



FREE

# PUBLIC HEALTH ALERT

Vol. 2, Issue 11

Investigating Lyme Disease & Chronic Illnesses in the USA

November 2007

## In This Issue



**PJ Langhoff:**  
Collateral  
Damage  
p. 2



**Dawn Irons**  
Remembering  
Tuskegee and  
Letters to the  
Editor  
p. 3



**Marjorie  
Tietjen:**  
The Vaccine  
Deception  
p. 4



**Joan Vetter's  
Faith Factor:**  
Tug-of-War  
p. 5



**Lyme Disease  
Education of  
Maryland**  
The Earth is  
Flat, Snow in  
the Tropics and  
No Chronic  
Lyme....p6



**Angela  
Mrema**  
Dream  
Invaders and  
sleep paralysis  
p. 7



**Sue Vogan**  
Interview with  
Dr. Ritchie  
Shoemaker  
p9



**Laura  
Zeller**  
Exploring  
Quantum  
Biofeedback  
p.12



**Maggie  
Sabota**  
Why Lyme  
Disease?  
p. 16



**New research  
for Premies:**  
Breast milk  
linked to greater  
mental develop-  
ment p.18

Obituaries ... p.14

## Peggy Will Walk Again... And You Can Help Her Do It!

by Scott Forsgren

As a runner and avid athlete in high school, Peggy Merriman was the picture of health. Never did she dream of the challenges that would lie before her.

At the age of 17, Peggy came home not feeling well after a run. Almost immediately, she became incredibly exhausted and lethargic. In addition to being tired, her entire body ached. The next day, she decided to consult a doctor. Little did she know it would be the first of many doctors she would see in an attempt to figure out the mystery of her condition.

Her doctor immediately suggested mononucleosis as the cause of the debilitating fatigue and ran blood tests to confirm. The results were negative. The doctor decided to put Peggy on antibiotics. For a short time, Peggy began to feel better. She pressed on with her life and started college as a music performance major playing both piano and harp.

During her first year at the University of Oregon, Peggy began to have odd sensations in her body and found it becoming increasingly difficult to play her instruments. At 19, she returned home and visited with another doctor for her yearly physical.

Peggy told her doctor that she had been experiencing a number of unusual sensations as well as having had problems

with her bladder. The doctor performed a number of basic motor tests and told Peggy that, though she could not be certain, she "probably" had a disease called Multiple Sclerosis. Peggy was then sent to a neurologist to confirm the diagnosis. The results of her spinal tap were normal but the neurologist agreed that Peggy "probably" had an incurable disease called Multiple Sclerosis.

As a result of her "probable MS" diagnosis, Peggy was given years of steroids in an attempt to keep her illness under control. She was forced to leave college as she was experiencing profound fatigue, was having trouble playing her instruments, and no longer had full control of her own body. At 19, Peggy was using a cane. She later went to crutches. At 24, she used a walker, and at 26, Peggy began to use a manual wheelchair.

A consultation with another doctor resulted in the highest level of mercury toxicity that the doctor had ever seen. Her results were off the charts. Her amalgams were removed and a series of DMPS chelation treatments were administered. Since she only had five amalgams, the doctor suggested that the most likely source of Peggy's mercury was from her mother during pregnancy.

In 2000, Peggy sought the help of another doctor, Dietrich Klinghardt, MD, PhD, in Seattle, Washington. Dr.



Klinghardt evaluated Peggy with a technique that he often uses with his patients called ART, or Autonomic Response Testing. The evaluation suggested that Peggy may have actually been dealing with Lyme disease, not Multiple Sclerosis. After he was finished, Dr. Klinghardt told her,

"People with MS pass these tests. You failed them grossly." In fact, Dr. Klinghardt further pointed out that the years of steroids were likely a contributor to her rapid decline and in part responsible for her need to use a wheelchair.

"Peggy" ...cont'd pg 12

## What Are We Going To Do About The Shortage of Treating Physicians?

by Staci Grodin - Co-founder,  
Turn the Corner Foundation

Turn the Corner, a not-for-profit foundation dedicated to the support of research, education, awareness and innovative treatments for Lyme disease, is working to increase the numbers of Lyme literate doctors domestically and internationally.

Turn the Corner, in partnership with ILADS, established a Physicians Training Program. This unique "mentoring" program has been a remarkable success over the past three years enabling dozens of physicians from around the world the opportunity to study in the US with a variety of Lyme literate doctors for approximately a two week period. Physicians in training have the chance to learn about Lyme and other co-infections in a hands-on atmosphere.

Mentoring doctors allow trainees to watch them in action with patients, observe as they review different cases and

learn their individual approach to diagnosis and treatment. The program reimburses physicians for their out-of-pocket costs (such as travel, hotel and meal expenses) incurred while mentoring.

Trainees' backgrounds range from everything from neurology to family practice and all are eager to bring their new found Lyme disease knowledge back to their home town and help treat Lyme patients. Once completing this training program, many of these doctors are now the only treating Lyme literate doctor in their town, city and even state.

In addition, the Turn the Corner Foundation has recently launched the Pediatric Lyme Training Program and is in the process of raising \$60,000 to fund this program. The Pediatric Lyme Training Program will provide training of a board eligible or board certified pediatrician in private practice or planning private practice interested in treating pediatric Lyme disease.

Currently, there are very few Lyme literate pediatricians in the world. The chosen candidate would complete a three month program with Dr. Charles Ray Jones of New Haven, CT, Dr. Ann Corson of Philadelphia, PA and Dr. Joseph Burrascano of East Hampton, NY. Once successful, in the future this program can be repeated with other pediatric candidates, with the end goal of "cloning" these doctors extensive Lyme knowledge and creating many more Lyme literate pediatricians to treat sick children world-wide. The program will pay a stipend to training physicians and will reimburse them for out-of-pocket expenses.

Staci and Rich Grodin founded Turn the Corner Foundation in February 2002. Since its inception, the Foundation has raised nearly one million dollars. For more information about Turn the Corner and their different programs or to find out about getting involved and donating

please visit :  
[www.turnthecorner.org](http://www.turnthecorner.org).

### Upcoming TTC Event:

Turn the Corner is excited to announce that our sixth annual fundraising event and second annual fundraising gala, Unmask a Cure, will take place on Thursday, November 1, 2007 from 6:00 PM to 10:00 PM at Guastavino's. This tasteful-style gala will feature cocktails and hors d'oeuvres from some of New York City's finest restaurants. This Gala will feature a live performance by Daryl Hall that you won't want to miss!

The gala will also feature a silent auction of amazing prizes, including a Motley Crue signed guitar, golf outings, gift certificates to top restaurants such as Café Gray and STK, tea at LongHouse Reserve with Jack Larsen, unique pieces of art, Hairspray poster signed by John Travolta, wine of the month membership from Public, and even trapeze classes!

Participating restaurants include Agata & Valentina, Barna, Cook with Class, Edible Arrangements, Gabriela's, Ruby Foo's and STK.



# Collateral Damage: How the Lyme Vaccine Made a Life Less Ordinary

(The first in a series of vaccine articles)

by PJ Langhoff

David Alloco was an exceptional athlete, with incredible stamina, both physically and mentally. In fact, in 1983, David underwent an operation to remove a benign brain tumor, which did nothing to slow him down. Five days a week, from the time he was a junior in high school, David was entrenched in body building training. As a matter of fact, he was a familiar fixture as the gym became a "second home" to him. He stuck with his grueling schedule throughout college, where he also played semi-pro football for the Rochester Warriors (NY, now renamed); and flag football in the off-season. When he accidentally tore his Achilles tendon, he was forced to give up his beloved football despite a nearly complete recovery, and he consoled himself with body building, and enjoyed hunting and fishing. Despite a prior medical history of left knee problems which required two surgeries over the years, and leaving him with intermittent mild left knee pain, David was living what he considered an otherwise normal, full life.

But in 2000, New York was already considered a high-risk area for contracting Lyme disease, and anyone spending time outdoors was at an increased risk for tick bites, and possible illness. In May of that year, on advice from his doctor, David agreed to undergo a series of three injections of the LYMERix vaccine, with the objective that the shots might protect him from contracting Lyme, a disease which, if left undiagnosed and untreated, can have debilitating consequences. Being so physically fit and active, the vaccine seemed to make sense to David, despite the fact that he never recalled ever being bitten by a tick.

At the time of the first vaccination, David was provided with a basic pamphlet of information which he found on his doctor's table. It was a typical "feel-good" brochure meant to assuage patient fears, and he does not recall reading any information about serious side-effects or other possible risks associated with the vaccine. His doctor did not offer any information about side-effects, risks or complications, either. And David was never provided any type of waiver or consent form to sign prior to receiving any of his vaccinations. In fact, getting immunized seemed like a "good idea" to David, who relied on his doctor's knowledge and advice in his decision to be vaccinated.

David does not recall any immediate problems or symptoms with the initial dose, but did notice a short time later, that he had increased pain in his left knee, and new onset pain in his right knee. He mentioned this to his doctor at subsequent visits, and David witnessed the physician recording the symptoms in the chart each visit. The following month David received a second injection. When asked about symp-

toms, increasing knee pain was communicated. Because David felt the vaccinations were costly at \$50 each, he waited to receive his third and final shot until December of the same year, which he timed to coincide with hunting season.

On January 4, 2001, David rose early that morning but didn't "feel well". He descended his stairs and entered the kitchen to make a protein drink. It was then that he began to feel "weird." David says, "I

seizure-related was ever discussed with him.

David returned to his regular doctor, with increased pain in both knees, which he describes as feeling like "strong growing pains." At the time David was already on pain management medications for his residual left knee problems, but it wasn't helping the new pains. Finally in June of 2002, David had to give up his body building training, due to the pain and a new onset lack of

So David made an appointment to see his doctor, because he suspected that he knew what was causing his painful knees - the vaccine. When he arrived at the clinic, he first saw the physician assistant. When David suggested his pain was from the vaccine, the PA told him "you didn't get the vaccination", to which David replied, "Yes I did." But the PA said, "I don't see that" (in the chart). The PA and David went to speak with the doctor and the

Lyme western blot test performed by a routine national laboratory. David saw the ID doctor monthly, and was prescribed Neurontin and methadone. It was the first time in years where he received any noticeable pain relief.

In late 2002, David's eyesight began to noticeably change, and he went through four different eye prescriptions in a year. He had blurred vision and difficulty seeing things at a distance, which he noticed when he could no longer see through his gun sight and shoot. In fact, he says he couldn't read things as close as a chalkboard. And while the pain became intense, his short-term memory began to suffer. According to David, it rapidly "flew out the door." Previously, David had an excellent memory. So good in fact, that he never had to record assignments in college, but committed them to memory. Now David found it difficult to juggle numbers, like phone numbers of family which he would normally have no problem recalling.

When he fell asleep, sometimes he would get a feeling of "going into a black hole", which he found strangely similar to what he experienced when he had his brain tumor. His doctor took him off Paxil (which he was also taking) and put him on Klonopin instead, which seemed to take care of the sleep anomalies. David was also prescribed Ritalin, which he has to take four times daily or he says it's like "unplugging a plug". David also has pain in both of his feet now, which he treats with lidoderm patches.

During this process, David and his fiancé married, and he says his wife is "very supportive". He feels fortunate that her job provides them with medical coverage, which he says to date, has been "pretty good" about paying for his health care. He also received disability Medicare, but hasn't needed it. David also receives a disability stipend that is around \$1,000 a month, not much when you consider the out-of-pocket costs of co-pays, prescriptions and over-the-counter medications. David used to have private disability through his past employer, but he was suddenly "dropped" because they claimed his painful knees were a "pre-existing" condition, (he had prior surgery on one of them, and had been on painkillers for a period of time.) His life insurance through the same company was also cancelled without his consent. He hired an attorney to help fight the insurance carrier's determination, but David was advised by his attorney that he should elect for a small payout so as not to "mess up" a case he was filing pertaining to the vaccine complications.

During his research of Lyme, David learned that other people were experiencing similar symptoms. He says it was like reading a "carbon copy" of his own symptoms, which David describes as eye pain, visual changes, sleeping prob-

*"LYMERix"...cont'd pg 13*



was reaching for a glass, and I felt kind of like my arm was sort of detached, like an out-of-body experience if that makes sense." So David started to go back upstairs and when he looked at his fiancé, he said, "I really feel 'f-d' up" (his exact words to her). David proceeded to get ready for work, and that's when he found himself flat on the floor. When he first collapsed, his face was "all tingly" and David says he "went numb" from the waist down. David thinks he was unconscious for a few moments, and when he came to, he found himself lying on the floor as his fiancé was calling 9-1-1. "It felt like an eternity to me", said David, who was more concerned about his fiancé being frightened, than his own fears for his health.

David was taken by ambulance to Rochester General Hospital, where he was first diagnosed with a "stroke", but a CAT scan ruled that out, and his final diagnosis was "dehydration" and a "viral syndrome?" (the question mark was part of the diagnosis). This perplexed David because he says through force of habit he already drank "a ton" of water and juice. The hospital offered him no further treatment or antibiotics, however. Four days later with a fever, David returned to the same hospital, where he was given IV fluids, and a repeated diagnosis of "viral syndrome." Later after reviewing his medical records, David noticed the words "absent seizures", but nothing

stamina. And by fall of the following year, David was forced to give up his employment as a level three inpatient pharmacy tech due to the intensity of his pain.

Just before stopping work, a colleague who was learning to compound at the same pharmacy, noticed David limping around work, and sweating profusely. The friend told him he looked sickly. David says they were "talking shop" and the friend asked him if he ever did anything outdoors like hunting or fishing, to which David replied, "oh yeah, I love that." But David told his friend that he didn't "have to worry" about Lyme, because he already had been vaccinated. His friend informed David that he had done a project for one of his pharmacy classes at the University and it happened to be on the topic of Lyme disease. (His report was written in February of 2002.) The friend told David that the vaccine had just been pulled from the market, which surprised David, as his doctor never mentioned that at any of his previous visits, even after David received the vaccination. After the friend's comments, David did some research on the LYMERix vaccine and learned about the link between LYMERix and treatment-resistant arthritis, in a subset of people who may be predisposed to problems after receiving the vaccine. This caused him great concern as he had similar symptoms to findings among the research.

nurse who had actually given David the injection. David knew that the nurse would definitely remember him. David says he felt he had to "prove" to the PA that he had received the vaccines, because she was stating that he hadn't, according to his chart. Once the nurse who gave David the shots admitted to giving them, the doctor said to the PA, "Yeah, give it to them", which David interpreted to mean give them the file. So the PA looked at the chart again, and said, "Yeah, you're right, here it is" - it was the same chart she had been holding in her hands moments before.

David asked the doctor to test him for Lyme (based on the vaccine and his arthritis-like pain). The doctor ordered a "Lyme test", drawn the following day, and which within one week, returned "negative." David was referred to an osteopath, who planned to do exploratory surgery, but David also saw an Infectious Disease specialist. David delayed the surgery and concentrated on treatment with the ID doctor, a woman, and someone who routinely treated chronically ill AIDS patients. The specialist admitted she knew little about Lyme disease, but told David, "we'll learn together," an attitude which should be commended for its exceptional patient-friendly, open-minded, logical, and sadly, extremely rare qualities. The physician ordered a series of blood work in which David was found CDC positive for IgM on a

# Remembering the Tuskegee Experiment

## The More Things Change the More they Stay the Same

by Dawn Irons

For several years now I have heard many in the Lyme disease community make comparisons of our plight to that of the Tuskegee Experiment. I only vaguely knew what that was...some medical study related to Syphilis.

