

Paving The Road Ourselves: Why Patients Must Lead Doctors Toward A New Medical Paradigm Of Comprehensive & Environmental Medicine

by Lisa Nagy, M.D.

In both becoming ill and recovering from Environmental illness, I have learned a great deal about the causes of ill health. A few years ago, after reflecting upon my personal experiences, I wrote an article entitled "Women's Health is Environmental Health" in an attempt to share my new-found knowledge about Chemical Sensitivity. Although the potential dangers associated with mold exposure are known, most clinical practitioners of medicine do not read the current published literature present in either integrative medicine, mycology, or molecular psychiatry journals. Since traditional practitioners are unaware of their limited understanding in this area, it may be difficult for them to differentiate between a patient's physical illness and the mental symptoms that are caused by said illness. In many instances, these same physicians will erroneously label sick women as hysterical (from the Greek wandering uterus), instead of recognizing that their patients are "environmentally ill."

While both men and children are in danger from mold toxin exposure, women run a greater risk of susceptibility than their male counterparts—a fact that has been well cited in current medical literature. It is time for men in medicine to learn from both female physicians and the public about the issues that affect so many of us. As we age, we need progesterone-not valium and alcohol-5 HTP instead of prozac, and treatments for deficiencies of adrenal, thyroid and Coenzyme Q-10-not Adderall. Most of all, we require assessment for Dysautonomia, which causes our heart rates to rise when we stand and our anxiety levels to go up; this phenomenon of Postural Orthostatic Tachycardia Syndrome, or "POTS," is present in many patients who have chronic medical/psychological problems.

While simple in nature, the treatments for POTS, as well as its symptoms, are not adequately addressed in traditional medical practices. Initial treatment should consist of midodrine, floninef, stockings, and salt. A more definitive treatment would include detoxification through IV, and oral vitamins, as well as sauna therapy.

However, both courses

of action often seem to escape the recovery plans given to many patients. When a person's toxic load is reduced, their damaged nervous system improves. The innervation to the blood vessels is ameliorated, leading to less venous pooling in the gut and lower extremities.

After proper treatment, a POTS patient will be able to stand up more easily, will usually stop "pretzeling" their legs, and folding their arms; their overall stress levels will decrease as the amount of cortisol and epinephrine produced is reduced: standing is no longer an anxious event. Eventually, with appropriate medical management, some POTS patients may improve to the point where they can cease taking the midodrine and floninef; they are able to drop the stigma of a supposed mental disorder, which, for all intents and purposes, would be a ridiculously simplistic and inaccurate diagnosis.

While flagged for their innate culpability, environmental toxins are not the only causes of disease: food allergies, hormonal insufficiencies, genetic abnormalities, and nutritional deficiencies all play a role in affecting a person's health. In order for medicine to change, we must not only educate the public, but our doctors as well. By putting pressure on the medical system to produce better physicians, we can improve the curriculum of our nation's Medical Schools: each doctor could potentially have a well-rounded world view of treatment, amalgamating the disciplines of traditional, integrative, and environmental medicine.

For instance, If Lyme disease specialists were to take an Environmental History, they might soon discover that many of their patients have had household-based mold exposure in the year or years preceding the development of the "Lyme" symptoms. Mold damages the immune system by lowering the white blood cell count, natural killer cells, and a variety of serum markers, making it unable to handle many infectious agents—including, Borrelia.

It is my hope that well-known women and men who have been affected by different medical problems—such as: Environmental Illness, Chemical Sensitivity, Parkinson's, MS, Lupus, CFS, Autism, and many others—will unify their causes,

joining forces to improve national awareness about all diseases and their causative factors. Such a campaign could offer a documentary that illustrates the environmental triggers responsible for specific conditions; candid interviews with celebrities who have had their lives changed due to an affliction could help to energize public awareness. Such a list could include: Lady Gaga (Lupus), Michael J Fox (Parkinson's), Teresa Heinz (Chemical Sensitivity), Bill Styron, Mary Kennedy, Mike Wallace (possible depression from Mold toxicity), Mitt Romney's mother and brother, Carol Channing, Ted Nugent's wife, golfer Billy Casper (Environmental Illness), and Jenny McCarthy (representing the Autism community).

As doctors, we must deal with all of these exposures, and not just the ones that we specialize in. By delivering a unified initial approach to patient care, we will stop forcing patients to travel to the four corners of the globe in search of the help they desperately need—or many will succumb! In fact, as a tribute to Mary Kennedy, I suggest that we think long and hard about how we can deliver the best service to the afflicted, especially the depressed who, unable to reach out for help, take their own lives. Had someone grasped the effect that the moldy house had on the development of allergies in the family, the mood changes and, perhaps, the adrenal insufficiencies that accompany said symptoms, Mary could have been helped; instead, many speak of her alcohol use and mania, when, in fact, it might have been basic environmental illness and hypoadrenalism from mold that lead to the craving for sugar (in alcohol), as was written about so many years ago by Tintera.

I invite you to read below, and discover how Women's Health is really a function of their Environmental Health. Please connect with our non-profit, The Preventive and Environmental Health Alliance Inc., for information as we continue our mission of public education through events, media sources, and publications.

Women's Health is Environmental Health: The Dangers of Toxic Exposures

by Lisa Nagy, MD



(Previously Published in: *The Women's Health Activist*, November/December 2009)

Environmental toxins can cause medical problems that are difficult for the average doctor to identify and treat. The more severe 'Environmental Illnesses' include Chemical Sensitivity, Chronic Fatigue Syndrome (CFS), fibromyalgia, and Gulf War Syndrome. Milder environmentally-induced illnesses are all around us and include anxiety, allergies, autoimmunity and intolerances to chemicals. The toxins found in pesticides, solvents, and heavy metals, and especially those produced by indoor mold can hit women especially hard. Women are four times more likely to exhibit symptoms of Chronic Fatigue Syndrome (CFS) and Chemical Sensitivity than are men. Worse, it can be overwhelming for people (particularly those who are already ill) to learn about living a less-toxic lifestyle and avoiding environmental contaminants. Environmental Medicine offers specific answers by giving both doctors and patients the tools to treat illnesses caused by toxic exposures. Sadly, very few people learn about Environmental Medicine until they are on death's door, as I was.

In 2001, a muscle biopsy showed my cells lacked oxygen and I was told I was dying from something resembling Amyotrophic Lateral Sclerosis (ALS, often called Lou Gehrig's Disease). My facial muscles couldn't produce a smile and I gasped for air all night. I was so weak I could no longer fold a towel or wash my hair.

Eventually, my husband, dog, and I all developed adrenal failure as well. I was very fortunate to get connected to the Environmental health Center of Dallas, and to recover. Our household's illnesses were caused by mold found in the huge aquarium shed attached to my home, which produced dangerous mycotoxins called the "trichothecenes."

Trichothecenes are commonly found in the urine of sick people living in moldy homes. These toxins are used as bioterrorism agents and have been extensively studied by the Army. The Army has found that female rats exposed to airborne trichothecenes develop adrenal necrosis (death of the gland that makes steroid hormones). In humans, adrenal insufficiency causes health problems, including: depression, fatigue, allergies, low blood pressure, dizziness on standing, anxiety and intolerance of stress, hypoglycemia, weight loss, tearfulness, and increased sense of smell. These are symptoms of environmental illness often found in women who live in moldy homes, like I did. The Army's research shows that testosterone may help protect men from toxins such as trichothecenes, which could explain why men are less likely to develop the same symptoms as women.

A sizable proportion of the U.S. population suffers, often unknowingly, from environmental illnesses. About 15% of the population has been told by a doctor they are chemically sensitive and about 5% is disabled by the condition and cannot be exposed to chemicals.

"Paving"cont'd pg 8

Labeling Genetically Modified Food



by Mary Budinger

California may change the way we eat. In November, voters in that state will say yea or nay to Prop 37, an initiative to require labeling of genetically modified organisms (GMOs). If it passes, California will become the first state in the nation to require labeling of genetically engineered (GE) food.

California is the most populous state in the nation. By some measures, it represents the eighth largest economy in the world. The thinking is that as California goes, so goes the rest of the nation because food processors outside of California are likely to apply whatever regulations the state imposes.

Polks show that Californians overwhelmingly want labeling; an April poll by San Francisco TV station KCBS found 91% backed labeling.

