelia burgdorferi, owns numerous patents related to Bb, studies this Level II, debilitating biological agent in the laboratory he directs at the University of California in Irvine, has overseen Borrelia burgdorferi research in at least one other university, as well, the University of Arizona in Tucson and co-authored published research in 2002 entitled Immunization with the Chlamydia trachomatis major outer membrane protein, using outer surface protein A of Borrelia burgdorferi as an adjuvant, can induce protection against a chlamydial genital challenge.

"In conclusion, immunization using C. trachomatis MOMP (major outer membrane protein), and B. burgdorferi OspA as an adjuvant, can induce significant protection against a chlamydial genital challenge."

This research is proof that an experienced Lyme disease researcher, who is the Director of a biodefense (biowarfare) laboratory, has researched the use of an infectious, Level II, debilitating, biological agent, Borrelia burgdorferi, as an adjuvant in a vaccine. Barbour's research proves the connection between biodefense/biowarfare and Big Pharma's use of the Lyme disease bacterium as an adjuvant in vaccinations.

I always thought that the only reason Bb outer surface protein A (ospA or 31kDa) was intentionally removed from laboratory test kits was to accommodate the failed Lymerix vaccine, the vaccine that - surprise, surprise - actually caused recipients to get sick with Lyme. There were a number of lawsuits filed, and the vaccine was pulled from the market due to "poor sales."

Yet, in all these years since Lymerix failed, despite the fact that members of the Lyme Medical Cartel have been working with Big Pharma on the development of a Lyme vaccine, no vaccine has been marketed.

However, the proof that biodefense/biowarfare researchers are developing vaccines with Big Pharma using Borrelia burgdorferi as an adjuvant could be the reason Bb outer surface protein A is not included in mainstream laboratory testing. If OspA is being used in vaccines, everyone who had received such an immunization could test positive for the outer surface protein A of Lyme disease, if that protein was included in the test. However, CDC, FDA and other entities removed that protein from serologic lab testing in 1994. this has caused approximately 50% of patients bitten by vectors to fall through the cracks, resulting in a lack of diagnosis and treatment.

Perhaps the reason so many people are testing positive for Lyme disease is due to the antibody response to Bb that their bodies developed after receiving vaccinations with Borrelia burgdorferi included as an adjuvant.

Special labs that do use OspA in antibody tests for Lyme are showing numerous people infected with the bacterium. Could this be due to vector bites and vaccinations?

Here is another example of published research showing the use of Borrelia burgdorferi in vaccines.
OspA lipoprotein of Borrelia burgdorferi is a mucosal immunogen and adjuvant
"The outer surface protein A (OspA) lipoprotein of Borrelia burgdorferi, like cholera toxin and the heat-labile enterotoxin of Escherichia coli, induces proinflammatory cytokines. This suggested that, like those toxins, OspA might be a mucosal immunogen and adjuvant. OspA, administered intranasally (i.n.) or intragastrically, induced strong serum IgG and salivary gland IgA responses. The serum IgG isotypes were indicative of a mixed T helper 1 and T helper 2 response, the latter being more pronounced. The N-terminal tripalmitoyl-S-glyceryl-cysteine (Pam3Cys) lipid moiety was absolutely required. OspA strongly enhanced the serum IgG and salivary gland IgA responses to jack bean urease co-administered by the i.n. route. OspA also enhanced the response to tetanus toxoid and induced limited protection against challenge. A synthetic lipopeptide also adjuvanted the response to urease by the i.n. route, but was ca 500-fold less potent on a molar basis than OspA. These results suggest that OspA or other lipoproteins may be useful in mucosal vaccines."

Human Papilloma Virus Vaccine Patent

Patent number: 7357936
Filing date: 8 Oct 1999
Issue date: 15 Apr 2008
Application number: 9/807,657

"What is claimed is:
1. A process for the manufacture of a vaccine composition comprising admixing a) an adjuvant composition containing an immunostimulant adsorbed onto a first metallic salt particle substantially free of antigen, and b) an antigen, wherein the antigen is adsorbed onto a second metallic salt particle substantially free of immunostimulant, wherein the metallic salt of each of the first metallic salt particle and the second metallic salt particle may be the same.

2. A process for the manufacture of an immunogenic composition comprising admixing a) an adjuvant composition containing an immunostimulant adsorbed onto a first metallic salt particle substantially free of antigen, and b) an antigen, wherein the antigen is adsorbed onto a second metallic salt particle substantially free of immunostimulant wherein the metallic salt of each of the first metallic salt particle and the second metallic salt particle may be the same and wherein the antigen of b) elicits an immune response to a pathogen, polypeptide, or anti-tumour antigen selected from the group consisting of antigens derived from Human Immunodeficiency Virus, Varicella Zoster virus, Herpes Simplex Virus type 1, Herpes Simplex Virus type 2, Human cytomegalovirus, Dengue virus, Hepatitis A, B, C or E, Respiratory Syncytial virus, human papilloma virus, Influenza virus, Haemophilus influenzae Type B ("Hib"), Meningitis virus, Salmonella, Neisseria, Borrelia, Chlamydia, Bordetella, Plasmodium or Toxoplasma, IgE peptides, Der p1, pollen related antigens; or Tumor associated antigens (TAA), MAGE, BAGE, GAGE, MUC-1, Her-2 neu, luteinizing hormone-releasing hormone (gonadotropin-releasing hormone), CEA, PSA, KSA, and PRAME.

3. The process of claim 2, wherein the antigen elicits an immune response to human papilloma virus (HPV).
Novel (1998) Vaccine Composition Using Influenza and Borrelia burgdorferi
"24. A vaccine composition as claimed in claim 1 wherein the antigen is a soluble NSI-OspA fusion protein, where NS1 is influenza NS1 and OspA is Borrelia burgdorferi OspA."

Monophosphoryl Lipid A as an Adjuvant in Vaccines

Monophosphoryll Lipid A (MPL) is currently being used as an adjuvant in vaccines, such as Cervarix HPV vaccine. It can be made from Salmonella Minnesota and other gram negative bacteria, such as Borrelia burgdorferi. This bacteria-derived adjuvant combined with aluminum salt/antigen (pathogen) complex in vaccines creates a potent immune response after vaccination, setting the stage for inflammatory and autoimmune adverse reactions. I shudder to think of the reaction in vaccine recipients if MPL is derived from and/or used in conjunction with Borrelia burgdorferi.