A few years ago I was horrified and humiliated when I took my lab papers to the lab for blood work and I noticed that the doctor had marked a full panel of testing for Syphilis! I was appalled! I had been in a monogamous marriage for 12 years at that point. I knew it was not even possible for me to have that disease, but I sure wondered why my doctor wanted to test me for it!!

I remember going home and doing some research on the symptoms of Syphilis. That was even more shocking! The symptoms were identical to that which I was seeking a doctor for treatment!! I was beside myself!! I went through all my medical records looking at the past labs that had been ordered. There buried my 3 inch file of tests and results was a test for Lyme disease that was positive. I remember the doctor telling me that it had to be a false positive because "we don't have Lyme in Texas."

That is when I began researching Lyme disease. To my surprise, the symptoms were almost indistinguishable from Syphilis. The similarities were striking, right down to the fact that both are bacterial diseases caused by spirochetes. So when I heard someone pop off with the comment that Lymies were nothing more than the modern day Tuskegee Experiment, I thought I would try to figure out more about the original Tuskegee Experiment.

For those with that same curiosity, let me fill you in on the details of what I discovered. The Tuskegee Experiment was a study funded by the U.S. Department of Health. On July 25, 1972, Jean Heller, an Associated Press writer splashed the headline across the world news which read: **Syphilis**

**Patients Died Untreated.** She went on to report, "For 40 years, the U.S. Public Health Service has conducted a study in which human guinea pigs, not given proper treatment, have died of syphilis and its side effects. *The study was conducted to determine from autopsies what the disease does to the human body.*"

The Tuskegee Institute

ers leaked the story to the new and it became public. The NAACP filed a class action law suit and was awarded \$9 million in a settlement that was divided among the study participants.

So with this information about the original experiment I began to understand, at least a little bit, some of the comparisons that were being made between Syphilis and Lyme

Durland Fish, Ph.D., professor of epidemiology at Yale University School of Public Health, uses terms such as "crackpot," "wacko," "buf-foon" and "fraud" when describing ILADS physicians.

Richard Blumenthal, the Attorney General of Connecticut has seen compelling proof that the IDSA improperly withheld certain studies that disagreed with their views when determining which studies to include as reference points to justify their new guidelines. It is no surprise to find out that Yale's Dr. Durland Fish is fighting the subpoena issued by AG Blumenthal.

Fish was reported as saying, "I don't understand why they hate me so much," referring to Lyme Literate doctors (LLMDs) and Lyme patients who prefer ILADS guidelines.

Dr. Joseph Jemsek, who was on trial last year and censured by the North Carolina Medical Board for treating with long term antibiotics, commented tongue-in-cheek about Fish's comments when he said, "When someone asks "why does everyone hate me?", and they're more than 8 years old, the question becomes instantly rhetorical, as they certainly already know the answer."

What are the writers of the 2006 IDSA Treatment guideline trying to hide? Inquiring minds want to know! Could it possibly be they don't want their claim that Chronic Lyme does not exist to be explored too deeply? Or worse, what if it can be shown that the IDSA doctors know of proper treatment for Lyme but choose to withhold it because they can continue to draw government grants to fund the research for a disease they claim is "easy to diagnose and easy to treat"? That sounds strangely similar to what the Tuskegee doctors did! With a little effort, the IDSA could be convicted by their own words!

In a 1991 New England Journal of Medicine article, Allen Steere concludes, "89% (of the Lyme patients studied) *"Tuskegee & Lyme"...cont'd p.13*

"No power on Earth can give you back the lives lost, the pain suffered, the years of internal torment and anguish.

What was done cannot be undone. But we can end the silence. We can stop turning our heads away. We can look at you in the eye and finally say, on behalf of the American people: what the United States government did was shameful.

And I am sorry."

President Bill Clinton, 1997

began this study in 1932 by enrolling 400 African-American men who were infected with Syphilis. The men were never told what was making them ill. The CDC just told them they were being treated for "bad blood". For their participation in the study, the men were given free medical exams, free meals and free burial insurance.

When the study began, there was no proven medical treatment for Syphilis, but in 1947 Penicillin became the standard cure for the disease. Even then, no treatment option was offered to these men. The entire goal of the study was to see what Syphilis would do to the human body if left untreated. The long waited "prize" for the government scientists was to do an autopsy on one of the men from the study. They never had intentions of treating or curing these men; only to watch them die a slow, painful and agonizing death-just to do an autopsy and see what carnage the disease had done.

In 1972 their jig was up when some public health work-

patients and their medical treatments (or lack thereof!)

In 1973, a year after Tuskegee was exposed publicly; it seems the same scenario began to unfold again in a similar, but morphed fashion. Dr. Allen Steere, a CDC researcher arrived in Lyme, Connecticut investigating a strange clustering of unexplained illnesses in the children of that community. Thus began the timeline of what we now know as "Lyme disease".

Now, let's fast forward to 2006 when the Infectious Disease Society of America (IDSA) released the new treatment guidelines for Lyme disease that was tantamount to withholding treatment altogether save 2-4 weeks of antibiotics. If the symptoms do not clear in that time frame, the IDSA recommends no further treatment...and even goes as far as name calling doctors "rogue doctors" who treat by a different standard such as those of the International Lyme and Associated Diseases Society (ILADS).

## Letters to the Editor

**Dear Editor:**

About nine months ago, I noticed what looked like a bunch of stretch marks on my 15 year-old son's back.

He developed this rash after being on Flagyl about 10 days. His doctor from *Defeat Autism Now* (NOW) put him flagyl as he suspected a bad stomach bacteria.

My son had diagnoses of Asperger's, Bipolar disorder with psychotic features, ADHD, Obsessive-Compulsive Disorder, and Anxiety Disorder (not otherwise specified).

I thought what I saw on my son was stretch marks until about a month ago, when I started learning about Autism being correlated with Lyme disease.

I viewed a Lyme website with pictures of the Bartonella rash. There was a picture exactly like what I saw on my son's back. My son was sick with swollen glands, eye problems, and fever at the time as well. I

took my son to his pediatrician. I asked him about testing for Bartonella and Lyme. The Doctor said he would get back to me.

I waited for a couple of weeks and then scheduled another appointment to talk again with this doctor. He told me he would NOT *test* my son for lyme because he did not want to lose his license.

I asked if he would write an authorization for my son to get the CD-57 test if I promised not to file it with my insurance. He agreed. The results came back indicative of lyme. I am now scrambling to find a doctor to treat my son. I also asked my son's DAN doctor's secretary, and she said they do not get involved with Lyme.

My other children also have Autistic symptoms, so I need to test them as well. I am just wondering what I will do for them now. I don't know where to begin to get a doctor

that will test for the co-infections. I have insurance; I just need a doc willing to order testing.

**Heidi (Last name withheld) in Texas**

Heidi,

*The medical situation in Texas is quite grim when it comes to Lyme diagnosis and treatment. The vast majority of Texas patients get their medical treatments out-of-state. Many travel as far as Louisiana, Missouri and some as far as San Diego and New York.*

*Ginger Savely, FNP was the Nurse Practitioner of the Year in 2004. She specialized in Lyme disease treatments. Due to the political climate in Texas and the pressure from the Texas Board of Medical Examiners who was threatening her mentoring physician with loss of his license, she was forced to re-locate her practice*

*to San Diego so that she could continue to practice and be mentored by another physician, Dr. Ray Stricker, President of ILADS.*

*The problem in Texas is not going to be solved overnight. Please start looking for options for your son's health care--even if you have to travel. Angel Flight has been known to help families with with free air transportation for children who have to travel to receive medical care.*

**Contact Information:**

*Angel Flight, Inc.  
1515 East 71st Street, Ste. 312  
Tulsa, OK 74136  
Phone: 918.749.8992  
Fax: 918.745.0879  
Email: angel@angelflight.com  
Web: www.angelflight.com*

*There are Angel Flight Chapters that cover all areas of the country. Just search "Angel Flight" online for locations near you. -Dawn Irons, Editor  
"Letters"...cont'd on pg 14*

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.

### PHA Staff

Editor: Dawn Irons  
Assistant Editor: Brad Irons  
Advertising Manager: Laura Zeller  
Distribution: Rhonda Cope

#### Contributors:

Donna Reagan,  
Ginger Savely, FNP,  
Marjorie Tietjen  
Scott Forsgren,  
Dr. J David Kocurek,  
Susan Williams, Laura Zeller,  
Sue Vogon, PJ Langhoff,  
Dr. James Schaller, M.D.,  
Tami Duncan, Linda Heming,  
Alicia McGary, Megan Blewitt,  
Joan Vetter.

#### Website:

www.publichealthalert.org

#### e-mail:

editor@publichealthalert.org

#### Donations:

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donations@publichealthalert.org

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**Public Health Alert  
821 Sansome Drive  
Arlington TX 76018**

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editor@publichealthalert.org  
or by postal mail to:  
PHA

821 Sansome Drive  
Arlington TX 76018

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## The Vaccination Deception

by Marjorie Tietjen

Many people worldwide are becoming very concerned about the safety and the actual usefulness of vaccines. Some of the questions being asked are:

1. Do vaccines actually provide protection against disease?
2. Are vaccines safe for healthy people, never mind those who are already sick or frail?
3. Do vaccines unfavorably alter the immune system?
4. Are many of our degenerative diseases at least partially due to the ever-growing number of vaccines?
5. Do the scare tactics being used by our government health agencies have more to do with profit than promoting the health of its citizens?

Dr. Viera Scheibner, a well known vaccine critic, tells us; "There is no evidence whatsoever of the ability of vaccines to prevent any diseases. To the contrary, there is a great wealth of evidence that they cause serious side effects."

Another opinion by John B. Classen M.D., M.B.A. states "My data proves that the studies used to support immunization are so flawed that it is impossible to say if immunization provides a net benefit to anyone or to society in general. The question can only be determined by proper studies, which have never been performed. The flaw of previous studies is that there is no long-term follow-up and chronic toxicity was not looked at. The American Society of Microbiology has promoted my research and thus acknowledges the need for proper studies."

The vaccine companies are well aware that the possible long-term harmful effects of vaccines would be very difficult if not impossible to prove. An anonymous pharmaceutical employee spoke in an interview with Jon Rappoport (Nexus Magazine, vol 13, Number 2, Feb-March 2006) and admitted that no long term studies are performed on any vaccines.

When defining vaccine reactions, the reaction time slot is limited to a brief period following the vaccination. This sets up the belief that when someone becomes sick somewhere down the road, that the

illness could not possibly be due to the vaccination they received several months or years before. Not only are there no formal studies on the long term effects of single vaccines but obviously there would be no way to research all the long term effects of the ever increasing number of vaccine combinations. How do they react with each other? How many is too many?

handing out this free information. Several people told me that they were in the vaccine trials and were now sick with chronic fatigue syndrome or Fibromyalgia. The vaccines were being sold and administered at drug stores and grocery stores. To my knowledge there were no doctors on the scene to warn the prospective vaccine recipients of the dangers they could be facing. I also did not

notice any written materials being handed out explaining the risks. People who currently have Lyme, or had Lyme in the past, were also at risk, but were not told this. Even if they were informed there are many asymptomatic people who are unaware that the Lyme microbe resides in their body. Lyme testing is so inaccurate that it misses a large percentage of the people with chronic Lyme.

Several months ago I connected with Peter Doshi who had written an article entitled *Viral Marketing: The Selling Of The Flu Vaccine*. This is a very revealing article and can be found in the March 2006 issue of Harper's Magazine.

Vaccine Summit. I would like to include several of these "ingredients" of what the CDC calls "the recipe that fosters higher interest and demand for the influenza vaccine".

I can perhaps understand a vaccine manufacturer using the following methods to push their vaccines on the public, but the CDC? It makes one wonder if the CDC is intertwined with the vaccine manufacturers and the pharmaceutical industry as a whole.

\* Item 3 in the "recipe" power point presentation said that "Medical experts and public health authorities should publicly (e.g., via media) state concern and alarm (and predict dire outcomes) - and urge influenza vaccination.

\* Section B under item 4 states... "Framing of the flu season in terms that motivate behavior (e.g., as "very severe" or more severe than the last years, and terms such as "deadly".)

\* Item 5: "Continued reports from health officials and media sources that influenza is causing severe illness and/or affecting lots of people - helping foster the perception that many people are susceptible to a bad case of influenza.

\* Item 6: Visible/tangible examples of the seriousness of the illness (e.g., pictures of children, families of those affected coming forward) and people getting vaccinated (the first to motivate, the latter to reinforce.) References to pandemic influenza along with continued reference to the importance of vaccination were consistently discussed.

This presentation was put on by the Department of Health and Human Services of the CDC to educate as to how to increase vaccine sales.

The selling of vaccines is extremely profitable as is the plethora of symptomatic treatments for many of the possible side effects of the vaccines. It seems like everyone benefits from this relationship except for the public.

Anything which unnaturally alters our immune system can, at the same time, compromise or weaken the system. Vaccines have been known to cause the very diseases they are supposed to protect you from.

"Vaccines" ...cont'd pg 17



I can speak from personal experience regarding the harm done by the Smith-Kline Beecham/Yale Lyme vaccine (Lymerix). I have brought up this issue in previous articles but I feel it is especially relevant to this discussion. Several years ago when Smith-Kline Beecham was developing a vaccine for Lyme disease, the company was aware of the fact that 30% of the population carries a genetic marker which would predispose the recipients of this vaccine to an immune arthritis that would be worse than Lyme disease itself and would be incurable. However, this information was not made available to the general public.

When the company began marketing and making this product available to the public, many Lyme disease doctors and advocates who were aware of this issue tried to warn people and make the facts available to them so they could decide for themselves if they wanted to take the risk of being vaccinated.

On two occasions I stood outside grocery stores

now tells the public that they took Lymerix off the market due to lack of interest. I suspect it had more to do with the lawsuits.

Around that time The Lyme Disease Foundation, located in Connecticut, held their annual conference. One of the speakers was a representative from Smith-Kline Beecham. We were expecting to hear about the vaccine but instead the whole presentation focused on the different types of rashes one could acquire from Lyme disease. When he was finished, a doctor in the audience stood up and asked, "could you please tell us of the adverse reactions from the vaccine?" The company representative had the nerve to stand in front of all those doctors, advocates and patients and simply stated that there were no signif-

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The Faith Factor...

Tug-of-War



by Joan Vetter

We are commanded in Scripture to praise in spite of our circumstances. When we say to ourselves, "I just don't feel like it" we slide a few steps closer to the opposing team. When we focus on God's word and on the good things in our lives it builds momentum, and we gain strength.

Stop and think. Have you ever played tug-of-war with just one person? Usually, you're part of a team. What a blessing to be gathered with a group of believers who are all focusing on overcoming the world. The world is always concentrating on pulling us over the line, so we have to have a determined mindset to declare freedom.

So - strengthen your arms - guard your heart - choose some teammates - set your feet - and begin to pull!

pha

Joan Vetter is a church member at The Vine Fellowship in Arlington, Texas. She is also on the Area Team of Women's Aglow International  
www.TheVineFellowship.org

Tug-of-war - we've all played it. The surge of adrenaline when your side is striving to sweep the opponents over the line!

Our faith is often like that, but instead of arms holding the rope it is thoughts and emotions that try to pull us over the line. We are told in Scripture to gird up the loins of our mind. How do we do this? Each time we have a depressing and negative thought we need to choose to replace it with truth. When our emotions and thoughts are negative it is easier for the enemy of our souls to pull us into his camp.



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# \$20,000 REWARD

The Greater Hartford Lyme Disease Support and Action Group post a \$ 20,000 REWARD to any Physician that can prove that the Lyme bacteria *Borrelia burgdorferi* is eradicated after 42 days of antibiotic treatment in all cases. Medical research and lab tests show otherwise (1,2,3). Furthermore, we challenge any Medical Doctor who claims all Lyme disease is cured with 6 weeks of antibiotic treatment to post \$20,000 to prove our statement is false and misleading.