In a time when the country is deeply divided politically, labeling of GE food has the kind of public support most initiatives could only dream of. Nationally, 93% of people responding to a poll by Thomson Reuters and National Public Radio in October, 2010, said foods should be labeled to indicate whether they have been genetically engineered or contain genetically modified ingredients. More than one million people submitted comments this spring to the U.S. Food and Drug Administration on a petition for mandatory labeling of GE foods, more than any other petition in FDA history. The FDA has taken no action.

Labeling became a hot topic in Washington when Sen. Bernie Sanders (I-Vt.) pushed for an amendment to the farm bill letting states require labels on any food or beverage containing genetically engineered ingredients. In June, the U.S. Senate rejected the amendment, 26 to 73.

"This is the very first time a bill on labeling genetically engineered food has been brought before the Senate," Sen. Sanders said. "It was opposed by virtually every major food corporation in the country. The people of America have a right to know what's in the food that they eat."

Labeling supporters say states already have the right to label GMOs since the FDA has not taken a position to the contrary.

GE vegetable oils, corn syrup, soy lecithin, MSG, cornstarch, and yeast extract are ubiquitous in those bags and boxes of processed foods including cereal, candy bars, chicken nuggets, corn chips, salad dressings, cookies, soy infant formula, tofu and soy milk. Some 75 percent of what is on grocery store shelves contains genetically engineered

ingredients and none of it is labeled. If it were, the ingredient list might say "GMO corn" instead of just "corn."

The FDA currently requires more than 3,000 other ingredients, additives, and processes to be labeled, but not GMO ingredients.

The California Battlefield

California is the most populous state in the nation. By some measures, it represents the eighth largest economy in the world. The thinking is that as California goes, so goes the rest of the nation because food processors outside of California are likely to apply whatever regulations the state imposes.

The California Right to Know Genetically Engineered Food Act would:

1) Require packaged food sold in retail outlets such as grocery stores in California to be labeled if there are GMO ingredients in it.

2) Require that when whole foods are not packaged, such as sweet corn or fresh fish, store shelves must post a label.

3) Prohibit the advertising and labeling of genetically engineered foods as 'natural.'

What does not have to be labeled:

1) Foods prepared for immediate consumption: what you get in restaurants, at salad bars, and the neighborhood bake sale.

2) Food from animals that have been fed genetically engineered feed.

Labeling would begin in July 2014. There is some wiggle room here: foods can have up to 5% GE ingredients and not be labeled. But that expires after 7 years - that exemption was put in to give industry time to find non-GE sourcing for ingredients.

Nearly 50 countries have mandatory labeling policies for GE foods including the European Union, the United Kingdom, Japan, Brazil, China, South Korea, Brazil, China, Australia, and New Zealand.

The Medical Issues

The American Medical Association, which represents about 17 percent of the physicians in the U.S., fully supported genetically modified organisms (GMOs) until June this year when its House of Delegates issued a policy statement calling for mandatory pre-market safety testing of GE foods while still supporting continued use of GE ingredients with no need for labeling. The statement was a compromise among AMA members; the Indiana State Medical Association and the Illinois State Medical Society introduced resolutions supporting Federal legislation and/or regulations to require labeling of food with genetically

engineered ingredients.

American Public Health Association, American Nurses Association, Illinois Public Health Association, and the California State Medical Association have passed resolutions calling for labeling of genetically engineered food.

The British Medical Society called for a ban on the introduction of GE crops and food a decade earlier. The Irish Doctors' Environmental Association went on record in 2005 opposing the growing and eating of GE food.

In May of 2009, the American Academy of Environmental Medicine (AAEM) called for a moratorium on GE foods saying, "There is more than a casual association between GE foods and adverse health effects."

"Labeling is a good first step, but we still need a moratorium," said Amy Dean, DO, of Michigan and board member of the AAEM. "We believe that GE-triggered changes we see in animal studies regarding diabetes, hypercholesterol and such, can be causing the same changes in humans."

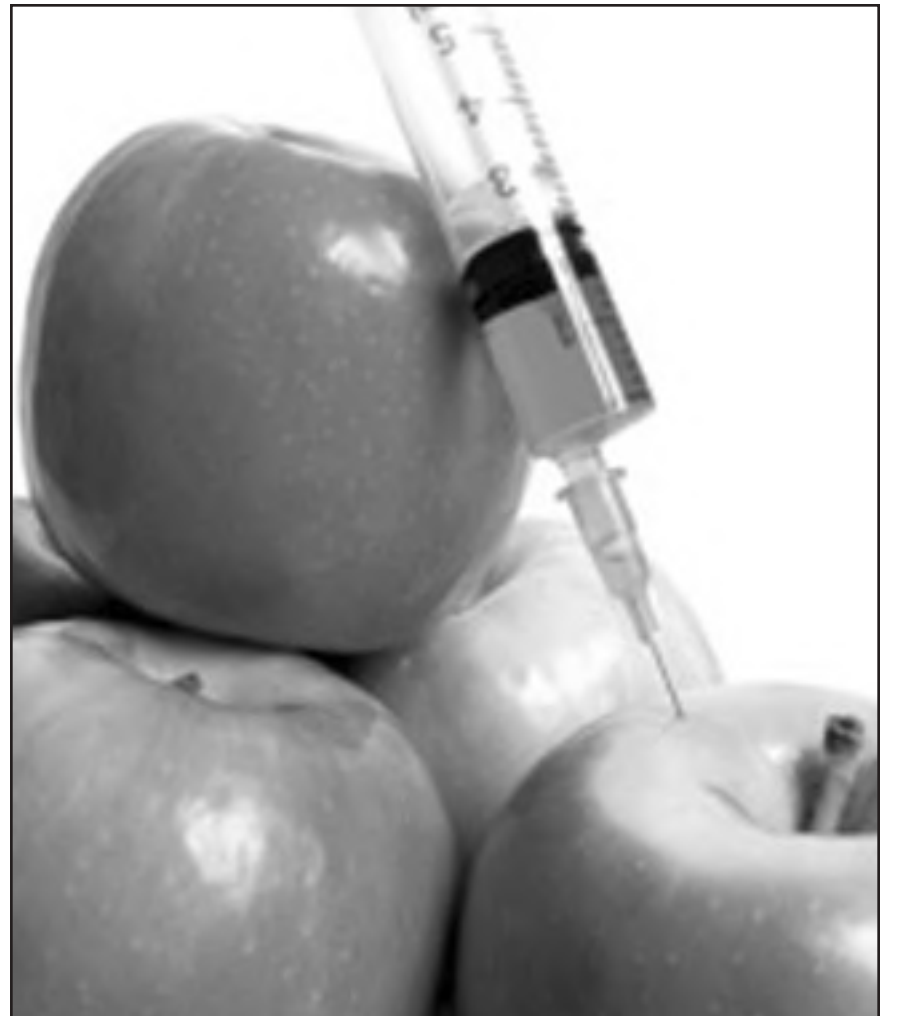
Michael Hansen, PhD, a Senior Staff Scientist with Consumers Union, publisher of *Consumer Reports*, is among the group who thinks we need to track those changes. "For example," Hansen says, "suppose a company decides to insert a synthetic gene, which codes for a modified protein, into tomatoes. Suppose that the novel protein causes a strong but delayed (say by 24 hours) allergic reaction (e.g. serious rash, upset stomach, or anaphylactic shock) in some relatively small subset of the population.

"Doctors would have an extremely difficult time identifying the source of the problem. If the offending tomato variety is not very prevalent (i.e. does not have a large market share), then the regular allergy test, making a list of all foods eaten in the last 24 hours, might not uncover the tomato as the source of the problem (the person would have to obtain and eat the offending tomato variety a second time and get the same reaction). It might well take large numbers of people being adversely affected and having the offending tomato variety be a large share of the market before there would be any hope of figuring out what was causing the problem."

Dr. Martha Herbert, a pediatric neurologist and past vice-chair of the Council on Responsible Genetics, said, "Tracking the millions of people with vulnerable immune systems and their reaction to novel proteins and virus fragments in genetically engineered food is impossible without food labeling."

The Scientific Studies

The California effort to label GE foods adds fuel to a long-simmering debate



over the merits of genetically engineered crops.