Patent 7357936:
Adjuvant systems and vaccines
"Monophosphoryl lipid A is a bacterially derived compound with adjuvant activity, and is a prefered immunostimulant for use in the present invention. This toxic compound has been altered to form less toxic derivatives, one such derivative is 3De-O-acylated monophosphoryl lipid A (termed 3D-MPL or d3-MPL, to indicate that position 3 of the reducing end glucosamine is de-O-acylated). For preparation of 3D-MPL, see GB 2 220 211 A. Chemically it is a mixture of 3-deacylated monophosphoryl lipidA with 3, 4, 5 or 6 acylated chains. Preferably in the compositions of the present invention small particle MPL is used. Small particle MPL has a particle size such that it may be sterile-filtered through a 0.22 ?m filter. Such preparations are described in International Patent Application No. WO 94/21292. Further improvements are described in GB 9807933.8 which discloses stable preparations of 3D-MPL consisting of the tri and tetra acyl congeners."

Summary

Ask any chronic Lyme patient what their life is like. I'm certain they will tell you that their life is one of misery and suffering and they have been sentenced to Life in Prison for the Chronically Ill. In my opinion, using Borrelia burgdorferi as a direct adjuvant or in conjunction with the Monophosphoryl Lipid A adjuvant in vaccinations is a guarantee of future inflammatory, autoimmune and neurologic pain and suffering.

Please Note: The online version of this article at www.publichealthalert.org contains links to supporting documentation.

pha

JOIN TURN THE CORNER TO CREATE FOOTPRINTS™ IN THE FIGHT AGAINST LYME DISEASE

Turn the Corner has partnered with Create Footprints,™ a national program that allows volunteers across the country to plan a walk to raise funds for Lyme disease research and initiatives through TTC. You can become an organizer of an event and raise money in your own neighborhood. Create Footprints™ gives you everything you need, including forms and step-by-step instructions, to execute a successful fundraising walk no matter where you live. The staff at Create Footprints™ and Powered by Professionals will be there to support your efforts every step of the way.

If you would like to host a walk in your area, please email Ken@createfootprints.org to become an organizer.

www.turnthecorner.org

Is Living With Chronic Illness Choosing to Give In?

by Lisa Copen

Nearly one in two people live with an illness, and most chronic illnesses are invisible. Conditions such as chronic fatigue syndrome to diabetes rarely have visual side effects that people can see. It creates a challenge for those who live with invisible daily chronic pain, symptoms, and side effects.

For example, though I look fine on the outside, I have lived with rheumatoid arthritis for 18 years. It has been degenerative, despite the best of medical treatments. Recent tests have revealed that I have shoulders that are so disintegrated it's amazing they still work, knees full of pieces of bone and old blood clots, and osteoporosis. I have started seeing a new rheumatologist who I hope will more aggressively treat my disease and slow down its progression. I am 42. I told my physician, "My son is 8. I need at least 10 more good years. What can I do to make this happen?"

Despite the detours, I have had the opportunity to build a nonprofit organization of nearly 15 years, to serve those who live with chronic illness through a Christian foundation of faith. Although I believe God still heals today, He rarely does it according to our schedule. In the meantime, there is a strong need for friendship and support.

Between my family and ministry, I have ample reason to get up out of bed each day and not allow my illness to define me.

I have never given in and allowed it to consume me. But because I do not enter marathons, audition for reality TV show contests on deserted islands, or sign up for karate class, some people assume I have.

"You've just given in to your illness," I have heard from both strangers and friends. "You need to fight it more." This is often followed by their specific advice on what I need to do to "fight it."

What defines "giving in" to your illness? There are a variety of ways that people who do not have an illness define the actions of those who are ill.

1. We are not using the alternative treatment of product that they sell that will make it all go away.

My husband was recently berated by a friend's wife, "We are so mad at you guys!"

"Why?" he asked.

"Because you won't try the water!" she replied.

Honestly, I've done my research and if I am going to go with a marketing scheme that promotes health benefits for just $200+ a month, it will be the chocolate one. I mean, who doesn't like chocolate?

2. We are seeking health assistance from doctors or medical specialists.

A friend on recently posted on a social network that he cured himself of a disease by ignoring the "mumbo jumbo of doctors" and asking his dad for advice. He claims he "never gave in." In his eyes, because I am seeing a rheumatologist with "MD" behind his name, I have chosen to give in. No one cares that my rheumatologist happens to have his own clinic about specialized medicine, and that has written books on the alternative treatments he uses with patients, in addition to Western medicine.

3. We are pacing ourselves. Chronic illness uses up a great deal of energy and only the one who lives within the body knows what they can and cannot do on particular days.

Sometimes we have to give it our best guess and make a choice, not positive if an event will cause us to be tired for twelve hours or four days. When we choose to not attend an outing we'd planned on because we are in deep pain, we frequently hear, "Oh, you are just giving in to your illness. You are letting it control you." No, we had to make a choice and we did. Healthy people will understand this when they reach about age 80.

4. We are not where someone wants us to be spiritually.

We all grieve, we question, and we sometimes get depressed regardless of our faith. But if these emotions are noticed by others they are quick to offer the spiritual version of "Don't worry, be happy." We are told that we are allowing the sin in our lives to get the better of us and it's causing our illness. We are not praying consistently, or hard enough, or in the right way. One man recently told me that I needed to try a particular alternative treatment (that he happened to sell) and if I did not, then it was obvious I was just giving in to my illness and really did not want to get well ... and that God knew that!

5. We are not doing physical activities that we are expected to do.

If you watch well-known magazines written specifically for those with certain illnesses, even they are guilty of featuring people who have the disease but are still able to do extreme physical activities. A person with rheumatoid arthritis may run a 25-mile marathon and is quoted saying, "I chose to never give up." I have chosen to never give up either, but I am blessed to get my feet into extra-wide diabetic shoes and walk around the grocery store. My own limitations, or those of one who uses a wheelchair each day, is not something that is a measurement of determination or stubbornness about our disease.

Each person who lives with a chronic illness knows the daily difficulties in finding a balance between living his life in the fullest way possible and managing his disease effectively at the same time. There will be many times that our choices do not make sense to people around us. When we hold back from a new treatment or a fun outing, we will be told we are "giving in" and letting our illness define us. And when we take a chance and stretch ourselves, we will be told we are not thinking things through or considering the consequences or risks involved in our choice.

