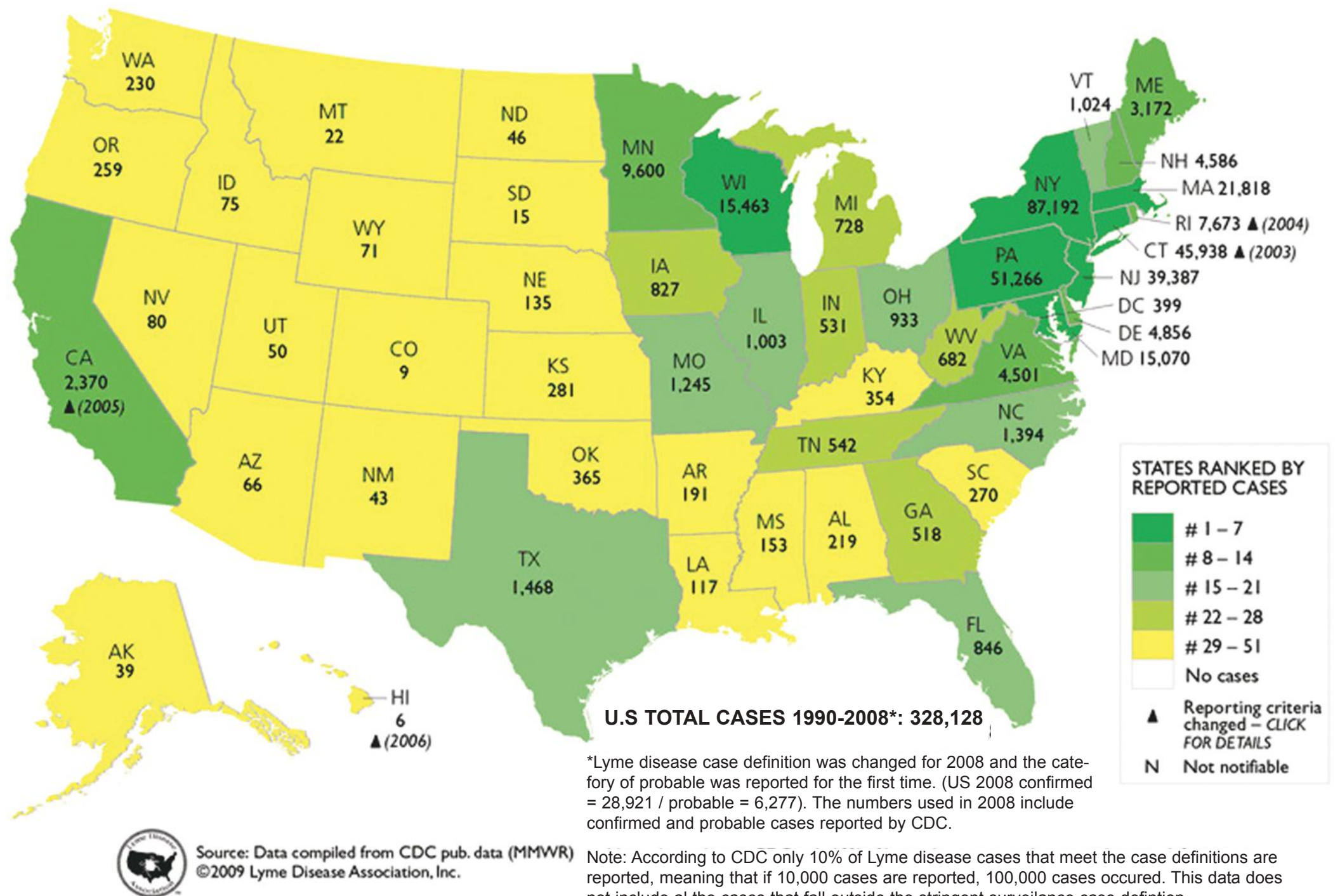


CDC Admits that Estimated Lyme Cases Reported at 30K Per Year is Actually 300K Per Year: Major U.S. Health Issue



Centers for Disease Control & Prevention

Preliminary estimates released by the Centers for Disease Control and Prevention indicate that the number of Americans diagnosed with Lyme disease each year is around 300,000. The preliminary estimates were presented Sunday night in Boston at the 2013 International Conference on Lyme Borreliosis and Other Tick-Borne Diseases.

