

PUBLIC HEALTH ALERT

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Investigating Lyme Disease & Chronic Illnesses in the USA

June 2007

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Biotoxin Pathway Holds Key Pieces of Puzzle in Solving Chronic Illness

by Scott Forsgren

Chronic illnesses often seem like complex puzzles where it quickly becomes evident that many of the pieces are missing. No matter how hard we try to understand exactly what is causing us to be ill, a full understanding seems to often be evasive. The work of Ritchie C. Shoemaker, MD provides us many more pieces of that puzzle and sheds brighter light on understanding the complex nature of chronic illness.

For those struggling with Lyme disease or other chronic illnesses, understanding the numerous impacts of biotoxins, toxic substances produced by living organisms, may be the key to an improved state of health and well-being. I recently had the opportunity to sit down and discuss this exciting area of research with Dr. Shoemaker. I truly believe that the

impact of his work in the field of biotoxin-associated illness is only just beginning to be realized.

Fortunately, we can benefit from understanding it today.

Symptoms of biotoxin-associated illnesses may include fatigue, cognitive issues including memory loss, muscle aches and pains, joint pain, headaches, blurred vision, light sensitivity, shortness of breath and other respiratory problems, excessive thirst, sleep disorders, weight gain, and



Ritchie C. Shoemaker, MD

more. Often times, people with chronic illnesses have symptoms involving multiple body systems.

"Biotoxins" cont'd on pg 10

Clinical Study Tests Herbal Protocol for Treatment of Chronic Lyme

Protocol Interests Doctors and Lyme Patients Seeking Alternatives to Antibiotics

There is a clinical trial underway to test the effectiveness of specific herbal protocols in the treatment of Lyme disease. Herbs under scrutiny are Samento, Cumanda and Burbur. Lyme-literate physicians and study director discuss the protocol's success. Study interests doctors and Lyme patients seeking successful alternatives to the use of orthodox antibiotics.

Asheville, NC (PRWEB)

A year-long clinical study is underway to test the effectiveness of an herbal protocol in the treatment of Chronic Lyme disease. Samento, Cumanda and Burbur are under scrutiny, herbs that have long been used in South America in the treatment of malaria and other serious diseases. Study results are encouraging to Lyme experts and patients seeking safe alternatives to conventional medicine.

According to the study director, pharmacist Philip Kielman of the Netherlands, the twelve-week preliminary report shows a sixty five percent reduction in

symptoms in the treatment group, and a twenty percent reduction in symptoms in the placebo group. "I think that's great," says Kielman, noting that conventional pharmaceutical drugs are often approved with a treatment group success rate of only thirty percent.

Physician and medical researcher Wm. Lee Cowden uses Samento to treat patients diagnosed with Lyme disease, and has refined his protocol by adding Cumanda, Burbur and other herbs. Dr. Cowden says the herbs used in his protocol are available through Nutramedix, which imports them directly from Peru to the US and the UK. Jean Reist, RN, of Pennsylvania, recommends that her patients who have been diagnosed with Lyme use Burbur to encourage lymph drainage, which, she explains, is "critical for healing from Lyme disease." Dr Andrew Wright of the UK, has used Samento to treat over five hundred patients diagnosed with Chronic Lyme disease. "Samento is safe and well-tolerated in most

patients," he says.

For additional information about the use of herbal protocols in the treatment of Lyme disease, visit:

http://www.lyme-disease-research-database.com/lyme_disease_research_press.html. Access to up-to-date news from experts on Lyme disease is available immediately.

About Lyme Disease Research Database (LDRD): (<http://www.lyme-disease-research-database.com>): LDRD offers two tiers of service. 1) Free basic information about the disease for visitors to the web site, 2) Membership to the website. Members gain access to conversations with experts, a unique audio interview series in which Lyme disease experts discuss all aspects of the illness, including diagnosis, prevention and treatment. Private health and wellness advocates have been gathering information on conventional and integrative approaches to heal from Lyme disease since 2005. *pha*

Through the Gates and Into All the World...

by Dawn Irons



My family and I recently took a vacation to St. Louis, Missouri. My son and I are extreme history buffs! So to be in the very

area where the Louis and Clark Expedition started was quite the highlight of our vacation.

So many things stirred in my mind while on vacation. I had time to stop all my work. I did not check even one email, or answer any business calls. This was a time for rest and relaxation, time to visit with friends, and to DREAM.

It was not until I took a vacation that I realized somewhere along the way I stopped dreaming. Life has become filled with the tyranny of the urgent, and dreams have no place there. Every now and then, I feel that still small voice whisper in my ear, "Dream a BIG dream!"...And before I have time to remember what it was I used to dream about, it seems life is coming at me like a MAC truck. So this vacation was a time to tell the "tyranny of the urgent" that it was time for it to WAIT. I was on vacation!

I hit St. Louis with the intent to relax and dream again. One of the places on our vacation agenda was to visit the St. Louis Gateway Arch. Remember, my son and I are history buffs! We walked along side the Mississippi River. Did you know it really is muddy looking!?! Thoughts of Louis and Clark filled my imagination to know that they followed this same path-the very explorers that opened up this country to a whole new life through the westward expansion of the United States. They dreamed a big dream against impossible odds.

As we headed toward the Arch to get tickets to go to the top, we had to climb a gazillion steps that would have made Rocky faint! Up until that time, I almost forgot my body is fighting borrelia spirochetes in every bone, joint and muscle of my body! In that

moment I dreamed that I could have been an Olympic athlete! But alas, it was just me and my valiant fight against Lyme disease. But stubbornly I climbed those steps and desperately wished for a wheel chair at the top! With determination, and fighting through the pain, I made it to the top!

My family loaded into an



egg shaped pod and rode to the top of the Gateway Arch. That is an experience I will not soon forget. It was there, as I looked to the east and then to the west from atop this 630-foot monument where I sensed that still small voice again...only this time it said, "Dream the IMPOSSIBLE DREAM!"

As I looked eastward, I thought of how highly epidemic the region before me was with regards to Lyme disease. As I looked westward, I couldn't help but believe that region was in just as severe of a peril of the fastest growing infectious disease in this country as the east...it's just the information in medical textbooks of antiquity, that are still quoted today in medical schools across this country, say Lyme disease is an "east coast" disease. (Be sure and read David Kocurek's article in this issue called Entrenched Dogma.)

I am writing this on the

heels of finding out that one of the leading Lyme advocates in Texas passed away this week. You can be certain we will cover this more fully as more information is brought our way. This is a tragic and needless loss for anyone to die from this disease. When I see someone lose their life because of sub-standard medical care and insurance companies who fight treatment at every corner, it makes my blood boil.

In my opinion, the Infectious Disease Society of America (IDSA) should be brought up on charges for crimes against humanity. Thankfully, the Attorney General of Connecticut is investigating their 2006 diagnostic and treatment guidelines for Lyme due to the potential violation of anti-trust laws by preventing any other form of treatment other than the one endorse. Do we really need to mention their financial and investment interests in the vaccine they have patented, which will benefit them financially from those very guidelines for treatment and diagnosing

Lyme? No, I dare not go there....

Back to the Arch...I am beginning to feel much like historical predecessors must have felt when they looked westward from St. Louis, Missouri. I stood there at the top of the Arch with urgency, almost like a missionary being called to service on a mission field. I looked west through the Gateway Arch and knew there is a westward expansion of Lyme-literate knowledge that must make its way westward...far from the "east coast disease" myth. Unfortunately, some of those early pioneers lost their lives on the journey west...but oh, how valuable their work for the cause was to the rest of the world!

In 2007, in the USA, it is just not acceptable that anyone should have to die while fighting to get thorough and extensive treatment for Chronic Lyme when the evidence-based studies show time and time again that long term

"Gates"...cont'd on pg 3

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 nation wide support group leaders. These groups include the chronic illnesses of Multiple Sclerosis, Lou Gherig'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 attention. We seek to make sure that anyone struggling with these diseases has proper support emotionally, physically, spiritually and medically.

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

“Gates” ...cont'd from pg 2

antibiotic treatment is beneficial to patients who did not get cured with the 14-28 days of oral antibiotic treatment.

Just as Lewis and Clark did before me with their mission to go west, I am going to take my mission for Lyme-literate medical care through those gates and into all the world. With the help of other faithful pioneers in this endeavor, we will see Lyme-literate knowledge and medical practice spread through out the west.

Who wants to help? We have a platform here at the PHA for LLMDs to share their work and research. We have a place for patient stories. We want to hear legislative news from ALL the states that are battling this issue legislatively.

We have a new column called *Teen Perspectives* uniquely for TEENS to share their views and health concerns, lyme or otherwise.

We have a column available for people who want to share how their faith helps them get through their chronic illness. This



Will you dream the impossible dream? Join us at the PHA and help spread Lyme-literate news across the nation. Get support groups in every state to help distribute the paper to medical providers and legislators. We can do this one step at a time.

column is called *The Faith Factor*.

Laura Zeller has a column called *SOS: Sharing our Stories* where she relates patient stories.

We have a new section called *Medical Perspectives* for LLMDs to write about their experiences with diagnosing and treating Lyme. This is open to other chronic illness physicians as well.

We've got a new frontier in front of us. We just need pioneers to lead the way.

And that is how the west was won.
pha

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Teen Perspectives...

by Laura Ashley Irons

The Devastation of Eating Disorders



Hello my name is Laura Irons and I am writing a teen interest column about the many health problems that threaten teens.

There are many other teens, like myself, who encounter various health issues among our peers, and our own health issues as well, that hopefully I can get several guest writers for this Teen Perspective column. If you have ideas you would like to see discussed, or you would like to write a guest column e-mail Dawn Irons at editor@publichealthalert.com with "Teen Perspective" in the subject line.

My first column is going to be about eating disorders. Some people are constantly overeating, called Binge eating, and some people don't eat for days, called Anorexia, and some people eat, but only to throw up later, called Bulimia.

Many girls suffer from these eating disorders for several reasons including bad self-image, low self-esteem, and peer pressure. Any of these reasons can cause an eating disorder as well as many

other things.

Binge eating is different from normal appetite increases or overeating from time to time. People with a binge eating problem consume unusually large amounts of food on a regular basis. They often eat quickly, and they don't stop eating when they become full. It's a newly recognized condition that affects millions of people worldwide.

People with this disorder eat constantly what others would consider an abnormally large amount of food. They feel they have no control over what they eat or how much. Afterwards they usually feel disgusted with themselves and depressed. Binge eating is slightly more common with women, with 3 women affected for every 2 men.

The causes of a binge eating disorder are still unknown. Up to half of all people with binge eating disorders have a history of depression. Whether depression is a cause or the effect of binge eating disorders is still unclear. It may be unrelated. Many people report that anger, sadness, boredom, anxiety or other negative emotions can trigger a binge episode. Impulsive behavior and

certain other psychological problems may be more common in people with binge eating disorders.

Binge eating can also lead to Diabetes, high blood pressure, heart attacks, heart failure, and certain types of cancer. People with binge eating disorders are extremely distressed by their binge eating. Most have tried to control it on their own but have not succeeded for very long. Some people miss work, school, or social activities to binge eat. Obese people with binge eating disorders often feel bad about themselves, are preoccupied with their appearance, and may avoid social gatherings. Most feel ashamed and try to hide their problem. Often they are so successful that close family members and friends don't know they binge eat.

Several studies have found that people with binge eating disorders may find it harder than other people to stay in weight loss treatment. Binge eaters also may be more likely to regain weight quickly. For these reasons, people with the disorder may require treatment that focuses on their binge eating before they try to lose weight. Even those who are not overweight are frequently dis-

tressed by their binge eating and may benefit from treatment.

Several methods are being used to treat binge eating disorder. Cognitive-behavioral therapy teaches patients techniques to monitor and change their eating habits as well as to change the way they respond to difficult situations. Interpersonal psychotherapy helps people examine their relationships with friends and family and to make changes in problem areas. Treatment with medications such as antidepressants may be helpful for some individuals. Self-help groups also may be a source of support. Researchers are still trying to determine which method or combination of methods is the most effective in controlling binge eating disorders.

Binge eating is also found in the eating disorder called Bulimia Nervosa. A person with bulimia usually has an episode of binge eating followed by the purging methods he/she has come up with to prevent weight gain. The bulimic person attempts to rid the body of the food by purging. Purging takes the form of self-induced vomiting, the use of diuretics (water pills), or the heavy *"Eating Disorders" ...cont'd pg 15*

Diving Deep for a Cure: Part 1

The Use of Hyperbaric Oxygen in Lyme Disease Treatment

by Laura Zeller



Hyperbaric Oxygen Therapy (HBO) is an approved medical therapy that is commonly used to treat conditions such as decompression sickness, diabetic or non-healing wounds, and carbon monoxide poisoning. It is also used experimentally for traumatic brain injury, stroke, cerebral palsy, burns, Autism, Multiple Sclerosis and Lyme disease. SCUBA divers frequently use hyperbaric chambers for decompression sickness commonly known as the bends, associated with deep-sea exploration.