Due to lack of knowledge, mis-education and physician ignorance of the *flawed Elisa and Western Blot*, early diagnosis is often overlooked which leads to misdiagnosis and subsequent late state chronic Lyme disease. Most doctors are respectable and care about their patients but are being misled by a handful of self-proclaimed Lyme disease experts along with many of our own government health agencies resulting in gross misdiagnosis. We have to wonder how many people have been sent to their grave unaware they suffered from Lyme disease. Most doctors are mistakenly using the CDC's surveillance criteria as a diagnostic tool. The CDC itself states "that these narrow criteria are for reporting purposes only and not to be used for diagnostic treatment decisions." The CDC also acknowledges that Lyme is a clinical diagnosis and should not be ruled out by a negative blood test and it is often appropriate to treat the patient solely on the basis of objective signs and known exposure to an endemic area

Chris Montes #860-673-8759

Randy Sykes #860-658-9938

Mark Leavitt

Steve Arndt

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## The Earth is Flat, It is Snowing in the Tropics and There is no Such Thing as Chronic Lyme Disease

by *Lyme Disease Education and Support Groups of MD*

**Centreville, MD --** Members of the Lyme Disease Education and Support Groups of Maryland have joined national and International organizations who are voicing concerns regarding a newly published article in the NEJM, "A Critical Appraisal of Chronic Lyme Disease".

The article, written by a handful of researchers with little or no experience in successfully treating chronically ill Lyme disease patients, states that chronic Lyme disease is a "misnomer". The authors have determined that Lyme patients who remain ill with Lyme symptoms after receiving their recommended treatment protocol, which was based on "cost-effectiveness", do not require antibiotic treatment.

In states such as Maryland, where more than 100,000 people have already contracted Lyme disease from a tick and many have become disabled or have died, physicians, patients and advocates believe the newly concocted theory is outlandish, self-serving and totally irresponsible.

The motives and purpose for promoting this unsubstantiated theory have not been clearly stated; however, a number of the authors have been perched on a legal hot seat lately due to the government's investigation into their guideline development process. Possible charges stemming from the Attorney General's investigation could include antitrust violations, fraud, exclusionary conduct and illegal monopolization practices which are directly related to their Lyme disease guidelines (Infectious Disease Society of America- IDSA).

There has been no official word as to the possible fate of the "copy cat guidelines" which were recently published by some of these same authors under the guises of the American Academy of Neurology.

In the disclosure portion of the NEJM article on chronic Lyme disease the authors have admitted having ties to the insurance industry. They also own patents on Lyme related products, receive monetary

grants for Lyme research and are linked to pharmaceutical companies. They failed to disclose that they are under investigation by government officials for illegal practices.

With scientific evidence that substantiates the existence of chronic Lyme disease, and with patient and physician reports of recovery after treatment for chronic Lyme disease, this omission creates an additional "conflict of interest" issue by calling into question the authors' actual motives for claiming a long standing and debilitating disease no longer exists.

Incentives for making these claims are even more suspect since a number of the authors have testified in legal actions for insurance companies and medical boards against chronically ill Lyme patients and physicians. Additionally, some of the authors and their organizations continue to fight legislative efforts and bills designed to assist patients and those who will unfortunately contract Lyme in the future.

One of the article's creators claiming to be from the "Johns Hopkins Medical Institutions in Crofton, Maryland" (E. McSweegan), was demoted from his position as head of the Lyme disease program at NIH after being involved in court proceedings over the harassment of Lyme disease support group members.

Two additional authors who report chronic Lyme disease is now a misnomer and patients should not be treated with antibiotics, who are also involved in the alleged IDSA Lyme disease guideline scandal, are from Johns Hopkins Medical Institutions in Baltimore, Maryland (J.S. Dumler- Lyme guideline author and P. Auwaerter- guideline editor). According to patient reports, not only do these

Hopkin's representatives lack experience successfully treating chronic Lyme disease, some of their colleagues at Hopkin's have refused to accept patients with Lyme disease for years, even when patients have been referred by physicians to the Hopkins facility.

Lucy Barnes, director of the Lyme Disease Education and Support Groups of Maryland states, "The authors seem to have based their conclusions on their own limited studies. Their studies were based on unreliable Lyme tests and outdated surveillance criteria.

**"The so-called expert's theories have been wrong throughout the history of this disease. First they claimed Lyme was a virus. Wrong. They said only deer ticks could transmit Lyme. Wrong again. They said the tick must be attached 48 hours before transmitting Lyme. Absolutely not. They claimed nearly all people get a bulls-eye rash. Not true. They said you couldn't get Lyme again if you were bitten by another tick. No, that is also false. They said people are cured after 2-4 weeks of antibiotics. Wrong, wrong, wrong."**

To come up with a theory so out of touch with reality they obviously lack clinical experience and disregarded thousands of scientific studies from a variety of reputable sources. Since several of the authors also participated in Hopkins' recently published blood test study they know Lyme tests miss at least 75 percent of the people who are infected, so Lyme studies shouldn't be the only basis for making decisions that affect people's lives."

The "no-chronic-Lyme" article was published in the NEJM twenty-seven years after one of the lead authors, Allen Steere, originally documented chronic Lyme disease to be the source of chronic Lyme symp-

toms. He also stated, "all 3 stages of Lyme disease can be treated with antibiotic therapy, but some patients with late disease may not respond." He also stated, "months to years after the initial infection with *B. burgdorferi*, patients with Lyme disease may have chronic encephalopathy, polyneuropathy, or less commonly, leukoencephalitis" and "patients with certain genetic and immune markers may have persistent arthritis, despite treatment with oral or intravenous antibiotics. *B. burgdorferi* may occasionally trigger fibromyalgia, a chronic pain syndrome with diffuse joint and muscle symptoms."

Authors, R. Dattwyler and J. Halperin, also published scientific articles stating "patients developed significant late complications (arthritis, cranial nerve palsy, peripheral neuropathy, chronic fatigue, and changes in mental function), despite receiving tetracycline that met or exceeded recommendations early in the course of their illness." They also described

patients who "presented with acute Lyme disease and received prompt treatment with oral antibiotics, but in whom chronic Lyme disease subsequently developed."

Dattwyler and Halperin have confirmed, "the presence of chronic Lyme disease cannot be excluded by the absence of antibodies [negative tests] against *B. burgdorferi*". In the NEJM article they contradict themselves and their own studies by stating, "One is the unproven and very improbable assumption that chronic *B. burgdorferi* infection can occur in the absence of antibodies against *B. burgdorferi* in serum."

More recently, authors

R. Dattwyler and G. Wormser (lead author of the guidelines under investigation by the government) determined that "the optimal duration of treatment for patients with late Lyme disease is unresolved." Two years later they published in this NEJM issue that chronic Lyme disease, which they have spent millions of dollars studying and deriving income from over the years is now simply a "misnomer".

Approximately 8,000 scientific articles have been published on Lyme disease with 800 specifically addressing chronic Lyme. This calls into question the NEJM's responsibility to physicians for accepting the unsubstantiated "no-chronic-Lyme" article for publication and also raises possible conflict of interest concerns for patients who depend on educated physicians to supervise their health care.

"We know the guideline related authors have tried many tactics to make their treatment failures (i.e. chronically ill patients) disappear or go sit quietly in the corner but we never dreamed they would try to sell their spoiled milk on the open market", commented Barnes.

"It appears they are more interested in protecting their lucrative research grants, prestigious jobs and saving their reputations instead of focusing on the welfare of sick patients who really deserve much better. If they would simply treat patients early on and aggressively until they have recovered, rather than trying to find reasons not to, the Lyme situation in the state would improve drastically. Even the insurance industry would benefit from this simple plan by saving millions of dollars annually."

Whatever the motives are for trying to sweep chronic Lyme disease further under the carpet or making it vanish totally, the number of people negatively affected by chronic Lyme disease is increasing by leaps and bounds. Lyme patients who are totally at the mercy of medical professionals for their life saving treatment are still suffering and dying from a delay in diagnosis and lack of successful treatment when their "Chronic"...cont'd pg 7

# THE HIDDEN EPIDEMIC

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## Dream Invaders Hijacked by Sleep Paralysis



by Angela Mrema, RRT

I guess you can say at this point in my life I am a bit obsessed with sleep. It seems that I can never get enough. I'm always trying to find remedies or solutions to make sleep better, ways to make the few hours that I get ... count.

Some nights it seems that my own dreams turn on me resulting in only a few hours of sleep instead of the standard eight hours I had planned on getting. One morning in particular I had had enough. It was another morning that I awoke from a terrible nightmare, where I was being attacked by some evil force. This evil force had a hold of my vocal chords so that I couldn't scream for help, and my body so that it could not be awakened.

I had not experienced dreams like this since my early twenties. Either my dreams were some sign of impending doom or there was a logical answer. After researching information on the internet, I found the answer I was looking for. I also found out that I wasn't the only one experiencing such dreams. Lots of people have these types of dreams. They occur during sleep paralysis.

Sleep paralysis occurs when a person is asleep in the REM state. During REM, the body is paralyzed. The vocal chords are also paralyzed. The paralyzing of the body prevents us from acting out our dreams. With sleep paralysis, your mind awakens during the REM state, but your body is still asleep. These dreams usually occur when we sleep on our backs, or when we are very tired and sleep deprived. When the mind wakes up before the body, the body is trying to catch up on its REM because we all need a certain amount of REM and non-REM sleep.

The intruder or evil force we create in our dreams comes about because of the fear we feel when we are paralyzed and can't do anything about it. I continued to read about the experiences of others who thought their dreams meant something bad had happened in their lives or that something bad was going to happen. Then I could feel the relief in their words when they found out what was really happening to them.

This is the same relief that I felt once I found out about sleep paralysis. Now I rest better and am prepared for any sleepless night I may have. I know it's not an intruder, or an evil force, but my own body telling me I need to get better quality sleep. pha

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## Bristol-Myers Pays Settlement of \$515 Million to End Fraud, Kickback Probe

Lexington, KY USA  
by LymeBlog News Staff

According to an AFP article in the Turkish Press Bristol-Myers Squibb has made a deal that will stop an investigation by the US government.

"The integrity of our health care system rests on physicians being able to make decisions based on the best interests of their patients," said acting Attorney General Peter Keisler.

"This settlement reflects the Justice Department's strong commitment to holding drug companies accountable for devising and implementing fraudulent marketing and pricing schemes that undermine that

decision-making process at the expense of federal health care programs for the poor and the elderly."

Bristol-Myers Squibb will pay 515 million dollars to settle a probe into illegal kickbacks to doctors and fraudulent pricing of its drugs to government health programs, officials said Friday.

Government investigators alleged that Bristol-Myers from 2000 through mid-2003 paid "illegal remuneration to physicians and other health care providers to induce them to purchase BMS drugs," the Justice Department statement said.

The money was in the form of "consulting fees and expenses" to physicians and other health care providers as

well as "travel to luxurious resorts."

From 1994 through 2001, according to investigators, Apoticon paid "illegal remuneration such as stocking allowances, price protection payments, market share payments, and free goods in order to induce its retail pharmacy and wholesaler customers to purchase its products."

In both cases, the government alleged that the company caused the submission of inflated and fraudulent claims to the federal health care programs.

The Justice Department said the US pharmaceutical giant and its Apoticon subsidiary agreed to the payments to settle the

civil allegations on drug marketing and pricing practices.

Bristol-Myers said the settlement covers the previously disclosed investigations that began several years ago. The company had agreed in principle to a settlement in December and to implement a five-year "corporate integrity agreement."

Bristol-Myers said in a separate statement it "is pleased to have resolved these matters from the past and is proud of its commitment to conduct business with the highest standards of integrity in its mission to extend and enhance human life." pha

## "Chronic"...cont'd from pg 6

doctors adhere to the limited treatment guidelines published by some of these same authors.

Barnes struggles to make sense of this nightmare. "The so-called expert's theories have been wrong throughout the history of this disease. First they claimed Lyme was a virus. Wrong. They said only deer ticks could transmit Lyme. Wrong again. They said the tick must be attached 48 hours before transmitting Lyme. Absolutely not. They claimed nearly all people get a bulls-eye rash. Not true. They said you couldn't get Lyme again if you were bitten by another tick. No, that is also false. They said people are cured after 2-4 weeks of antibiotics. Wrong, wrong, wrong."

Barnes explains, "The lab tests they recommend have been notoriously unreliable- but in their favor they do generate millions in revenue. Their vaccine failed miserably and was pulled from the market after more than 1,000 people filed complaints with the FDA. Their "cost-effective", insurance-friendly treatment guidelines which have failed repeatedly to cure Lyme disease patients are under investigation by the government for possible illegal practices."

"I'd have to warn people to consider the source and their motives when deciding if chronic Lyme disease exists and if patients who have it require additional treatment. Or better yet, take a look around your neighborhood at those who are still sick or who relapse after being treated. That tells the whole story."

Barnes thinks the war has gone on much too long and these health care professionals must stop destroying the lives of patients who are caught in the middle of a medical, financial and political power struggle. Angry that they are ignoring the

facts for self-serving purposes, she sends a message to those responsible for keeping this war going.

"The north's version of the Tuskegee experiment is over. You need to start treating chronically ill Lyme patients for their infections or more will suffer. You have

just tossed the last bit of credibility you had out the window by trying to claim chronic Lyme disease is now a "misnomer" and patients who are still sick should not be treated. Your plan has failed miserably and I honestly don't think that reasonable people believe you anymore.

Please give it up so our children and our families can regain their health and their lives. For once, try to do the right thing." pha

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# Bipolar Diagnosis in Youth Rapidly Climbing, Treatment Patterns Similar to Adults

by *NIH News*

The number of visits to a doctor's office that resulted in a diagnosis of bipolar disorder in children and adolescents has increased by 40 times over the last decade, reported researchers funded in part by the National Institutes of Health (NIH). Over the same time period, the number of visits by adults resulting in a bipolar disorder diagnosis almost doubled. The cause of these increases is unclear. Medication prescription patterns for the two groups were similar. The study was published in the September 2007 issue of the "Archives of General Psychiatry".

Mark Olfson, M.D., M.P.H., of New York State Psychiatric Institute of Columbia University, along with National Institute of Mental Health (NIMH) researcher Gonzalo Laje, M.D., and their colleagues examined 10 years of data from the National Ambulatory Medical Care Survey (NAMCS), an annual, nationwide survey of visits to doctors' offices over a one-week period, conducted by the National Center for Health Statistics. The researchers estimated that in the United States from 1994-1995, the number of office visits resulting in a diagnosis of bipolar disorder for youths ages 19 and younger was 25 out of every 100,000

people. By 2002-2003, the number had jumped to 1,003 office visits resulting in bipolar diagnoses per 100,000 people. In contrast, for adults ages 20 and older, 905 office visits per 100,000 people resulted in a bipolar disorder diagnosis in 1994-1995; a decade later the number had risen to 1,679 per 100,000 people.

While the increase in bipolar diagnoses in youth far outpaces the increase in diagnosis among adults, the researchers are cautious about interpreting these data as an actual rise in the number of people who have the illness (prevalence) or the number of new cases each year (incidence).

"It is likely that this impressive increase reflects a recent tendency to overdiagnose bipolar disorder in young people, a correction of historical under recognition, or a combination of these trends. Clearly, we need to learn more about what criteria physicians in the community are actually using to diagnose bipolar disorder in children and adolescents

and how physicians are arriving at decisions concerning clinical management," said Dr. Olfson.