This early estimate is based on findings from three ongoing CDC studies that use different methods, but all aim to define the approximate number of people diagnosed with Lyme disease each year. The first project analyzes medical claims information for approximately 22 million insured people annually for six years, the second project is based

on a survey of clinical laboratories and the third project analyzes self-reported Lyme disease cases from a survey of the general public. Each year, more than 30,000 cases of Lyme disease are reported to CDC, making it the most commonly reported tick-borne illness in the United States. The new estimate suggests that the total number of people diagnosed with Lyme disease is roughly 10 times higher than the yearly reported number. This new estimate supports studies published in the 1990s indicating that the true number of cases is between 3- and 12-fold higher than the number of reported cases.

"We know that routine surveillance only gives us part of the picture, and that the true number of illnesses is much greater," said Paul Mead, M.D., M.P.H., chief of epidemiology and

surveillance for CDC's Lyme disease program. "This new preliminary estimate confirms that Lyme disease is a tremendous public health problem in the United States, and clearly highlights the urgent need for prevention."

CDC continues to analyze the data in the three studies to refine the estimates and better understand the overall burden of Lyme disease in the United States and will publish finalized estimates when the studies are complete. Efforts are also underway at CDC and by other researchers to identify novel methods to kill ticks and prevent illness in people.

"We know people can prevent tick bites through steps like using repellents and tick checks. Although these measures are effective, they aren't fail-proof and people don't always use

them," said Lyle R. Petersen, M.D., M.P.H., director of CDC's Division of Vector-Borne Diseases. "We need to move to a broader approach to tick reduction, involving entire communities, to combat this public health problem."

This community approach would involve homeowners trying to kill ticks in their own yards, and communities addressing a variety of issues. These issues include rodents that carry the Lyme disease bacteria, deer that play a key role in the ticks' lifecycle, suburban planning, and the interaction between deer, rodents, ticks, and humans. All must be addressed to effectively fight Lyme disease.

Most Lyme disease cases reported to CDC through national surveillance are concentrated heavily in the Northeast and

upper Midwest, with 96 percent of cases in 13 states. Lyme disease is caused by the bacterium *Borrelia burgdorferi* and is transmitted to humans through the bite of infected blacklegged ticks. Typical symptoms include fever, headache, fatigue, and a characteristic skin rash called erythema migrans. If left untreated, infection can spread to joints, the heart, and the nervous system.

CDC recommends people take steps to help prevent Lyme disease and other tickborne diseases:

- ❖ Wear repellent
- ❖ Check for ticks daily
- ❖ Shower soon after being outdoors
- ❖ Call your doctor if you get a fever or rash

For more information on Lyme disease, visit www.cdc.gov/lyme.

LYME DISEASE

NO SMALL THING | BABESIOSIS AND THE BLOOD SUPPLY

Lyme Patients Should Never Donate Blood or Organs



Making Waves



by Jennifer Allton

Questions. There are so many questions that come to mind when thinking about the US Lyme Advocacy project. Are you thinking that this has been done? Are you wondering how this project is different than other things or why we aren't collaborating with one non-profit or an already existing network? Are you feeling discouraged because the steps you've made in the past got you nowhere? Are you feeling too small to make a difference? Let's work backwards and progress our way to the top.

Are you feeling too small to make a difference? Shall we answer this question with a question? What other small things create change? We can't look past the obvious answer of punctuation. A comma, period, exclamation or question marks make a huge impact on the structure of a sentence. If I left even one comma out or failed to use a period, the grammatical integrity of the sentence would not be intact. A question or exclamation mark helps with inflection.

We also can't look past the clear-cut response of children. Children often make a huge impact on the world without even trying. They create fundraisers to help others when there are natural disasters. Sometimes they choose to donate some of their own toys when their preschool floods. They might even draw a picture to cheer someone up. Children are small, but they make a difference.

Lastly, we must include the large impact that insects make. Think about the size of a mosquito. What happens when that mosquito bites you? It almost always leaves a mark. Sometimes in certain people, it leaves a large welt. Sometimes mosquitoes carry disease and those mosquitoes most definitely cause change in people

and in pets. By now, it should be apparent as to where I am heading with the most obvious "little" big changer. The tick. Ticks can be as small as the size of a period, but ticks can carry big diseases. Can small things make a difference? Yes, they can.