If you live with a chronic illness, only you are capable of making the wisest choice possible based on many factors. If you love someone with an illness, be cautious in sharing your opinion about his or her decisions. If you are genuinely concerned, instead of offering advice, ask questions such as, "I know you must have given a lot of thought to your decision to (fill in your blank here.) What was it that persuaded you?"

pha

About the Author:

Lisa Copen is the author of "Beyond Casseroles: 505 Ways to Encourage a Chronically Ill Friend", founder of National Invisible Chronic Illness Awareness Week and Rest Ministries. She is a sought-after speaker who brings joy, humor, and hope, to those who live with chronic illness, from her own 18-year journey with rheumatoid arthritis. Visit http://IFound LisaAtHuffPost.com to for the current featured free download that will help you or someone you love cope better with chronic illness.

Follow Lisa Copen on Twitter: www.twitter.com/lisajcopen

Rapid Recovery Hyperbarics

The Secret is Out!

Hyperbaric Oxygen Therapy Helps:

Please Call For Our Information Package

Lyme Disease, Fibromyalgia, Autism, Stroke and Much More!

www.hbot4u.com
909.889.7626
1455 North Waterman Ave. Ste. 124-126
San Bernardino, CA. 92404
909-889-7626 office
909-889-0517 fax

SoulCare Counseling Center

405 Harwood Road, Bedford, TX 76021

This coupon is good for
50% off your first 2 counseling sessions
with Dawn Irons with a minimum of a 10 session commitment
NOW SCHEDULING NEW CLIENT APPOINTMENTS

Dawn Irons, BSW, MA., LPC-Intern
Bernis Riley, MA, LPC-Supervisor

dawn@soulcarecounselingdfw.com • 972.804.2876 for appointments

Wheat is a Health Hazard

by Sandy Muran, PhD

Every day we hear how whole grains are an essential part of a healthy diet. How can it be that the primary whole grain we consume, wheat, could possibly be a hazard to our health and the major culprit in our most serious chronic health conditions of obesity, diabetes and heart disease?

Regardless of shape, color, fiber content, organic or not, today's wheat does odd things to humans. Modern wheat is not just a complex carbohydrate with gluten and bran. It is a complex combination of unique biochemical compounds that vary according to genetic code.

William Davis, MD, cardiologist, recently authored Wheat Belly, an informative book describing the history and science of wheat and its broad impact on health

First cultivated in ancient Egypt, our original wheat was a wild grass known as einkorn. Ten thousand years and courtesy of modern human-designed hybridizations, we consume a species known as triticum wheat which is perhaps thousands of genes apart from the original einkorn wheat that bred naturally.

The current world supply of wheat is descended from strains of wheat purposefully bred by an international project begun in 1943 to increase the yield of corn, soy and wheat with the admirable goal of reducing world hunger. This hybrid wheat has been adopted world wide because it did successfully increase yield. However, one important consideration was over-looked. There was no safety testing conducted on the new genetic strains to determine compatibility with the human body.

The altered genetic make-up of the new hybrids results in a unique complex carbohydrate, amylopectin; gluten proteins which trigger celiac disease and gliaden proteins which increase permeability of the intestines.

The impact of wheat on the human body can stimulate appetite, cause night cravings, stimulate appetite euphoria and addictive behavior, acidic pH, weakened bones, cataracts, acne, gynecomastia, obesity, diabetes, intestinal diseases, auto-immune conditions such Hashimoto's thyroiditis and rheumatoid arthritis, and heart disease.

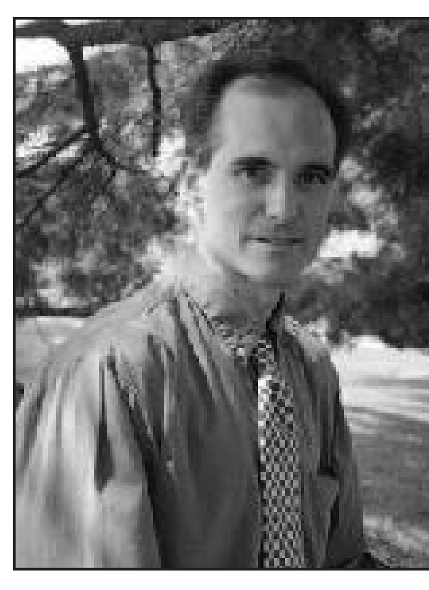
Dr. Davis's dietary recommendations for health will look very familiar to those readers who have already worked with me on my Healthy Belly Program.

The good news is removing wheat from your diet can reverse all of these conditions. If you read only one book to improve your health this year, Wheat Belly is it. *pha*

Sandy Muran, PhD, specializes in digestive health in partnership with her husband, Peter J Muran, MD at the Longevity Healthcare Center in San Luis Obispo, CA. For more information: www.myhealth360.com.

Making Friends with Exercise: You Gotta Move

Wellness and Nutrition Challenge Series Installment #1



by Bert Mathieson, ND,RD,.LD,CDE

The purpose of the Wellness and Nutrition Challenge Series is to provide practical ideas for the whole family to promote personal wellness in the holistic sense of the word. This series will be co-written by two naturopathic doctors and a Registered Dietitian/personal trainer. The suggestions offered in this series will center on what we in naturopathic medicine we call the "foundations of health." These foundational ideas are not rocket science. Perhaps this is the reason that their central role in health is often overlooked. They aren't very "sexy" but they are very necessary. I'm talking about things like nutrition, sleep, exercise, avoidance of toxins and the like. Yes, you know, the kind of things that require the dreaded "lifestyle change" and don't just involve popping a pill- be it natural or pharmaceutical. None of us can get away from these things even though sometimes we feel like we would like to!

We will do our best to stay away from overly technical writing (although I must admit, being a naturopathic doctor, the temptation to be technical is always there!) Sometimes in this age of information overload we could all use a good dose of practical common sense. This is what we hope to offer in this series.

Well let's get started. Today we want to consider a long lost friend- exercise. Yes I said the "E word." Some of us are old enough to remember the Rolling Stones song "You Gotta Move." How true that is if we want to maintain our health (although, admittedly, that is not what the song is talking about.) The body was made to move! In this case the cliché should be "move it or lose it." Or perhaps "move it or gain it!"