Hyperbaric chambers and hyperbaric oxygen therapy have been in use for centuries, dating back to as early as 1662. However, hyperbaric oxygen therapy has been used clinically since the mid 1800's. HBO was tested and developed by the U.S. Military after World War I. HBO is the delivery of a drug "oxygen" under pressure, and is currently considered one of the safest medical therapies in health care.

The use of HBO as a treatment for Lyme disease is relatively new, yet seems to be showing promise. I would like to provide a brief introduction to the various types of HBO treatments available, followed by my personal experience with HBO. Since increasing numbers of patients appear to be seeking out alternatives to antibiotics, my intention is to provide Lyme patients with another viable option in their treatment plan.

Although HBO is labeled as "experimental" by much of the medical community for the treatment of Lyme disease, it is becoming increasingly popular. William Fife, Ph. D., a Hyperbaric Medicine specialist at Texas A&M University, helped establish the Lyme disease protocols for HBO. The basic principle is that by exposing the entire body to 100% pure oxygen, under pressure, the Lyme disease bacteria (*Borrelia burgdorferi*) will be destroyed. HBO offers a strong alternative to traditional antibiotic therapy, as well as a powerful adjunctive therapy.

Normally, the earth's atmosphere exerts approximately 15 pounds per square inch of pres-

sure (psi) at sea level. In hyperbaric medicine, the pressure at the earth's surface is defined as 1 atmosphere absolute (1ATA). Human beings breathe about 80% nitrogen, and 20% oxygen. During HBO, the atmospheric pressure doubles to 2 atmospheres absolute (2ATA), while breathing 100% pure oxygen. The increase in oxygen, combined with the increase in atmospheric pressure allows significant physiological changes to take place in the body.

As the oxygen penetrates deep into the blood plasma and tissues, it stimulates the formation of new blood vessels, increases circulation to existing blood vessels,

and helps those with decreased circulation heal. Most importantly for Lyme disease treatment is the potential for HBO to increase the effectiveness of antibiotics. As documented by Dr. Glen Burkland in a "Retrospective Review of Lyme Patients who received Hyperbaric Oxygen," *Borrelia burgdorferi* cannot survive in an oxygen-rich environment because it is a facultative anaerobe. HBO therapy increases the amount of oxygen in the body, which in turn causes spirochetes to die. When combined with HBO, the effectiveness of antibiotics to kill the Lyme organism is increased as the medication is pushed deep into the body, attacking the spirochetes.

When a patient is pressur-

ized in a hyperbaric chamber, the forces acting on the body are quite similar to diving under the ocean. Patients who are undergoing HBO experience "diving" much the same way as SCUBA divers do. The beginning of an HBO treatment starts with pressurization, or going down. Once the chamber is pressurized to the desired depth, the patient remains "at pressure" for 60-90 minutes. It is common to take a five minute "air break" to avoid oxygen toxicity and breathing compressed air through a special mask inside the chamber. The final phase of an HBO treatment is depressurization, or coming up.



Photo printed with permission from Sechrist.

There are three basic types of HBO chambers, all which I have experience with. The first is a single person, or monoplace chamber. A monoplace chamber looks like a large capsule, with a control panel on the outside for the hyperbaric technician. Monoplace chambers are capable of "diving" to pressures of 3.0 ATA. A single patient lies on a moving stretcher as the entire body is exposed to 100% pure oxygen. Monoplace chambers appear to be the best chambers for chronic Lyme disease patients because 100% pure oxygen is pushed in through the skin, where spirochetes like to hide out.

The second type of hyperbaric chamber is called a multiplace (multiple person) chamber.

Multiplace chambers are common in hospitals and clinics because they can accommodate up to 12 people, depending on chamber size. Treatment in a multiplace chamber requires that you wear a plastic hood over your head and breathe oxygen through vents in the hood. Multiplace chambers are a good choice for parents and children, or for those patients who need a nurse to accompany them in the chamber.

The third type of chamber is called the mild hyperbaric chamber. Mild chambers are basically inflatable heavy plastic cocoons. Mild chambers require no supervision from medical professionals, and can be done at any time in your own home. Mild chambers cost about \$15,000 for a used chamber, and are only capable of "diving" to the equivalent of about 10 feet below the ocean surface while breathing compressed room air. Although mild chambers may help boost the immune system, they do not have the ability to dive to the pressure necessary to treat Lyme disease.

Your Lyme literate medical doctor will help you determine which chamber is best for your personal needs, and a prescription is required to begin HBO treatment. There is a whole list of precautions and preparation, which I will be explaining in part 2 of "Deep Diving for a Cure."

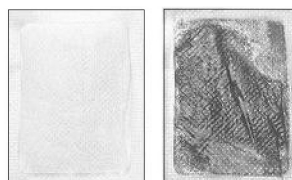
I began HBO as an adjunctive therapy to my antibiotic protocol. My treatment began with a series of 60 treatments in a monoplace hyperbaric oxygen chamber. My prescribed HBO protocol consisted of a series of two treatments daily, at 2.4 atmospheres, (ATA) the pressure and depth shown in studies by Dr. William Fife, to kill *Borrelia burgdorferi*. A pressure of 2.4 atm is the equivalent to an ocean depth of 49 FSW (feet of

"HBOT"...cont'd on pg 8

May be useful for:

- Heavy metals
- Liver detoxification
- Weight loss
- Cholesterol
- Lyme disease
- Arthritis
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- Fatigue
- Diabetes
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LIA F Hosts Conference Dedicated to the Link Between Lyme Disease & Autism

by Tami Duncan



Many leading doctors and researchers are now suggesting that up to 90% of children with Autism are infected with the borrelia bacteria, which is the causative bacterial agent that causes Lyme disease. With Autism numbers increasing to a staggering 1 out of 150 children, it is clear that physicians and parents need to educate themselves on how to help these children.

Parents have formed the Lyme Induced Autism (LIA) Foundation with goals focusing on awareness, education and research. The LIA Foundation held its first physician's "think tank" in January 2007, which was considered a great success. However, it is clear that more work needs to be done.

The foundation is holding its first Lyme-Autism Connection Conference in Irvine, CA on June 22nd through the 24th. The conference is geared for parents, practitioners and Lyme disease patients. Co-Founder Tami Duncan states, "The Lyme-Autism Connection conference is a fabulous opportunity to bring the most knowledgeable of the Lyme physicians and Autism physicians together to educate the family on the proper treatments available.

Parents want to know how to help their children. Our conference will bring the most cutting-edge, updated information so that parents can do just that, help heal their children"

The conference will consist of a very intensive program which includes a general sessions with topics such as, chronic co-infections in Autism Spectrum Disorders, immunology of Lyme disease and associated disorders, a story of recovery, nutritional and biomedical approaches to patients with chronic infections, and many more. A special physician's roundtable session in which physician's can learn proper testing, diagnosis and treatment methods will also be held.

Duncan says, "We are absolutely pleased to announce that the leading Pediatric Lyme Specialist in the country, Dr. Charles Ray Jones, will be conducting the physician's training and he is our keynote speaker." Children are sent from thousands of miles away to get proper treatment of their disease from this pediatric specialist, Dr. Jones. He has treated over 7,000 children who are infected with Lyme disease, many of which are also autistic.

In addition to Dr. Jones, other well-known speakers include, Anju Usman, M.D., Dr. Robert Bransfield, Dr. Lee Cowden, Professor Garth Nicholson of the Institute for

Molecular Medicine, Doris Rapp M.D., Dr. Jeff Wulfman, and Geoffrey Radoff, M.D. A special Friday night workshop from the Homeopathy Center of Houston will also be presented.

"There are many more incredible speakers on the schedule as well," says Duncan, "these are the experts in their respective fields and we are excited at how the agenda is shaping up."

The Hyatt Regency in Irvine will be the location of this important event. Registration is now available online at www.liafoundation.org. Discount registration is available for people who register before May 30th. Exhibitor spaces are also available. There is a limited amount of space available so attendees are encouraged to take advantage of the early bird registration price.

For more information on the LIA Foundation, please log onto www.liafoundation.org.

About Autism

Autism is a disorder that currently affects 1 out of 150 children. Boys are the majority of those affected. The numbers of Autism cases spiked in the mid-late 90's and continues to remain high. The exact cause of Autism is still unknown. However, many theories exist. Most children do improve with some sort of biomedical intervention.

About Lyme disease

Lyme disease is generally caused by a tick bite, though the borrelia bacteria has also been found in mosquitoes, fleas, mites and biting flies. Lyme disease can mostly be eradicated with antibiotics. Chronic Borrelia is a long-term infection that exists and can be undiagnosed Lyme disease. Current research suggests Lyme disease can potentially be transmitted via body fluids. Mother to child transmission has been seen through pregnancy. The borrelia spirochete has also been found in breast milk, and blood products that have been in storage supply. Symptoms include, achy joints, confusion, slurring words or word retrieval problems, brain fog, sensitivity to light and sound. Lyme disease in its late stage can be fatal, causing MS like symptoms and debilitating its victims. One of the disorders in which Lyme disease is known to mimic is Autism Spectrum Disorder.

About the LIA Foundation

The foundation was started in September 2006 by the parents of children with Autism and Lyme disease. Kathy Blanco of Beaverton, Oregon and Tami Duncan of Corona, California are the founders. The foundation's goals are to provide awareness, education and research on the link between borrelia and Autism. *pha*

Tamiduncan@lymeinducedautism.com

The Chickenpox Vaccine

An Interview with Gary S. Goldman, PhD.

by Sue Vogan

What is Dr. Goldman's background?

Dr. Goldman served from 1995 until his resignation in 2002, as Research Analyst for the Varicella Active Surveillance Project in Antelope Valley in cooperation with the Centers for Disease Control and Prevention. Dr. Goldman has served as a reviewer for the Journal of the American Medical Association (JAMA), Vaccine, and The American Journal of Managed Care. He created a medical research search facility at www.MedicalVeritasi.com. He serves on the Editorial Board of Research and Reviews in Bioscience.

His educational back-

ground, quantitative and intuitive skills, and creative experiences in many state-of-the-art endeavors made him uniquely qualified to discern trends that likely would have gone unnoticed by traditionally trained epidemiologists.

Dr. Gary S. Goldman serves as Editor-in-Chief of Medical Veritas: The Journal of Medical Truth and his biography is included in Marquis 21st Century Edition of Who's Who in Science and Engineering 2005-2006, 8th Edition, December 2004.

You resigned on "ethical grounds" from your position as "the sole Research Analyst on the Varicella Active Surveillance Project." Please explain what happened that you found the "documenting" was "seemingly suppressed."

All positive trends and results I presented were published; in some cases, abstracts were approved the same day they were submitted to the CDC for later presentation at symposiums. However, when I wrote a paper entitled "Varicella Susceptibility and Incidence of Herpes Zoster", I was told to "delete the half of the paper concerning Herpes Zoster". The portion concerning "Varicella Susceptibility" was published virtually as I wrote it--word-for-word. When I presented a calculation for the incidence of recurring herpes zoster (in a manner similar to that calculated in another scientific paper), the calculation and commentary were simply deleted from the Annual Report with no explanation. When I desired to contact the 10 individuals with 2

cases of herpes zoster occurring greater than 6 months apart (to determine if there were any underlying immunosuppression issues), I was never granted permission--even though we had contacted thousands of parents/patients with Varicella (chickenpox).

I had developed 3 papers that I had submitted for formal review with the hopes of subsequent publication; these papers were never reviewed for 1 to 2 years and this ultimately led to my resignation so that I could publish the data and results independently. When I attempted to publish, I was served a notice to "Cease and Desist" publication in a medical journal by the Los Angeles Legal Department. My attorney was able to overcome the stipulations in that notice, and I was able to

"Vaccine" ...cont'd on pg 16

Blazing a Trail for a California Family With Lyme

by Dana Floyd

2006 is a year I will never forget. It was the year that changed my life forever and propelled me into a new direction. It was when I began fighting a disease I had heard about, but of which I knew very little.

To tell this story I must summarize the previous 10 years. My husband and I have one child, a son. All three of us between 1996-2006 had experienced some severe illness that was not diagnosed. In 1996 at age 7, my son developed a mystery illness that was so severe I was sure he would die. Eventually this illness landed him in the hospital on IV antibiotics. Thankfully he recovered without ever having a definitive diagnosis.

I had been in several car accidents over the years resulting in broken bones and herniated disks. I knew pain all too well. As the injuries healed, I settled into chronic pain and I was diagnosed with Fibromyalgia. I also had migraines and vertigo that would come and go. I eventually saw a neurologist and was tested and cleared of Multiple Sclerosis.