The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) provides general

criteria for a diagnosis of bipolar disorder. Other disorders, such as attention-deficit hyperactivity disorder (ADHD) may have symptoms that overlap, so some of these conditions may be mistaken for bipolar disorder as well.

For example, in a study conducted in 2001, nearly one-half of bipolar diagnoses in adolescent inpatients made by community clinicians were later reclassified as other mental disorders.

Doctors also face tough questions when deciding on proper treatment for young people. Guidelines for treating adults with bipolar disorder are well-documented by research, but few studies have looked at the safety and effectiveness of psychiatric medications for treating children and adolescents with the disorder.

Despite this limited evidence, the researchers found similar treatment patterns for both age groups in terms of use of psychotherapy and prescription

medications.

Of the medications studied, mood stabilizers, including lithium -- which was the only medication approved at the time of the study by the U.S. Food and Drug Administration for treating bipolar disorder in children -- were prescribed in two-thirds of the visits by youth and adults. Anticonvulsant medications, such as valproate (Depakote) and carbamazepine (Tegretol), were the most frequently prescribed type of mood stabilizers in both groups.

Doctors prescribed antidepressant medications in slightly over one-third of visits by youth and adults.

Antidepressant medications include the older classes of antidepressant medications, such as tricyclics, tetracyclics, and monoamine oxidase inhibitors (MAOIs); selective serotonin reuptake inhibitors, such as fluoxetine (Prozac) and paroxetine (Paxil); and also newer types of antidepressants, including venlafaxine (Effexor). In both age groups, about one-third of the visits where antidepressant medications were prescribed did not include prescription of a mood stabilizer.

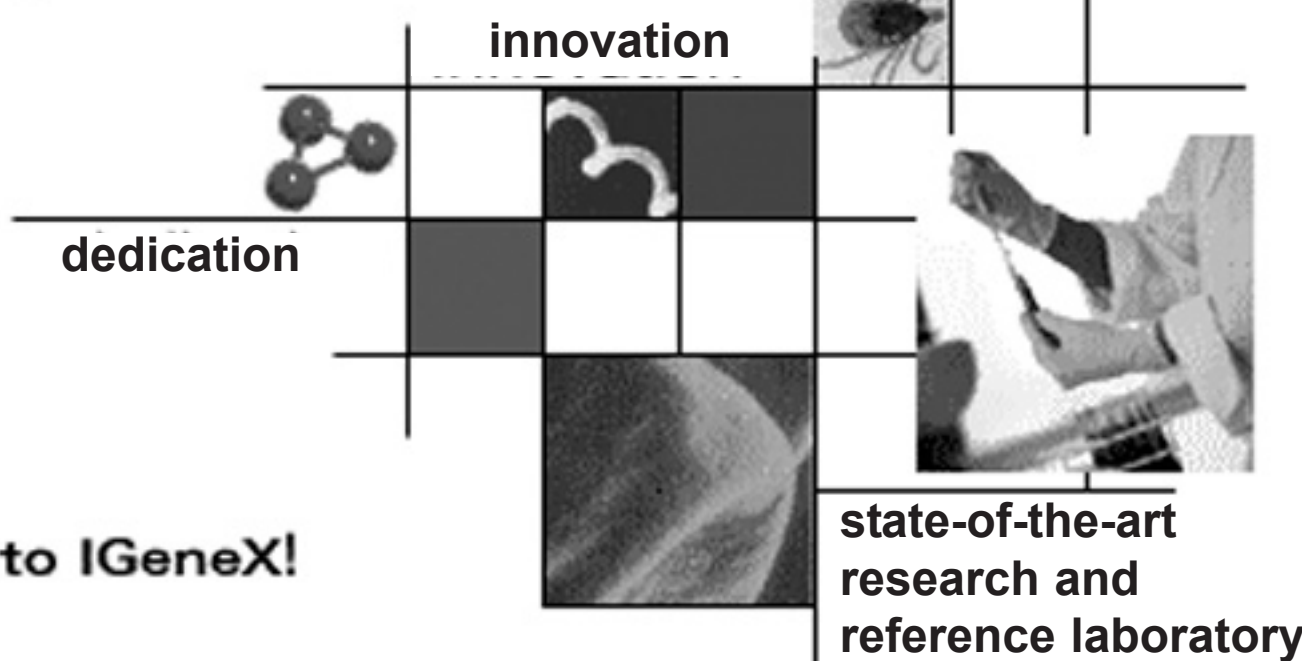
This trend raises concerns, considering an earlier NIMH-funded study (Thase & Sachs, 2000) which reported that treating adults who have bipolar disorder with an antidepressant

*"Bipolar"... cont'd pg 16*



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# When Antibiotics Don't Work

## An Interview with Dr. Ritchie Shoemaker



by Sue Vogan

"At the end of the day, have we done our jobs as physicians in all aspects of these illnesses?" Dr. Ritchie Shoemaker is trying, in his practice, to make sure the answer to this question is "yes." Is it only Lyme disease ailing us? If we have been on antibiotics and still aren't getting better, could there be something that has been overlooked - like a biotoxin?

### What is a biotoxin?

Living organisms produce biotoxins. These biotoxins are small compounds made by living creatures. However, neurotoxins go from cell to cell and bind to particular types of receptors. Once done, a biological effect is started. One toxin will set off ten inflammatory cascades or results and that ten each sets off ten more, and so on - all very rapidly.

### What is a microbacteria?

Tuberculosis is one kind of a microbacteria. The importance of this is that microbacteria cause micolactone (a toxin) and they cause borrelia ulcers. Inflammatory illness caused by compound made by a living organism. If they were benign, we should not worry about them, but they do hurt us. Not everyone is able to clear these toxins.

In our published data, about 22% of those who get Lyme disease has a genetic makeup that means that they will not be able to mount an effective clearing and healing response to the toxins. If they cannot be cleared (and they tend to stay because they move from cell to cell), then can create a chronic illness characterized by inflammation that antibiotics will not heal.

### Is there such a thing as a "high-functioning" Lyme?

One of the real issues that I look at is the diversity of responsive people to illnesses characterized by chronic inflammation. There are some people that I call *Superman* (or *Superwoman*). A simple example of this is a med student from Johns Hopkins that was training with me who thought that this patient couldn't possibly be one of my patients --he runs 2 miles a day. I walk in and ask the patient if he ran before he got Lyme disease and he says that he did. I ask how far he ran before he got Lyme disease and he responds that he used to run 10-miles a day.

### How did you become involved with Lyme disease and biotoxins?

Borrelia (a biotoxin) was the turning point in my life. I started in 1997 with a little critter like an algae and we saw how it created a multi-sys-

tem, multi-symptom illness that was treated successfully with cholestyramine, a drug that has been around for 50-years.

When I gave this medication to my blue-green algae patients, they got better. When I gave it to my mold patients, they got better. In 1999, when I heard that Dr. Sam Donta's group in Boston had presented data one the BB neurotoxin made by Borellia, I reasoned that cholestyramine would work on my Lyme patients. Well, they didn't get better - they got worse.

It was that worsening that really greased the wheels - why was this happening; what was going on? It opened the door to cytotines and inflammation because we then learned that if we take steps before giving a post-Lyme patient, after they have been treated with antibiotics, instead of giving them cholestyramine first, if we gave them compounds that blocked the inflammatory cytotine responses, we didn't get this horrible worsening. It says that a large part of the chronic inflammation in the post-Lyme patients is cytotine mediated, and if we follow that train of thought, excessive cytotine responses do other things, too.

They can participate in a variety of ways with damaging other elements in what is called the innate immune response - basically a group of different elements that preformed and ready to go to fight off offending antigens, invaders, if you will, and cytotines are part of that. The overall controller of these innate immune responses is a hormone made in the brain called MSH (melanocyte-stimulating hormone). And this was all information that got started with Lyme.

### How can a person with Lyme tell if they have a biotoxin illness?

One of the nice things, thanks to work done by a neurotoxicologist at the U.S. E.P.A. (United States Environmental Protection Agency) National Health and Environmental Effects Research Lab, particular deficits can be identified with a special test called Visual Contrast Sensitivity (VCS).

It's a simple test - cover one eye, once we know your visual acuity (being able to see better than 20/50), and we look at this patented, published device, a card that has 5 different frequencies of stimuli (called bars) with 9 different patches for each of the five frequencies. Each bar, as we move from left to right, has a diminishing intensity of coloration (black bars on gray background). The toxicology folks have known for 40-years how to use this test as it's used on fighter pilots to separate an enemy against the gray background.

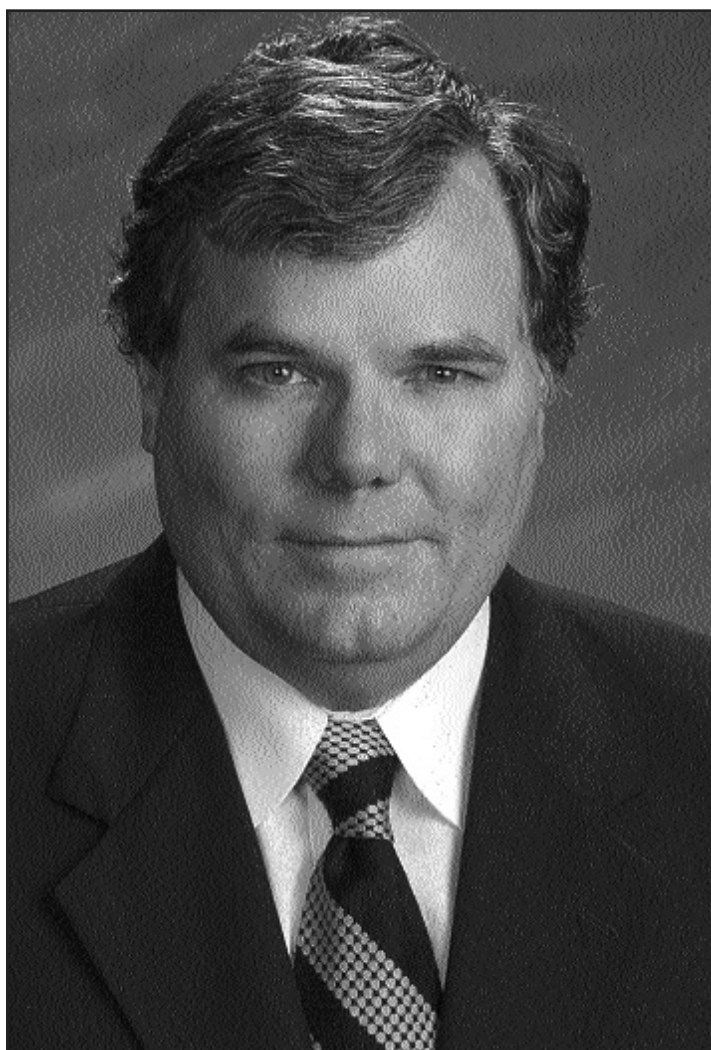
Using this test has shown to be effective because it shows distinctive deficits in the ability to recognize these wave

patterns in each of the five frequencies when used on biotoxin patients.

So, if you have Lyme and you have antibiotics and you stay sick after antibiotics, the first thing I am going to do is a complete recording of the patient's symptoms and also a VCS (it takes five minutes, is noninvasive, inexpensive, and is reproducibly reliable).

### Will this test tell you if your patient has a biotoxin illness?

It will tell you with a very high degree of likelihood that the potential is there. Only



92% of our biotoxin patients have a positive test (they show the distinctive deficit).

Fortunately, less than 1% of normal people show this deficit. So we have a pretty good track record on absence of false positives and relatively few false negatives. If all we needed to diagnose these patients were a VCS, well, quite frankly, we wouldn't need anything else.

Typically, the labs looking at abnormalities are using my protocol around the country and ordering profiling lab tests after we have the potential for exposure (i.e. you have Lyme), have multiple system involvement with multiple symptoms and you have this deficit.

If you are tired because you are depressed, chances are you won't have the visual contrast deficit (usually), but you certainly won't have the lab abnormalities. So it's focusing on sensitivity and specificity that helps bring the diagnosis home.

In so many people that I see, they come and are desperately wanting, in addition to feeling better, to have some validation that there is something wrong. With this test, it's one easy way that opens the door to look at mechanisms that could be going on to explain this deficit. That means that we can draw blood and we can put your illness on a piece of paper.

The exciting advances that the research community is making following this approach is that we now we have ways of looking at folks who have cognitive disorders and brain fog, measuring with an MRI machine, we can measure a variety of particular, abnormal

compounds in the brain with inflammatory markers in the blood that correlate with symptoms.

Even better, when you fix the inflammatory markers in the blood, with targeted individual therapy, we watch symptoms disappear, but more importantly, watch the chemical basis for those things disappear.

If the patient has another exposure to mold or a tick bite and they get sick again, those same abnormalities come back coinciding with the symptoms. Seeing people get better is the most excitement in medicine I have ever had.

Biotoxins have direct effects on nerve cells, making the VCS a necessary test for probability of the presence of a biotoxin.

### What is C4A?

One of the activation products of complement, one of the innate immune response elements that's hugely important as a marker, not just in mold and Lyme patients, but in other biotoxin patients, as well. C4A will rise in 4-hours after mold exposure and 12-hours after a tick bite if someone is going to have Lyme disease (a good acute marker).

The higher elevation of C4A stays up if: 1) you have living Lyme organisms; 2) you have a biotoxin. So what we do is follow C4A. C4A (RIA) is a lab test - Quest is the lab.

### What is your work looking at now?

Genomics. If we think that inflammation is part of the problem, then the gene's coding for those inflammatory chemi-

cals are ones that we should be able to identify and recognize as they become activated as the illness develops. And we can do that.

### What role do immune response genes have in thinking about post-Lyme syndrome?

I think that we can target and profile what is wrong immunologically at the source of inflammation that results in a constellation of symptoms that get called "post-Lyme." The big deal to me is how can we sort out whether or not a patient has living Lyme organisms after they've been on antibiotics. I don't know who has the answer, but I do know that so far, our model is holding up.

### What is histocompatibility locus A (HLA)?

HLA controls immune response. HLA genes code various proteins on the outer portion of cells. The immune system uses HLA to determine the difference between "self" and "non-self".

HLA is involved in the steps responsible for antibody formation. These genes have been associated with an inability of the body to recover from illnesses resulting from Lyme disease, molds, and other sources.

In the event that a person has a susceptible genotype, the body does not recognize the toxins as a foreign invader and this, they are allowed to remain in the body. This causes long-term and perpetual ill-health.

It has been asserted that nearly 100% of people that become ill after exposure to a biotoxin can be shown to have a predisposition to that biotoxin through the HLA-DR genotype.

Many of us have bodies that simply do not recognize the presence of these toxic substances and thus do nothing to eliminate them.