What makes this US Lyme Advocacy project different than others? This question really sums up two other questions of hasn't this been done before and feeling discouraged because the things you've tried in the past have gotten you nowhere. US Lyme Advocacy project is about the collaboration of many different sources. It's about taking small (there's that word small again) steps to make progress.

There may not be any noticeable change at first, but over time change takes place. A familiar process is watching a child grow. A baby is born and every day a transformation happens. Those that are close to the child on a daily basis may not realize all of the differences, but those who live further away and only see the child on an occasional holiday will make comments about how much the child has grown.

When I look back and remember where North Carolina was in 2007, I realize we have made great strides. Those steps may not be as impactful as we desire, but do not doubt that we are further down the road of awareness than we were six years ago. We took many of the same steps over again. Repetition is the key to our process and progress. It is the same with treating Lyme Disease. Sometimes a treatment will not work because of certain variables in play, but if you try them again a few years down the road the same treatment may create change in your body.

The same goes with awareness and advocacy campaigns. In 2007, a letter campaign may not have worked. With the addition of several other elements, a letter campaign may prove to be the catalyst for further change now. The difference of this project and others are that we are individuals banding together for a common goal. We are not a formal organization. We are simply the small things that want create an impact with the United States when it comes to Lyme Awareness. We are the ripple effect.

Individually, we are each one

tiny pebble being tossed into the puddle of life and watching that ripple make changes.

You may wonder why we aren't just stepping into an already existing network or working with one non-profit. One of the things that will make US Lyme Advocacy special is that we plan to work with many non-profit organizations. USLA was created out of the need to collaborate with one another in order to raise awareness through the entire United States. Ultimately, our goal is to work with a variety of organizations, existing networks and support groups throughout each state. Each state will have an official leader. We have already collected 25 leaders to head up each state. Some leaders may find the work too challenging and may step aside to allow others to take their place while others may flourish in this type of a setting.

There will be three parts of each state's Lyme Advocacy project. Upon receiving a volunteer for a state, the first thing to create is the website. The website is going to be used to collaborate information, generate word to the public and also a helpful tool to those whom are not on social networks. Our objective will be to provide information to people regarding support groups all over the state without having to go to a variety of different locations to find this information. As word spreads of each state's existence, our hope is that the leaders of support group will contact us to let us know of their monthly meetings. Then our leaders will communicate with those support group leaders monthly to find out the exact time and location of the next meeting.

An example of this can be found at NC Lyme Advocacy (<http://www.nclymeadvocacy.com>). NC Lyme Advocacy was the first to be created and it was created out of the need to share a letter campaign to the Lyme community that were not on social networks. In addition to the support group information, the websites will be utilized for announcing events that are being sponsored by a variety of groups, non-profits and individuals. We will share the contact information for those events. These events may include question and answers from doctors, documentary screenings, Lyme awareness campaigns or other important events going

on in the community regarding Lyme Disease. Lyme patients had to go to a variety of different sources to find this kind of information prior to the NC Lyme Advocacy project beginning in January. Now they can go to NCLA and find support groups, events and other information.

The second part of each state's Lyme Advocacy project is the Facebook Group. There are many FB support groups, but under the US Lyme Advocacy umbrella it is our hope that these groups will become a round table for discussion and brain storming for creating awareness in each individual state. These groups are meant for Lyme patients (and sometimes spouses and parents) for their own individual states. Patients that want to work together to create awareness and advocacy will work together in their closed group setting along with US Lyme Advocacy to create change and unite our voices.

Members will be able to discuss upcoming projects, either created individually or by different non-profit organizations. Members will also be able to volunteer their time for different event projects going on in their state and even create those events. This group is to be used as a private place to discuss these important issues.

The third part of the US Lyme Advocacy state projects are the FB Pages. Many states have not gotten the third part off the ground yet. This project is a process. However, the FB Page will be a public FB place for awareness. The leaders will be able to post things there that they may not want permanently on the website. For example, this may be where many links are posted. The Lyme Leader of each state will be the moderator of this page. The page will also be a way for people to reach out to the leader without having to directly message them on their FB page which will protect their privacy.