In 2003 my husband had a mysterious body-wide pain explosion after many months of not feeling well. Ultimately, this extreme pain landed him in the hospital and he was released within 10 days after many tests, bone scans, MRIs, blood tests and more showing "nothing wrong". His doctor diagnosed him with Somatoform (a technical word for hypochondria). He was in so much pain at home that he could barely walk and had to use a walker. I felt helpless and knew something was very wrong. I eventually took him to a neurosurgeon, outside of his HMO, who did an "exploratory" back surgery. "Fragments" of disk were found and the pain did abate after surgery, for a short time. Eventually, he developed chronic

pain and was diagnosed with Chronic Fatigue Syndrome. His symptoms became so disabling that he had to "retire" at 38 years old.

My pain, over the years, remained manageable with the help of my wonderful pain management doctor. Strangely, my older sister was experiencing similar symptoms and she eventually also was diagnosed with Fibromyalgia. Her husband had his own unexplained illness that had been going on for years. We all started to joke that it must be something in the water.

One night in 2006, out of nowhere, I felt suddenly as if someone had buried a knife into my shoulder blade. The pain was extremely intense. It was a sinister pain with indescribable sensations. It was deep and within a week it felt as if that "knife" came through my chest.

Within 7 weeks I had seen many doctors. I had been put through many tests, blood tests, MRIs, ultra sounds, CAT scans... all normal. I had a sense of urgency in my mind that someone had to stop this pain. I feared the pain spreading for some reason.

I went to a doctor that came highly recommended. He was certain I had a pulled muscle. I explained that I had done nothing to "pull" a muscle. He recommended cortisone injections. I had been in such pain for so long, I was willing to do anything. I hesitantly accepted the treatment. He decided he wanted me to do a treadmill test to "make sure" the pain wasn't heart related. Three days later the treadmill test was scheduled and my shoulder blade pain was torturous. I didn't think I'd make it through the test, but I was determined, and I too, wanted to make sure it wasn't my heart. I went through with the test and when it was over, strangely I had no pain what so ever.

The next morning I awoke

to what felt like a horrible case of the flu. I called the doctor who gave me the cortisone shots. By the time my appointment day arrived, I now felt the pain spreading from my shoulder blade downward to my kidney and right to the other shoulder blade. The doctor ordered a kidney ultra sound. By the time test day arrived, my pain had spread to the other kidney as well and was now wrapping around to my rib cage area. I could no longer eat. I had pain everywhere from the waist up. My esophagus felt burned, there was burning pain in my spine, and my stomach and intestines felt destroyed. I dropped 20 pounds within 2 weeks. The kidney ultra sound was normal.

I started to develop an excruciating painful tingling and numbness all over my body including my jaw, teeth and scalp. The pain was driving me crazy. I went to more doctors and emergency rooms and more blood was taken, as well as MRIs, CAT scans and still no diagnosis. I asked about the possibility of a bacterial or viral infection but they said my white cell count was normal (I knew this was suppressed by the cortisone injections).

Several months had passed by now and the pain now was ripping through me from every angle, stabbing, burning shooting pains everywhere... always... and never a moments rest. I became bedridden. My mind was breaking and the pain was now everywhere in my body. It was too much. I prayed to God to kill me or heal me, just end the pain, however necessary. For a strong-willed, focused woman, I had lost myself. When my husband and son were asleep I would go into my (walk-in) closet, lie on the floor and beg God for help, crying, begging for Him to end my pain. I promised that when I found out what was wrong with me, I would let the world know. People could not be

allowed to suffer like this and without knowing why.

My family was at a loss and very worried, but thankfully, so very supportive. They knew me well enough to know something was being missed. My sister began a search for doctors out of our area. I was now mindless of anything else but my own world of agony. I secluded myself from the world, not answering the phone or returning calls. There was nothing new to report and I was tired of answering the question, "How are you doing?".

I was becoming somewhat educated about Lyme disease (LD). I asked one of the doctors to order another LD test. Before I left the office, I demanded antibiotics. He prescribed 2 weeks of Amoxicillin and then told me, "Stop reading the internet, and let me be the doctor!" Thankfully, I didn't take his advice.

I started the Amoxicillin and was sure within a few days I would be feeling better, but instead by day 3 my pain was worsening, how could I get any worse? I started research on Lyme that went on for days. While my Lyme test results were still pending, I learned about the unreliability of the standard Lyme test, the Jarisch-Herxheimer reaction (herxing), and IgeneX labs (a specialized laboratory for tick-borne pathogens). I was now getting somewhere. By the time the Lyme test results came back, I knew it would be negative. Of course, it was...and I was diagnosed with "anxiety".

That same night while taking a shower, I felt my mind becoming "unhinged", a feeling I never experienced. I was shaking, in pain from head-to-toe and I slid down to the floor of the shower dazed from the non-stop pain. The water was swirling around me. I wished I could drown there. Was I losing my mind? I planned to end it. I pictured in my mind a dramat-

"Blazing a Trail"...cont'd on pg 17

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Turn the Corner Foundation Raises the Bar on Lyme Disease Research with Its 2007 Grant Recipients

by Turn the Corner Foundation

Turn the Corner Foundation (TTC) has announced its 2007 grant recipients. The results of the groundbreaking research and programs that are being implemented with funding from TTC are certain to have a monumental impact in the Lyme disease community. All grants were awarded for a one-year period of time in four different states including California, Colorado, Maryland and New York. TTC is dedicated to the support of research, education, awareness and innovative treatments for Lyme disease and other tick-borne diseases.

Programs funded by TTC address areas not currently covered by other Foundations. TTC has a three-pronged approach in 2007 that consists of training health care professionals to treat patients, funding innovative research studies to advance the diagnosis and treatment of Lyme disease and funding research that explores ways to reduce the existence of Lyme disease in ticks.

TTC congratulates all of its 2007 grant recipients. The Foundation's continued commitment to funding cutting-edge research is evident in the studies selected and it looks forward to the results of this pioneering research. If you are interested in learning more about TTC or applying for a grant, please email your request to info@turnthecorner.org. If you would like to make a donation to TTC to ensure continued funding to these exceptional programs that aggressively address Lyme disease around the world, please visit our website at www.turnthecorner.org.

2007 Turn the Corner Foundation Grant Recipients:

**Columbia University Medical Student Lyme-Literacy Program
New York, NY**



Dr. Brian Fallon, M.D.

This program, created by TTC, gives medical students the tools to become Lyme-literate through participation in a rotation in which they learn about Lyme disease. Students chosen for this program have the opportunity to train with physicians for an eight-week period. To learn more about this program, please contact TTC at info@turnthecorner.org.



Dr. Joseph J. Burrascano, Jr.

**Dr. Joseph J. Burrascano Jr. - Lyme Disease Database Program
Watermill, NY**

The Database Program collects information from physicians domestically and internationally on the treatment and diagnosis methods used for Lyme disease. This program has the unique ability to filter all of the methods used by health care professionals into a comprehensive database system. This database will ultimately allow researchers to identify and publicize the most commonly used and effective measures for the diagnosis and treatment of Lyme disease and is a critical component to finding a cure.

**Genesis Laboratories - Decreasing the Risk of Lyme Disease Using Hosts,
Wellington, CO**

This program develops a novel approach for Lyme disease control by decreasing deer tick burdens on wild white-footed mice, the most common mammalian host of the tick. Suppression of ticks on potentially infected hosts could be obtained by the use of rodent baits containing orally delivered insecticides called insect growth regulators.

**International Lyme and Associated Diseases Society - Physicians Training Program
Bethesda, MD**



ILADS President Dr. Ray Stricker

This program provides medical practitioners, from naturopaths to MDs, the opportunity to study with a Lyme-literate physician. Through this experience, participants develop the skills necessary to properly diagnose and treat Lyme disease. These professionals then bring this skill set back to their community in order to better treat their patients and give relief to the many who suffer from the debilitating effects of Lyme disease.

**Lyme Induced Autism Foundation - Connections between Lyme Disease & Autism
Corona, CA**

This grant funds the study titled: Determination of Lyme DNA in Blood Samples of Subjects with Autism. This study explores the idea that Lyme disease is passed congenitally from mother to newborn and that Lyme disease is found in newborns that have later



Tami Duncan Co-Founder of LIAF

been diagnosed with autism. We feel that the results of this study will bring the Lyme disease, autism and government health agency communities together to address the potential connection between autism and Lyme disease.

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MEDICAL PERSPECTIVES

“HBOT” ...cont'd from pg 4

sea water).

My first dive took some getting used to, but I did well thanks to what my nurse called my "divers ears." The chamber was comfortable with a mattress, pillow and blanket if I needed it. I could watch TV, movies, and listen to music thanks to special speakers. I had a hyperbaric technician, a registered nurse, and a doctor all with me to monitor my treatments, so I was not afraid. It took about 10 minutes to dive to pressure depth (compression), during that time I had to equalize my ears. The chamber atmosphere pressurization was gradual, allowing me time to adjust slowly to ear pressure changes. As the air pressure increased, I popped my ears by holding my nose and attempting to blow air out my nose. I found equalizing my ears very simple using the procedure the technicians taught me. I did learn that HBO could increase blood pressure, which was wonderful for me since I suffer from neurally mediated hypotension (NMH). HBO can also lower blood sugar, so I always ate a protein rich snack before my treatments. To prevent oxygen toxicity, I was instructed to take

400 IU of Vitamin E daily, and a high quality multivitamin.

Beginning with my first HBO treatment, the impact on my body was dramatic. I began having herxheimer reactions immediately. The worst of my neurological symptoms came out during HBO. I had panic attacks, hallucinations, nerve pains, muscle spasms, encephalitis, fevers, facial flushing, joint swelling, edema, and total exhaustion. I grew so debilitated from the herxing that my Mom had to stay with me all the time, feed me and help administer my IV's. The flushing in my face was so bad it felt like I had a severe sunburn 24/7, and I was so dizzy because all my blood was in my skin. To manage the Lyme anxiety brought out from all the herxing, my LLMD prescribed Zoloft and Xanax to help me control my symptoms.

After the initial three weeks of HBO, I went home to lie in bed while the herx cleared. I could not handle lights being on, cars driving by the house, any noises or sounds. Even people talking had me shrieking in pain from my brain inflammation. All I did besides sleep was stare at my

lava lamp for hours in the darkness. Monoplace chambers made me herx so hard; I had visible shakes, muscle twitching, rashes and nerve pain during my dives.

I continued with the treatments in the monoplace chamber for over a year. I started with 60 dives, and then did 10-15 treatments every 4-6 weeks as maintenance. I infused my IV an hour before each treatment to maximize the effect. I also did hot bath treatments before and after each dive. According to my LLMD, Hyperthermia treatments with hot baths would make the antibiotics 16 times more effective. I figured with the hot bath, and infusing my IV right before my HBO treatment, I was getting the most aggressive Lyme disease treatment available.

Right in the middle of my treatment, I decided to try a different type of oxygen chamber, the multiplace (multi-person) chamber. It was less expensive than the monoplace, and closer to home. My experience in the multiplace chamber was not positive. I found the lack of individual attention frustrating, as well as very uncomfortable. I had to sit up and wear a

mask over my head. The mask kept leaking air out of the neck gasket and deflating on my face trying to suffocate me. My treatments were interrupted countless times, and the other patients diving with me were being treated for different medical conditions than I was, and they did not want to go as deep as 2.4 ATA. I was very frustrated at the lack of quality treatment. Unlike the monoplace chamber, where I could fall asleep for 90 minutes, I could not rest in the multiplace chamber. I was forced to sit upright, which made me weak and dizzy. I did not experience any herxing from the multiplace chamber, which to me meant that it was not powerful enough. After 2 weeks in the multiplace chamber, I knew it was not working for me, and went back to the monoplace chamber.

I found out later from my LLMD that in the multiplace chamber, I did not absorb the pressurized oxygen through my skin, which is where spirochetes like to hide. The hood had a design flaw, and it lost its potential effectiveness through air leaks. I was also told that seated in the multiplace

“HBOT”...cont'd on pg 13

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Entrenched Dogma Underwrites

Sub-Standard of Care

by J. David Kocurek, Ph.D.
Austin/Ft. Worth

The conventional order that has come to be known as the medical establishment was not renewed in the fermenting 1960s that shaped so many changes in long standing institutions. Rather, it has remained a segment of science that has been well entrenched in dogma since the time disease was believed to be caused by the vapors rising from the swamps. Fresh thoughts from the intellectually curious or the deep thinkers within the medical profession have always been met with distrust when such brave explorers, in the fight for progress, have challenged the status of traditions... whether those customs are right or outright dangerous.

That's not to say that inertia doesn't play an important role when transitioning new concepts into medical practice. The FDA has given us many recent examples of drugs rushed to market without sufficient scrutiny causing harmful results, even patient deaths. Either could have been mitigated or prevented by stricter adherence to protocol. Even now, the necessity of arterial stents is being questioned in angioplasty after many years of development and "improvement". Questionable practices and procedures appear to be as difficult to halt as helpful ones are to introduce. This is where one must distinguish between the habitual dogma of well-conceived best practice, and the restraint not to rush a new, but sound, medical idea into the mainstream.