"Dr. Shoemaker uses the terms "Lyme susceptible" or "*Shoemaker*"... cont'd pg 15



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### Love Health & Healing Center

3150 N. Arizona Ave. Suite 117 Chandler, AZ. 85225  
 Janet Love, CBS (602) 377-7777  
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[www.lovehealingcenter.com](http://www.lovehealingcenter.com)

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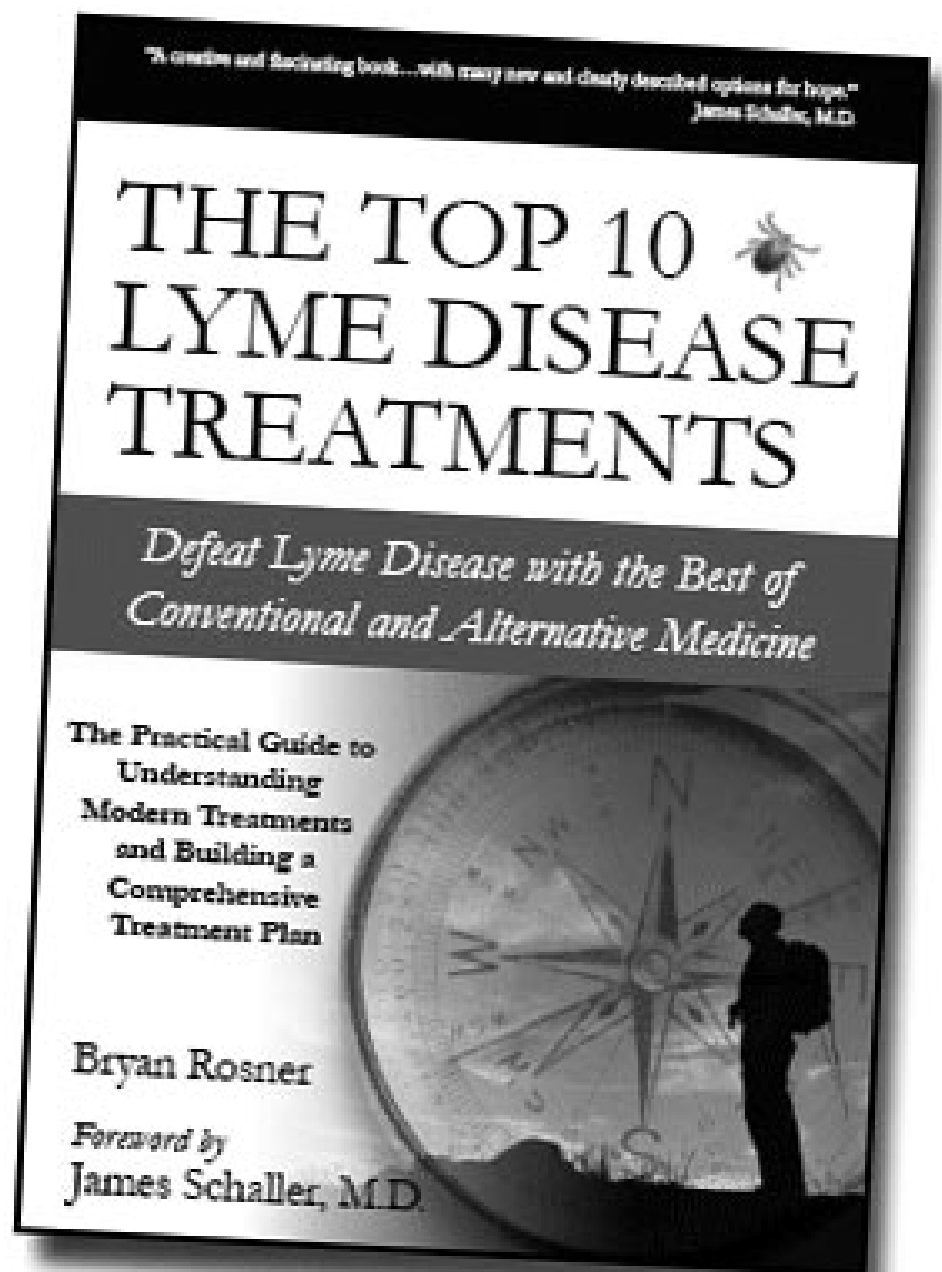
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www.nmss.org

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

### Northern California

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

### Colorado

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

### Georgia

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

### Florida

2701 Maitland Center Pkwy, Suite 100  
Maitland, FL 32751  
Phone: (407) 478-8880  
Email: info@flc.nmss.org  
www.nationalmssociety.org/flc

### Texas

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

## ALS Association DC / MD / VA

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

### Great Philadelphia ALS Chapter

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

### South Texas Chapter

http://www.alsa-south-tx.org/  
(210) 733-5204  
toll free at (877) 257-4673

### North Texas

http://walk.alsanorthtexas.org/site/PageServer  
1231 Greenway Dr., Ste.385  
Irving, TX 75038  
s.melson@alsanorthtexas.org  
972-714-0088  
877-714-0088

### The ALS Association Upstate New York Chapter

323 Route 5 West  
P.O. Box 127  
Elbridge, NY 13060  
315-689-3380  
Toll Free for PALS:  
1-866-499-PALS  
info@alsaupstateny.org

## Lyme Disease Association

lymediseaseassociation.org/  
Pat Smith 888.366.6611

### Arizona

Scottsdale, AZ 85259  
Group facilitators :  
Karen Genest 480-632-6444  
Larry Levy  
Larry@valuepro.netbox.com

### Northern Arizona

Tina Caskey:  
tcaskey@safeaccess.com  
928-779-2759

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

### L.E.A.P. Arizona

Tina J. Garcia  
Lyme Education Awareness  
http://www.leaparizona.com  
480-219-6869 Phone

### Arkansas

Mary Alice Beer  
(501) 884-3502  
abeer@artelco.com

### California

ROBIN SCHUMACHER  
1057 R St.  
Fresno, CA 93721  
Phone: (559) 485-5445  
Membership@Calda.org

### Colorado

Mary Parker  
303-447-1602  
milehightick@yahoo.com

### Alabama

Jim Schmidt (334) 358-3206  
jschm47974@aol.com

### Arkansas

Mary Alice Beer  
(501) 884-3502  
abeer@artelco.com

### National Support:

truthaboutlymedisease.com/  
forum  
Dana Floyd, director

## Lyme Disease Support Groups cont'd

### Kansas

913-438-LYME  
Lymefight@aol.com

### Montana

bepickthorn@earthlink.com

### North Carolina

Stephanie Tyndall  
sdyndall@yahoo.com  
Lenoir County Hospital,  
Kinston, NC

### New Mexico

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

### Oklahoma

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

### Portland, Oregon

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

### TEXAS: Dallas/Ft Worth

www.dfwlyme.com  
donna@dfwlyme.com  
817-455-8520

### Greater Austin Area Lyme Council.

Teresa Jones  
tmomintexas2@yahoo.com

### Houston

Contact: Teresa Lucher  
lucher@sbcglobel.net

### Washington State

Alexis Benkowski  
WA-Lyme-owner@yahoogroups.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



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## Lyme Disease Information & Links

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## Texas Lyme Disease Association



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## CALLING ALL TEXAS LYME PATIENTS AND CAREGIVERS!

STAND UP FOR LYME (SUFL) invites you to join our email list to receive news of advocacy activities and events promoting awareness of and solutions to issues faced by Texas patients.

To join the list, go to [www.standupforlyme.org](http://www.standupforlyme.org) and click the "Contact Us" link in the left hand side menu bar. Then have a look around the site to learn more about Lyme in Texas and the nation.

SUFL has been busy cultivating important state legislative supporters to develop a strategy which will lead to protection of our Lyme Specialists, and our work continues.

We are planning important future events for all to participate in. Please join the SUFL list for news and coming announcements with all the details!

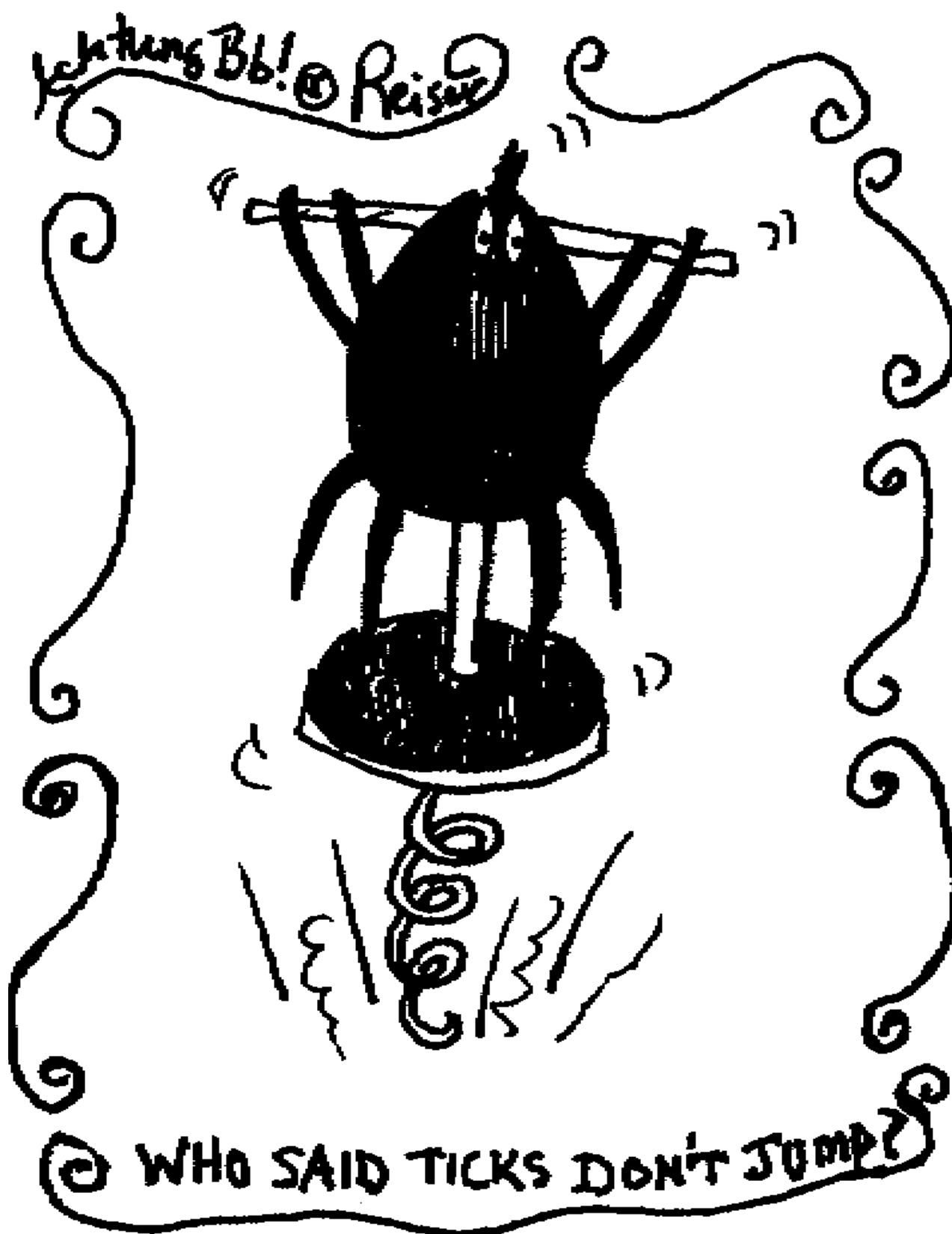
Working together we can make Texas a leadership state for quality care of those suffering from Lyme and associated vector-borne diseases.

Join us!

The STAND UP FOR LYME Team

[www.standupforlyme.org](http://www.standupforlyme.org)

## Ticktoons



by Terri Reiser

## “Peggy” ...cont'd from pg 1

Peggy doesn't like to be referred to as being "in a wheelchair". She says she refuses to be negated, and believes that the phrase makes the chair a negative part of who she is. Peggy sees the chair as a tool that she or anyone else "uses" to move forward with their life, but she does not see the chair as an attribute or a characteristic of who she is as a person. In her own words, she says "It doesn't matter if a person's wheelchair is manually propelled or motorized, doesn't even matter if a person is paralyzed from the eyelids down; a chair is a mobility device, a tool, and being as such that's exactly what a person does, they use it."

After Peggy's visit with Dr. Klinghardt, there was still some question in her mind as to whether or not Lyme disease was really the cause of her failing health. She did some further research and then reached out to another doctor that was known to be a specialist in the field of Lyme disease.

Peggy consulted with Steven Harris, MD in California who performed further tests to check for the existence of Lyme disease. The result was a positive Western Blot as well as positive tests for all of the major co-infections including Babesia, Bartonella, and Ehrlichia. It was now

becoming clear that Peggy did not have MS as other doctors suggested she "probably" did, but instead Peggy had Lyme disease.

Peggy continued working with Dr. Harris, who aggressively treated both her Lyme disease as well as the co-infections which had been identified. Peggy has nothing but positive things to say about the care that she has received from Dr. Harris. Indeed, the proof is in her progress.

At her worst, Peggy had trouble feeding herself. She had significant numbness throughout the lower half of her body, had no energy and could not sleep. Today, eleven years later at the age of 37, Peggy continues to use her chair. However, she has notably improved. She has more energy. She sleeps better. Her night sweats are almost gone. All of these are signs that Peggy is on the right track and she is clearly seeing that treating for Lyme disease is resulting in a marked improvement and recovery.

Since the first day that Peggy needed to use a wheelchair, she says that she always knew there would come a time when she would leave the chair behind and would one day walk again. That time is now. Her doctor tells her that all the signals to move her legs are there.

The focus now needs to be on rebuilding the muscles that have not been used for so many years.

Peggy's fiancé Jay did some research and found an organization called Project Walk. Project Walk is an exercise-based recovery program that works with those with spinal-cord injuries that believe they will walk again. As fate would have it, one of only two Project Walk facilities in the nation was in Peggy's own backyard. Project Walk had an office in Peggy's hometown of Beaverton, Oregon. It was almost as though it was meant to be. Peggy and Jay met with Ted Dardzinski, the founder of Project Walk, and Peggy was accepted and immediately began to participate in the program.

For Peggy, Project Walk is a three year program which she attends twice a week. She started the program three months ago and is already seeing improvements. Her energy and core strength have improved. In fact, one of her doctors could not believe the progress she had made in such a short period of time.

The cost of the program is about \$32,000 per year which results in the entire program costing just over \$96,000 for three years. In order to remain in the program, Peggy will have

to rely on the support that she gets through a web site aptly titled "Peggy Will Walk - It's Not If, It's When". The site is at [www.peggywillwalk.com](http://www.peggywillwalk.com). I urge you to take a look and to do what you can to help support Peggy's journey.

When I first visited the site, I was immediately drawn in by the kindness reflected in the picture of Peggy. Several videos which show the work that she is doing at Project Walk help to tell more of the story and to provide more insight on who Peggy is. The videos brought tears to my eyes. I felt inspired. I felt a power of human spirit that was so incredibly strong. I knew right away that Peggy's story was a story that I wanted to tell. Not only did I want to tell the story, but I wanted to be a part of it. Through your generous donations, you can all be a part of Peggy's story too.

A fund has been established through the Catastrophic Injury Program of the National Transplant Assistance Fund to help Peggy realize her future reality of walking unassisted. NTAf is a non-profit organization that has been assisting the transplant and spinal cord injury community for over 20 years. All contributions are administered by NTAf exclusively for uninsured medical expenses. Donations are tax-

deductible to the full extent of the law.

To learn more about Peggy's story, track her progress, or donate in support of her recovery, visit her web site at <http://www.peggywillwalk.com>.

Additional information on Project Walk can be found at <http://www.ProjectWalk.org>



Scott Forsgren has been journeying through the world of Lyme disease for over 10 years and shares his experiences through his web site at [www.BetterHealthGuy.com](http://www.BetterHealthGuy.com).

Scott can be reached at [Scott@BetterHealthGuy.com](mailto:Scott@BetterHealthGuy.com)

Scott is one of the leading voices in the Lyme disease community. *pha*

## Exploring Quantum Biofeedback

by Laura Zeller

[laura@wildcondor.com](mailto:laura@wildcondor.com)

### Laura Zeller Interviews Janet Love of *Love Health & Healing Center*



Janet Love has over twelve years experience studying, learning, healing and dealing with issues related to chronic illnesses in her own life, and the lives of others. Her personal journey through the healing process gives her a unique perspective that assists clients in their walk to wellness.