Last year, Canadian researchers found Bt-toxin in the umbilical blood of 83 per cent of 30 pregnant women tested. The fact that these GE toxins had reached umbilical blood meant not only that they survived the gut, but could pass across the placenta to the growing fetus. Farmers have used natural Bt-toxin from soil bacteria as a pesticide for years on organic crops. But as Dr. Arpad Putzai's studies with rats found in the late 1990s, spraying Bt on plants, where it biodegrades in sunlight and can be washed off, isn't the same as genetically altering the plant to produce it internally.

GE seeds and their subsequent crops entered the American food supply in 1996 without human studies. Then Vice-President Dan Quayle spearheaded the speedy introduction of GMOs as a de-regulatory initiative. In a 1992 policy statement, the FDA stated that GE foods are not "materially" different from other foods. In other words, no changes that could be recognized by taste, smell, or other senses. The FDA classifies GE foods as Generally Recognized As Safe (GRAS). The FDA leaves it up to industry to determine how to test for safety, perform the tests, and analyze the data.

Only one in four Americans is convinced that GMOs are "basically safe," according to a survey by the Mellman Group.

Today, the biotech industry, represented by the group called Stop Costly Food Labeling, states that "there are more than 300 peer-reviewed reports in the scientific literature which document the general safety and nutritional wholesomeness of GE foods and feeds ... Requiring food companies and farmers to put scary sounding labels on grocery products will unnecessarily mislead consumers, while driving up food costs by hundreds of dollars per year."

But as is so often the case with studies, there is plenty of conflicting data. And with GE foods, the

problem of independent safety testing of these crops is compounded by intellectual property rights. GE seeds may not warrant special status from the FDA, but they are different enough to have earned a patent.

In early 2009, 26 U.S. public sector entomologists - bug scientists - took the unprecedented step of writing to the EPA protesting that "as a result of restricted access, no truly independent research can be legally conducted on many critical questions regarding the technology."

Agricultural companies act as gatekeepers, pretty much choosing who gets to do research and what topics are studied. Christian Krupke, an entomologist at Purdue University in West Lafayette, Indiana, said, "Companies put in mountains of data but there's no devil's advocate - no other side."

Agricultural companies also hold many of the purse strings - the money available for research. Some companies have agreements for research into crop production practices, but not research regarding the health risks of GE crops.

An editorial in *Scientific American* said, in part, "It would be chilling enough if any other type of company were able to prevent independent researchers from testing its wares and reporting what they find - imagine car companies trying to quash head-to-head model comparisons done by *Consumer Reports*, for example. But when scientists are prevented from examining the raw ingredients in our nation's food supply or from testing the plant material that covers a large portion of the country's agricultural land, the restrictions on free inquiry become dangerous."

The most recent independent study came out in June, funded by the U.K.'s NGO Earth Open Source. Two genetic engineers combed through a large body of peer-reviewed scientific studies. Dr. Michael

"GMO" ...cont'd pg 8

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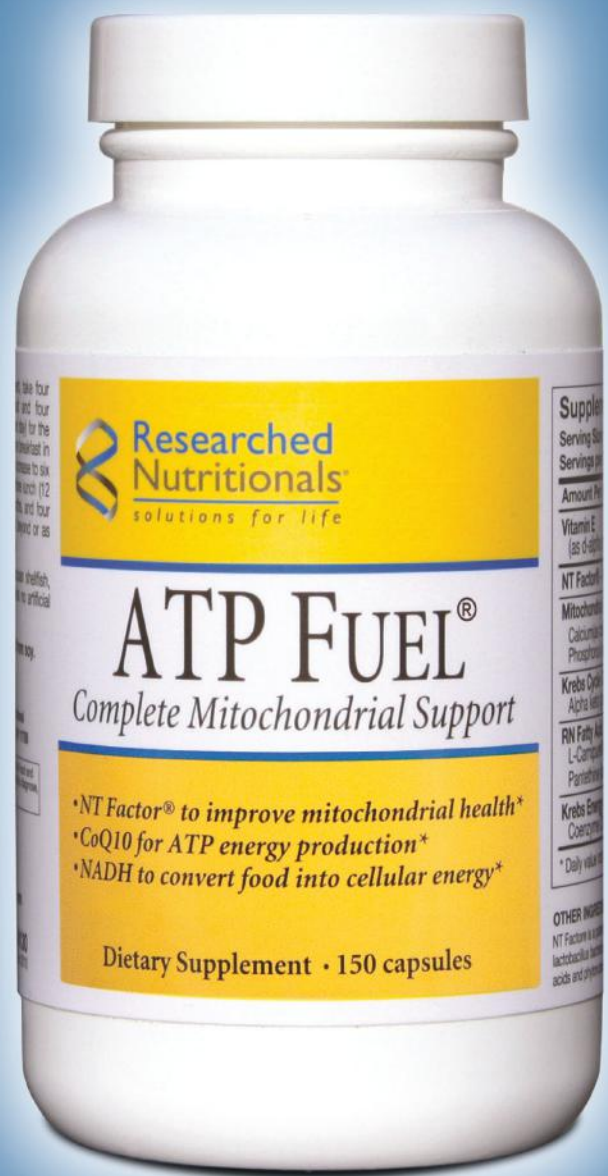
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A Fight for Life & A Demand for Change



by **Brittany Kramer**

My name is Brittany Kramer and I am a twenty-two-year-old college student. I have been working towards finishing my degree in elementary education and special education. I recently moved in with my boyfriend of three years. I finally felt like my life was coming together the way I wanted it to. That was until I literally went from fine to seriously ill overnight.

I remember the day that I fell ill like yesterday. I was awakened by soaking nights sweat, a 104 degree fever and paralysis in my neck. I truly believed that I was going to die. I could not even walk to the car to go to the hospital. My legs were not working properly and it felt as if the floor was shifting from under me. I had crushing chest and back pains. I was also having trouble breathing. I believed I was having a heart attack or suffering from pneumonia. I could not imagine why I was so ill. I thought perhaps I contracted the flu. When I had arrived to the emergency room, I was not lucid. I was unable to answer any questions and my boyfriend had to speak for me. I remember them bombarding me with cold towels to bring down the fever. I also remember the nurse telling me that my blood pressure was 180/125 and that my heart rate was 150.

The most upsetting aspect of the whole experience was the fact that I was diminished by the emergency room doctor. He told me that I had an ordinary influenza. Foolishly, I believed him. Why would I ever question a man who with a medical degree? They administered IV fluids and sent me home within five hours. There is good news and bad news that follows. I recovered from this "flu-like illness" but developed a whole different array of mysterious health issues that followed.

I began to develop very odd swelling in my digits. The soft tissue in both my fingers and toes began to swell. This was accompanied by debilitating pain. My muscles ached, actually every bone in my body hurt. It even hurt to brush my hair. I began to lose my eyesight and see floaters constantly. I developed severe vertigo that made walking extremely difficult. I began to vomit on a weekly basis and this was accompanied by colitis-like symptoms. I forgot how to

add and subtract. I will never forget sitting in my math methodology class totally astounded by "20+9". I had intense numbness and tingling in my extremities. I developed horrible rashes and hives all over my body. The rash was so bad my dad thought I had staph. My body would itch everywhere and I was overwhelmed with crawling sensations. My hair began to fall out in clumps. I developed sores in my nose and mouth. I developed many food allergies and could no longer tolerate shellfish, dairy or gluten without a violent reaction. I stopped getting my menstrual cycle. I was so exhausted that I was falling asleep on my way home from school in the car. I actually slept 48 hours straight during the beginning of my illness. I developed swelling in my ankles and knees in addition to hot, burning sensations in my legs. I became totally debilitated and began to doubt my ability to ever be functional.

The next year was a cat and mouse game trying to find answers to explain my mysterious illness. I visited at least 20 specialists within the course of a year. I was told I had Lupus, Rheumatoid arthritis, psoriatic arthritis, thyroid disease, Epstein Barr, chronic fatigue, Crohn's disease, undifferentiated connective tissue disease and "a somatoform illness." I had a total of four Lyme tests, three of them being negative and one of them being "abnormal" but not quite "CDC positive." I developed a positive ANA, an elevated rheumatoid factor, a high SED rate and a high white blood count. I went to the same rheumatologist three times. He told me that he is "not the kind of doctor I need" insinuating that I am a nut job and need a mental health professional. I went to an infectious disease specialist who told me that the Lyme test is infallible and that cannot be what is ailing me. Luckily, my dad dispelled that myth and insisted that I had Lyme disease anyway. I was hospitalized for days, poked, prodded and sent home without answers.