Most importantly, though, when the keepers of medical knowledge reject change and new understanding, stagnation and dogma follows. When that dogma persists for its own sake, to protect reputation, or worse, only to sustain tradition or financial interests, it then becomes dangerous and sets up the high probability for sub-standard patient care. History abounds with examples.

One of the best known examples is the introduction by Ignatz Semmelweis of surgeon hand washing with a disinfectant. Survival rates from amputations as well as childbirth improved dramatically. Yet Semmelweis was fired and chastised by the medical establishment and he was ultimately driven from the profes-

sion. Now the Doctrine of Semmelweis is unquestioned. Similar accounts are numerous throughout history. One can forward in time, for a recent example, to that of Barry Marshall who brilliantly conceived that bacteria caused stomach ulcers and gastritis. Rebuked for years by the practitioners of established dogma, Marshall won the 2005 Nobel Prize along with Robin Warren for discovering the true cause and the cure of these ailments.

A current example is revealed in a recent article from Texas that illustrates the issue of entrenched dogma harming not only the quality of medicine, but also that of patient care. This article frames the persistent problem and clearly demonstrates that education doesn't necessarily equate to enlightenment.

Published in a popular community newspaper serving the greater Austin, Texas area ["An Everyday Struggle," Amy Fowler, *Hill Country News*, April 6, 2007], the article described the plight of a young man with chronic Lyme disease and his continuing dilemma in not being able to access competent medical treatment locally, or anywhere in Texas, for that matter. In the interest of being fair and balanced, the reporter also interviewed an infectious disease doctor affiliated with a clinic that is part of the prestigious Scott & White hospital system based in Central Texas. Scott & White is a "Top 15" teaching hospital in America and one of the top 100 hospitals.

Dr. Lisa Cornelius, M.D., M.P.H., an Assistant Professor of Internal Medicine, makes numerous "party line" statements that one would expect of an Infectious Diseases Society (IDSA) Member. But then she goes on to reveal her lack of independent study on a subject that should be at her command.

For instance, her assertions that, "Chronic Lyme generally doesn't exist", and that for those who show symptoms after treatment the preferred term is "late Lyme" are clearly unsubstantiated if one reviews all the current research, not just the research supported by the IDSA. Initially Lyme was staged into three phases: I, II, and III. It was later recognized that the more descriptive terms of acute, dis-

seminated, and chronic Lyme served to better distinguish patient symptoms and presentations. Even the term "disseminated" is considered too broad by most specialists as the process of dissemination by the causative microbe occurs so rapidly that the microbial load, although challenging to quantify, is probably the more important measure of disease progression. The term "chronic Lyme" has been downplayed to the point of denial by the IDSA itself, and in their previous and current guidelines [*Clinical Infectious Diseases* 2006; 43:000-000]. The term is, however, handily used by the guidelines' co-author, Raymond J. Dattwyler, and colleagues to justify their recent chimeric Lyme vaccine patent [U.S. Patent Number 7,179,448, February 20, 2007]. It appears that even the most dogmatic can sway from their path when a product marketing opportunity and potential profits present.

Furthermore, Dr. Cornelius states that a Lyme diagnosis "can only be made if a patient presents with the "bull's-eye" rash . . . as well as other physical symptoms," according to the IDSA's guidelines. The article then goes on to cite her observation that she sees very few cases of Lyme "because it's not here." The reporter explains that this means the causative spirochete has not been isolated in local ticks.

Dr. Cornelius, Lyme is here. The Texas Department of Health (now the Texas Department of State Health Services) identified Lyme disease in Texas in 1984. Even by federal CDC standards, most of Texas is Lyme endemic. In fact, Lyme has been reported in all of the state's eleven public health regions. This writer and many patients he knows are painfully aware that Lyme and other tick-borne diseases were in Texas long before 1984. The writer is also personally aware of two families in the Hill Country that are each four generations deep with Lyme diagnosed by knowledgeable clinical specialists. They were infected on their rural agricultural properties, and there is strong suspicion that the youngest patients have congenital infection. Many Texans, including this author, experienced symptom onset at an early point in their lives, long

before ever leaving the state. Yet, diagnosis and treatment resources within the state grow ever more elusive. They are now virtually nonexistent because so many frontline physicians succumb to the propaganda that there is no Lyme in Texas.

Patients in Texas, including the region you serve, become infected principally with Lyme borreliosis due to two sub-species of the *Borrelia* bacterium: *Borrelia burgdorferi* and *Borrelia lonestari*. Infection caused by *burgdorferi* can often be supported with positive serology. Diagnosing infection with *lonestari*, which causes Southern Tick-Associated Rash Illness (STARI), is problematic, as no specific serology exists. The bacterium may be detectable through DNA testing of tissue samples, but this kind of testing can also be elusive due to the inability to test tissues and organs where the pathogen resides. In either case, diagnosis is always made on a clinical basis although testing can support a diagnosis of infection from *burgdorferi* when evaluated by a knowledgeable practitioner. These informed practitioners also know to ignore negative tests when symptoms and history dictate. In either case, *burgdorferi* or *lonestari*, the diseases are reportable to the state which classifies both as Lyme disease. Fortunately, both illnesses usually respond to antibiotic protocols, which are adapted to each individual patient's needs and sustained until symptoms are in remission.

Dr. Cornelius, the university where you completed your undergraduate studies, and the one at which you now teach, have a number of very knowledgeable faculty researchers who study ticks and tick-borne microbes. Unfortunately, there continues to be no apparent communication among most clinicians and these expert researchers.

Experienced treating clinicians are very familiar with actual statistics from the literature that indicate that only 35% to at most 50% of patients experience an erythema migrans (EM) rash. Among those that do, approximately only 10% show the "bull's-eye" characteristic so often erroneously claimed to be required for diagnosis. The false belief of requiring that the diagnosing

"Dogma"...cont on pg 15

MEDICAL PERSPECTIVES

“Biotoxins” ...cont'd from pg 1

There is frequently a leap to a diagnosis and, with that leap, the mechanism that underlies the core problem is often overlooked.

It is important that we look deeper in terms of recognizing that there may be more than just an infection with Lyme disease or an exposure to mold at the core of one's ongoing symptom picture. Biotoxins, and the inflammatory responses which they initiate, may be at the center of the illness.

If a person is genetically susceptible to a biotoxin-associated illness, it is likely the case that the biotoxins themselves, rather than Lyme infection or mold exposure, are causing many of the symptoms being experienced. Even further, it is plausible to sug-

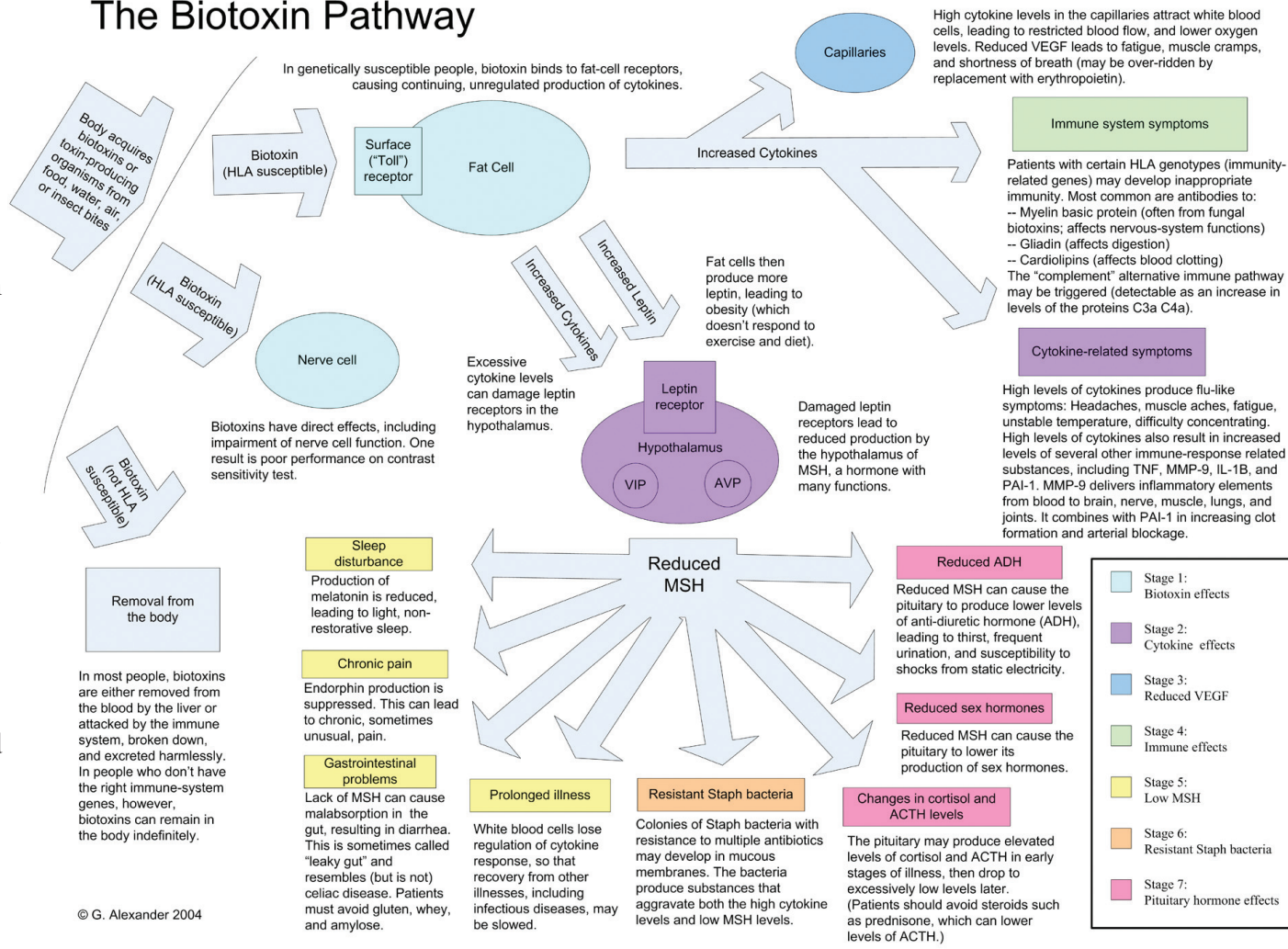
gest that infection could be cleared, or the exposure entirely removed, and yet the remaining

comes down to a genetic predisposition which results in the body's inability to remove these biotox-

may live on. Understanding that core idea alone is profound!

There are many sources of biotoxins that may be encountered including *Borrelia* spirochetes and *Babesia* infections found in Lyme disease, fungi and mold (*Aspergillus*, *Penicillium*, *Stachybotrys*, and others), ciguatera toxins from seafood, dinoflagellates such as *Pfiesteria*, some algae, various types of bacteria, and reclusive spiders. With each of these sources of biotoxins, there is one thing in common.

The Biotoxin Pathway



symptoms may be almost entirely due to circulating biotoxins. It

ins. Long after the initial exposure or infection is gone, the toxins

“Biotoxins”...cont'd on pg 14

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By **Bryan Rosner**
Foreword by **James Schaller, M.D.**