Janet has a Bachelor's Degree from the American Institute of Holistic Theology in Metaphysical Studies. She is a NBCB Board Certified Biofeedback Specialist and Biofeedback Supervisor as well as a licensed International Quantum Biofeedback Specialist, a Reiki Master and a DNA Reprogramming Therapist.

Janet is a proficient artist, teacher and healer who founded the Love Health and Healing Center in Chandler, Arizona.

#### What is Quantum Biofeedback?

Quantum Biofeedback provides bio-energetic balancing for your energetic or electrical body, which is like a mirror of your physical body. It utilizes frequencies that the body

resonates with and helps release stress; in turn the body has the opportunity to heal more rapidly and with greater ease.

#### Who uses Quantum Biofeedback?

EPFX (Electro Physiological Frequency Xrroid) devices are being used worldwide by Doctors, Kinesiologists, Dentists, Veterinarians, Naturopaths, Chiropractors, Homeopaths, Acupuncturists, Nutritionists, Psychologists, Hypnotherapists, Massage Therapists, and many other professional practitioners.

In addition, many people from all walks of life own and use Quantum Biofeedback Systems, depending on their own personal or professional needs.

#### Can you explain the device?

This revolutionary technology is helping people who utilize it to transform their health in ways that up to now had taken much longer to accomplish. The device consists of a lap top computer holding the EPFX software, the largest medical software program in the world and an additional device called the SCIO (Scientific Conscious Interface Operator) which is connected to the computer that allows the practitioner to engage a person's energetic or electrical body. The person sits in a comfortable chair on a soft pad that is connected to the SCIO device and wears a soft head harness that is attached to the SCIO. The SCIO is attached to the computer and analysis and energetic frequency is delivered

through the head harness and pad. It is a Quantum leap from the roots of biofeedback's beginnings.

#### How does it work?

It is a similar concept to radio frequencies or cell phone frequencies. You can't see radio frequencies but they are there nonetheless. Before radio frequencies were "discovered" they still existed we just weren't aware of them. The same is true of our bodies. Every person has a unique frequency that they resonant on or with. No two human beings on the planet resonate with the same frequency. The EPFX/SCIO Quantum Biofeedback device utilizes complex quantum physics and mathematics to translate frequency and, through the wonders of the computer, we can calculate these complex formulas into readable, sensible material via the EPFX medical software.

#### How does Quantum Biofeedback help people?

This is far more than just symptom relief, although that in itself is a significant and important aspect of this modality especially for anyone with a chronic illness. By the time we see clients they are usually exhausted and many feel battered by the medical community. They have tried just about everything, and still don't know what's wrong with them or if they do know they have a specific diagnosis, like Lyme disease, none of the prescribed treatments have worked.

Many have been diagnosed with depression, chronic

fatigue or just considered crazy by some doctors. Sometimes the most significant thing we do is relieve the stress and trauma of being treated as if they are crazy because they do have so many body systems that are faltering. When our full analysis is complete, clients are receiving more data about their health than they have ever been given.

#### Is this a helpful diagnostic tool?

This is a tool to assist in prevention as well as help a client who has a disease to reduce or eliminate the stress involved in the disease process, but it does not diagnose.

Quantum Biofeedback simply assesses the major stressors in each client and helps the Specialist working with them to identify patterns that may indicate what kind of issues they are facing. We often work with physicians or naturopathic doctors who then may consider our findings in their approach with a client, but only a licensed doctor can make a diagnosis.

I believe this tool helps empower people with greater awareness, but we leave diagnosis to the trained professionals.

#### How is an individual program designed?

Sessions are tailored to each client's specific needs. It is a custom program, no two people will react the same way, and no two people need the same protocol. There may be similar protocols, but each client will receive what they need to suit their lifestyle

needs. Clients are referred to their medical doctors or other health care practitioners for issues that are beyond the scope of energetic balancing. However, the EPFX/SCIO modality complements all other forms of therapy or medical treatment, from traditional medicine to massage, reflexology, homeopathy, naturopathy, chiropractic, acupuncture or nutrition.

#### How is Quantum Biofeedback similar to Rife?

Rife machines offer empowerment by allowing the user to target pathogens themselves on their own terms. People familiar with Rife technology will understand how this device works as Royal Rife, among many others, laid the foundation for what William Nelson, inventor of the EPFX/SCIO, would later continue. A Rife-like generator is just one of many programs available in the system as well as comprehensive Rife-like programs that target viruses, parasites, bacteria, food poisoning and much more and enable the client or user to reduce the pathogen stress energetically. Furthermore, utilizing this tool allows a person to manage the "herx" reactions more effectively by comprehensively balancing their entire body and its systems energetically.

It can provide energetic nutrition, herbs, and homeopathic remedies as well as balance acupuncture meridians and provide energetic chiropractic adjustment. But perhaps one of the most significant tools is the "Biofeedback"... *cont'd pg 17*

## “Tuskegee & Lyme” ...cont'd from pg 3

had a mild encephalopathy that began 1 month to 14 years after the onset of the disease and was characterized by memory loss, mood changes, or sleep disturbance.”

Up to 14 YEARS of symptoms...sounds like it might be “chronic”. Surely these patients were offered the known medical “cure” for Lyme and not just studied to see what the symptoms would do long term, right?

In the Annals of Internal Medicine (June 1979 ) Allen Steere writes about the chronic manifestations of Lyme disease. Later in years he is quoted as saying Chronic Lyme does not exist and if symptoms persist it is considered "Post Lyme Syndrome".

Another Lyme guru from the IDSA camp is Dr. Gary Wormser. He recently released a study in the medical journal of Clinical Infectious Diseases (Oct 2007) where he

concludes that, "a surprising number of patients experience a subsequent episode of Lyme disease after the first episode has resolved. Re-infection has been well-documented only after successfully treated early infection...".

Again, inquiring minds want to know... if re-infection rates are "well documented," how can they possibly be so sure that the original infection was "successfully treated?" Isn't it possible that the infection just went dormant and later became active again (ie; a chronic infection) rather than simply being re-infected?

I suppose since "chronic Lyme does not exist" and yet this amazing amount of cases of ongoing infection after "adequate treatment" of 3 weeks on antibiotics is being well-documented it is best to cover their tracks by writing a journal article and claiming that there is a large number of Lyme patients

that are re-infected after their first case cleared up. How can they be so sure? It seems wisdom would err on the side of caution and treatment given until the symptoms clear.

Would we treat a cancer patient this way? If chemo did not cure the cancer the first time, would they dare say, if the cancer re-appeared that it was "Post Cancer Syndrome" and refuse to treat the symptoms? Of course not!

I am not without hope, though! Remembering the Tuskegee Experiment and the families it affected, it was refreshing to see that in 1997 President Bill Clinton made a formal apology on behalf of the American Government to the victims of the Tuskegee Experiment. Clinton said what the government had done was deeply, profoundly and morally wrong.

He went on to say, "To the survivors, to the wives and

family members, the children and the grandchildren, I say what you know: No power on Earth can give you back the lives lost, the pain suffered, the years of internal torment and anguish.

"What was done cannot be undone. But we can end the silence. We can stop turning our heads away. We can look at you in the eye and finally say, on behalf of the American people: what the United States government did was shameful.

"And I am sorry."

I think it is just a matter of time before the reasons behind the Lyme controversy are as transparent as a crystal stream. I believe that people of integrity, like Richard Blumenthal, will lead the investigation and expose the medical heresy that has gone on too long. I believe that the conflicts of interests held by the doctors who propose these

dangerous guidelines will be exposed...and those of us who have suffered, just as the people involved with Tuskegee, "the lives lost, the pain suffered, the years of internal torment and anguish." I believe we will be vindicated. I believe we will get good medical treatment. I believe we will see complete healing.

As a wise man once said, "All that is necessary for the triumph of evil is that good men do nothing". Take heart, my fellow Lymies. Good people such as Blumenthal are hearing our stories and looking under the surface. It is just a matter of time!!

pha



Dawn Irons has a Bachelor of Social Work degree from the Univ. of Mary Hardin-Baylor. She has worked with medically related social issues for over 10 years.

## “LYMERix” ...cont'd from pg 2

lems, joint pain, swelling, fatigue, and severe memory problems. After David tested positive for Lyme, he looked into filing a suit against the vaccine manufacturer. He hired a Pennsylvania firm to handle the litigation. But once his regular family doctor discovered that David had filed a suit, he dismissed himself as his physician, telling David he would have to seek health care elsewhere as it would be a "conflict of interest" to remain as his care provider. But his doctor at least noted in David's chart that it was his opinion that David's symptoms were related to the vaccines.

David trusted the doctor and looked for a new physician, but each one declined to treat him once they learned of his lawsuit. David's ID doctor became his primary care provider - the only doctor who didn't abandon him. Now in 2007, David learned his original doctor may be denying that he ever wrote that David's symptoms were related to the vaccine - but David has copies of his original records saying otherwise.

The attorney for the vaccine case required David to see a physician in New York City, for the purposes of an examination and case review. David felt the doctor, (a neurologist), seemed arrogant and only wanted money. The doctor performed a series of skin punch biopsies, and David was diagnosed with peripheral neuropathy. Over the course of the next 2-3 years, David went back and forth for more biopsies, including a nerve biopsy which made half of his left foot permanently numb. David also endured immunoglobulin treatments which he calls "grueling as hell", and which cost \$1.2 million dollars for the first year alone. The treatments were 5 days a week every month and they lasted 5-6 hours at a time.

David's LYMERix lawsuit was filed in 2003, but not as part of a class action. David was advised, and elected to use arbitration. He and his attorney agreed on a \$5 million award for damages if awarded, which

they felt might put a dent in his lost wages and ongoing medical expenses. He was told arbitration would be shorter than a trial - perhaps months to a couple of years, as compared to many years at full trial. Arbitration began, and time went by. After a couple years and his attorney no longer in contact with him, David went on the internet only to discover that his attorney's name had been removed from the firm's web site. He called the firm, and was told that his attorney had been disbarred and was no longer representing him!

Without an attorney, David contacted a friend (who was also an attorney), who researched his case and discovered a decision had been made in September, 2004, (three years earlier) and David hadn't been notified! "Discontinued without prejudice" was the term used for his case. Because of this fiasco, David's friend advised that he might still have a case, but now David is considering a malpractice suit, as well as having to begin from scratch on his vaccine case. After waiting four years, David says he feels "seriously screwed" by the process, and is rightly disgusted. He also wonders how many other vaccine recipients are in a similar situation.

For 4 years David waited patiently for help to pay for his medical costs, and now he has received this setback. It was August of 2007 when this interview took place, and David revealed he had learned just that week about the arbitration determination. He also revealed that, to date, (except for this interview), no one, not even the attorney representing David, has ever interviewed him about any aspect of his story, his symptoms, or his case in general. When David demanded the file on his case, the law firm sent him a 17-page report which he feels does not accurately reflect his case or his medical records. The firm also sent him a letter which David said seemed to infer that he had somehow "misrepresented" himself, which he finds ridicu-

lous. Now he says the firm seems to be backpedaling about his case, and the firm has even changed names three times through this process.

As for the stress of the entire deal, David says, "Are you kidding? It kills me, it kills me. It amplifies everything." When asked what kind of a toll his medical situation has taken on his marriage, David is very realistic about the process. "My wife... She's great. She's understanding and supportive and great and everything. But long-term, over time, who knows what will happen? People get tired. What happens when people get tired?" Despite wanting a family, David and his wife have made a conscious decision not to have children, which has been hard. "I couldn't you know, with me being sick - how am I going to deal with children? And another thing", David says, "there is the possibility of maybe spreading it." The LYMERix vaccine was based on recombinant technology, which is the genetic engineering of DNA - hence *Borrelia burgdorferi* DNA would be present in David's body from the vaccine.

David worries that if he carries the Lyme spirochete or a form of it (Bb) that it could be, or has already been, passed on to his wife - and possibly children. He has read information that describes how *Borrelia burgdorferi* has been found in semen and breast milk and that there are studies showing maternal-fetal infection in utero. David says he believes his wife might also be suffering from Lyme, but so far she has not agreed to be tested, though he says she has pain in her hip and her feet - both places where Lyme patients complain of pain. David reiterates that he and his wife are "very strong" in their decision not to pass this illness on to children, and says his wife has been "very supportive all the way around" with this illness, a kind of support many chronically ill patients aren't fortunate enough to have.

David recently found a Lyme-literate physician, a doc-

tor who specializes in Lyme cases, who is helping manage his care. But the road ahead for David is truly uncertain. One neurologist told him he had suffered a possible stroke in 2005 and again in 2006, based on MRI's showing brain lesions, but another doctor told him "lesions are nothing", and said David "was fine" - leaving him confused about his health. On the one hand, he knows he is debilitated and declining every day, and on the other hand, there are physicians who dismiss him, and say there is nothing wrong. Fortunately, his LLMD is in-line with David and he will continue to pursue treatment as long as he can afford to.

Through this process, David says the toughest part of dealing with his symptoms is, "it's like a mind game, and there may come a day when I can't play it any longer. I have to keep mentally strong, you know, 10 years from now, how will we deal with this?" David is aware of the importance of building a personal support team of friends and family to help with the emotional and practical aspects of chronic illness. He knows the importance of private, quality time between husband and wife, where the focus is not on disability or illness, but on positive things.

As for facing a future of unknowns, David wonders what kind of monetary compensation would now be appropriate, as the cost of medication and treatments leave a question mark in his mind. "I have expenses I never even thought about now," says David, "like the fact that I have to pay someone to mow my grass, or cut my bushes, because I can't." Then there will be costs to re-litigate his case.

David deals with the anger and frustration he feels from being given a vaccine that manufacturers may have known could be harmful to some patients, in the best way he possibly can. He accepts that he can't change the past, and he looks to the future, desiring to tell his story and raise awareness to prevent others from suf-

fering a similar fate. Asked if he wanted to be part of an article about what life is like after receiving the LYMERix vaccine, he replied, "in a heartbeat I would". And if David could travel backwards in time to choose not to have received the LYMERix vaccine, I suspect that his answer might also be the same.

Taken from the pages of the FDA's statistical review and evaluation of the LYMERix vaccine, with sponsor SmithKlineBeecham, dated June 30, 1998, we reveal the following information, parenthesis added by author for clarification: Background: "During a telecon on May 13, SKB (SmithKlineBeecham) notified CBER (Center for Biologics Evaluation and Research) that there were specific concerns regarding CMI (cell-mediated immunity) issues and the possibility that the OspA portion of the protein in their Lyme vaccine could induce a chronic-resistant form of arthritis in some individuals..."[1]

The vaccine was approved by the FDA in December of 1998, and pulled from the market by the manufacturer on February 26, 2002, citing "poor sales". pha

### References:

1.) FDA. Statistical Review and Evaluation. Lyme Disease vaccine (Lymrix). 1998 Jun 30. Available at: [www.fda.gov/cber/review/lyme/smi122198r6.pdf](http://www.fda.gov/cber/review/lyme/smi122198r6.pdf).



PJ Langhoff is an author and freelance writer for PHA and has published several books and articles, including scientific articles with multiple physicians.

# Houston Bike Club Raises Money and Awareness for Lyme Disease in Texas

**HOUSTON, TEXAS--** The Greater Houston Off-Road Biking Association (GHORBA) presents the Nation's 1st Lyme Ryde on November 3rd for the purpose of raising awareness for Lyme and its associated diseases both in the state of Texas and the Nation. This first event is being held in conjunction with a mountain bike Fat Tire Festival with plenty of fun activities for young and old, both on and off the bike.