At that point I accepted that I was either going to be permanently disabled or dead. However, my dad did not accept that fate. I went home and did my own research about Lyme disease. I was informed that Lyme disease happened to be the most heated controversy in the medical community. I discovered that the standard blood test for Lyme was inaccurate over sixty percent of

the time. I began to reach out to other Lyme sufferers and a holistic nutritionist I used to see. I was told that I needed to see a Lyme literate doctor, also known as an LLMD. These doctors are the real tick-borne disease experts. They use reputable Lyme laboratories to test for this illness and its co-infections. They also regard Lyme as a chronic illness that can require months to years of antibiotic therapy.

After a year of endless suffering, I saw a Lyme literate physician. He immediately recognized that my symptoms were cookie cutter. He then supported his clinical diagnosis with lab results from a Lyme laboratory. My test came back positive for a chronic infection with Lyme bacteria.

He immediately started me on doxycycline. Although, I remained very ill the fever finally broke. I had no idea what a long road was ahead of me. I initially believed there was a quick fix. I never knew healing from this disease could take years or even forever. I have now been on antibiotics for one year. I have made significant progress, however I still struggle with many symptoms. My ability to function has gotten much better even though I am still exhausted and weak.

I managed to remain in school full time which I consider a miracle. There are some days that I cannot even get up to go to the bathroom. I am currently on a bunch of supplements to boost my immune system, fight infection and repair all the autoimmune damage done to my body. I eat a diet free of gluten, dairy or any type of sugar. These foods encourage inflammation and feed the spirochete bacteria so I must be careful. I take at least thirty pills a day including antibiotics and supplements.

My whole life revolves around a pill bottle, in addition to the frequent naps I need to take during the day. I have developed many autoimmune problems from the Lyme disease including endocrine issues and arthritis. I have also developed orthostatic intolerance where my heart rate is very unstable. The light sensitivity is so bad that it is hard for me to see in class without sunglasses. I prefer to be in the dark all day.

More agonizing than this illness itself is the ignorance and lack of empathy surrounding it. Lyme is an invisible illness. Lyme patients look healthy but it is

only a façade. Nobody could imagine the pain and discomfort I am in on a daily basis. Walking to the mailbox is so tiring that I need to lay down right after. People do not understand the depth of severity of this disease and so they diminish it. Lyme can cause seizures, paralysis, heart failure and even death. It was said by a Lyme literate physician that Lyme patients have the same quality of life with those who have congestive heart failure. I agree with that wholeheartedly. An early diagnosis and appropriate treatment can prevent this insidious disease from causing irreversible neurological damage. However, I like most people was not diagnosed until a year later.

I am not asking for a change in the medical community, I am demanding one. There is no reason why Lyme patients should have to pay thousands of dollars out of pocket to treat their disease long-term. The guidelines in place for Lyme disease do not acknowledge a chronic form of this illness. Therefore, insurance companies have the right to deny coverage to a person complaining of persistent Lyme disease. The conventional one month of Doxycycline is not sufficient to eradicate the spirochete by any means. Lyme is a very sophisticated bacterium that can evade the immune system. When a hostile environment is created by antibiotic therapy the bacteria can adapt by taking a cystic form shielding itself from eradication. The lack of knowledge about this disease in the medical community is truly disturbing. Most infectious doctors deny the existence of chronic Lyme and accuse patients of suffering from a somatoform illness or "post Lyme syndrome."

The Lyme literate physicians have used real science to prove that ongoing Lyme symptoms are actually due to ongoing infection. However, due to political corruption in the medical community, the real Lyme studies are ignored and invalidated. Lyme patients continue to suffer and be stuck in the middle of this heated medical debate.

My family has paid to address my Lyme disease properly out of their pocket. Insurance companies refuse to cover anything outside standard but insufficient Lyme treatments. Many times the Lyme literate doctors are sued and black listed for helping patients with this disease.

Long-term antibiotics are the reason that I am here today. If I would have stopped treatment within the first month, as suggested by the current guidelines, then I believe I would be in a wheelchair or dead. This disease has not only cost a ton of money but it has cost me what are supposed to be "the best years of my life."

Long-term antibiotics are the reason that I am here today. If I would have stopped treatment within the first month, as suggested by the current guidelines, then I believe I would be in a wheelchair or dead. This disease has not only cost a ton of money but it has cost me what are supposed to be "the best years of my life."

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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IDSA Doctor Admits Successful Treatment of Chronic Lyme Disease



by Dr. Burton Waisbren

Introduction

The reader may wonder how a practicing physician from Milwaukee has chosen to present fifty-one case reports and eleven essays regarding his treatment of chronic Lyme disease.

My involvement with Lyme disease started in 1989, when the son of a woman who was dying from amyotrophic lateral sclerosis (ALS) called me and suggested that his mother's illness may have started when she developed a severe case of Lyme disease.

Intrigued by his question, I investigated by having a study done by a professor of neurology at the medical school in Madison, Wisconsin, using sera that had been collected from a number of patients who had ALS. Enough of the sera

showed antibodies to *Borrelia burgdorferi* to suggest that a relationship between ALS and Lyme disease may be present. We reported this finding in the medical journal *The Lancet*.¹ This awakened my interest in Lyme disease, and I saw my first case in 1990.

One thing led to another, and through word of mouth and sharing my experiences on my website, I began to see patients with chronic Lyme disease and to study this disease. By 2007, I was seeing patients with this disease on a regular basis, and this has continued to occur to the present.

To my wonderment, literature began to appear, written by some of my respected colleagues, that in a sense denied that the syndrome of chronic Lyme disease occurs (see essay 4 in this book). Accordingly, I felt that the time had come to share my experience with this syndrome with my colleagues and with individuals who are unfortunate enough to have chronic Lyme disease.

This book is based on my experiences in the practice of what I had termed "investigative internal medicine" for greater than fifty-five years and my teaching of medical infectious diseases, first at Marquette University Medical School and then at the Medical College of Wisconsin, between 1952

and 1990.⁴ Based on my initial training in infectious diseases, the medical literature, and my clinical experience, I have come to the conclusion that there is an epidemic of chronic Lyme disease occurring in the United States that warrants more attention than it is getting from the government and the academic medical establishment. It is hard for me to believe that the fifty-one cases of what I call the chronic Lyme disease syndrome represent a figment of my imagination. It will be up to the reader to make a decision in this regard.

I suggest that those who doubt that the Lyme disease syndrome exists and that it can be treated turn to the over two hundred peer-reviewed references included in summary articles written by two giants in the Lyme disease field: Dr. B. A. Fallon and Dr. Steven Phillips.^{2,3}

References:

B. A. Waisbren, N. Cashman, R. F. Schell, and R. Johnson, "Borrelia Burgdorferi Antibodies in Amyotrophic Lateral Sclerosis," *The Lancet* 8:2 (8554) (1987): 332-333.

B. A. Fallon, J. A. Niedls, "Lyme Disease, a Neuropsychiatric Disease," *American Journal of Psychiatry* 151 (1994): 1571-1580.

Dr. Steven Phillips, "Chronic Lyme—An Evidence-Based Review," (May 2008). http://www.ilads.org/lyme_research/chronic_lyme.html

B. A. Waisbren, *Adventures in the Practice of Investigative Internal Medicine, 1951-2006*, ISBN 798-1-4251-1328-5.

Observations That Surfaced in the Author's Study of Chronic Lyme Disease Since 1989

1. Chronic Lyme disease does exist. It would be hard to conclude that these patients and the many others of their ilk that the author has seen are just figments of his imagination.

2. The number of unsuccessful doctor-patient relationships experienced by the patients in these case reports suggests that an epidemic of chronic Lyme disease may be occurring in this country and that it deserves more attention by the medical profession and public than it is receiving.

3. Some patients with the chronic Lyme disease syndrome may be helped by the treatment of the organisms known to be involved and by treatment of autoimmune complications, as they have been discussed in this series of essays.