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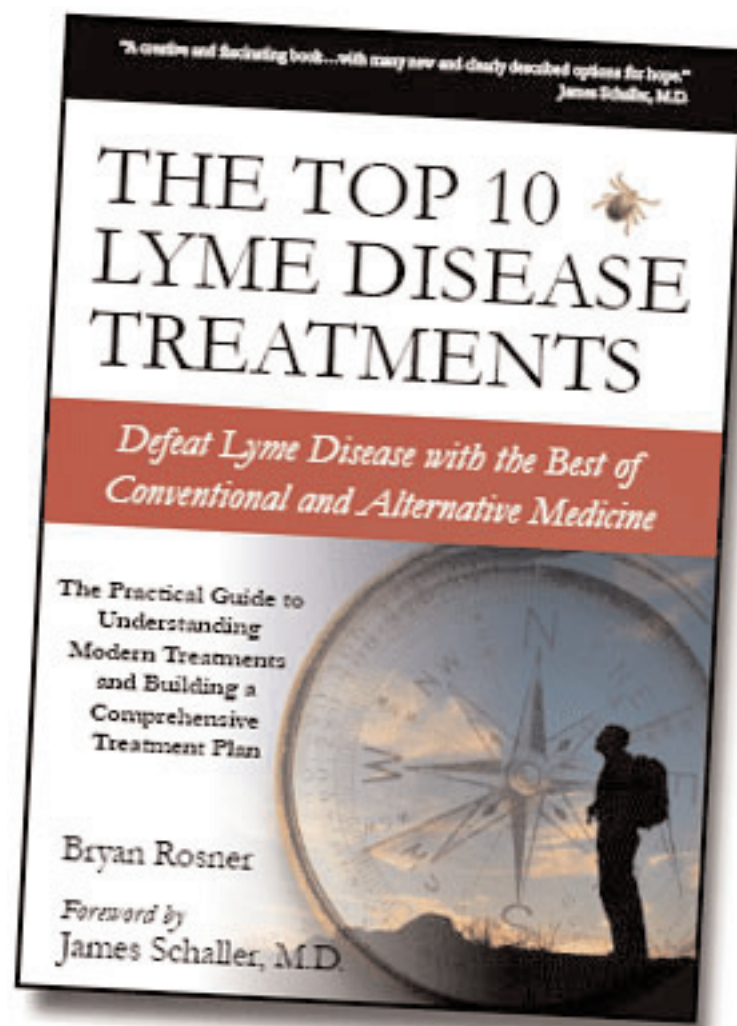
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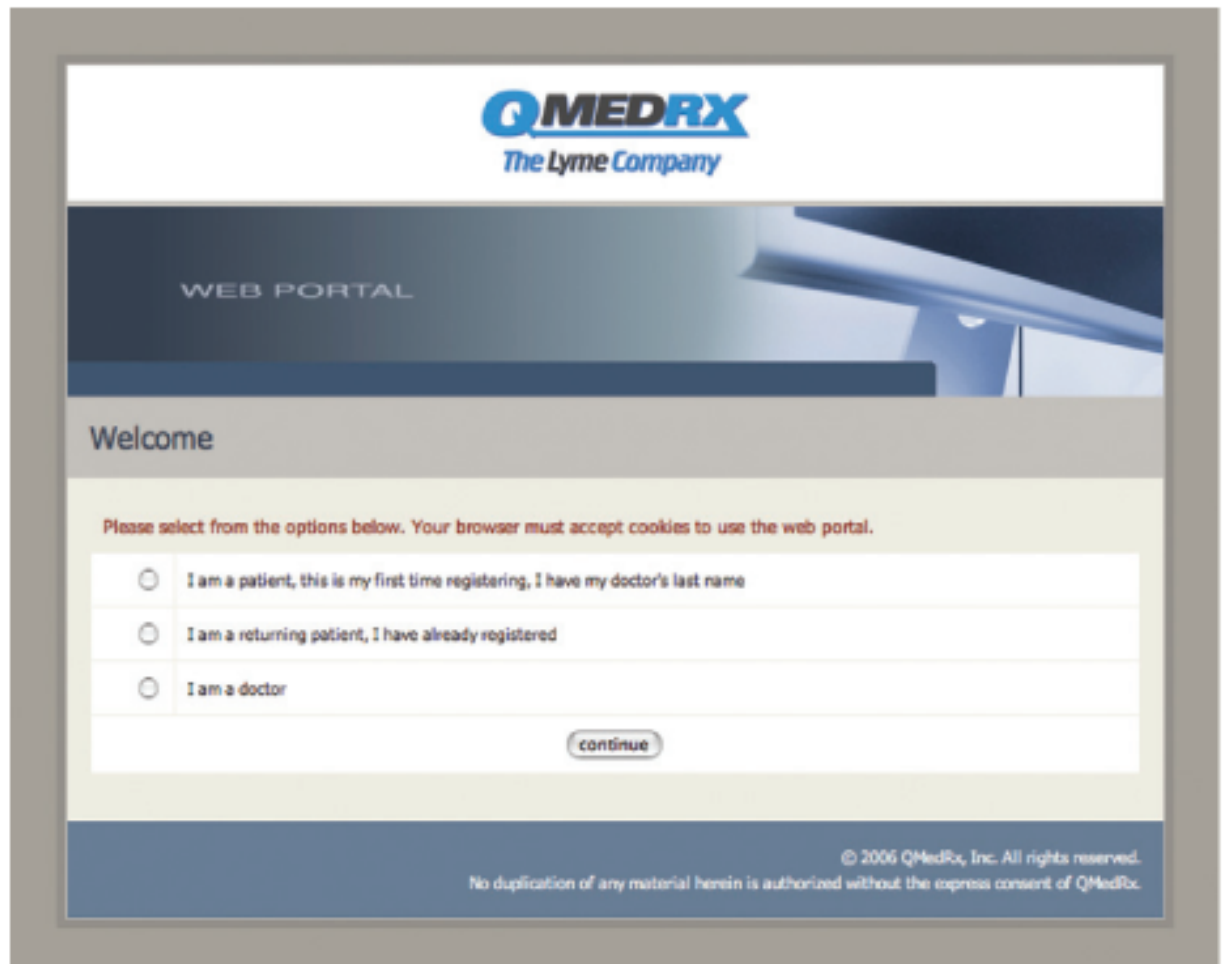
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Western Blots Made Easy

by Dr. James Schaller, M.D.

In my recent past articles I discussed the 11 new human Babesia species, the problem some have removing Lyme's surface biotoxins, the trouble with having indoor mold while treating tick infections, and I mentioned that Bartonella has 30 ways of damaging the body dangerously and it has 200 symptoms. These were sample reasons for treatment failure.

But I am increasingly meeting smart doctors and patients who do not know how to read a Western Blot. This is the test which usually gets you a basic Lyme diagnosis. So let us go over this so you understand why some labs are better than others. And help you make sense of this medical test which is so very confusing.

Strains

Lyme has many varieties and it is amazing that some companies soberly use Lyme strains in their test which are not representative of more than a small region. So this obviously makes the chances of a positive virtually zero. If you are looking for Asian people in Alaska, can we agree you will find few compared to Japan?

Proteins Tested

The numbers on a Western blot such as 18kD merely mean they have identified a piece of the Lyme bug that weighs 18 kilo Daltons. Over the years, labs have become very good at separating out these parts of Lyme. In a quality lab, the Western Blot tests for many proteins and not just a few.

But I would imagine many still feel the source of the eccentric numbers on the Western Blot do not make any sense. The numbers are simply parts of Lyme in the same way you have a nose, mouth, arm, and liver. Some labs only check for the "nose" and others check for up to 13 Lyme parts.

One important feature of a top Lyme lab is the way they get these proteins. One lab grows Lyme for a long period and harvests key proteins as the Lyme modifies itself-just like when you change your outer clothing each day. Other labs do not harvest all these changing outer proteins. And if they have some they are not in equal amounts. IgeneX (www.igenex.com) is the only lab I know which has 13 proteins tested from 2 important strains representative of international Lyme. And amazingly, they have equal amounts of the search proteins.

Valid Results or Nonsense

In order to be licensed in New York State you are sent clear negative samples and clear positive samples of Lyme proteins in blind tubes. IGeneX results have been exceptional and approximately 100% year after year. I have this posted on my site along with the exact results and all of their licenses at www.HopeAcademic.com. In contrast, I have had patients covered in deer ticks or with a classic, grossly obvious bull's eye rash who, months after the rash when seeking treatment, were negative at many labs. Some of these well known labs have dummed down their results and testing because "they were getting too many positives."

The Dr. Jones' Approach to Reading Western Blots: A Common Sense Position

One of the happiest days of my recent career was when this 78-year-old veteran doctor, beloved all around the USA for his treatment of over 10,000 Lyme-infected children, agreed to treat my children. His reading of Western Blots is not affected by any Big Government agencies. He is not accountable to any lab oversight government entity. And no one at the CDC, FDA or any medical board in the USA has his **massive experience** in treating Lyme in youth and reading Western Blots. So read below his clear and convincing reasoning on the interpretation of the Western Blot.

Before I offer Dr. Jones's material, let me put in them in context, and share a few basics. First, the Western Blot measures the antibodies your body makes to attack the Lyme infection. One problem I have found with this is that if a child has the infection at a very young age the Lyme can hide and be missed on rare occasions even with a top lab. In my Babesia textbook, I quote the brilliant Dr. Robert Bransford (page 312--314), who lists 28 ways Lyme hides from the immune system. How do I know these "negative" Western Blot little children had Lyme? **I found all the other co-infections.** And after treatment, they began to make Lyme antibodies and became positive over time.

Also, it is important to note that like most progressive Lyme experts, Dr. Jones assumes you have a Western Blot from **IgeneX**, which is an internationally famous, tick-only lab, with full lab certifi-

cation in every possible state offering a license and also is CLIA and Medicare approved. Other massive cheap national labs process hundreds of types of tests, and millions of patients. They rarely find a positive result even in epidemic counties, in people who have profound and advanced Lyme clinical symptoms.

However, if you have had a Western Blot done at a junk lab, please still glance at the result. Why? Because you may find, as I did with one relative, that one of the antibodies or "bands" was positive. In this relative, the band was a "fingerprint" band. Meaning, Lyme is the only organism that makes the human body make this antibody. The child was positive.

But what is a "fingerprint" band or the important numbers on a Western Blot?

Simply, if you are blindfolded and touch the side of an elephant, you may not be sure it is an elephant-perhaps this is a rhino? This is the 41 band. It is from the flagellas, the parts inside Lyme that help it move-they get a lot of attention in the body, in the same way a whip snaps and gets attention in the hands of an expert user. However, the 41 antibody is **not specific** to Lyme, since many organisms have flagella.

Now, what if you touch this same elephant on its tusks or on its long peanut-eating tubular nose? You know it is an elephant. **Period.** One touch and you are certain, because these parts are very unique to this huge animal. This is Dr. Jones' point. It you see a Western Blot 18 antibody that has a positive, you have Lyme.

You do not need to check any other bands, because the 18 antibody is highly specific to Lyme-just like double tusks on an elephant.

What Do the Number of Pluses Mean?

IGeneX gives levels of antibodies. One + means you have some antibody of that type. A single positive is plenty strong, because that is the same level of brightness seen in the pos-

itive control run next to your blood test. This means they run a fake sample with all 13 proteins which should show always show 13 positives. It helps confirm no error in the testing. If you have a ++ or a rare +++, this means you have a very large amount of antibody of this Lyme part. However, Lyme ruins immune system functioning and the **number** of positives sometimes goes up with treatment and healing of the immune system. People with no aggressive past Lyme treatment, should be lucky their body has made **any** antibodies at all, since Lyme is very good at both hiding from the immune system and hindering it.

Also, many people have "IND" or indeterminate findings on an antibody. This means the lab tech is seeing something, but is not ready to call it a clear positive. Consider a simple positive (+) to result in a lab band that is like a sharpie flair black line. I consider the IND to be a black pen line. In my experience, many of these patients also show high Epstein Barr labs, which means this common infection is not in check and the immune system is very weak. And after we treat the patient, the IND sometimes becomes a clear + which means you now have new and clear antibodies against this part of the Lyme bug. I consider all IND's as weak positives. This is my opinion.

Currently, IGeneX does not use Dr. Jones' criteria. I have not asked them why. Perhaps because they are accountable to different laboratory regulating agencies and in general the government is perhaps decades behind **real-world**

"Western Blot"...cont'd pg 13

"I've heard about Rife Machines but need more information..."

Lyme Disease (LD) is feared in the US and abroad. It can masquerade as other illnesses. Misdiagnoses and relapses are common. Sometimes antibiotics just don't seem to work. No wonder LD patients are turning to non FDA approved alternatives.

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Not a substitution for professional medical care

“HBOT” ...cont'd from pg 8

chamber I was only experiencing approximately 1.7-2.0 ATA, despite what the pressure gauge read. Even when the hood was changed to a mask, and I was taken to 2.4 ATA, the treatment still felt "wimpy", and I was frustrated at the amount of time and money I wasted.

On a break from my monoplace hyperbaric treatments, just for kicks, I tried out a portable, mild hyperbaric chamber that a friend of mine bought. The idea made sense, a portable chamber in your own house. After a week of daily mild HBO treatments, the laugh was on me, and my experiment over. I got no benefit, or the slightest hint of a herx from that little capsule. As far as Lyme disease treatment goes, I would not recommend a mild chamber because of its inability to dive to 2.4-3.0 ATA.

As soon as I went back into the monoplace chamber, the herxing began. I experienced muscle

twitching, neuropathy, and even rashes coming back again on my skin from my original tick bites, amazing things! My herxing was so strong back in the monoplace chamber that I needed medical intervention to calm it down, and a break from the antibiotics. All the bacteria die-off and herxing caused a build up of toxins in my body. I did everything possible to detox, including FIR sauna, hot Epsom salt baths, acupuncture, colon cleansing, Questran, and a large variety of supplements. After a month's rest, I continued my dives, all the while taking multiple antibiotics, both IV, and oral.

My energy and stamina increased steadily after my HBO treatments ended. Each day I felt better and better. My brain fog disappeared, my skin rashes were gone for good, and my muscles and joints were no longer painful and swollen. Antibiotics took me to a certain stable level of functioning, and HBO raised me up to

an even higher level of functioning.

Based on my experience with HBO, I strongly recommend it as an adjunctive treatment for Lyme disease patients. In my opinion, HBO is the most powerful when combined with aggressive doses of multiple antibiotics. After completing over 200 HBO treatments, all combined with aggressive antibiotics, my health improved dramatically. After my first 90 dives, I began to function at a much higher level, and finally became independent. After 200 dives, I was back to climbing mountains, traveling, and enjoying life once again. Five years after completing my 200 dives, my health has remained strong, and I have never relapsed to my pre-HBO state.