Feeling discouraged? Feeling too small to make a difference? Think it's been tried before and what makes this attempt different? We hope not. Come join our project at US Lyme Advocacy. Ask not what we can do for you, but what you can do for US. Visit us at: <http://uslymeadvocacy.wordpress.com>

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 Wild
Asst. Advertising Mgr: Tami Conner
Editorial Calendar Manager:
Linda Heming
Dottie Ianni
Distribution: Randi Dumont

Contributors:

Tina J. Garcia, Mary Budinger, Laura Wild, 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:

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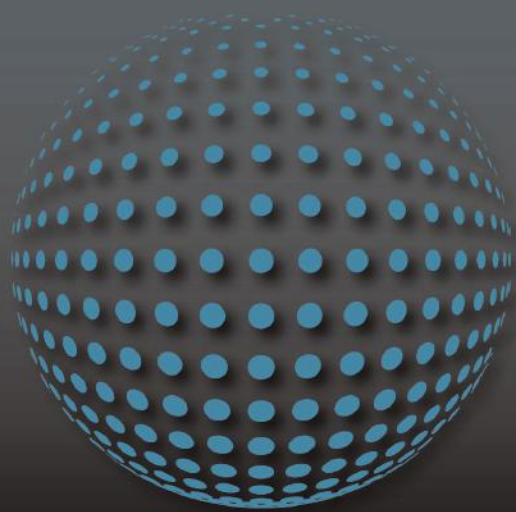
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Deanna Struggles with Lyme Disease

by Judith Weeg, LDUC

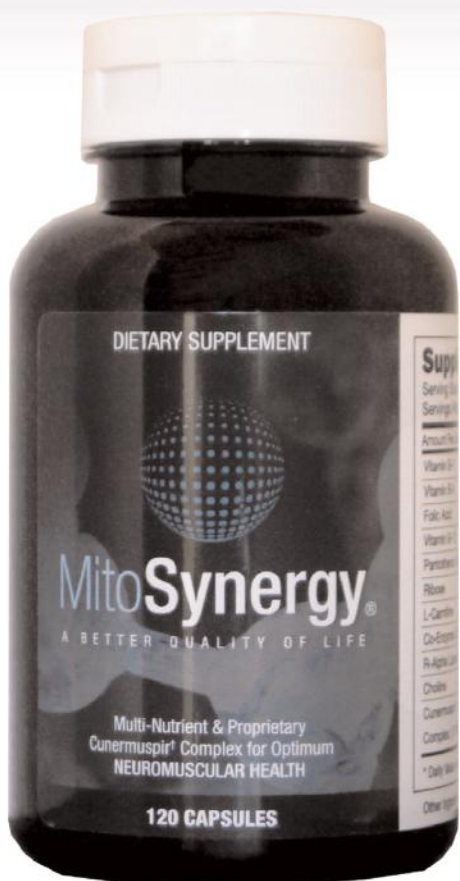
Deanna is bedridden much of the time with a Pic line connected to her heart 24/7. Her debilitating journey began in 2010 and took her through 83 doctors and 12 hospitals. She experienced all the incompetent handling and disrespect that one can expect for a Lyme patient in today's medical practices, until she met her current LLMD. "Cancer 12 years ago was a walk in the park," she jokes when she can breathe enough to talk. Her primary diagnosis includes Borrelia, Babesia, Bartonella and Mycoplasma. Due to an unfortunate genetic predisposition, her metal

and toxin build-ups are severe, and none of the detoxification protocols attempted seems to keep up. Most importantly, her white blood cell count crashes so rapidly with each and every antibiotic treatment that the doctor has to stop the procedure before getting the desired benefits. Sadly, this causes her treatment to linger on and on, to the point where she fears she'll be running out of funding before reaching the only hopeful light at the end of the tunnel... remission. Her mission, if she lives long enough, is to educate others on prevention of Chronic Lyme Disease and save them from this ordeal.



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The CDC, Lyme Disease & the Almighty Dollar



by DR. Wiseass

My fellow sickos....it has begun.

Monday, August 19, 2013 may go down as a historical day for Lyme disease as the CDC made an important announcement that was decades in the making. Although the CDC has "suspected" that the Lyme disease transmission rates were 10x higher than being reported, it took them several years (DECADES, actually) to make an "official" admission that their previous annual reports touting a mere 20,000-30,000 incidences of Lyme disease per year have been WRONG. The CDC finally admits that approximately 300,000 US citizens are contracting Lyme disease EACH YEAR. (And please note that number does not reflect the number of citizens that continue to suffer with the disease each year thereafter...)