GHORBA is an accomplished non-profit organization dedicated to making Houston the best urban multi-use, non-motorized, off-road trail venue in the United States. GHORBA builds, maintains, and opens new sustainable multi-use natural surface trails in the greater Houston area. These trails are built in partnership with environmental groups with a common goal of the preservation of natural habitat environments and are available to all non-motorized vehicles and users, including walkers, runners, hikers, and naturalists. As advocates for greater trail access with public and private land owners and managers, GHORBA educates the public on trail building, maintenance, skills clinics and riding safely; & promotes youth cycling. GHORBA also runs a Sprockids program that teaches underprivileged children bike safety, respect for nature, and how to enjoy the outdoors.

The first Lyme Ryde & Fat Tire Festival promises to be an excellent event with creative and unique contests such as a tick pull, tick toss, bicycle Frisbee, and sLyme-ball gallery. The festival will kick off with a mountain bike skills clinic aimed at beginner to intermediate riders. In addition GHORBA will setup the ever popular Lumberjack challenge and a tick piñata for the kiddos. The festival will culminate with a Lyme Ryde on Saturday afternoon which will include some of the events above. All events will have prizes, although none will be taken too seriously. The event is being held near beautiful Bastrop and Buescher State parks in central Texas at the infamous Rocky Hill Ranch - home to festivals and events for more than a decade. Rocky Hill Ranch was chosen for its

setting near storybook Smithville, Texas and proximity to three major metropolitan areas; Austin, Houston and San Antonio. Camping is available both at Rocky Hill and at the local state parks. Please see the

GHORBA members are afflicted with Lyme disease and being an advocacy group dedicated to greater outdoor access it made some sense.

The Lyme ride will benefit two Texas organizations that work with Lyme disease awareness and advocacy.

The Texas Lyme Disease Association, Inc., (TXLDA) was formed for the purpose of preventing tick-borne diseases in Texas and improving the healthcare of people with tick-borne diseases through education, advocacy, support, and research.

The service area of the TXLDA is the geographic boundaries of the State of Texas and adjoining states.

The TXLDA is a 501(c)3 non-profit corporation under the laws of the State of Texas. Any donations made to support the TXLDA are tax-deductible.

*Stand Up For Lyme* is a

small, focused group of Texas patients working to promote Lyme awareness and education to other patients, the public, and medical professionals; and to act as a resource for Texas legislators and agencies.

The event is open to the public; mountain bikers, Lyme patients and their families are welcome to attend. Novice and intermediate mountain bikers are welcome to attend the skills clinic. Everyone is welcome to join in on the Lyme Ryde.

Event fees for participants are \$10 per person for the skills clinic and Lyme Ryde which includes the \$5 per person gate fee for riders. Camping is an additional \$5 per person. If you just come out for the day to watch, there are no fees although donations are greatly appreciated! RSVP

For more information, please contact the event organizer at the email listed below or see GHORBA's website for updated festival information.



GHORBA website for other local accommodations.

So you might ask, why combine a mountain bike festival with an event benefiting Lyme and its associated dis-

## “Letters to the Editor” ...cont'd from page 3

Dear Editor:

I have been trying to divine a reason why the various medical specialty organizations (Infectious Disease, Neurology and now, Dermatology) have been racing to perpetrate a preponderance of guidelines that denounce appropriate, or at least reasonable, diagnosis and treatment for one particular medical condition. I am aware of no parallel in any other illness. It is worthwhile to state that the surprising orgasm of guidelines follows no new research findings to account for the timing of their release.

The reason for issuing guidelines was ostensibly to avert the danger of long term antibiotic treatment. I found this particularly confounding with regard to Dermatologists, who prescribe minocycline for years on end to treat, or sometimes prevent, acne, a far less debilitating condition than chronic Lyme disease. Also, recently humorously stated, long term antibiotic treatment has resulted in some of the healthiest cows and chickens the world has ever seen.

Logically, either the NEJM physicians are all absolutely correct and the entire Lyme community is as misguided as they attest, and our doctors as mischievous or malevolent as they allege, or they themselves are either grossly mistaken or have some motive for their savage attacks on fellow physicians, and by extension, a large and growing population of suffering patients.

Since they are not fools and they have access to the same database that we do, including their own previous studies attesting to the persistence of Lyme following treatment, they must have some motive. At first, I examined the disclosures and recognized some conflict of interest that might offer a rationale for a few in the NEJM group, but that did not account for the other professional groups joining in the fray, all in such a well timed and coordinated fashion.

During a conversation this afternoon with a colleague (my wife, Jane Kelman, MD) we discussed recent events and the discussion developed along lines similar to your post. If we are correct that Lyme has been misdiagnosed and under treated, and disability created wholesale through this negligence, and this becomes an accepted public reality, that is, the reality that we already know to be true, the inevitable medical malpractice suits will destroy those physicians responsible, represented by the three major medical specialties who have been the first contact for most patients with Lyme disease. Those are the very specialties now circling the wagons in a pre-emptive attack to preserve what they recognize is a massive, catastrophic error in analysis and judgment.

While there may have been other, early motivations (the profit from vaccine development, legal testimony fees and so on), there is now one single, unifying, global reason

to refute chronic Lyme: To protect themselves from the repercussions that will follow if, or rather when, the preponderance of Lyme cases and disseminated Lyme information reaches critical mass. They will try to argue standard of care by hiding behind their own guidelines and those of their closely related co-specialists. While they have different specialties, they have one common motive. This is defensive and possibly illegal manipulation of the first degree and it is the only explanation that makes sense of the whole.

The current mania to produce guidelines has been driven by the recent explosion in Lyme info hitting every news media, with the recent publicity slanted invariably toward mentioning a controversy rather than merely stating the anti-Lyme position, as had been the case until recently. Major TV stations are picking up on the story, and now, with the Connecticut attorney general adding credibility, and President Bush's treatment adding visibility, the anti-Lyme docs are in an understandable panic. This is beginning to look like their perfect storm, not ours.

The attorney general of Connecticut is at least half right. He is focused on the antitrust implications, but, if he is not already, will become aware of the motive behind their conspiracy: Besides restraint of trade, the effect on many infectious disease, neurological and dermatological physicians will be massive law-

suits for negligence involving failure to properly diagnose and treat, with readily provable losses of health and income directly attributable to medical malpractice.

I am elated by recent events. If the anti-Lyme doctors had simply muddled along, permitting a situation where some Lyme patients got treatment, some didn't, and things were confused, they might have survived longer. However, probably a result of overactive egos, maybe the new preeminence of Dr. Feder, they decided to go in for the kill, staging the current guideline ploy to finish us off once and for all, literally killing us off by providing permission for insurance companies to deny treatment. This move, paradoxically, will prove to be their undoing, as it provides a prima facie case for conspiracy.

We have only to keep telling the truth: That Dr. Feder et al make their case by selectively employing particular studies, avoiding others which refute their position, even ignoring their own past studies and pronouncements. Their duplicity is transparent and the heat is building.

**Richard Brand, MD**  
120 N. Main St  
New City, NY 10956  
845-638-2626

*Dr. Brand, the evidence is overwhelming and it seems that the proverb of old is quite fitting: "Give them enough rope and they will hang themselves!"*

## Death Notice

### Michael Wilnau

Michael "Mike" Wilnau of Remsenburg and Eastport died at Stony Brook University Medical Center on Friday, August 31, of complications from babesiosis incurred as a result of a tick bite. He was 53. Born to Roger and Florence Wilnau on July 12, 1954, he was honorably discharged from the United States Army after serving in Vietnam.

Well known for his guitar playing, he was a painter and a jack of all trades. According to his family, he will be remembered by all who knew him for his compassion, wit, sensitivity, and his love for children and animals. He most enjoyed playing his guitar to his sheep, feeding them, and watching his kittens sleep on their backs, family members said, and he will be missed by many, many friends and people whose lives he touched.

Predeceased by his father, he is survived by his mother, "Flo" of Manhattan, a sister, Linda Wilnau of New Hampshire; and a daughter.

In lieu of flowers, donations to Bide-A-Wee, 410 East 38th Street, New York, NY 10016, would be appreciated by the family.

After a private cremation, a memorial service was held on Sand Island in Eastport on September 23. A second memorial was held on Saturday, September 29, at 6:30 p.m. at the Triangle Pub at 381 Old Montauk Highway in Eastport.

# Not Seeing the Whole Picture?

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## “Shoemaker”... cont’d from pg 9

"mold susceptible" or "multi-susceptible" to categorize one's HLA genotype." (BetterHealthGuy.com)

**Let's say that I have Lyme disease and no one questions the diagnosis. I have received the 21-days of Doxycycline and I am still sick. What now?**

We look at the 37 symptoms on the list (note that biotoxin symptoms are almost the same), but the symptoms won't tell you all you need to know. What needs to be done: 1) make sure they don't have a compounding exposure (many folks with Lyme might be exposed to mold and not recognize that the mold is making them sick after the Lyme opens up the disease and they say that they need more antibiotics - mold does not respond to antibiotics); 2) rule out other

diseases.

**What if it's Lyme, and Lyme only? What is the gene signature - the HLA?**

If you have Lyme and HLA, you are not going to respond to antibiotics - they are going to have the biotoxin aspect.

**Do most physicians know they should be looking at the C4A?**

Judging by the phone calls we get, we need to do a lot more education. The trouble is that if you don't have peer-reviewed research published, what you know to be true does not exist.

One of the things I worry about with Lyme patients is that you won't know how your C4A or MSH is by how you feel. But if MSH is low and you don't have the normal

control of inflammatory responses and say you walk into a moldy building and get slammed, the C4A response doesn't just go up to the level as it was before, it goes up exceptionally high. And I use the expression "sicker, quicker" as my shorthand same as saying, "Look out!"

**I've done the VCS and the lab work for the biotoxin pathway - now what?**

Actos is what I use for my Lyme patients (45mg taken with my special diet that avoids foods that makes blood sugar go up quickly - amylose). Actos is not given to "people who are real skinny," Actos will make them feel "bad."

**Actos has been given a "blackbox" warning from the Federal Food and Drug Administration (FDA). Is it**

**safe to use off label?**

Actos has been around for about 10-years and I have used it in over 6,000 patients. With the no-amylose diet and Actos taken short term, we've seen no significant adverse effects from liver abnormalities or heart problems at all. I am not afraid of Actos at all. But I do make sure that people who are taking it are informed that it is a potential concern to the FDA.

**What is the amylose diet?**

It's a diet that focuses on eating fresh fruits, fresh vegetables and plenty of protein. Keep away from vegetables that grow below the ground (peanuts and potatoes), garlic and onions are okay, but no wheat, rice, oats, barley and rye, and also no bananas.

Ritchie C. Shoemaker graduated medical school from Duke University (1969-1973) Magna Cum Laude. He is the President of Chronic Neurotoxins, Inc.; Medical Director at the Center for Research on Biotoxin Associated Illnesses; and has a private practice in Pocomoke, Maryland. Dr. Shoemaker has appeared on numerous television and radio shows, received many awards, and has a long list of publications. His website is [www.moldwarriors.com](http://www.moldwarriors.com) and he was a guest on *In Short Order* radio show with Sue Vogan ([www.highway2health.net](http://www.highway2health.net)) on October 4, 2007. His new book, "Surviving Mold," is due out in the spring of 2008 - available at [moldwarriors.com](http://moldwarriors.com) and Amazon.

## Why Lyme Disease?

by Maggie Sabota -  
Miss Cumberland County 2007

"Why Lyme disease?" That was a question that I was asked in one of my pageant interviews. With all who are suffering from cancer and other diseases what made you choose Lyme disease as your platform? Without hesitation, I knew exactly how to answer these questions.

When I was six years old my mother was diagnosed with an incurable form of Lyme disease. She was forced to stop teaching elementary music and go on disability retirement. We also moved into a new house that was handicapped accessible to accommodate her wheel chair and walker.

Growing up, I watched my mom experience many different symptoms of the disease. Severe headaches, light sensitivity, dizziness, difficulty retrieving words, lack of balance and trouble walking to name a few. Due to the relapsing and remitting nature of the disease, she has long periods of feeling fairly well and long times of being very ill.

The past few years my mom has been doing exceptionally well. She was walking without her cane most of the time and was experiencing some relief from the constant pain. She was also able to get back to teaching piano lessons and directing our church choirs. She has also traveled with me to most of my appearances and accompanied me on the piano when I sing.

Recently though, she has had another relapse.

During the course of our family vacation at the beach, she went from walking up and down the beach, to not being able to walk across the room. It is almost a month later and she still isn't feeling better. Her severe pain due to nerve damage has returned and she is once again in the wheel chair due to her inability to walk.

Unfortunately she is unable to push the wheel chair herself because it causes a lot of pain in her hands. She also has had to postpone teaching her piano lessons and leading the choir until she gets her strength back.

Her relapse has been hard for me to deal with because I am away at college and there isn't much I can do to help her. So, I decided to do something about it. This weekend I made a special trip home from school to surprise my mom. Let me tell you, she was quite surprised when I walked in the door on Friday. But perhaps I was the one who was most surprised. I come home to find my mom zipping around the house in a new motorized wheel chair with a big smile on her face. The most important lesson that I have learned from my mom is to always think positive. No matter how badly she is feeling she always tries to smile and remembers to count all of the blessings in her life.

So why did I choose to promote Lyme disease Prevention as my pageant platform? Because I know just how much Lyme disease affects not only the person with the disease, but the entire family.

pha



## "Bipolar"... cont'd from pg 8

pressant in the absence of a mood stabilizer may put them at risk of switching to mania. Also, a recent NIMH study showed that for depressed adults with bipolar disorder who are taking a mood stabilizer, adding an antidepressant medication was no more effective in managing bipolar symptoms than a placebo (sugar pill).

Roughly the same percentage of youth and adult bipolar visits included a prescription for an antipsychotic medication, although young patients were more likely to be prescribed one of the newer, atypical antipsychotic medications, such as aripiprazole (Abilify) or olanzapine (Zyprexa), than other types of antipsychotics. This finding suggests that doctors may be basing their treatment choices

for bipolar youth on prescribing practices for adults with the disorder.

However, one main difference between youth and adult treatment was that children and teens were more likely than adults to be prescribed a stimulant medication -- usually prescribed for treating ADHD -- and adults were more likely than youth to be prescribed benzodiazepines, a type of medication used to treat anxiety disorders. More than half of all diagnosed youths and adults were prescribed a combination of medications. Given the relative lack of studies on appropriate treatments for youth with bipolar disorder, the researchers noted the urgent need for more research on the safety and effectiveness of medication treatments that are commonly prescribed to this age group.

The study had several important limitations. For example, the survey relied on the judgment of the treating physicians, rather than an independent assessment. As a result, the researchers' findings reveal more about patterns in diagnosis among office-based doctors than about definitive numbers of people affected by the illness. Another limitation is that the survey recorded the number of office visits instead of the number of individual patients, so some people may have been counted more than once.

"A forty-fold increase in the diagnosis of bipolar disorder in children and adolescents is worrisome," said NIMH Director Thomas R. Insel, M.D. "We do not know how much of this increase reflects earlier underdiagnosis, current overdiagnosis, possibly a true

increase in prevalence of this illness, or some combination of these factors. However, these new results confirm what we are hearing increasingly from families who tell us about disabling, sometimes dangerous psychiatric symptoms in their children. This report reminds us of the need for research that validates the diagnosis of bipolar disorder and other disorders in children and the importance of developing treatments that are safe, effective, and feasible for use in primary care."

"This research, performed at a National Center on Minority Health and Health Disparities Center of Excellence, underscores the need to fully engage the community with their health care providers to better understand the actual prevalence of bipolar disease in children and adoles-

cents," said John Ruffin, Ph.D., Director of NCMHD.