There is anecdotal evidence that indicates that the Lyme disease organism can be killed by oxygen free radicals. HBO increases the production of free

radicals, and it appears that the deeper the depth of treatment, the greater the number of free radicals are produced. Combined with antibiotics, there is little doubt at what a powerful combination treatment HBO offers. According to the Lombard/Birkland study, the simultaneous use of antibiotics with HBO is strongly recommended. HBO therapy can enhance the function of the body's immune system. HBO may help Lyme patients because of the seemingly endless fight to eradicate invading organisms our immune systems must endure.

Although HBO can be expensive and time consuming, I believe Lyme disease treatment is like climbing a mountain, with new treatment possibilities popping up around every corner. It was well worth the time and money to get my health back, and thanks to a brilliant LLMD, and HBO, I have made tremendous

“HBOT”...cont'd on pg 19

“Western Blots” ...cont'd from pg 12

clinical medicine. Apparently, the government and many insurance companies blindly follow 14 individuals who actually think they can control 800,000 physicians and 300 million Americans.

Charles Ray Jones, M.D. Quotes Regarding Western Blots

There are nine known [Lyme] *Borrelia burgdorferi* species specific Western Blot antibodies (bands): 18, 23, 31, 34, 37, 39, 83 and 93.

Only one of these *Borrelia burgdorferi* genus specific bands is needed to confirm that there is lab evidence of exposure to the *Borrelia burgdorferi* spirochete and **can confirm a clinical diagnosis of Lyme disease.**

CDC Criteria are Confusing in Real Clinical Settings

CDC Western Blot IgM surveillance criteria includes only two *burgdorferi* genus species specific antibodies for IgM 23 and 39 and excludes the other seven *Borrelia burgdorferi* antibodies.

CDC Western Blot IgG surveillance criteria include 18, 23, 30, 37, 39 and 93 and exclude bands 31, 34 and 83.

It does not make sense to

exclude any *Borrelia burgdorferi* genus species-specific antibodies in a Lyme Western Blot, and to include only two of these antibodies in IgM because all the antibodies in IgG were once IgM.

The CDC wrongfully includes five non-specific cross-reacting antibodies in its Western Blot surveillance criteria: 28, 41, 45, 58 and 66. This leads to the possibility of false positive Lyme Western Blots. There can be no false positives if only *Borrelia burgdorferi* genus species-specific antibodies are considered. One can have a **CDC surveillance positive IgG Lyme Western Blot with the five non-specific antibodies without having any *Borrelia burgdorferi* genus species specific antibodies.**

This does not make sense.

The CDC recommends that the Lyme Western Blot be performed only if there is a positive or equivocal Lyme ELISA. In my practice of over 10,000 children with Lyme disease, 30% with a CDC positive Lyme Western Blot have negative ELISA's. The Lyme ELISA is a poor screening test. An adequate screening test should have false positives, not false negatives.

[Dr. Schaller inserted all bolding in Dr Jones' article above, inserted some spacing and simplified a number of medical terms.]



Dr. Schaller is working with Dr. Jones on a Pediatric Lyme book which is 50% completed. Dr. Schaller is the author of 19

books including: *The Diagnosis and Treatment of Babesia, Mold Illness and Mold Remediation Made Simple, The Complete Guide to Artemisinin, When Traditional Medicine Fails, 100 Solutions to Out of Control Youth, Suboxone-Pain Treatment with Addiction Relief.* He is currently preparing the most up to date textbook on Bartonella, which he feels is the top vector infection in the world--possibly more common than Lyme. Dr. Schaller has 25 National and International Medical Publications in such journals as JAMA, Medscape, and some of the largest pediatric journals in the world. He was the first to publish a practical cancer cure which blocks a single enzyme for a deadly blood cancer, which has become the standard treatment internationally. He has also designed wholesale nutritional products and published nutrition and herbal purity and potency research. Dr. Schaller is a strong advocate for looking at many treatments and illness causes as can be seen from his main web site, www.PersonalConsult.com.

pha

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Our thoughts & prayers

are with you,

Dr. Jones!

“Biotoxins” ...cont’d from pg 10

People that are impacted by these toxins, regardless of their origin, have the same or very similar symptom presentations. The similarities, which are confirmed by sophisticated statistical analysis, are compelling.

A very simple and easy to perform screening test for determining the presence of biotoxins is the Visual Contrast Sensitivity (VCS) test. It can be performed online or at your doctor's office. The test was described in detail in the November 2006 edition of the Public Health Alert. It evaluates two sets of nerves in the eye that allow one to differentiate between white, black, and gray on a gray background. It has been found that a subject with biotoxin-associated illness will demonstrate a deficit on this non-invasive neurological evaluation in that they will not be able to identify the direction of various patterns presented. Failure to successfully complete this test is a strong indicator of a biotoxin illness. Though it is possible for a person impacted by biotoxins to pass the test (a false negative result), this occurs only in about 8% of test subjects. Thus, the VCS test supports diagnosis in about 92% of affected people. False positives are quite rare.

Once a biotoxin enters the body, the resulting downstream effects can be largely predicted regardless of the origin of the biotoxin. Understanding one's genetic predisposition to a biotoxin-illness is a critical part of the journey back to health in many cases. For those with a diagnosis of Lyme disease, it is important to understand other potential sources of biotoxins that may be contributing to the overall state of illness. In many cases, ubiquitous mold biotoxins may be an additional source of exposure that should be investigated and a well-planned treatment strategy defined.

There are specific genotypes associated with specific susceptibility to biotoxins. For patients with Lyme disease or mold exposure, approximately 25% of the population has a genetic predisposition which results in an inability to clear biotoxins naturally. Understanding whether or not one is in this population can provide key insight into the cause of illness. Though the result may suggest a genetic make-up which cannot itself be corrected, once known, specific interventions can be put into play that may significantly improve the outcome.

The test is called HLA DR and it is commonly known as a

test which provides insight into possible organ rejection after a transplant operation. Human Leukocyte Antigen (HLA) is a grouping of genes that lie on chromosome 6. In the case of biotoxins, HLA codes for whether or not a person is capable of clearing biotoxic substances following an exposure. For these people that are genetically incapable of clearing these toxic substances, biotoxins will continue to circulate within the body indefinitely and may reduce one's chances of recovery. There is generally no "self-healing" in these cases without appropriate interventions.

Once the results of the HLA DR test are obtained, Dr. Shoemaker provides an interpretation guide which maps the HLA DR combination to specific conditions which may be associated. For example, some combinations are susceptible to mold biotoxins while others are susceptible to Lyme biotoxins while still others are susceptible to both mold and Lyme biotoxins in what is termed a "multi-susceptible" genotype. If the HLA DR test results in a combination that suggests any of these, it is time to better understand the "Biotoxin Pathway" and possible treatment options. These options may result in significant relief.

The "Biotoxin Pathway" illustrates an ongoing, amplifying cascade of events that starts with exposure to a biotoxin in those individuals who are genetically susceptible. The biotoxin then binds to Toll receptors, primarily in fat-cells and cells that line blood vessels, resulting in the production of proteins called cytokines which are involved in immune response and inflammatory processes. Cytokines recognize invaders and recruit additional cytokines in response. In the world of biotoxins, it is the biotoxin itself that continuously signals the body to produce more cytokines. It is this excess cytokine production that makes us feel unwell. Excess cytokines result in flu-like symptoms, body aches, temperature fluctuations, cognitive difficulties and other symptoms. This increase in cytokines has further downstream effects.

VEGF (vascular endothelial growth factor) is often reduced which leads to fatigue and reduced blood flow. Hypoperfusion, this resulting reduction in blood flow, results in a starving of cells for nutrients and oxygen. There is also an increase in MMP9 (matrix metalloproteinase) as the cytokine itself causes the white blood cells

to release MMP9. MMP9 is a superb marker for the presence of excess cytokines.

MMP9 may be responsible for delivering inflammatory compounds out of the blood and into the brain which causes plaque formations similar to those seen in MS. In Lyme disease, MMP9 levels may skyrocket as the result of treatment with antibiotics and the resulting bacterial die-off in what is commonly referred to as a Herxheimer reaction. Taking this even further, if you give a Lyme-infected person antibiotics and they are not HLA-susceptible, they generally have an uneventful recovery.

An increase in cytokines may also trigger auto-immunity. There are three key types of antibodies observed in those with biotoxin-associated illnesses. These are myelin (the protective sheath around nerve cells) antibodies, gliadin (a protein found in gluten) antibodies, and cardiolipin antibodies which impact circulation in the small blood vessels.

There may be notable increases in markers which reflect activation of the complement system, namely in C3a and C4a. There is a significant difference in C3a and C4a levels between controls and the Lyme or mold population. In fact, C4a levels invariably become elevated, often as early as twelve hours after a tick bite. In the case of those with a mold-susceptible HLA type, C4a significantly increases within four hours after re-exposure to a moldy environment. C4a can be a helpful marker in determining whether or not a remediated home is still a danger for someone with mold biotoxin susceptibility. If C4a levels have been reduced via appropriate interventions and C4a levels rise upon reintroduction to the suspect environment, it is a sure sign that the environment is not safe for the patient.

We have seen some of the downstream effects that result from elevated cytokine levels resulting from biotoxin exposure in susceptible individuals. This is only the beginning. Beyond an increase in cytokines, there is an observed increase in leptin. Leptin is a hormone made by fat cells which helps to regulate the storage of fat. When leptin increases as the result of a biotoxin exposure and MSH (alpha melanocyte stimulating hormone) is reduced, people become obese and weight loss becomes difficult. Wait a minute! Who ever imagined that weight gain could be related to exposure

to Lyme disease, to mold, or to any number of biotoxins?

MSH, which is made in the hypothalamus, is the most potent anti-inflammatory compound we have. It is responsible for regulating innate immune response and is involved in numerous hormone pathways. Reduced MSH is at the heart of the "Biotoxin Pathway" in that many negative downstream effects result when MSH is low. Of interest here is that in Lyme disease, chronic fatigue syndrome, mold illness and any other biotoxin illness regardless of the source of the biotoxin, MSH is low in about 95-98% of patients.

When MSH levels are low, people become sleep disturbed; they have chronic pain; they experience leaky gut syndrome; their recovery from illness is delayed; they develop multiple antibiotic resistant coagulase negative staphylococcal colonization (MARCoNS); they have frequent thirst as a result of lowered anti-diuretic hormone (ADH); they have a loss of libido due to a lowering of sex hormones and more.

MSH is involved in the production of melatonin and endorphins. This resulting lack of endorphins increases our perception of pain. MSH regulates the protective cytokine responses in the blood, skin, digestive tract, and respiratory membranes. Lowered MSH results in abnormalities in production of cortisol and fluctuations in ACTH (adrenocorticotropic hormone) which regulates adrenal function. It is when the biotoxin illness disrupts the production of MSH that so many of the symptoms begin to appear. When looking at the results of lab tests for reduced MSH and increased C4a, the difference between patients and controls is clear. Using these markers, the diagnostic accuracy of the Shoemaker model is compelling.

Now that the importance of the "Biotoxin Pathway" is understood, we shift focus to the interventions that can be put in place to improve one's state of wellness.

Cholestyramine (CSM) is a resin which has been historically used for lowering cholesterol. It has a positive charge that binds to a wide range of different low-molecular-weight, negatively-charged toxins and helps to shuttle them out of the body through the digestive tract. It is not systemically absorbed. Without CSM, these toxins are largely reabsorbed and continue in circulation indefi-

“Biotoxins”...cont’d on pg 18

“Eating Disorders” ...cont'd from pg 3

use of laxatives.

There is also a non-purging type of bulimia. The person with the nonpurging type of bulimia will fast for prolonged periods or exercise intensely to keep from gaining weight. The bulimic is often concerned about body shape and has an intense fear of weight gain. Therefore, the characteristics associated with bulimia include binge eating followed by attempts to keep from gaining weight. Binge eating is described as the ingestion of excessive amounts of high caloric food. When bulimics binge, they feel out of control, and their serious attempt to keep from gaining weight by purging offers them a form of control. Following an episode of binge eating, bulimics may totally stop eating and fast for a day or more.

Frequently, the bulimic attempts to hide her abnormal eating patterns. Family members, friends, or medical caregivers may suspect an eating disorder and encourage the bulimic to seek professional help.

A mental health professional may diagnose bulimia by taking a careful personal history from the client/patient. It is important to the therapist to learn the details of that person's life. It is also very important not to overlook a physical illness that might mimic or contribute to this psychological disorder.