Definition of Chronic Lyme Disease Syndrome

Adhering to the "Socratic" method, we will start with the definition of the chronic Lyme disease syndrome as it is used in this book. Chronic Lyme disease is an emerging infectious disease caused by at least three species of bacteria belonging to the genus *Borrelia*. The disease is named after the town of Lyme, Connecticut, where a number of cases were identified in 1975.

Chronic Lyme disease syndrome is suffered by some individuals who have been bitten by ticks and have not responded to the results of the bite by a twenty-four day course of oral doxycycline.

The syndrome has many aspects, and some of its sufferers have excessive fatigue, joint and muscle pains and aches, "brain fog," skin rashes, demyelinating signs, and symptoms of gastrointestinal dysfunction. Usually more than one microorganism is involved, and in some cases, autoimmunity occurs as manifested by multiple-sclerosis-like signs.

Duration of this syndrome, if untreated, may be months and even years, during which time a patient may be seriously and permanently debilitated.

"Chronic Lyme" ... cont'd p.7

Toilet Seats: Up or Down?



by Dr. Victoria Bowmann

In 1992, I read an article in the *Arizona Republic* daily newspaper titled: "Toilets bowl over germ sleuth." It was at this moment that I became aware of Charles Gerba, PhD., microbiologist at the University of Arizona. He explained in great detail what happens in the bathroom every time the toilet is flushed. He has tested bathrooms in private residences, commercial buildings such as hotels, and even airplanes.

The tests were conducted in the following manner. He would take sterile glass dishes filled with a thin gel on which viruses and bacteria grow. After flushing a toilet, he would put a cover on the glass dish and take it back to his laboratory and

watch the dishes bloom with microorganisms.

He discovered a little-known phenomenon of bacterial and viral aerosols in a spray ejected from the toilet during flushing. When the toilet lid is left up, this spray contaminates any and all surfaces except those above 6 feet. He even went so far as to introduce specific viruses into the toilet bowls. In one study, a particular virus was used to which mice are susceptible. After placing caged mice in the bathroom and flushing the toilet, they became ill with that specific virus.

In the *Chicago Reader* on April 16, 1999, Cecil Adams cites Dr. Gerba's research. He points out that significant quantities of microbes float around the bathroom for at least two hours after every flush. Fifty to eighty percent of all food-borne illnesses originate in our homes, which cause 6.5 million cases of gastroenteritis and 9,000 deaths every year. Furthermore, home contamination is blamed for 20 percent of food poisoning cases.

Biologist Paul Ewald was interviewed on Wisconsin Public Radio on April 11, 1999. He suggests that heart disease, cancer, and even Alzheimer's may be caused by infections. This frightening new germ theory was on the cover of *Atlantic*

Monthly.

In a September 28, 2000 interview for television program 48 hours, correspondent Peter Van Sant accompanied Dr. Gerba and colleague Kelly Reynolds around Tucson, AZ. One of the four test tubes indicated fecal bacteria. All four checked positive for *E. coli* (*Escherichia coli*), and one sample came from the handrail on the bus. Other sources of contamination were: the sink, the dishcloth, and the washing machine.

The American Medical Association reported that touching a toilet seat once would require at least five consecutive hand washings to get rid on most of the bacteria and other germs. They also reported that it is very possible to catch a cold or flu from touching a toilet, and that as many as 25% of people leaving a bathroom have some form of fecal contamination (usually *E. coli*) on their hands.

Dr. Pisani (PhD in microbiology at Micrim Labs) reported in *Ladies Home Journal* September 1999 in an article titled: "How Clean Is It?" concerning the contamination on bathroom door handles. Many were loaded with *Staph aureus*, which can cause infections such as acne and pneumonia. He also reported finding *Clostridium perfringens* on the toilet seat

which can cause gas gangrene and lead to toxemia and even death.

At the 99th General Meeting of the American Society of Microbiology, Elizabeth Scott, PhD (Newton, Massachusetts) is a well-known author (*How to Prevent Food Poisoning: A Practical Guide to Safe Cooking, Eating, and Food Handling* by Elizabeth Scott and Paul Sockett) and lecturer on safe eating. She has appeared on *Good Morning America* and has been featured in the *Washington Post*. She presented on the Guidelines for the Prevention of Infection and Cross Infection in the Domestic Environment.

Professor Gerba also has a short but effective list for avoiding cross contamination. These suggestions are as follows:

- ❖ Use chlorine bleach for wiping down sinks and drains every day. This knocks out 99.9 percent of fecal organisms. Wipe counter tops, faucet handles, etc. 3 times per week, and tubs, showers, and toilets once a week.

- ❖ Use separate cutting boards for meats and vegetables. Clean the cutting boards in a sink full of water containing a cup of bleach for five minutes.

- ❖ Dishcloths and sponges can be washed in the dishwasher or washing machine after use. They can also be placed in a dish of water and microwave for 2 minutes.

- ❖ Wash the underwear last and use chlorine bleach to clean the clothes and the machine.

- ❖ Use bleach tablets in the toilet bowl.

- ❖ Store your toothbrush in the medicine cabinet or a bathroom drawer after use.

Researcher's Opinion:

The single most important thing we can do to eliminate the cross contamination due to harmful bacteria, viruses, and other microorganisms is to **CLOSE THE LID ON THE TOILET!** When this is done, the aerosol spray is stopped with the lid before it spreads over the room.

The second most important thing we can do is "scrub" our hands with a nail brush at least three times a day, for 15 to 20 seconds each time (singing "Happy Birthday" takes about 15 seconds) preferably before eating. Additionally, dip the nail brush in Hydrogen Peroxide and brush under the nails too.

Healing More than Skin Deep



by Joan Vetter

I'm certain my sense of outrage was shared by many as we witnessed on TV the pictures of a dog so horrifically abused. His mouth was taped shut with his tongue extended, and he needed 100 stitches to close his deep stab wounds on his neck.

Along with the outrage, I was happily observing the miraculous recovery of this abuse victim. He wagged his tail constantly, had trust in his eyes, and even licked the face of the veterinary nurse who treated him.

I am aware of how some abused animals carry that victim stance for years, and I began to consider what made the difference with this sweet dog. Perhaps he was so well loved that the trust he had learned outweighed

this one time of terror. Perhaps he had a strong inner resource to draw upon. Perhaps the love and care of the veterinary staff provided emotional healing as well. I don't know the answer, but I do know it brought me joy to see him overcome.

In much the same way, people are strengthened when our lives reflect the healing power of God's Spirit. When we can share how the abuses and disappointments in our lives are cradled in God's comfort and transformed, we invite others to hope.

An example of this is the story Kim Meeder shares in the summer issue of *Around the Fire*, a newsletter from Crystal Peaks Youth Ranch in Bend, Oregon. Kim was shopping at Goodwill and shared with the cashier that she found what she needed for an upcoming speaking event. Angel, the cashier asked her what she was speaking on, and she replied, "I get to speak about hope." She proceeded to share a brief explanation of the ranch where horses and lives are rescued.

Kim felt the nudge from God to tell her about the circumstances leading to her establishing the rescue ranch. She looked directly at her and said, "I agree with you that everyone needs hope in their lives. I'll never

forget the day that I found genuine hope. I was nine years old. It was the same day that my dad murdered my mother and then killed himself. In my grief, I cried out to Jesus - the Author of hope - and He has been in my heart ever since."

As if suddenly struck by an unseen arrow, Angel stiffened and drew in a quick breath. She glanced at Kim and then stared at the floor. She stood frozen in place, seemingly locked in time. In what looked like slow motion, her eyes gradually rose to meet Kim's. What they held was liquid sorrow. In a voice Kim could barely hear, she said "When I was twelve, I saw my mom kill herself right in front of me." Angel had never told that to anyone.

Kim opened her arms, and held Angel for a long time, as a beautiful piece of God's profound plan dropped into her lap.

Have you experienced the touch of God - to heal your body or your inner soul from the abuse of man or from disease? The world needs hope - people are waiting and longing to hear your story of a God who gives hope.

And even though God does not bring disease or destruction, He is the hope bringer - first to us and then through us to others. *pha*

Elizabeth's Chalker's Book Is Now Available!