We must move daily to maintain health. Movement enhances endorphins (natural pain killing substances that also increase the health of your immune system.) Movement enhances lymph flow. This increases elimination of metabolic waste products and enhances distribution of immune cells all over the body. Movement enhances blood flow and thus increasing vital oxygen delivery to the cells. And these are just a few of the benefits of exercise! If you have a chronic disease be careful not to overextend yourself. This is especially true of long cardiovascular exercise (endurance exercise) which can increase cortisol levels and reduce the effectiveness of your immune system. More on this to come in future articles. People often ask me "what is the best kind of exercise?" I usually reply "The kind that you will do." The kind of exercise that people will actually do is usually the kind of exercise that they enjoy. Ask yourself "self- what kind of exercise do I like to do?" When you get the answer do that kind of exercise. Make a list of physical activities that you like to do. Some people like dancing. The excuse I usually hear from dancers is that dancing lessons cost money. Try looking for community- based contra dancing, folk dancing, or country line dancing clubs. These are activities that family members of all ages can do together (often for free or at a nominal cost.)

Don't forget about walking. After a meal is a good time to walk. This is especially true if you have blood sugar control issues because this will help blunt the blood sugar response from a meal. If you have family "sit down meals" perhaps you can recruit the whole crew to go for an after dinner jaunt. Try throwing in some breathing exercises as you walk for an added stress-reduction effect. Breathe In through your nose and breathe out through your mouth….feel your abdomen expand to make sure you are breathing deeply. Actually notice your environment while your walk. Walking while pondering the wonders of your environment can become a form of "awareness mediation." This will necessitate turning off the I Phone. You can do it. Walking helps decrease cortisol and increase growth hormone. This helps your body repair itself more effectively (something we can all use!)

Let's talk a little bit about formal types of "exercise." Most doctors who treat Chronic Lyme disease warn against doing intense aerobic-type exercise. In my opinion this is good advice for anyone with a chronic disease. "Toning" type exercises are the preferred form. This type of exercise is often called "interval training" and involves light weights, higher repetitions, and rest in between sets. Calisthenics that use your own body weight can also be added in for a little spice. Dr Burrascano outlines this type of exercise in his "Advanced Topics in Lyme Disease monograph (2008). The Lyme disease Solution by Kenneth Singleton, MD also has some good information on this style of exercise. Circuit training enhances the body's ability to build up (anabolism) rather than tear down (catabolism.) This is exactly what people with chronic diseases need.

In the next installment we will talk a little bit more about the virtues of the circuit training approach and how you can do it in the comfort of your own house. This can be modified so that the whole family can participate and can actually be fun (trust me.) *pha*

About the Author:

Dr. Bert Mathieson, ND, RD, LD, CDE is a naturopathic doctor, registered dietitian, certified diabetes educator, and he holds a certification in naturopathic acupuncture. Bert sees patients of all ages including children. He is a general family practitioner who sees patients with a wide range of conditions. Some common disorders that Dr. Mathieson treats include: allergies, asthma, infections, chronic fatigue, fibromyalgia, arthritis, hemorrhoids, irritable bowel syndrome, heartburn, Crohn's Disease, food allergies, back pain, autoimmune disorders, high blood pressure, diabetes, high cholesterol levels, migraines, eczema, psoriasis, premenstrual syndrome, hormonal imbalances, Lyme disease, cancer, and cardiovascular disease.

Contact:
Bert Mathieson,ND,RD,LD,CDE
New Hampshire Natural Health Clinic in Bedford, NH
www.nhnatural.com

THE DR. OZ SHOW

in partnership with

Join the

Transformation Nation!

It's time, America. We're on a mission to change the shape of the country, so we've created Dr. Oz's Transformation Nation: Million Dollar You, a life-changing plan that will literally transform your health! Ready to get started? Sign in with your Sharecare account. If you don't have an account yet, click on "join today" to create it.

http://doctoroz.sharecare.com/

FREE Download Available!!

Dr. Burrascano's 2008 Lyme & Associated Tick Borne Disease Treatment Guidelines

"Please count me in as one of your readers who finds your publication valuable, well done, and offers information not readily available anywhere else. I too have learned from your articles, and have referred many to PHA. Bravo, and keep up the good work!" ***~Dr. Joseph J. Burrascano***

By Les Roberts

The Poison Plum is a gripping, chilling novel exposing the rampaging epidemic of Lyme disease now sweeping across America and the disease's connection, if any, to the government's top-secret biological research laboratory at Plum Island, New York.

www.LinnetteMullin.com

God Makes All Things Beautiful in its Time...

www.HerbMinistry.com

Cost-effective herbal solutions for people who believe God can cure any illness with the herbs He placed in nature. Spectacular daily specials and our exclusive "herbal buffet" - create your own formulas with over 100 organic herbs and extracts blended and bottled to suit you. 1-800-215-4682

GET A SECOND OPINION

F I G H T

Recorded CONSULTATIONS with Dr. Gordon for any health issue and begin your fight for health now.

Dr. Gordon is ready to assist your recovery from any health issue or just help you LIVE TO YOUR maximum intended useful lifespan enjoying optimal health Have Dr. Gordon Personalize his world famous F.I.G.H.T. PROGRAM for you.

You also have the OPTION of employing the latest breaKthrough in ADVANCED GENE TESTING for an additional $425- this costs up to $ 2500 elsewhere.

Call today to schedule your consultation with Dr.Gordon or more information call Katie Isham ext: 134 at 800.580.7587 or 928.474.3684

www.gordonresearch.com

Advertise in the Public Health Alert

Does Advertising Work?

...It just did!

This ad caught your attention and you are now reading it. So will others!

Contact our advertising manager for ad sizes and rates.

Ask about our Fall Advertising Special!!

email:
publichealthalert@yahoo.com

for current rates and specials for the fall!

We now average 135,000 hits per month on our website.

Contact us today!!