While this news is a breath of fresh air for some, since the truth generally smells much better than a steaming pile of bull&*&# - there are some of us - call us cynics, realists, or just paranoid nuts - who realize there must be some REASON for this self-important governmental bureaucracy to finally make this admission NOW.

Of course, for the cynics, realists, & paranoid nuts, the answer to this mystery lies more with the Almighty Dollar than with the CDC's quest for truth.

Wanting a greater understanding behind this sudden urge to fess up, I donned my reading glasses so I might read the small print of the CDC's Press Release when I discovered this new estimate was presented the night before at

the 2013 International Conference on Lyme Borreliosis & Other Tick-Borne Diseases held in Boston.

Naturally, curiosity got the better of me so I stopped reading said Press Release and proceeded to the conference website to see what nuggets of information I might unearth. And voila! It was so easy. Right there in the conference's agenda was the evidence that reinforced my initial cynical idea that the CDC's new data was provided as the precursor to the eventual announcement of another attempt at a Lyme vaccine. Yep! You heard it here. According to the Session 5 agenda, a presenter from Vienna, Austria was scheduled to present information about the Phase I & II Clinical Trials of "a Novel Multivalent OspA Vaccine against Lyme Borreliosis in Healthy Adults" blah blah blah. Wow. I can practically smell money at this point.

Then, to confirm my additional suspicions, I scurried on over to the faculty section of the conference's website where I noticed some familiar names. Names such as Durland Fish, Linda Bockenstedt, Allen Steere, Raymond Dattwyler, Stephen Dumler, John Halperin, & Gary Wormser made my arm pits all slimy for such a list is practically THE Who's Who of IDSA assholes who authored the infamous, illiterate, & insipid IDSA guidelines of 2007. Certainly, there were many other faculty and participants at this conference, most likely Yale & IDSA cronies, but it was those long familiar names - those whose misguided information that have caused so many patients to be misdiagnosed, mistreated, undertreated, or all - who left such a foul taste in my mouth that I was almost certain my tongue had begun to grow a fine, putrid mold.

In all fairness, there was one recognizable ILADS physician (ILADS = "the good guys") on the conference faculty list, Dr. Brian

Fallon. Granted, additional ILADS physicians might have been a part of the conference faculty, or even have been part of the presenters; but I'm a blogger, not a journalist, so I wasn't about to research and cross-reference every name on the list because damnit, I'm sick and tired and busy, and besides, I'm not getting paid to write this drive! Yet noticing Dr. Fallon's name amidst the aforementioned names caused me to realize what a brave soul Dr. Fallon must be to be surrounded by such pure evil, and in a confined location no less!

After realizing I had gleaned as much useful information I could possibly stomach from the conference site, I returned to the CDC's website where I found a previous Health Advisory issued back on June 12, 2013 which announced a nationwide shortage on doxycycline, THE 'go-to' drug recom-



mended by the good ol' CDC as the prophylaxis for Lyme disease - with no alternative drug being offered as "effective". Wow...again. Those in the literary community might refer to such information as foreshadowing.

For the innocent and naïve, let me summarize:

❖ In June 2013, the CDC announces: "OMG. There's a shortage on doxycycline! And there's really nothing else that will be as effective. Gee whiz. What will happen? I wonder if there will be panic in the streets?"

❖ On August 19, 2013, the CDC announces: "Well we goofed! We suddenly realize that our previous estimates of Lyme disease diagnoses were wrong, mostly because we've only been legitimizing statistics based on our own



In June 2013 the CDC announces a shortage of Doxycycline, the primary drug used to treat Lyme.

very faulty & problematic surveillance criteria. But now, we're ready to admit - it's actually at least 10x MORE! That's a helluva bigass number, and although we don't want to come out and actually SAY it, we think the general public should be scared spitless. Also, did you hear there's a shortage of doxy, the #1 Lyme treatment?"

❖ On August 20, 2013, a speaker at the 2013 International Conference on Lyme Borreliosis and Other Tick-Borne

Diseases presents information about a potential upcoming vaccine: "Greetings fellow greedy bastards - we are about to be rolling in the Almighty Dollar because of all the knowledge we've stifled -- all at the monetary & health expense of thousands upon thousands of patients; and because of all the research we've secretly collaborated on. Of course, this is based upon the assumption that

the vaccine doesn't make healthy people morbidly ill or dead...you know, like the 1st vaccine did!" (said with an Austrian accent, of course)

Admittedly, these are not direct quotes from any individual in any official capacity because these remarks are much too clear and concise.