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“Chronic Lyme” ...cont’d from pg 5

The following are excerpts from Dr. Waisbren’s case studies:

Case 1:

This woman was fifty-three years old when I first saw her in 2007. She drove from Indianapolis to Milwaukee with a self-diagnosis of chronic Lyme disease associated with demyelination. She was employed as a hospital dietitian.

My examination revealed ataxia, absent abdominal reflexes, and a peripheral hyperreflexia. She brought along laboratory work that showed a low CD57 level and elevated ANA levels. She had had an MRI study that showed the white spots I have seen since in chronic Lyme disease (essay 11).

I found, with a Quest panel, Lyme IgG Western blot antibodies of 41. Quest Borrelia, Ehrlichia, Babesia, and Bartonella studies were negative. Based on her history, the physical examination, and her laboratory findings, I agreed with her diagnosis of chronic Lyme disease with demyelination and instituted a course of therapy which, over a six-week course, included ceftriaxone (4 grams intravenously), as well as Flagyl and Ketek by mouth.

This program was followed by administration of the initial oral antibiotics, changed or supplemented by intramuscular gamma globulin and hydroxychloroquine, beta interferon, and Copaxone which were selected to increase pressure against Babesia as well as to treat the autoimmune aspects of her disease (e.g., demyelination).

There was an immediate encouraging clinical response to therapy, which has continued off and on ever since. Table 1 summarizes laboratory studies that have monitored her progress, and table 2 shows all the medications that were used at one time or another.

TABLE 1: Summary of Lab Work

June 2003

- ❖ MRI-areas of increased signal flare in sub cortical white matter and external capsule region (essay 11)

July 2006

- ❖ Epstein Barr+ oIgM 50
- ❖ CD57 16 (ref 60-360)
- ❖ Quest panel negative for Bartonella, Babesia, Ehrlichia, and Borrelia (Western blot IgG 41+)
- ❖ Smooth muscle antibodies+ (1:80)
- ❖ Evoked potential positive = MS

June 2007

- ❖ Western blot negative (after therapy!)
- ❖ Quest panel negative

September 2007

- ❖ Liver enzymes up borderline
- ❖ Smooth muscle antibodies+ (1:40)

August 2009

- ❖ CD57 low 14 oIGeneX Western blot IgM negative (41 indeterminate)
- ❖ IgG positive 41+ and 39+

Table 2

Medications Given to Patient since 2006

- Ketek
- Amoxicillin
- Doxycycline
- Ceftriaxone
- Rebif (interferon beta-1a) - on prior-to treatment and continued Ceftin,
- Clarithromycin (Biaxin),
- Flagyl, Hydroxychloroquine
- Gamma globulin Diflucan

Have we been responsible for the improvement that has occurred in the quality of life of this patient? We will never know for sure, but all concerned are satisfied with the result.

Patient History (written by patient)

In 1993, when living in Missouri, I removed a tick from my abdomen. I had a reddened area that gradually went away over a few weeks. Although cyclical flu-like symptoms followed over the next six months, I never associated it with the tick bite.

In 1996, I developed optic neuritis, confirmed on MRI which showed demyelination. In 1998, I experienced paresthesia in my lower legs, wasn't thinking clearly, and had frequent headaches. A second MRI showed new areas of demyelination, so I was given a diagnosis of MS and was started on beta-interferon injections (Avonex). A spinal tap was negative for oligoclonal bands, and blood work showed that my ANA was high.

I moved to Indianapolis in 2000. I continued to have episodes of paresthesia, muscle cramps in my legs and feet, and skin problems (rashes and livedo reticularis). My symptoms worsened in 2004 and new ones appeared. I experienced severe pain in my ankle joints at night, burning in my lower legs, very dry eyes, and drops in body temperature. An EMG showed peripheral neuropathy. I was told that my symptoms couldn't be caused by MS. My hands, legs, and feet hurt. I was extremely tired and felt utterly ill with no explanation.

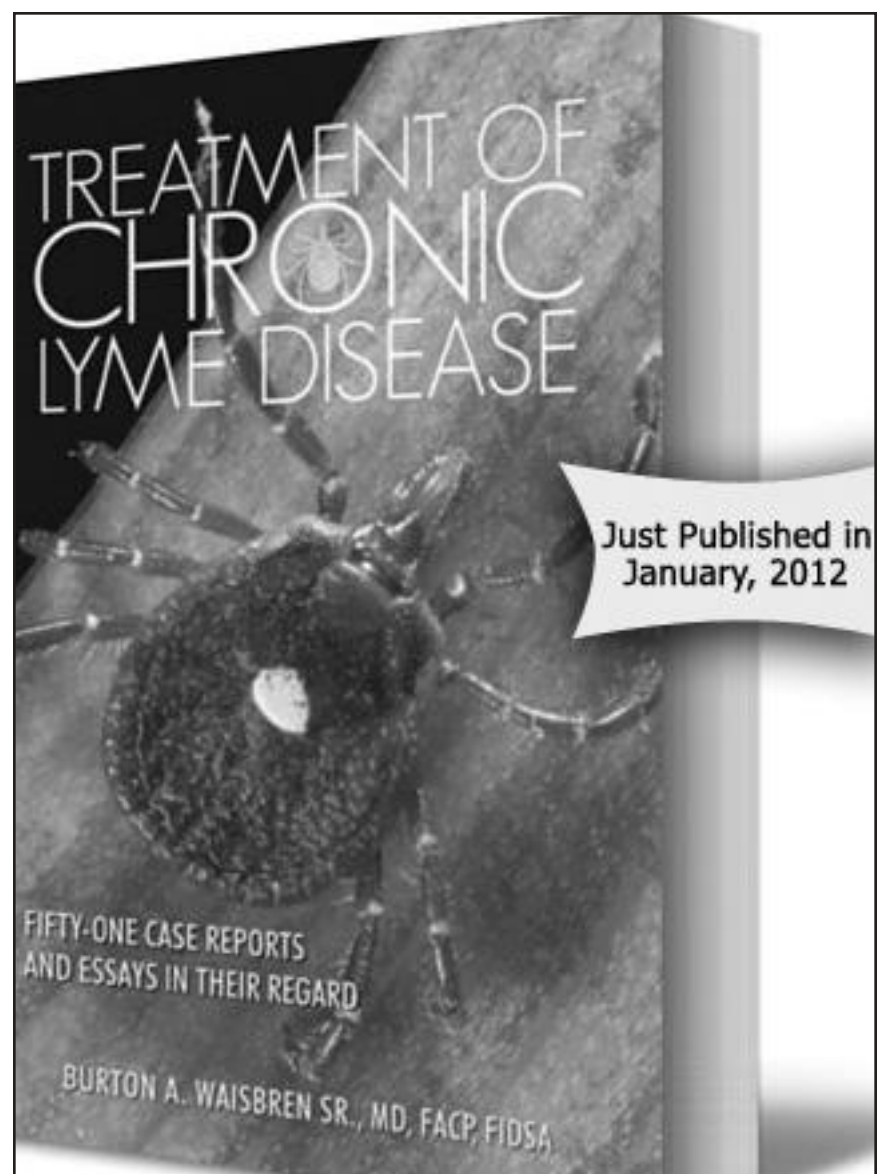
In October 2005 a dermatologist asked if I had ever had a tick bite, and I remembered the bite in Missouri. He empirically started me on amoxicillin and my symptoms improved. They worsened when the antibiotics stopped. Although an initial Western blot was negative, a second one through IGeneX Lab was borderline and I had a very low CD57. I was convinced that I had Lyme disease and sought out a physician with expertise in this area and found Dr. Waisbren. In 2007, through Dr.

Waisbren, I began oral antibiotics and IV ceftriaxone for six weeks. All my symptoms went away. Three months later, they began to reoccur and oral antibiotics were restarted. This course has continued off and on. In July 2009, the joint pain in my ankles, fatigue, and generalized aching worsened. A blood test through IGeneX Lab showed a positive IgG 41 KM and a low CD57. Dr. Waisbren started me on oral antibiotics which I continued for about a year. As of September 2010, I feel well and have a very active life at home and at work.