The diagnosis of bulimia is made when the history reveals that the person eats a large quantity of food within a two-hour period, which is followed by a sense of lack of control. The person then tries to prevent weight gain by inducing vomiting, overusing laxatives, using diuretics, and/or enemas. The person may also engage in fasting or excessive exercise. Also, the person with suspected bulimia will be overly concerned about body shape and weight. In order to make a diagnosis of bulimia, this behavior must occur at least twice a week for a period of three months.

Helping the individual establish a healthy body concept and learn correct eating habits is often used in treating bulimia. Usually this is accomplished through therapy, which includes an educational focus. Part of that education emphasizes the destructive nature of the bingeing and purging pattern. A cognitive behavior approach, group therapy, family therapy, and/or the use of medications may be used. Most patients with bulimia can be treated as out-

patients.

Another more common eating disorder is Anorexia. Anorexics have a problem keeping their body weight in a normal range or even above a minimal weight level considered to be healthy.

The first type of anorexia, called restricting, is found in those anorexics who severely limit their caloric intake and/or who exercise to excess to cause weight loss.

The second type of anorexia, called binge-eating/purging, is found in those anorexics who eat in binges and then purge the body of the ingested food either by self-induced vomiting, the ingestion of large quantities of laxatives, the overuse of diuretics and enemas to rid the body of food.

Anorexics don't see themselves like other people see them. They fear weight gain, and they work hard to stay thin.

In most cases anorexics actually lose weight. Weight loss usually occurs because of a severe reduction in caloric intake. In addition, weight loss is achieved by self-induced vomiting, the use of diuretics (water pills), and the use of laxatives. Many anorexics also exercise to excess in an attempt to burn calories.

Anorexia is usually diagnosed when the young person is between the ages of 15 and 20 years. It is quite common for the first signs of anorexia to appear following a personally stressful event during adolescence. People in their 20's and 30's may have anorexia however, it is rare to see anorexia in an individual over 40 years of age.

Individuals with anorexia do not worry about their weight loss. Therefore, they generally do not seek professional help. Parents, other relatives, or friends are often responsible for getting the necessary help for the family member suffering from anorexia.

The diagnosis of anorexia is made when the anorexic either loses fifteen percent (15%) of their weight or when the growing child fails to acquire eighty-five percent (85%) of the minimal weight for their particular age and height. As mentioned above, young people with anorexia do not see themselves as overly thin, and they gain a great sense of achievement by keeping themselves trim. A history of excessive exercise, self-induced vomiting, and the overuse of laxatives or diuretics helps the mental health professional make a diagnosis of anorexia. *pha*

“Entrenched Dogma” ...cont'd from p. 9

physician must witness the EM rash to make a valid diagnosis is not unique to Texas.

In making your dismissive comments, you rely on and quote "the textbook" for infectious disease, Mandell's (et al) *Principles and Practice of Infectious Disease(s)*. You read that Lyme is primarily in the Northeast, Midwest, and Western regions of the U.S. You then conclude that Texans with the disease most likely contracted it in one of those regions.

Again, Dr. Cornelius, those regions have been known to be highly endemic for Lyme and other tick-borne diseases for at least 30 years. The first U.S. case documented in the medical literature was in Wisconsin in 1970, not in Connecticut where late arriving investigators from Yale claimed the discovery prize. Borrelial infection has now been documented in all 50 states. The information you quote is trite, made even more so by the fact that the world body of medical literature has recorded for 125 years various manifestations and technical details of Borrelial infection, now on six continents. If you are going to speak as a medical expert on Lyme disease, then at least be personally familiar with its history and range.

As to where Texas patients were infected, I have already addressed the existence of in-state exposure. Surely, some patients were infected by traveling to more endemic regions, and others infected elsewhere have chosen Texas as their home. Still others have indeed been infected in

Texas. Ticks do not recognize political boundaries, nor do the migrating birds and animals on which they travel and from which ticks fall en route. The issue is of interest if ever the data could be assembled for epidemiological study. However, it really bears no weight in the argument for experienced and accessible healthcare for the patients that are here, regardless of where they were infected. It is your challenge, indeed more particularly your obligation, to provide that healthcare. Your oath commands you not to blindly follow the entrenched dogma of an organization that has been shown to cull the literature which supports their point of view and ignores those whose research and clinical experience have given thousands of Lyme patients their lives back.

Dr. Cornelius, you and Scott & White have the opportunity, and the responsibility, to provide a much needed and important resource to Texas, and the greater patient community, by becoming a leader in the diagnosis, treatment and clinical research of Lyme borreliosis and related co-infections. The organizational components and facilities exist at Scott & White. The Scott & White leadership and its capable physicians have only to open their eyes to the need, and open their hearts and minds to the great benefits and possibilities that would further the institution's national reputation for excellence reached through commitment to patient care.

Texans deserve the best standard of care. Will you take the challenge? *pha*

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“Vaccine” ...cont'd from pg 5

proceed with publication.

Why did you write "The Chickenpox Vaccine: A New Epidemic of Disease and Corruption?"

The corruption and conflicts of interest associated with the Varicella Active Surveillance Project, the CDC, the local Health Department, the FDA, and the Pharmaceutical Company--which I experienced--was not just an isolated case. Virtually all medical reports and studies (especially those financed and conducted by the pharmaceutical company that manufactures the vaccine/drug) represent pseudo-science, i.e., reports prepared by statistical experts that mask the negative findings and promote the positive outcomes. There are many problems with the Hepatitis B vaccine, fluoridated water, instant cord clamping (ICC) of newborns, etc.

Explain exactly what your job was for the CDC.

I was a Research Analyst with the following responsibilities. Every piece of data went through me and was tabulated by me. The following is a job description:

TITLE: Research/Epidemiology Analyst

DEFINITION: Assists, designs, conducts, reviews, and analyzes surveillance surveys to determine the patterns of disease in the community; advises staff members regarding communicable disease, and contributes to departmental policy decisions.

EXAMPLES OF DUTIES:

- o Writes computer programs and constructs codes for the machine processing of research data.

- o Assists in developing project methodology.

- o Provides technical advise, educational services, and consultation to project members regarding use of computer entry of surveillance data.

- o Designs, conducts, analyzes, and assists in the preparation of newsletters and quarterly reports based on research findings by analyzing available surveillance data and project variables.

- o Designs graphic images and other computer artwork using both word processing and graphics applications to produce publishing quality quarterly reports and newsletters.

- o Designs and implements databases to allow quantitative analysis of all project variables.

- o Reads professional, technical, and scientific literature and governmental reports relating to communicable disease to keep abreast of the latest developments in the field.

- o Acts as consultant to the Project Director in interpreting technical material and in making recommendations concerning departmental policy for data collection and entry.

- o Compiles and organizes data for statistical analysis, performing computations of standard deviations, correlations, tests of significance (including Chi-square test, and use of contingency tables), and comparison with theoretical distributions.

- o Prepares recommendations and submits for review investigative, factual, and analytical data in appropriate format; prepares tabular and graphic presentations of raw and analyzed data.

- o Confers with departmental staff on research projects and to obtain information necessary to carry out projects.

- o May supervise clerical

personal in connection with data entry procedures.

- o Speaks to professional groups or associations comprised of technical personnel; participates in orienting Health Department professional personnel.

- o Make recommendations on computer hardware/software required by project.

Do you feel there is a new epidemic disease? If so, who should be warned and why?

There is a new epidemic of Shingles, the risk for adults has doubled and the risk of shingles has increased for children as well. Also, there appears to be an increase in the number of 2nd cases of chickenpox. Because a booster is required at periodic intervals, there will continue to be outbreaks of chickenpox. Also, there are at least some individuals that will experience a severe adverse reaction to the vaccine.

What is the corruption associated with the chickenpox vaccine?

No one knows how long the immunity (or protection) will last--even with a booster dose now. Chickenpox was a relatively benign illness. The increase in herpes zoster (shingles) among adults will offset any benefit associated with the chickenpox vaccine. No cost analysis was done that included a booster dose for children. Nor have cost-benefit analyses included adverse vaccine reactions or the effect of the Varicella vaccine on the increased incidence of shingles in adults.

Is it the CDC, the pharmaceutical companies or the researchers that are corrupt? Why, do you believe they are corrupt (money, power, NWO, population con-

trol)?

The Federal Government pays for each qualified child that is vaccinated if that child does not have health insurance. There is a distribution channel of vaccines from the CDC to the local health departments. The pharmaceutical fund, in part, the CDC to conduct studies; researchers are not permitted to perform object research--only investigate what will lead to positive results ordered by the research sponsor.

Should parents be subjecting their children to the chickenpox vaccine? Why or why not?

Vaccination should be a parental choice. Will the vaccine continue to protect into adulthood? Likely not, and adults have 20 times the risk of severe complications with chickenpox. Mothers previously passed on antibodies to their babies to protect them against chickenpox...this likely will no longer occur. Varicella syndrome can occur if the mother catches chickenpox while pregnant and passes on the infection to the fetus. This can result in death or deformities of the newborn.

Please, briefly explain the history of this vaccine.

The FDA used the vaccine for 20 years in Japan prior to its acceptance on March 17, 1995. In Japan, however, only 1 in 5 (20%) of the children were vaccinated, thus the incidence of natural chickenpox remained high in the community and provided an immunity boost to adults to postpone or help suppress the reactivation of the Varicella-zoster virus as shingles.

“Vaccine”...cont'd on pg 18



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- * Living with parents who are Chronically Ill

Medical News Briefs Around the Nation

by Susan Williams

Researchers Discover Surprising Contributors To Weight Gain

A July 2006 article in the International Journal of Obesity reported that there is too much emphasis on diet and exercise being the factors for causing obesity, while other lesser-known but critical factors are being completely ignored. A few of these more obscure reasons for our obesity epidemic, according to researchers at Yale, Cornell and Johns Hopkins, include:

Too Little Sleep: Inadequate sleep (less than 7-9 hours) increases hunger and appetite and interferes with the hormonal regulation of fat metabolism, leading to increased body weight.

Pollutants: Levels of man-made chemicals in the environment have increased, and can enter the human body through the food chain. Many of these toxins interfere with the work of hormones, disturbing hormonal regulation and leading to increased fat deposition.

Comfortable Temperatures: Before the invention of air conditioning and central heating, people had to use up body energy to keep warm or cool, which burned calories. "Exposure to temperatures above or below the thermoneutral zone increases energy expenditure which decreases fat," say the scientists.

Use of Medicines: Antidepressants, anticonvulsants, antidiabetics, anti-hypertensives,

contraceptives and antihistamines have all been linked to weight gain. "Most (of these) pharmaceuticals were introduced or had their use dramatically increased in the past three decades," say the scientists.

The Age of Your Mother:

Studies of children in Britain have found that the risk of obesity increases with the age of mother. One theory is that as women age, their offspring get lower levels of the proteins they need to regulate fat. The age at which women have children is increasing worldwide.

Previous research has shown that chocolate can affect the brain by causing the release of certain neurotransmitters such as endorphins and serotonin, which can help reduce stress and decrease pain. Additional studies have shown that dark chocolate has some heart-healthy benefits such as lowering LDL cholesterol (the "bad" cholesterol) and decreasing blood pressure.

Now new findings suggest that some chocolate could also help sharpen the mind and provide a short-term boost to cognitive skills.



New Studies Show Chocolate Boosts Brain Power

Giving a gift of chocolate really does show how much you care.

Several recent studies found that consumption of a special cocoa made to be rich in flavanols, a naturally occurring nutrient abundant in fresh cocoa, may enhance brain blood flow and maintain healthy brain function. The increase in blood flow to the brain may help increase perform-

ance in specific tasks and boost general alertness over a short period. The study also suggests that the cocoa flavanols could be useful in enhancing brain function for people fighting fatigue; sleep deprivation, vascular impairments such as dementia and strokes, and even the effects of aging.

Researchers found that the indigenous population of Kuna Indians living on islands near Panama, who consume a type of flavanol-rich cocoa on a daily basis, had significantly lower rates of heart disease and cancer compared to those on the mainland. The relative risk of death from heart disease on the Panama mainland was 1,280% higher than on the islands and death from cancer was 630% higher.

Researchers emphasize that the most beneficial chocolates are raw and unprocessed organic cocoa powders, followed by organic dark chocolate with the highest percentage of cocoa liquor or cocoa powder and the lowest percentage of refined sugar (such as bitter or semi-sweet dark chocolate). Chocolate that has undergone extensive processing or treatment with alkalis does not contain the same benefits.

A panel of scientists presented the results of these studies at the February 2007 meeting of the American Association for the Advancement of Science (AAAS). The AAAS, founded in 1848, is the world's largest general scientific society and publisher of the international journal Science. *pha*

“Blazing a Trail” ...cont'd from pg 6

ic end to it all, getting into my car and slamming into a telephone pole, sparks flying, at least the autopsy would show what was wrong. Thankfully, I never went through with my plan. Hindsight is 20/20 and I never knew that help was right around the corner.

My sister found a doctor who was known for "mystery ailments" and in-depth blood testing 2 hours away from me. I had to wait 2 weeks until my appointment. I spoke with a woman in their office who assured me they could diagnose me. I was convinced and realized I had to see this doctor.