National Multiple Sclerosis Association:

www.nmss.org

Alabama
3840 Ridgeway Drive
Birmingham, AL 35209
Phone: (205) 879-8881
Phone: 1-800-FIGHT-MS
Email: alc@nmss.org
www.nationalmssociety.org/alc

Northern California
150 Grand, Oakland, CA 94612
Phone: 510-268-0572
toll-free: 1-800-FIGHT MS
Email: info@msconnection.org
http://www.msconnection.org

Colorado
700 Broadway, Suite 808
Denver, CO 80203-3442
Phone: 303.831.0700
1.800.FIGHT.MS

Georgia
455 Abernathy Rd. NE, Suite 210
Atlanta , GA 30328
Phone: 404-256-9700
Phone: 1-800-FIGHT-MS
mailbox@nmssga.org

Florida
2701 Maitland Center Pkwy, Suite100
Maitland, FL 32751
Phone: (407) 478-8880
Email: info@flc.nmss.org
www.nationalmssociety.org/flc

Texas
8111 N. Stadium Drive, Suite 100
Houston , TX 77054
Phone: 713-526-8967

ALS Association DC / MD / VA

http://www.alsinfo.org/
7507 Standish Place
Rockville, MD 20855
(301) 978-9855
toll free: (866) 348-3257
fax: (301) 978-9854

Great Philadelphia ALS Chapter
321 Norristown Road, Suite 260
Ambler, PA 19002
Phone: 215-643-5434
Toll Free: 1-877-GEHRIG-1 (1-877-434-7441)
Fax: 215-643-9307
alsassoc@alsphiladelphia.org

Lyme Disease Support

Arizona
Southern Arizona - Donna Hoch: nanandbo@cox.net
520-393-1452

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
PO Box 86, Story City, IA
515-432-3628
ticktalk2@mchsi.com

Kansas
913-438-LYME
Lymefight@aol.com

Montana
bepickthorn@earthlink.com

Minnesota
Duluth/Superior Lyme Support Group. Meets first Tues. eachmonth 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
sdtyndall@yahoo.com

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

Lyme Disease Support

Illinois Lyme Disease Network
http://www.illinoislyme.com
Contact: 618-204-8084

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

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

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

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

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

Houston
Contact: Teresa Lucher
lucher@sbcglobal.net

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

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

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

Military Lyme Disease Support

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

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

Texas Lyme Disease Association

www.txlda.org

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

FINANCIAL ASSISTANCE AVAILABLE

"CONDENSED" COWDEN SUPPORT PROGRAM

- 4 dosing times per day as opposed to 8 dosing times per day
- Cost is 40% less than the full support program
- More effective than the full support program

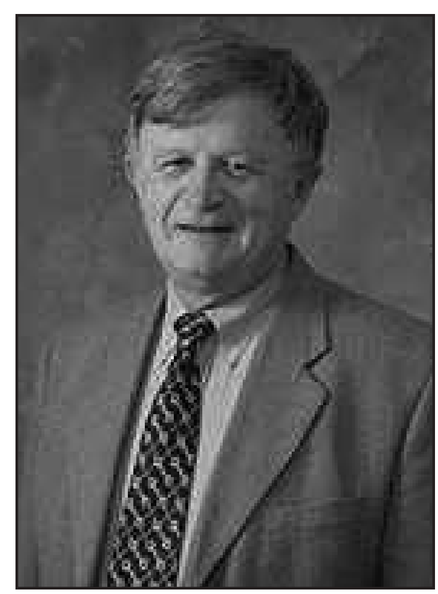
FINANCIAL ASSISTANCE IS AVAILABLE FOR THE CONDENSED COWDEN SUPPORT PROGRAM FOR ONE PATIENT OF A PRACTITIONER

LIMITED AVAILABILITY – CONTACT US FOR MORE INFORMATION

Providing Quality Natural Products Since 1993

info@nutramedix.com • www.nutramedix.com • Tel: 1-800-730-3130 1-561-745-2917 • Fax: 1-561-745-3017

Lyme, Depression, and Suicide



by Robert C. Bransfield, MD

In the late 1970's, I treated a depressed patient who appeared to have more than just depression. Her weight increased from 120 to 360 pounds, she was suicidal, had papilledema, arthritis, cognitive impairments, and anxiety. This patient became disabled, went bankrupt, and had marital problems. Like many whose symptoms could not be explained, she was referred to a psychiatrist. However, I was never comfortable labeling her condition as just another depression. At the time, I did not consider her illness could be connected to other diagnostic entities, such as neuroborreliosis, erythema migrans disease, erythema chronicum migrans, Bannwoth's syndrome, Garin-Bujadoux syndrome, Montauk knee, or an arthritis outbreak in Connecticut. With time, the connection between Borrelia burgdorferi infections and mental illnesses such as depression became increasingly apparent.

In my database, depression is the most common psychiatric syndrome associated with late stage Lyme disease. Although depression is common in any chronic illness, it is more prevalent with Lyme patients than in most other chronic illnesses. There appears to be multiple causes, including a number of psychological and physical factors.

From a psychological standpoint, many Lyme patients are psychologically overwhelmed by the large multitude of symptoms associated with this disease. Most medical conditions primarily affect only one part of the body or only one organ system. As a result, patients singularly afflicted can do activities which allow them to take a vacation from their disease. In contrast, multi-system diseases such as Lyme, depression, chronic Lyme disease can penetrate into multiple aspects of a person's life. It is difficult to escape for periodic recovery. In many cases, this results in a vicious cycle of disappointment, grief, chronic stress, and demoralization.

It should be noted that depression is not only caused by psychological factors. Physical dysfunction can directly cause depression. Endocrine disorders such as hypothyroidism, which cause depression, are sometimes associated with Lyme disease and further strengthen the link between Lyme disease and depression.

The most complex link is the association between Lyme disease and central nervous system functioning. Lyme encephalopathy results in the dysfunction of a number of different mental functions. This in turn results in cognitive, emotional, vegetative, and/or neurological pathology. Although all Lyme disease patients demonstrate many similar symptoms, no two patients present with the exact same symptom profile.

Other mental syndromes associated with late state Lyme disease, such as attention deficit disorder, panic disorder, obsessive-compulsive disorder, etc., may also contribute to the development of depression. Dysfunction of other specific pathways may more directly cause depression. The link between encephalopathy and depression has been more thoroughly studied in other illnesses such as stroke. The neural injury from a stroke causes neural dysfunction that causes depression. Injury to specific brain regions has different statistical correlation with the development of depression. Once depression or other psychiatric syndromes occur with Lyme disease, treating them effectively improves other Lyme disease symptoms as well and prevents the development of more severe consequences, such as suicide.

Suicidal tendencies are common in neuropsychiatric Lyme patients. There have been a number of completed suicides in Lyme disease patients and one published account of a combined homicide/suicide. Suicide accounts for a significant number of the fatalities associated with Lyme disease. In my database, suicidal tendencies occur in approximately 1/3 of Lyme encephalopathy patients. Homicidal tendencies are less common, and occurred in about 15% of these patients. Most of the Lyme patients displaying homicidal tendencies also showed suicidal tendencies. In contrast, the incident of suicidal tendencies is comparatively lower in individuals suffering from other chronic illnesses such as cancer, cardiac disease, and diabetes.