CASE 2

This forty-nine-year-old skilled automobile glass-replacement worker had ample exposure to ticks due to his many outdoor hobbies. Two years before I saw him on May 14, 2008, he had suffered a tick bite on his finger. His left little finger became temporarily paralyzed. He developed ataxia, "brain fog," and extreme fatigue. His concentration was so poor that it was interfering with his meticulous job. He saw at least four doctors and underwent \$20,000 worth of testing, with no diagnosis forthcoming. He turned to the Internet, which he extensively studied. He came to the conclusion that he had chronic Lyme disease. He was "positive" he had it. He had had several courses of oral antibiotics for various reasons, but they did not help him. His comment was, "Doctor, I am desperate and I want to be treated for Lyme disease." His complaints involved concentration, weakness, some rashes, and joint and muscle pain. On physical examination, he had some ataxia and moderate muscle and joint pains. Laboratory studies done through my office ruled out lupus and other autoimmune diseases. His Western blots, done by Quest, showed bands at 41 KD. Studies for Borrelia, Bartonella, Babesia, Ehrlichia, and other tick-related diseases were negative.

I had to make a decision as to whether to honor his phobic attitude about his Lyme disease or to not become involved with him. Perhaps unwisely, I chose the former route after explaining that the path we were embarking on was purely an empirical one. During the next two years, we tried three months of intravenous ceftriaxone, first at 6 and then at 4 grams per day. After treatment was stopped, he still was essentially disabled as far as concentration and energy were concerned. An oral program was then tried which included penicillin (3 grams per day), erythromycin (2 grams per day), Ceftin (2 grams per day), Flagyl (1 gram per day), and Ketek (400 mg twice a day). He gradually became somewhat better, so in July 2009 I suggested that he try to go back to work, which he had tried several



times before. He tried and failed. He then started to talk about suicide, so his family had him hospitalized.

He received a one-week "workup" and was discharged on several psychiatric medications. On our last several visits, I shared with him that I had done all I could think of for him and that he should try "gutting" it out. I received the attached letter from him on June 10, 2009.

I will leave it to the readers' opinions regarding this case. Did he have Lyme disease at all, or had he fallen in love with the disease?

Dear Doctor,

I just want you to know how much I appreciate all you have done for me. I have been through hell on earth with Lyme disease and without your treatment I would not have made it this far. I am doing much better than before treatment, and have hope for further recovery with more time and continued antibiotics. Some days I actually feel pretty good and some not so good. I still have some very bad days, but I know there is hope. I definitely went back to work way too soon and the results were disastrous, but that's not your fault. I panicked and let the fear of losing everything get the best of me. I have to separate all that nonsense from the fact that I am feeling so much relief from most of my symptoms thanks to you and your willingness to treat this horrible disease.

I know you think I'm crazy, but I'm not. This terrible disease did cause me to say some crazy things, and I can't blame anyone for thinking I'm crazy now. If only I wouldn't have panicked and gone back to work too soon, this whole mess could have turned out a lot better. I just want to say thank-you for all you've done.

In August 2010, his sister referred another patient to me and informed me that her brother was

"happy as a lark" and working full-time.

Did all we went through help him? Who knows, but at least there has been a happy ending.

In December 2010, the patient returned for follow-up. He reported that 2009 was the "best year of my life." He was energetic and asymptomatic. He felt so good that he had stopped taking the doxycycline and erythromycin that I had suggested he take for several years.

On December 1, 2010, he began to notice "brain fog" and muscle and joint pain that he had had in the several years before he was treated with intravenous ceftriaxone. He had changed insurance and had very little coverage so, at his request, I started him on an oral program that included doxycycline, erythromycin, and Diflucan. (At this time, I have stopped using Ketek because of publicity about it causing liver damage.) Within two weeks he was asymptomatic. We will continue the antibiotics for another year.

The book is available from www.lymebook.com for \$24.95 or by calling (530) 573-0190.

About the Author:

Burton Waisbren, MD, FACP, FIDSA has been practicing medicine for over 57 years. He is one of the Founding Members of the Infectious Diseases Society of America (IDSA) and has published research on Lyme disease in prestigious journals such as The Lancet.

Dr. Waisbren is a native Milwaukeean who received his B.S. and M.D. degrees from the University of Wisconsin Medical School in Madison, Wisconsin. He served his internship at the Harvard Service at Boston City Hospital. His military service was at the Navy Medical Research Institute, Bethesda, Maryland and the Biological Warfare Center, Camp Detrich, Maryland.

“Paving the Road” ... cont'd from pg 1

cals such as those found in air fresheners, perfume, and smoke. Fully 30% of elderly and CFS patients are chemically sensitive. Yet, few doctors have learned about Chemical Sensitivity or Chronic Fatigue, or learned how they can be treated with Environmental Medicine. In my many years of medical training, I never even heard of these Environmental Illnesses. That's because the symptoms of environmental illness are not included in either medical school curricula or residency training. To this day, the American Medical Association's (AMA) 18-year-old policy is that Environmental Medicine lack substantiating data and that Environmental Illness (EI) and Chronic Fatigue are not valid diagnoses. My organization is working now to change that policy.

The American Academy of Environmental Medicine trains physicians to assess all potential causes of ill health. The term "environmental illnesses" describes these conditions' unifying symptoms, as well as hormonal, neurotransmitter, nutritional, and genetic abnormalities that cause disease. A recent study examined cerebrospinal fluid proteins in patients suffering from Gulf War Syndrome, Chronic Fatigue Syndrome, and fibromyalgia, many of whom also showed symptoms of Chemical Sensitivity. The study "found a unique set of proteins" in these patients' cerebrospinal fluid. The author suggests that, "although the syndrome names are different, the presumed pathologic mechanisms may be shared." Environmental medicine practitioners also suspect that environmental factors affect diseases, including: Parkinson's Disease, Multiple Sclerosis, ALS, autoimmune disease, autism, and Attention-Deficit/Hyperactivity

Disorder (ADHD).

The need to understand environmental exposure is particularly essential for women with cancer. Research indicates that mold toxins and pesticides can cause cancers, including breast and uterine cancer. There is even a test for trichothecenes in food that indicates that it increases DNA transcription in breast cancer cells. This could mean that living in a moldy home may increase the growth of existing breast cancer. Avoidance of potentially dangerous chemicals, including Bisphenol A (BPA, often found in plastics) and phthalates (commonly used industrial compounds) would be wise as well.

I firmly believe that one reason that environmental illnesses are not taken more seriously is because it is chiefly women who develop them. Many women experience cognitive and mental health problems along with environmental illness. When they go to the doctor, they may suffer from mental or cognitive impairment, but their behavior actually results from being environmentally ill. Too often, physicians focus on women's mental health symptoms and insultingly recommend psychiatry, when these patients actually need an environmental medicine specialist. When toxicity is treated, mental and physical symptoms can dramatically improve or disappear.

There has been tremendous and hostile resistance to educating doctors on the dangers of environmental illness and toxic mold, generated mainly by the fields of Occupational Medicine, Public Health, Allergy, and Psychiatry. As a new delegate to the Massachusetts Medical Society (MMS), I introduced a resolution calling for increased awareness about

the environmental illnesses and implementation of a one-hour Continuing Medical Education course on Chemical Sensitivity. The resolution received unanimous support after a consensus meeting of five districts-until it was opposed by the Occupational Medicine and Public Health Committee, whose members appear to believe that environmental illnesses are "just" psychiatric. Many MMS members told me they have Chemical Sensitivity symptoms, but fear damaging their careers if they spoke in favor of environmental illness education. In September, I had a discussion with the Occupational Medicine Committee about my resolution. If the resolution passes, I will gain the MMS' support for reversing the national AMA policy on environmental illness.

As a result of my horrific personal experience, I founded the Preventive and Environmental Health Alliance to advance clinical and public awareness of environmental illnesses. I am pleased to have the interest of leadership of the major institutions that need to incorporate changes. We met in October with directors from the National Institutes of Health (NIH) and the AMA for a groundbreaking discussion of the need for bridging research on environmental toxins (especially mold and mycotoxins) to the clinical practice of Environmental Medicine.

Women have to know about the environmental illnesses and the need for change in governmental policies. The AMA needs to change its stance and promote a sanctioned specialty (Environmental and Integrative Medicine) to train doctors to correctly identify these diseases. Insurance companies need

to expand reimbursement for allergy testing, nutritional assessments, and effective treatments. More research is needed at the NIH and elsewhere on detoxification treatments that work, like sauna, intravenous vitamins, oxygen therapy, chelation, immune modification, hormone replacement and antigen therapy.