And yes, I DO hear some of you thinking that dear ol' DR. Wiseass must certainly be swimming in cynicism and paranoia. Maybe so. But I'm still a damn realist. And I'd bet my bottom dollar (if I had one) that all the brouhaha and controversy surrounding the topic of chronic Lyme disease is, and always has been, about the Almighty Dollar! Do I hear an "Amen"?!!

Stayed tuned for more...

Hugs & Kisses,

DR. Wiseass

~NOT a real doc, just a real wise ASS! *pha*



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Lyme, Depression & Suicide

by Robert C. Bransfield, MD

In the late 1970s, 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 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 stage 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

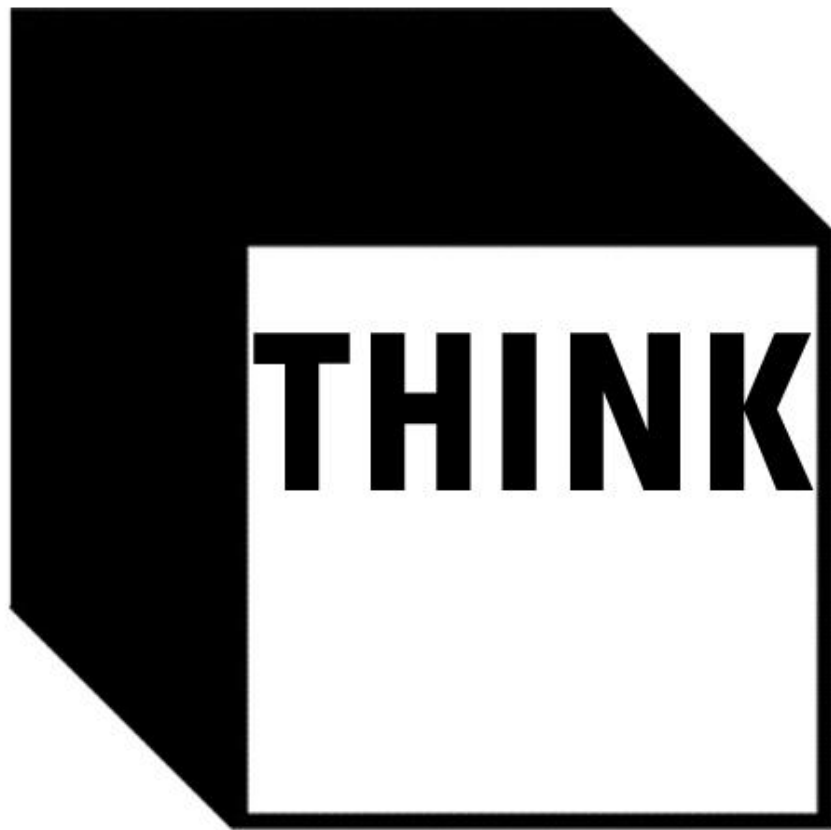
gradually when suicidal or homicidal tendencies are part of the illness.

Although I have discussed the significance of depression and suicide associated with Lyme disease, I would like to emphasize that 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 neuroendocrine 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.

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- Chronic Fatigue
- Lupus
- Scleroderma
- Cancer
- Fibromyalgia
- Bacterial Infections
- Viral Infections
- Fungal Infections
- Toxicities
- MS & Parkinsons
- Arthritis
- Skin Disease
- Cardiovascular disease
- Allergies
- Chronic Pain
- Hypoglycemia
- Diabetes
- Diseases of unknown origin

Sierra Integrative Medical Center optimizes health service by drawing from all schools of medicine. We utilize scientifically proven conventional treatments in combination with alternative therapies that are designed to strengthen the body so it can heal itself.

Our services are designed to provide a holistic healing approach with a broad range of healing modalities, including but not limited to: homeopathy, natural & biological medicine, nutritional therapies, orthomolecular integration & neurotherapy.

We emphasize preventative protocols, so as to avoid recurrence and the development of new problems.

We are always open to accomodating patients. If you have a specific request, please contact us to discuss your health treatment or health protection plan.