To better understand the link between Lyme disease and suicide, let's first look at an overview of suicide. Chronic suicide risk is particularly associated with an inability to appreciate the pleasure of life (anhedonia). People tolerate pain without becoming suicidal, but an inability to appreciate the pleasure of life highly correlates with chronic suicidal risk. Of course, there are many other factors that also contribute to chronic risk. For example, one study demonstrated that 50% of patients with low levels of a serotonin metabolite (5HIAA) in the cerebrospinal fluid committed suicide within two years. Apart from factors which contribute to chronic suicidal risk, there are also factors which trigger an actual attempt, i.e.: a recent loss, acute intoxication, unemployment, recent rejection, or failure. There is much impairment from Lyme disease which increases suicidal risk factors. However, suicidal tendencies associated with Lyme disease follow a somewhat different pattern than is seen in other suicidal patients. In Lyme patients, suicide is difficult to predict. Attempts are sometimes associated with intrusive, aggressive, horrific images. Some attempts are very determined and serious. Although a few attempts may be planned in advance, most are of an impulsive nature. Both suicidal and homicidal tendencies can be part of a Jarisch-Herxheimer reaction.

I cannot emphasize enough the behavioral significance of the Jarisch-Herxheimer reaction. As part of this reaction, I have seen and heard numerous patients describe becoming suddenly aggressive without warning. I can appreciate skepticism regarding this statement. How can this be explained? Like many other symptoms seen in Lyme disease, it challenges our medical capabilities. In view of this observation, I advise that antibiotic doses be increased very gradually when suicidal or homicidal tendencies are part of the illness.

Although I have discussed the significance of depression and suicide associated with Lyme disease, I would like to think treatment does help. Combined treatment which addresses both the mental and somatic components of the illness significantly improves the overall prognosis. This is supported by clinical observation and laboratory research showing antidepressant treatment improves immunocompetence. It has been demonstrated in vitro that antidepressants which act on the serotonin 1A receptor (most antidepressants) increase natural killer cell activity. In addition, there are undoubtedly other indirect effects on the immune system through other neural or neuroendurocrine and autonomic pathways. To state this more concisely - antidepressants can result in antibiotic effects, and antibiotics can have antidepressant effects.

Most depression and suicidal tendencies often respond to treatment. Suicide is a permanent response to a temporary problem. Many people who survive very serious attempts go on to lead productive and gratifying lives. Suffering can be reduced. The joy of life can be restored. Needless death can be prevented. Don't give up hope. There are answers, solutions, and assistance. There is life after Lyme. *pha*

THE 2012 PHYSICIAN'S ROUND TABLE
JANUARY 26 – 28, 2012
WESTSHORE MARRIOTT, TAMPA, FLORIDA

Warren Levin, M.D. D.C. Amarasinge, M.D. Robert Harris, Esq (ret) Ritchie Shoemaker, M.D.
Jerry Leonard Omar Amin, Ph.D. Alan Gruning, D.O. David Nico, Ph.D.
Chuanhai Cao Ph.D. Armin Schwarzbach, M.D., Ph.D. Judy Mikovits, Ph.D. Eva Sapi, Ph.D.
Chris Hussar, D.O., D.D.S. Dietrich Klinghardt, M.D., Ph.D. Lesley Fein, MD Lee Cowden, M.D.
David Kazarian, BSP, RPh, FASCP Randy Breton, BSP, RPh. CPh. Michael Payne, MS, CRC, CNS

▲***Infuserve America Tour - Hors d'oeuvres and open bar***
▲***Health by Chocolate Tasting Party - Xocai Chocolates with Dr. Alan Gruning***
▲***Dinner & Poolside Comedy Show with Clifford C. Kuhn, M.D., Author, Comedian***

REGISTRATION FORM

Send form and payment to: Physician's Round Table 717-254-1953 OR PEEROBMAGAZINE@AOL.COM
3309 Walnut Grove Drive
LaGrange, NC 28551

Title ______ First Name ______________ Last Name ___________________
Address _______________________ ____________________ ___ ________
Tele ________________ Cell ______________ Email ______________________________