I found out when I got to the doctor's office that they primarily dealt with tick-borne illnesses. I had literally fallen into the hands of a Lyme Literate Medical Doctor

(LLMD) thanks to my sister's research, but even she had no idea he was a LLMD. My blood work was sent to Igenex labs and 2 weeks later I received the call. According to the LLMD I was "a strong positive for Lyme disease, as well as the 2 co-infections Bartonella and Ehrlichiosis." I was started on antibiotics right away.

It has been a rough road. I am still not well, but I am making progress. My pain is more manageable and I have days that are good, that's a good sign. I am in it for the long haul. I have no choice. To complicate matters, I have 3 active viruses as well. The cortisone disseminated both viral and bacterial diseases. But I believe I will be well one day. Since being diagnosed, my son,

husband, sister and brother-in-law all tested positive for Lyme disease as well. None of us has the same exact mix of symptoms. My son's Lyme is currently inactive.

I ended up having 35+ symptoms in all; mostly neurological. Some of my symptoms included, tender painful scalp, sparking nerve pain in my scalp, jaw, teeth, muscle twitches, migrating pain, shooting, burning, stabbing, pins and needles, numbness, blurry vision, deep ear pain, burning spinal pain, stomach, intestinal pain, rib cage pain, chest pain, shoulder blade pain, kidney pain, bladder pain, pulling stretching burning nerve pain in my legs, leg weakness, joint pain, tendon pain and even shooting pains rectally. There aren't any places I haven't had pain.

I have endured tremendous suffering and pain that I never even knew existed. It has made me a different person, a better person, stronger, more compassionate, and more understanding. It has given me endurance. But most of all it has given me drive and purpose to educate the world of this devastating disease. I have recently started a website, truthaboutlymedisease.com that is for educational purposes and we have also formed an online Lyme support forum with wonderful, helpful members. I find support is an essential with this disease. As I continue down this bumpy road to wellness, my hope and dream is that my website will help countless people who are suffering and in need of answers and support. *pha*

FEATURES

“Biotoxins” cont'd from pg 14

nately. Though gastrointestinal side effects are not uncommon and include constipation and other digestive issues, less than 10% of patients stop using CSM due to the side effects experienced.

Before one can expect to see results from CSM therapy, the source of the biotoxin must be addressed. This may mean treating Lyme disease or removing yourself from an ongoing mold exposure. If CSM therapy is implemented while there is a continued ongoing exposure to biotoxins, the likelihood of any lasting improvement is reduced and the patient will generally remain ill.

The vast majority of people treated with CSM will have a notable fall in C4a if the inflammatory activation from the biotoxins has not gone on too long. A small group of patients, especially those with longer-duration illnesses, may not see this fall in C4a while on CSM. Even in this small group, effective interventions have been recently identified.

If there is an ongoing infection, as may be the case in some patients with Lyme disease, C4a will often fall but slowly rises back to pre-treatment values after the cessation of treatment. This may be an indication that living Lyme organisms are still present and may be an indication that further antibiotic therapy is justified. A rapid rise of C4a back to pre-treatment levels may also suggest that mold biotoxins are to blame.

Treatment for biotoxins will often incorporate targeted gene therapy using Actos. Actos is a drug approved for the treatment of diabetes that also has a significant number of benefits for those with biotoxin-associated illness. Beyond being anti-inflammatory, Actos lowers leptin, lowers MMP9, raises VEGF, and positively affects other markers not discussed in the scope of this article. It is one of the most important interventions known in treating biotoxin illnesses.

In fact, for people with Lyme disease, CSM alone may create a significant intensification of symptoms similar to a Herxheimer reaction. This intensification is observed in over 50% of patients and is likely the result of a cytokine storm. This storm is effectively blocked by pretreatment use of Actos. This is a very important part of treating a biotoxin illness in someone with Lyme disease. CSM alone is generally more difficult for that patient to tolerate and less successful in terms of eventual outcome. The benefits of CSM therapy are limited to the binding of toxins; it cannot do more than that.

Unfortunately, Actos confers none of these important benefits if the patient continues to consume a high-glycemic index diet. Dr. Shoemaker specifically uses a no-amylose diet that restricts the intake of carbohydrates which contain amylose. These consist of wheat, rice, oats, barley, rye, bananas, and any vegetable that grows beneath the ground. Failure to implement this restriction will result in a less than

by Scott Forsgren Scott@BetterHealthGuy.com

optimal outcome.

Generally, if one corrects MARCoNS colonization, VEGF deficiencies, and avoids gliadin, treatment with CSM and Actos will result in more than 92% of patients showing a 75% or greater reduction in symptoms.

To summarize, in susceptible individuals, biotoxins lead to increased leptin, increased cytokines, increased MMP9, increased C4a, reduced VEGF, reduced MSH, reduced ADH, reduced sex hormones, changes in cortisol and ACTH, prolonged illness, resistant staphylococci colonizations, gastrointestinal problems, chronic pain, and sleep disturbances. All of these are downstream effects of the "Biotoxin Pathway" in an HLA-susceptible individual.

It is mind-boggling to try and comprehend the magnitude of the effect of these biotoxins on so many body systems. The beauty of understanding the "Biotoxin Pathway" however is, once understood, there are options for resolving the effects of the biotoxins and regaining health and wellness. Onward and upward! *pha*

Resources:



Dr. Shoemaker has recently released a comprehensive web site on biotoxin illness at <http://www.biotoxin.info>. This site is a must read for anyone with chronic illness.

For information on the VCS test or to take the test online, visit www.ChronicNeurotoxins.com or www.biotoxin.info.

For a full listing of tests commonly performed by Dr. Shoemaker, visit the "Testing" section at www.biotoxin.info.

To learn more about biotoxin-associated illnesses and the "Biotoxin Pathway", the book "Mold Warriors" is an impressive resource. Even if one is of the opinion that mold is not part of their issue, the book is an invaluable source of information. Remember, biotoxins are biotoxins and whether they are from mold or from Lyme disease, or any number of other sources, the concepts, symptom-presentation, and treatment options are very similar.

To hear a recent radio interview with Dr. Shoemaker visit <http://communityradio.coop/Audio/RIV08022006.mp3>.

Scott Forsgren has been impacted by Lyme disease for over 10 years. Through the work of Dr. Shoemaker, Scott learned that he has a multi-susceptible HLA genotype and is impacted by both Lyme disease and mold exposure. Scott shares the information he has learned on his journey on his website at www.BetterHealthGuy.com and can be contacted at Scott@BetterHealthGuy.com.

“Vaccine” ...cont'd from pg 16

By contrast, the U.S. adopted a "Universal Varicella Vaccination Program", whereby all healthy children were vaccinated. Thus, the outside (or exogenous) exposures to natural chickenpox would at some point become rare. Vaccinated children would no longer receive an immunity boost by exposure to other children with natural chickenpox. Also, adults no longer would receive the immunity boost afforded by exogenous exposures to children infected with natural chickenpox. So basically, such a program was embarked upon as a huge experiment. Adults were not properly informed (and therefore did not consent to) their increased risk of shingles. It was thought that immunity from a single vaccine in children would last lifelong or at least 20 years. However, in the absence of natural chickenpox, it appears that the duration of immunity is approximately 3 to 5 years based on a recent CDC study. *pha*

Dr. Goldman's book is available at:
www.DrGoldmanONLINE.com.

Gary S. Goldman, Ph.D. is Pres./Founder of Medical Veritas International Inc., a non-profit 501(c)3 public charity that supports medical/scientific research and education. Since 2004, Dr. Goldman has served as Editor-in-Chief of Medical Veritas, a journal free from the conflicts of interest of the pharmaceutical industry.

Dr. Goldman is a reviewer for the Journal of the American Medical Association (JAMA), The American Journal of Managed Care, and Vaccine. He serves on the Editorial Board of Research and Reviews in Bioscience. His biography is included in Marquis' 2005-2006 Who's Who in Science and Engineering and 2006 Who's Who in the World.

The Book You Can't Afford to be Without!

by Dr. James Schaller, M.D.

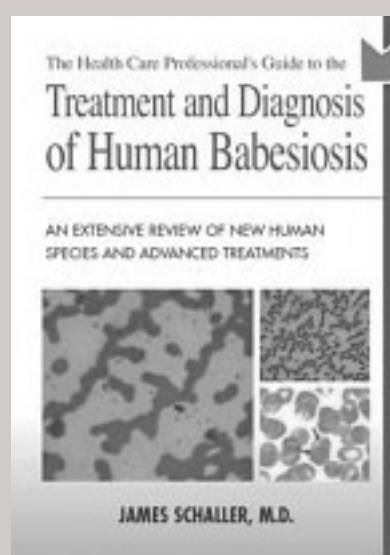
available at:

www.amazon.com

Dr. Schaller writes in an engaging manner that draws professionals and is clear enough so those who are struggling with these symptoms can understand the etiology, description and treatment of the disease.

The book freely and exhaustively shares a bibliography so those who need more already have a lot of the research sources completed for them. I am not a medical doctor but in my work with individuals, couples and families it gives me abundant resources to spot potential symptoms and refer people knowledgeably for further evaluation. Dr. Schaller is a prolific writer but he takes no shortcuts in his work.

Ralph W. Eckardt DSW
40 years experience.



NATION WIDE SUPPORT GROUPS

National Multiple Sclerosis Association:

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Birmingham, AL 35209
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Dana Floyd, director

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yahogroups.com

WI / IL / MN Regional areas

Contact PJ Langhoff

(920) 349-3855

www.Sewill.org

www.LymeLeague.com (Intl)

Lyme Coalition of N. Wisconsin

Pat Jackson (715) 356-3364

www.pattyknack.com

pattyknack@charter.net

“HBO”

cont'd from pg 13

progress.

If you are interested in more information on HBO, or in doing HBO treatment yourself please refer to the links provided below. Many thanks to Julia Sudylo, Registered Nurse and Certified Hyperbaric Technician, of Julia's Hyperbaric, for all of her insight and assistance in the writing of this article.

Resources:

<http://www.juliashbot.com/>

<http://hbot4u.com/lyme.html>

www.personalconsult.com/articles/hyperbaricoxygeneficacy.html pha



Laura Zeller is an advocate for patient rights & public awareness. Laura has BS degree in Environmental Science and an A.A.S. in Ecosystems Ecology.

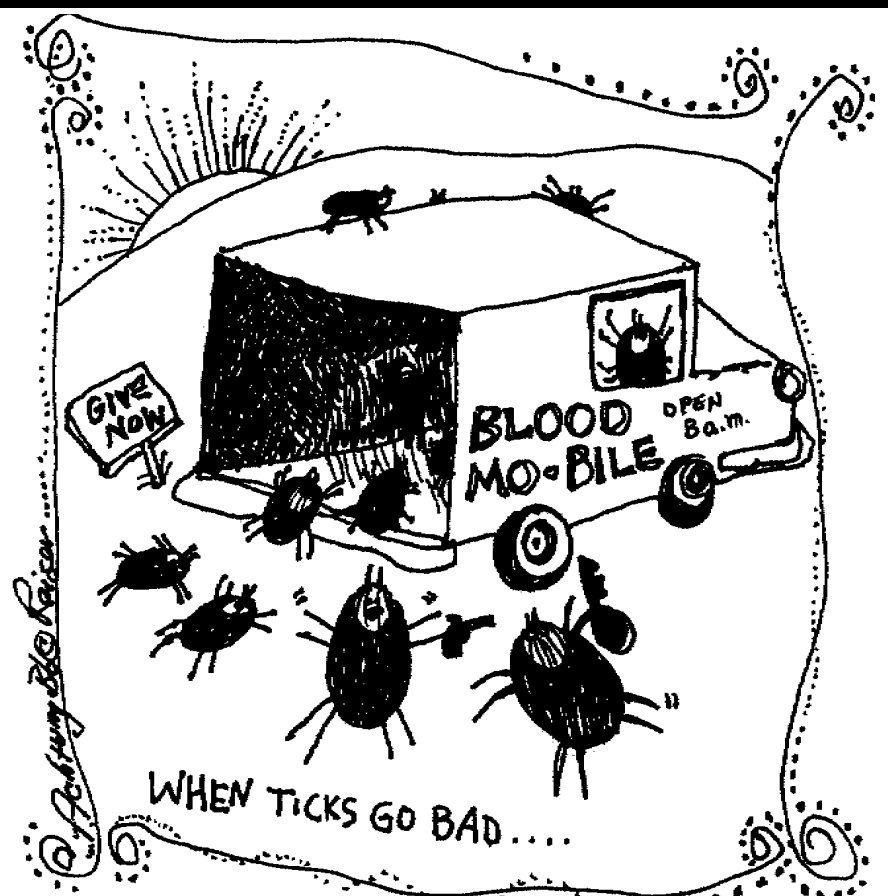


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by Terri Reiser

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