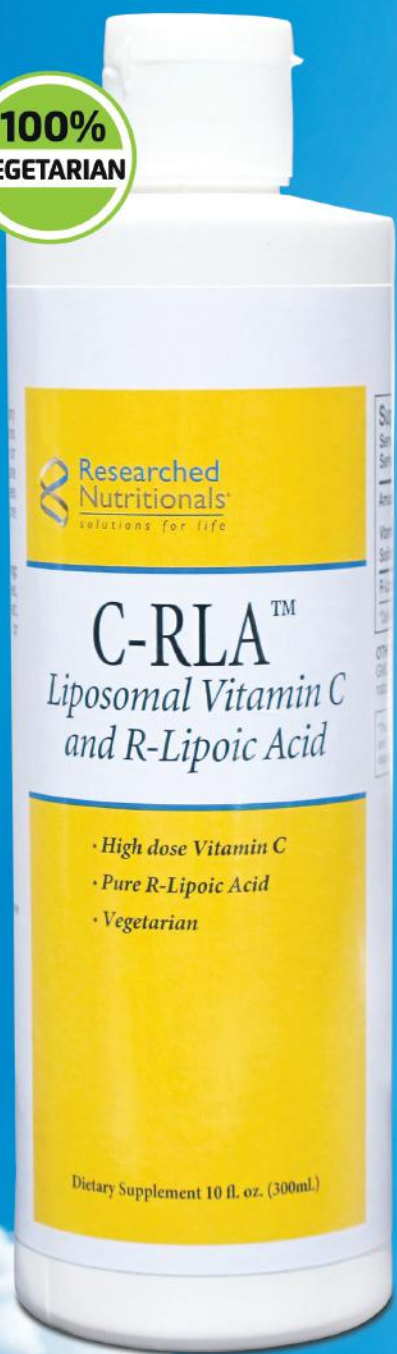
Danella Carpenter: Lyme Disease

"After 4 months of antibiotic treatments and my health declining, my doctor agreed that we should take another course of action. It was then when we came across Sierra Integrative Medical Center and we knew this was the better way to go with a more holistic approach. The natural form of treatment the clinic used made logical sense to me. They are able to spend the adequate amount of detailed time with each patient, and heal the body as a whole, not just the symptoms and not just the Lyme. Now, I feel better than I have in years. I have energy and my body continues to feel stronger each day!"

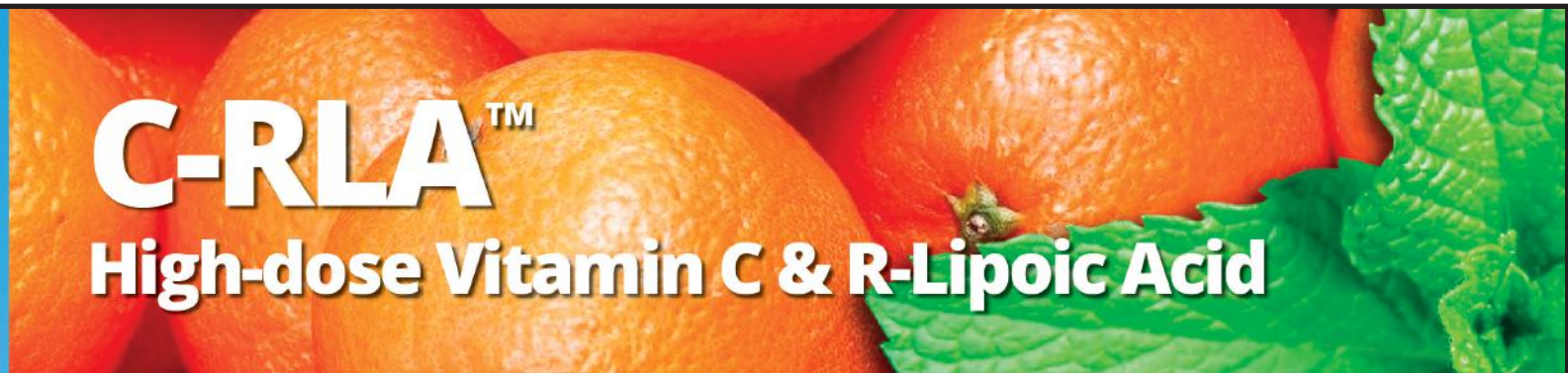


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VEGETARIAN**



GMO-Free!



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LIPOSOMAL DELIVERY SYSTEM

C-RLA™ offers doctors and their patients a safe, efficacious delivery system of High Dose Vitamin C and R-Lipoic Acid in one formulation. Each serving contains 1500mg of Vitamin C and 70mg of R-Lipoic Acid in a natural (GMO-free) liposomal preparation.