$300.00 individual or 2/$500.00 **Exhibitors $3,000.00**

North Texas Area Lyme Support Group

Dallas * Arlington * Fort Worth

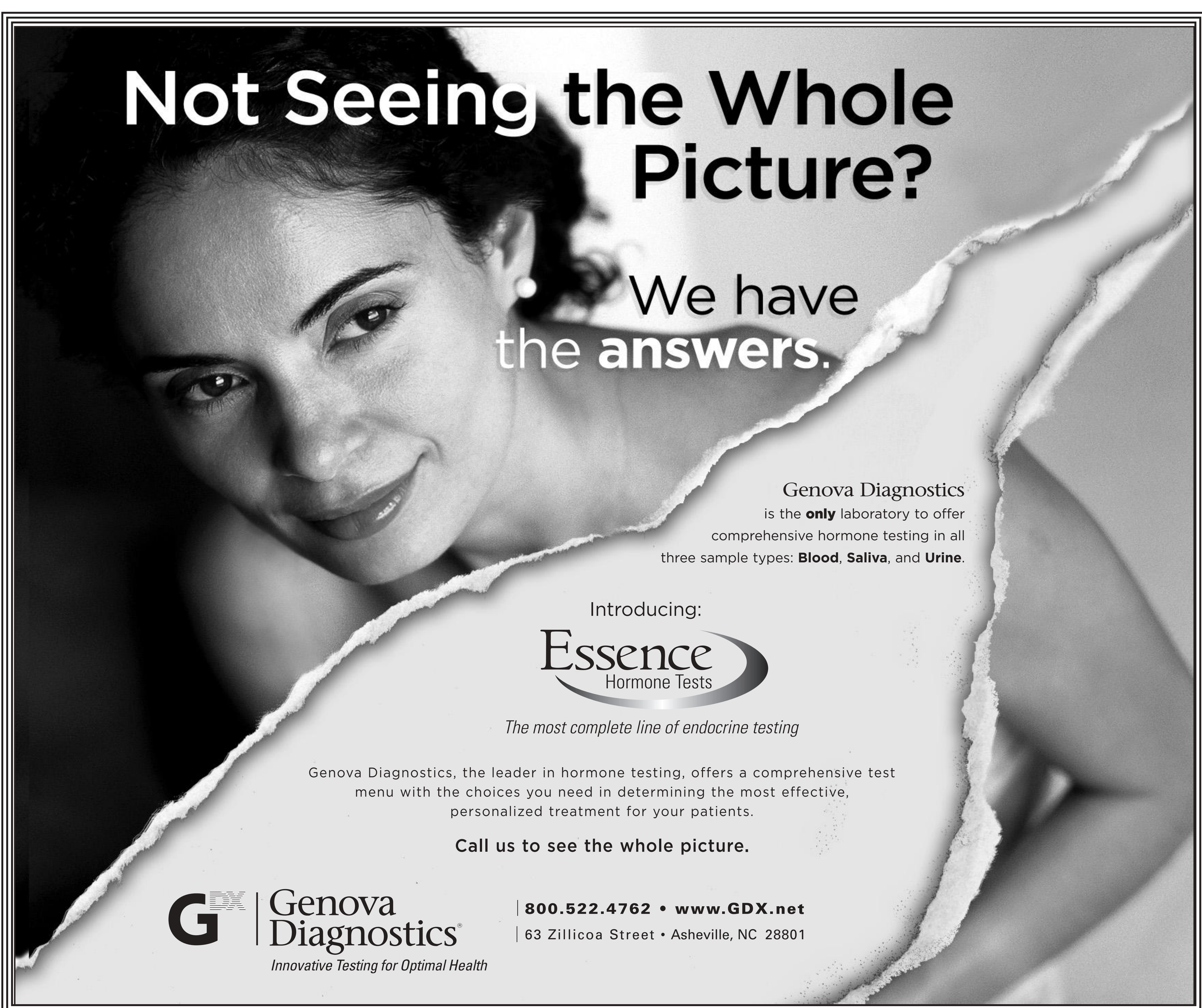
Biblically-based lyme disease support group to encourage, educate, and inspire those suffering with lyme or have a loved one suffering with lyme disease. This is for bible believers and non-believers. We love and accept all and will not push our faith on you. Come early or stay after group to visit, relax and enjoy some green tea/coffee or a wonderful meal at the Health and Harmony cafe. We look forward to seeing you there!

Meetings Held at:

Health and Harmony Coffee House
208 South Mesquite
Arlington, TX 76010

http://www.ntxlymesupport.blogspot.com/

email: Patti Plummer: granola71@juno.com
email: Martha Boykin: Paschalltwin@yahoo.com



KALEIDOSCOPE
Health &WELLNESS
Discover the Colorful Patterns of Your Life

Are you ready to experience Life Coaching?

A Kaleidoscope of Opportunity Awaits You!

Your Life Coach has the Tools
~ You have the Potential!

Begin your Journey of Self-Awareness and Realize your Dreams and Goals!

Schedule Your Complimentary Session Today at
www.kaleidoscopehealth.net

One Complimentary Telephone Life Coaching Session for New Clients Only

Southern California
Lyme Support
Serving Los Angeles & Orange County areas

Contact: Earis Corman
13904 F Rio Hondo Circle
La Miranda, CA 90638-3224

562. 947. 6123

eariscorman@aol.com

Discover The Top 10 Lyme Disease Treatments

www.Lyme-Disease-Treatment.com

The Pillaging Of Personalities: Our Lost Kids Are Being Hijacked By Spirochetes

by Virginia T. Sherr, MD

Opening the door of my office one day in May 2001, I stepped back in surprise. The teenager standing there wore a brilliant orange, neck-to-foot jumpsuit. There were shackles with chains between her wrists and she was hobbled by more chains between her ankles. Surrounding her were two rather determined-looking women, looking at me doubtfully. I had known that 17-year-old Vicki was coming from a juvenile detention unit, but I hadn't expected matrons, manacles and chains.

Vicki was brought to see me for a psychiatric opinion as to possible causes of behavior that led to her arrest and of her episodic rages. Apparently, in the prison, she was noted for being pleasant and compliant one moment, but suddenly, especially perhaps when there was a clang or scraping noise, flying into bizarre rages, wherein she had to be physically subdued and taken back to her cell by force. The matrons were decisive but generally friendly to her, she said.

Vicki's history, from her mother and herself, was of great interest. At age 7, she had a number of bull's eye rashes that were misdiagnosed as "ringworm." She suddenly became drastically ill and fell comatose. "Paralyzed all over," she was hospitalized. The specialist astutely diagnosed her as having Lyme encephalitis. Unfortunately, this serious condition was treated with only a 10-day course of IV antibiotics. She awoke from the coma looking good as new, and went home to a relieved family. Vicki, herself, could only recall "having trouble walking while in the hospital." Her mother reminisced that Vicki seemed different somehow after that, although she had never thought of a connection between these things before. Certainly, the child had undergone a personality change. Vicki had been agreeable as a young girl, but she gradually became antagonistic and had a loss of interest in grade school subjects. By age 11 she was downright oppositional. She used increasingly poor judgement and had inadequate control over her emotions. Schools classified her as "Emotionally detached/Learning disabled" At about this time, Vicki's parents divorced, and her mother assumed that the coincidental turmoil accounted for her daughter's escalating personality change and worsening school performance. Vicki's mother said, "The change in her personality was such that I thought of finding an exorcist." Then came Vicki's defiant, delinquent behavior and brushes with the law. She pushed that aside entirely with the notion that her trouble only related to her friends' bad influence on her and their setting her up to take their raps.

Vicki's antibody blood tests came back with 5 positive Western Blot bands diagnostic for chronic Lyme disease. We were able to enlist the help of other skilled Lyme-literate professionals to evaluate her further. They prescribed doxycycline and gabapentin for her persistent Lyme disease and its behavioral and cognitive consequences. At her court hearing in December 2001, their written testimony was offered regarding facts of her general and cerebral spirochete bacterial infection. A successful plea was entered on behalf of her release on electronic probation from what amounted to jail.