This is the preventive medicine of the future. If you are concerned about exposure, I encourage you to get involved! Help us to push for Congressional support for environmental health legislation. No one should suffer alone from these conditions. Women suffering from environmental illnesses do not need drugs and condescension; they need referral and information from better-informed doctors! We must insist on being heard; we must help the millions of women, our sisters, who are too ill to help themselves. We must work together and present a unified force to demand a greater focus on this women's health issue, right now. *pha*

About the Author:

Lisa Lavine Nagy

M.D. graduated Magna Cum Laude from The University of Pennsylvania and then from Cornell Medical College in 1986. After a surgical internship she completed Emergency Medicine residency in NYC and practiced in Los Angeles until becoming severely ill (Addison's Disease, Mitochondrial Myopathy, Dysautonomia) - as a result of a complex medical condition known as Chemical Sensitivity or Environmental Illness.

Her story of survival and journey of discovery which led her to determine what had made her have such severe symptoms inspired ABC's 'Nightline' to

interview her this year and many newspapers and magazines to feature her recovery. In her case it was due to toxic mold and in others it is due to pesticide or chemical exposure. She learned about the field of Environmental Medicine and it's focus on finding the causes of disease including genetic, hormonal, nutritional, allergic, and environmental factors.

She is now president of Preventive and Environmental Health Alliance which is a group focused on educating medical students, doctors, the AMA, congress and the public and assists patients to find help nationwide. Listening to physicians and other people who have developed severe Environmental Illness is the first step towards helping the 75 million people in the country with various health issues, including autoimmunity, related to their environments. She was appointed as a delegate to the Massachusetts Medical Society and to the CDC's National Conversation on Chemicals and Public Health. Lisa was also named to a roundtable at NIH on Buildings and Health and just started her own practice called Vineyard Personalized Medicine.

She recently delivered speeches at the Lyme meeting in Toronto (ILADS), University of Pennsylvania Medical School, and the EPA in Boston on diagnosing health effects of mold and chemicals and how to treat them. Her website is www.EnvironmentalMedicineInfo.com or www.lisanagy.com if you would like more information!

Please view a comprehensive lecture presented recently at The Cleveland Clinic at: cchs.net/wellness/grandrounds.asp

“GMO” ... cont'd from pg 2

Antoniou of King's College London School of Medicine in the U.K., and Dr. John Fagan issued a report entitled GMO Myths and Truths. Their findings were decidedly negative, that GMOs:

- ❖ Can be toxic, allergenic or less nutritious than their natural counterparts
- ❖ Are not adequately regulated to ensure safety
- ❖ Do not increase yield potential
- ❖ Do not reduce pesticide use but increase it
- ❖ Create serious problems including herbicide-tolerant superweeds, compromised soil quality, and increased disease susceptibility in crops
- ❖ Have mixed economic effects
- ❖ Harm soil quality, dis-

rupt ecosystems, and reduce biodiversity

- ❖ Do not offer effective solutions to climate change
- ❖ Are as energy-hungry as any other chemically-farmed crops
- ❖ Cannot solve the problem of world hunger but distract from its real causes - poverty, lack of access to food and, increasingly, lack of access to land to grow it on.

Marion Nestle, Professor in the Department of Nutrition, Food Studies, and Public Health at New York University, called this report "the best-researched and most comprehensive review I've seen of the criticisms of GM foods."

The Push to Label

Big players in the organic food industry including Whole Foods, the dairy

collective Organic Valley, Lundberg Family Farms, and Stonyfield Farm, were moved to support labeling when the U.S. Department of Agriculture gave an unrestricted okay to planting a new genetically modified alfalfa which is grown as feed for millions of dairy cows. Trouble is, alfalfa drifts a lot - seeds and pollen do not recognize a fence or property line.

In the past year, lawmakers in about 20 states have introduced bills that would require similar labeling rules. None has become law, according to the National Conference of State Legislatures. The only state that requires GMO labels of any kind is Alaska which requires it for genetically-modified farmed fish. That's in response to a proposal before the Food and Drug Administration to allow sale of salmon that has been genetically modified to grow more quickly than regular

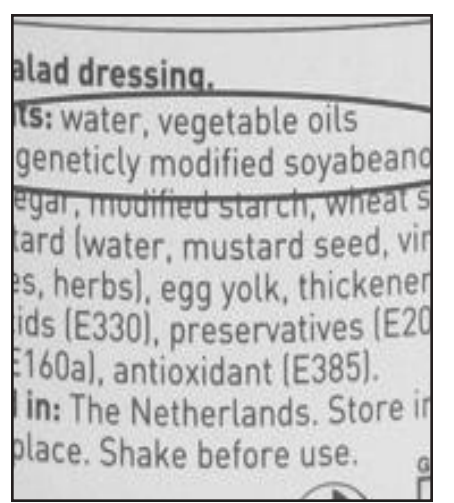
salmon.

The Biotechnology Industry Organization says the push to label GMOs isn't really about labeling; it is about disparaging mainstream agriculture and scaring consumers into paying a premium price for organic products.

Stacy Malkan, media director of the California Right to Know initiative to label GE foods, says the California ballot item is about transparency, the consumers' right to know and to have a choice whether to ingest GMOs. In other words, let the chips fall where they may.

About the Author:

Mary Budinger is an Emmy award-winning journalist who writes about integrative medicine.



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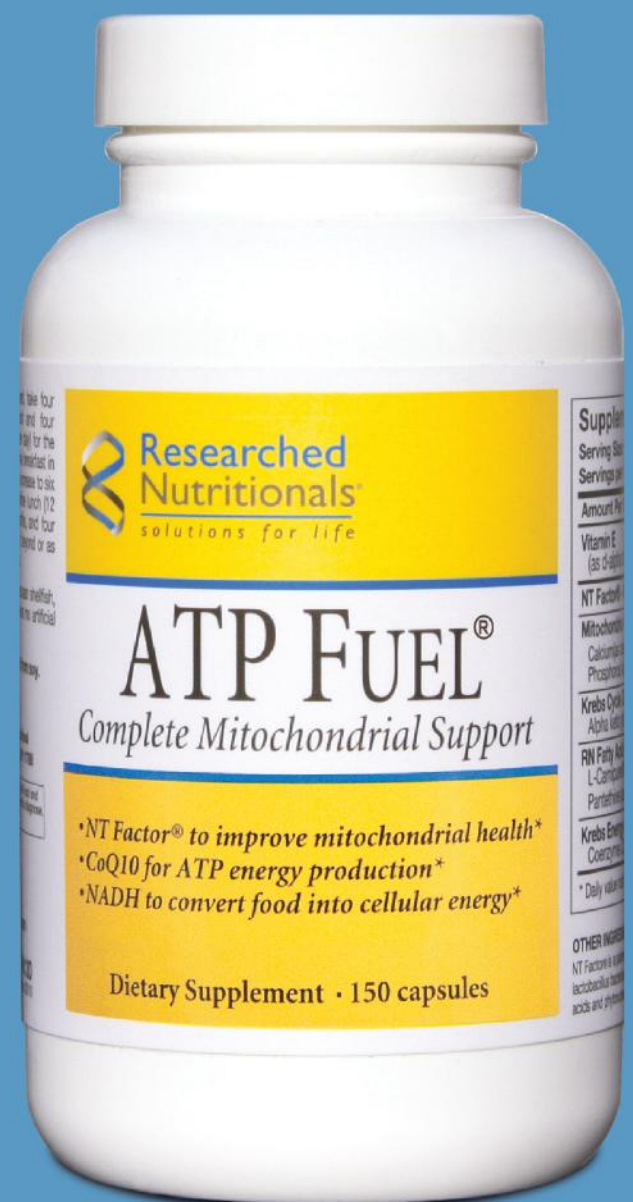
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The owners of NutraMedix have been involved in international Christian ministry since the 1980s. Prior to starting the company in 1993, our Founder and President was a missionary pilot serving tribal groups in Peru. The Kairos Foundation was created in 1995 to fund projects that address both the physical and spiritual needs of people in some of the most disadvantaged areas of the world. The foundation provides ongoing financial support for organizations operating in Africa, Asia, Eastern Europe, North America and South America.



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