OPTIMIZED VITAMIN C ABSORPTION

As most oral Vitamin C doses above 250mg are very poorly absorbed, the most effective high dose oral delivery system is via liposomes from natural phosphatidyl choline.* Many doctors may choose to supplement in-office Vitamin C drips with C-RLA™ so the patients continue to receive the benefit of high-dose Vitamin C without stomach distress.*

R-LIPOIC ACID—ENERGY & ANTIOXIDANT SUPPORT

Lipoic acid helps protect against oxidative stress.* The “R” form is the biologically active component (native to the body) and is the preferred form for optimal nutritional support and absorption.* The “S” form is produced from a chemical manufacturing process and is not as biologically active. Typical alpha-lipoic acid supplements consist of the “R” and “S” form in a 50/50 ratio, offering the patient only 50% of the active “R” form. R-Lipoic Acid’s mitochondrial (energy) support is based on its role as an essential cofactor for several mitochondrial enzyme complexes that catalyze critical reactions related to cellular energy production.*

R-Lipoic Acid’s antioxidant role is related to its ability to promote healthy glutathione levels, regeneration of other antioxidants (including C, E & glutathione) and support the body’s goal of managing reactive oxygen species (ROS).*

SOY-FREE , GMO-FREE & VEGETARIAN

Our liposomes are derived from GMO-free sunflower oil so it is a natural product for patients with soy sensitivities. This product is 100% vegetarian.

JOSEPH BURRASCANO JR., MD

“R-lipoic acid is a valuable supplement for many of my patients. Including it with high-dose Vitamin C and putting it in a liposomal delivery system promotes efficacious delivery of the nutrients. Now that this is available from Researched Nutritionals, I can be confident in recommending a superior quality product.”



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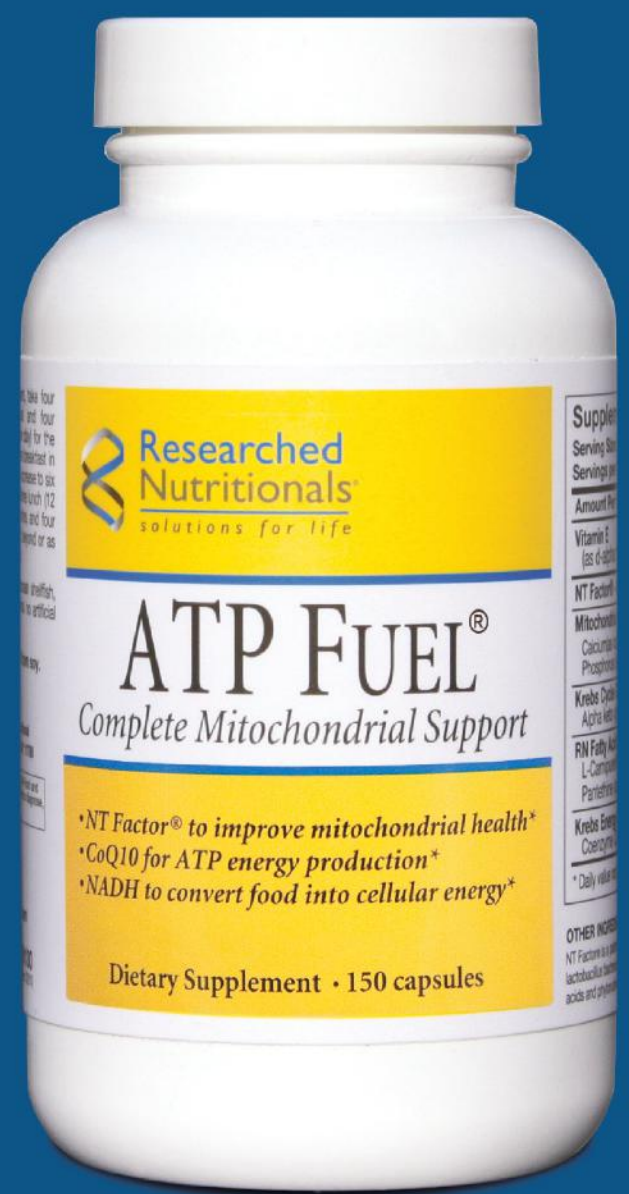
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