No one noticed much change in Vicki when she was on the doxycycline, she and her mother said. However, upon my phone follow-up questioning in January 2002, Vicki described herself as having a "different state of mind - I'm calmer than I used to be. I can handle myself. I am not so tired all the time, and I am happier." Taking modafinil and gabapentin as prescribed, she also appeared to be more and more psychologically stable. In addition, she is not as physically symptomatic as she was before she took the recent oral doxycycline. The chronic Lyme disease symptoms that, while she was in jail, felt to her just like her own personal peculiarities - chills, sweats, fatigue, multiple joint pains, headaches, rashes, difficulty thinking and concentrating, and trouble reading - all began to fade. Due to her mother's wise persistence, Vicki is undergoing medical evaluation for further antibiotic treatment. However, it is hard for Vicki to conceptualize that a brain infection might have been behind her serious troubles with the law - "I was just immature." she says, "Now I want to get an education - I want my life back."

Vicki is at home under house arrest now, wearing an electronic "bracelet" (monitor). She hasn't experienced life in the crucible of the outside world since she was treated with the recent antibiotics. The greatest challenge she faces is the general one facing Chad, an 18-year-old youth whom she has never met, but whose saga is so similar to hers that they seemed to have been cloned.

Chad was described by his mother as being "the most agreeable child I have ever known. Good humored, intelligent, he was a big favorite of all who knew him as a little boy." Bitten by a deer tick at age 13 with resultant bull's eye rash, he was treated, as per medical convention then, for 30 days of only twice daily oral doxycycline. He too, underwent a personality change and gradually became defiant, delinquent and seriously depressed. He demonstrated extremely poor judgment. His mother often said that due to the extreme change in his personality, it seemed as if he were "possessed." Chad turned to drugs and alcohol in part for pleasure, but also because they quelled a strange inner restlessness which kept him urgent - pacing and racing. Because of his poor judgment, Chad had totaled several cars when he came of age to drive. His anxious parents sent him to private military and juvenile training centers that he now thinks were of little help.

Vicki was brought to see me for a psychiatric opinion as to possible causes of behavior that led to her arrest and of her episodic rages. Apparently, in the prison, she was noted for being pleasant and compliant one moment, but suddenly, especially perhaps when there was a clang or scraping noise, flying into bizarre rages, wherein she had to be physically subdued and taken back to her cell by force.

I first learned of Chad's situation when his mother asked if I would agree to see him. He had spent some time in jail with 5 charges pending against him, was due to see the judge in the morning, and she hoped it would help if a future psychiatric evaluation could be arranged. Apparently, a wary judge reluctantly approved Chad's transfer to house arrest.

At first it was touch and go at home - Chad's rages continued - in part because he still felt driven and restless. He craved release from house confinement. During the day, he continuously paced and at night he had dreams of alcohol and drugs - he was desperate for anything that would provide surcease from his near- explosive agitation and wished to be rid of his ankle monitor. Only the fear of the greater confinement of a return to jail helped to keep him in the house and then barely so. He managed my prescriptions irresponsibly (At that time, his medications included risperidone, benztropine mesylate and an occasional alprazolam when he experienced panic attacks), necessitating that his mother administer even the mildest medications. Testing was positive both for the presence of DNA of the causative spirochetes and the presence of his antibodies to them. There were 6 positive bands on his Western Blot blood test for chronic Lyme disease. His SPECT scan showed diffuse hypoperfusion (lowered blood supply compatible with Lyme disease) of his brain.

Currently, Chad is more responsible with his medications. They now consist in part of gabapentin, mirtazapine and olanzapine. The risperidone is being phased out. He says that he could feel the clarithromycin antibiotic working to help him the day he started it. He is calmer now, but like Vicki, he is not yet ready to be fully tested in our complex world. And, like Vicki, Chad is reluctant to believe that his floridly positive tests for chronic Lyme disease and his clinical diagnosis of neuroborreliosis could have anything to do with his behavior. Teens are no exception to the fact that people like to believe they are fully in charge of themselves, even if they are making major mistakes. Seeming to cop out with the excuse of having a chronic brain infection appeared totally unacceptable to him.

Both of these young people have lost any idea of what they really are like, what they are capable of, or who they could be. They do not remember and have lost track of the person they started out to be. Their childhoods were distorted by ticks laden with spirochetes, long-lasting agents that are toxic to personality maturation. Each had dramatic personality changes over which they had no control and which were explained away as coincidental to some current event unrelated to the tick bite. Each mother had the feeling that her child must have been "possessed," although they did not really believe in that possibility. In truth, these two young people were possessed-they were taken over by an unrecognized nervous system infection that pillaged their normal development.

The challenge now for each young person is to undertake the missed steps of lost maturation, recover a healthy sense of self and to use it to adapt to the real adult world in ways that work for them and for society. This may prove to be a Herculean task. It is an ongoing experiment as to whether Vicki and Chad can surmount the loss of 5-10 formative years and, in Chad's case, the coincident abuse of the street drugs and alcohol that falsely promised relief from the symptoms of tick-borne disease.

Gradually, these two young people are beginning to understand the importance of dealing with the minute terrorists that hijacked their childhoods. Their own government once destroyed perpetrators of piracy on the high seas and lately it has not been reluctant to seek out and destroy human terrorists. One wonders when the same aggressive attention will be given by our government to tick and spirochetal plunderers of this generation of America's pirated children. Make no mistake-it then could be possible that the need for aggressive attention to the lost children themselves would become unnecessary.

--

Previously published in The Lyme Times.

pha

Due to the efficacy and the science behind the products, these are my favorites
*- **Joseph J. Burrascano Jr. M.D.***

Immune & Detox SOLUTIONS

Product	Features/Benefits*	Who Benefits?*
Artemisinin SOD™	Features pure artemisinin for optimal immune support plus curcumin, quercetin, green tea, black walnut hull Promotes healthy SOD (super oxide dismutase) levels	Patients needing to promote healthy SOD levels Patients seeking the purest, high strength artemisinin available
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

**Research Available Online

Energy SOLUTIONS

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

**Research Available Online

Researched Nutritionals® solutions for life

Toll Free: 800.755.3402 • Tel: 805.693.1802 • Fax: 805.693.1806
www.ResearchedNutritionals.com | *Available only through healthcare professionals*

*These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure or prevent any disease.

"CONDENSED" COWDEN SUPPORT PROGRAM

FINANCIAL ASSISTANCE IS AVAILABLE
FOR THE CONDENSED COWDEN SUPPORT PROGRAM
FOR ONE PATIENT OF A PRACTITIONER

LIMITED AVAILABILITY – CONTACT US FOR MORE INFORMATION

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 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.

Providing Quality Natural Products Since 1993
info@nutramedix.com • www.nutramedix.com
Tel: 800-730-3130 561-745-2917 • Fax: 561-745-3017