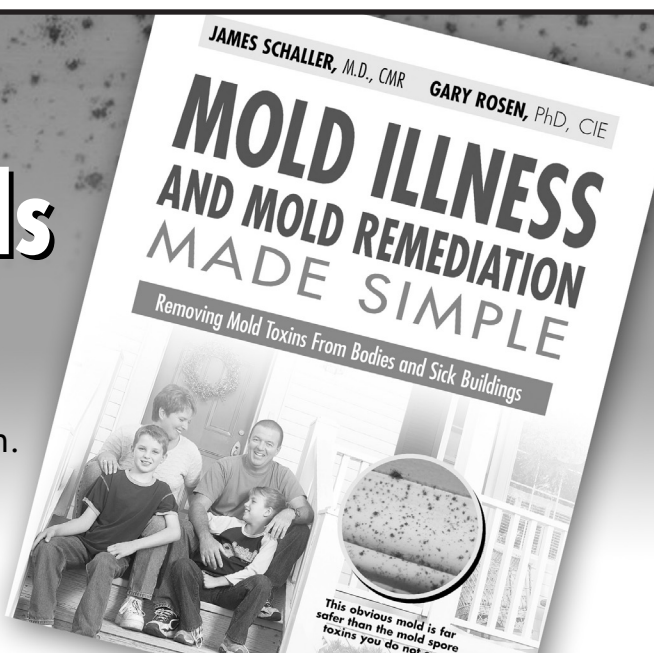
Additional study authors were Carmen Moreno, M.D., and Carlos Blanco, M.D., Ph.D., of New York State Psychiatric Institute/College of Physicians and Surgeons of Columbia University; Andrew B. Schmidt, C.S.W., of New York State Psychiatric Institute; and Huiping Jiang, Ph.D., of Columbia University.

The study was funded by the NIMH Intramural Research Program, National Institute on Drug Abuse (NIDA), NCMHD, the Agency for Healthcare Research and Quality (AHRQ), the Alicia Koplowitz Foundation, and the New York State Psychiatric Institute.

### Indoor Mold Causes Hundreds of Sickneses

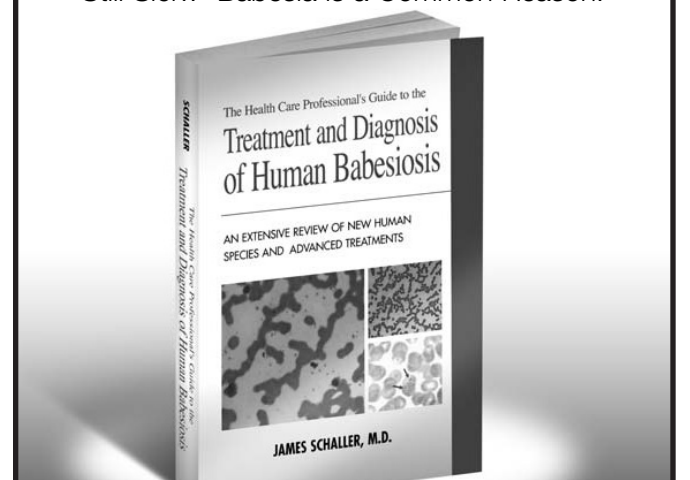
Up to Date Cutting Edge Information.  
A Clearly Written Solutions Book.

www.personalconsult.com  
and Amazon.com



### Finally, THE Book on BABESIA has Arrived.

Still Sick? Babesia is a Common Reason.





## “Biofeedback”... cont'd from pg 12

NLP (Neuro-Linguistic Program) or emotional balancing program. Chronic illnesses, Lyme specifically, can affect a person's mood and neurological functions profoundly.

There are also specific protocols for assisting with conditions like ADD, memory loss and brain fog. Any serious emotional or mental issue is referred to a licensed therapist.

### How did you get interested in Quantum Biofeedback?

I have Lyme disease, and without this tool I would not be here to offer these services. When I purchased this device I was extremely ill. I had done so much research medically and had branched out into alternative fields including energy medicine that I knew intuitively it would help me. I thought it would take six months to a year to get strong enough to pursue it professionally, maybe longer, but within six weeks I was traveling to Canada for training. I was not in perfect health but I went from complete disability to flying to Victoria, Canada and taking Level I training to become a Quantum Biofeedback Specialist.

I still have health issues, I have late stage chronic Lyme disease, and I was misdiagnosed with Chronic Fatigue and struggled for years. This device helped me figure out I had Lyme disease and continues to help me maintain my health enough to work and have a life. I have my ups and downs, but overall I continue to improve and I use this energetic device along with many other therapies including antibiotics.

If it were not for the EPFX/SCIO I would have been hospitalized many times. I have figured out things the doctors could not using this amazing tool. This device changed the course of my life. I chose to purchase it and make it my profession. Some people pur-

chase it for their own use and others simply come to specialists like me for regular balancing.

### What is the scope of your practice?

Lyme disease is one of my specialties for obvious reasons, but I have many clients with a variety of conditions and issues. Some clients simply want an analysis to review the state of their health and occasional stress reduction and balancing.

However, the bulk of my clientele have chronic ill-

### Do you focus on pain management?

Pain is a common complaint with Lyme and everyone has a different type of pain. There are no simple answers for pain management.

Balancing the emotional issues along with the physiological issues helps to relieve and reduce the stress and make life much more comfortable and helps sufferers have greater coping skills. This device has helped me a great deal in management of my pain issues personally.

energetic system is as complex as our physical system.

However, this advanced technological tool can help identify issues like an early detection radar system of sorts for the human being showing all early stress patterns or latent stress patterns. It is connected to the sub-conscious, that part of a person that knows everything the conscious mind does not and that helps regulate all the automatic functions of the body. It can help bring awareness and educate the client. Empowerment of the individual is the single most impor-

### What is a typical client response?

Everyone will respond differently, those who have been sick for a very long time may take longer to "feel" the effects of a session. It may take 3 to 6 sessions before a "felt" response is initiated.

The program is working but it's like peeling an onion, one layer at a time is peeled back and it's difficult to know how many layers will have to be peeled before a response is felt. Regardless of the felt response, the protocol works, but many people need to feel it to be sure of its effectiveness.

In general, most of my clients feel better, or have a sense of well being, but there have been a few that it took several sessions before they could actually feel an improvement.

Once again, no two people are alike and no guarantees are made, but no one can guarantee your health will improve. Only a person who has taken responsibility for their own health, their own journey towards health can decide what is best for them.

Having a team approach with a doctor at the helm, a person should expect improvement even if it's an inch at a time. Quantum Biofeedback revolutionized my life, my health and my way of thinking. It continues to do that and continues to offer that option for my clients.

Some people have desired to own one and use it with themselves and family members, some clients desired to purchase one and become a professional like myself. Some people have used it for a period of time intensely then reduce sessions to once a month or once a quarter. Everyone is different.

The important thing is to investigate it, experience it and see if it is right for you.

### Resources:

[www.thequantumalliance.com/biofeedback.html](http://www.thequantumalliance.com/biofeedback.html)

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nesses with Lyme disease being my primary specialty. I am also a Reiki Master and do offer Reiki energetic healing along with several other healing modalities such as DNA Reprogramming and Liquid Light Remedies. These are all ancient healing arts which still have great value when working on myself or my clients.

The human touch can never be replaced by a machine; it can only be enhanced by technology. My assistant Shari Hobbs and I are also Life Coaches. We assist people by helping them to help themselves.

### Can you explain what Quantum Biofeedback does, in layman's terms?

The complexity and diversity of this device is very difficult to explain in an article, by phone or even after having had a session. Even practitioners often have trouble giving a comprehensive overview to potential users of this type of modality because it is still so far out of our culture and medical paradigm, in particular.

Essentially, we all have an electrical system, an energetic body that has and still is greatly ignored by modern traditional medicine. That

aspect to recovering one's health regardless of the level of recovery. In some cases it may be the sense of self that is recovered.

Lyme disease, for example, affects so many areas of the body that a person can become overwhelmed with all the medical options or the medical interventions in themselves that it can be exhausting and painful even while being necessary. This modality can assist a person in recovering a sense of "power" when pathogens have slowly eroded their health and ability to function.

## “Vaccines”... cont'd from pg 4

Many times vaccines have been found to be contaminated.

The anonymous drug company employee mentioned above, tells us some of the contaminants are that are found in vaccines, which are foreign to the vaccine. They include simian cytomegalovirus, acanthamoeba (brain eating amoeba), bird cancer viruses, and rabbit viruses, along with other unidentifiable substances.

Mercury, aluminum and formaldehyde are intentionally put into vaccines. Much attention has been directed at removing the mercury from the vaccines, which is a good idea, but our efforts at understanding the dangers of vaccines should not stop there.

When vaccines are injected and move into the blood stream, they bypass some of our crucial immune defenses.

Many knowledgeable doctors who treat those with chronic diseases advise against getting any type of vaccine. Those who are ill many times have hyperactive or under-active immune systems and it is feared that vaccines could severely complicate these abnormalities.

The following is from an interview with Dr. Kalokerinos, MD. Who is known worldwide for his compassionate efforts fighting for the health and well being of the Aborigines of Australia. He said, "This forced me to look into the question of vaccination further, and the further I looked the more shocked I became. I found that the whole vaccine business was indeed a gigantic hoax."

"Most doctors are convinced that vaccines are useful, but if you look at the proper statistics and study the

instances of these diseases, you will realize this is just not so."

"My final conclusion after 40 years or more in this business (medicine) is that the unofficial policy of The World Health Organization and the unofficial policy of 'Save The Children's Fund' and other vaccine promoting organizations is one of murder and genocide. I cannot see any other possible explanation. You cannot immunize sick children, malnourished children, and expect to get away with it. You kill far more children than would have died from natural infection".

(You may find the whole interview with Dr. Kalokerinos at <http://www.whale.to/v/Kalokerinos.html>.)

Our immune systems, if we are healthy, are engineered to deal with viruses and bacteria naturally. We acquire immu-

nity from becoming infected by microbes in a natural fashion. There are no long-term studies that have been done to examine what short and long-term effects vaccines have on our immune systems.

We now have a nation of disabled people in one form or another. Autism, Chronic Fatigue Syndrome, Lupus, M.S, ALS, Alzheimer's, Gulf War Illness, ADD, Diabetes, Bipolar Depression, Parkinson's, Rheumatoid Arthritis, Fibromyalgia... and these are just the tip of the iceberg.

Many researchers chalk most of it up to autoimmunity. I read one article in a major news magazine which told of the breakthrough concerning autoimmunity. It was suggested that inflammation was involved so the need was to create new drugs to control the inflamma-

tion. *Wouldn't it make more sense to find out what was causing the inflammation?* It was also mentioned in this article that the reason our body attacks itself is because our bodies were created to fight off infection and now that there is much better sanitation, we have fewer germs. And, because there are supposedly fewer germs we are told that the body attacks itself because it has nothing else to attack. This is the most absurd conclusion I have ever heard.

Chemicals in the environment, poor diets and possibly genetically engineered microbes, do play a role in our country's ill health. However, we cannot overlook the fact that there is much evidence proving the dangers of vaccines to our immune systems. pha

# Breast Milk Associated With Greater Mental Development in Pre-Term Infants, Fewer Re-Hospitalizations

by NIH News

Extremely low birth weight premature infants who received breast milk shortly after birth, while still in intensive care units, had greater mental development scores at 30 months than did infants who were not fed breast milk, reported researchers in an NIH network. Moreover, infants fed breast milk were less likely to have been re-hospitalized after their initial discharge than were the infants not fed breast milk.

The study is a follow up to a previous study in which the same infants were tested at 18 months, showing that the breast-fed infants held the developmental gains seen in the earlier study.

"These findings strongly suggest that, whenever possible, preterm infants should routinely be given breast milk during their stay in the intensive care unit," said Duane Alexander, M.D., Director of the NICHD, the NIH institute that conducted the study.

The study appears in the October 1 issue of "Pediatrics". Betty R. Vohr, M.D., of the Department of Pediatrics at Brown Medical School, led a team of researchers in the NICHD Neonatal Research Network, at her own and other institutions, to conduct the study.

Extremely low birth weight infants are the tiniest and most fragile of premature infants, weighing less than 1,000 grams, or 2.2 pounds, at birth, explained Rose Higgins, M.D., the NICHD author of the current study and the program officer for the NICHD Neonatal Research Network. This category of infants makes up about 1 percent of all U.S. births, or roughly 40,000 each year.

Researchers have long known the benefits of breast milk for full term infants, but its potential effects in preterm infants had not been well studied, Dr. Higgins added. Full term infants given breast milk are less likely to develop diarrheal diseases, skin allergies, ear infections, or upper respiratory infections. Some studies

indicate that they are less likely to be overweight or obese as adults. To conduct the study, the researchers tracked the breast milk intake of 773 extremely low birth weight infants in the neonatal intensive care units at 12 sites in the NICHD Neonatal Research Network, between 1999 and 2001.

The children in the current study were divided into five groups by the quantity of breast milk they had ingested while in the NICU. The majori-

test measuring the children's overall intelligence. The average MDI score was 76.5 for children who had not received any milk in the NICU, compared to a score of 89.7 for children who had received the greatest amount of breast milk. Children who had been given breast milk also showed greater ability to control and appropriately respond to emotions and were also less likely to have been readmitted to the hospital after their discharge and before 30 months.

immune advantages for the infant. It has natural substances that protect against infection," said Dr. Higgins.

Because they are unable to feed themselves, premature infants receive fluids and nutrients intravenously. Gradually, breast milk is dripped into their stomachs through a feeding tube. When the infants are healthy enough, the intravenous tube can be removed and the baby can receive all its nutrition from the feeding tube. In

score higher on tests of mental development than did those who were not. She noted that mothers who breast feed their infants tend to have more education than those who do not breast feed. For this reason, the researchers were unsure whether the breast fed infants' higher test scores resulted from their consumption of breast milk or from the fact that their more educated mothers were able to provide them with greater intellectual stimulation.

In the current study, mothers who provided breast milk for their infants also tended to have more education than those who did not. However, in their analysis of the data, the researchers mathematically compensated for the mothers' educational levels. With this adjustment, the researchers concluded that consumption of breast milk had a positive effect on infants' mental development scales, independent of mothers' educational levels.

The researchers concluded that all health care professionals -- obstetricians, neonatologists, lactation consultants and primary care providers -- who come in contact with pregnant women and with new mothers should explain to them the benefits of breast feeding.

The NICHD sponsors research on development, before and after birth; maternal, child, and family health; reproductive biology and population issues; and medical rehabilitation. For more information, visit the Institute's Web site at <http://www.nichd.nih.gov/>.

The National Institutes of Health (NIH) -- The Nation's Medical Research Agency -- includes 27 Institutes and Centers and is a component of the U. S. Department of Health and Human Services. It is the primary federal agency for conducting and supporting basic, clinical, and translational medical research, and it investigates the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit <http://www.nih.gov>.

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ty of the infants had been given at least some breast milk while in the NICU. Only about one-fifth of the children in the study had not been fed any breast milk.

The researchers found that the benefits of breast milk first seen at 18 months were still present at 30 months. Children who had been given breast milk received higher scores on the Mental Development Index (MDI), a

There was no difference in the amount of growth or the rate of cerebral palsy in children who had received breast milk in the NICU compared with those who had not.

The researchers hypothesized that breast milk may boost the children's immunity against respiratory infections, the principal reason children who had not received breast milk were hospitalized.

"Breast milk offers

the previous study, the researchers found that infants who had ingested breast milk were able to leave the neonatal intensive care unit sooner and were able to make the transition faster from intravenous feeding to receiving all their nutrition through a feeding tube than were infants receiving formula.

Dr. Higgins explained that earlier studies of term infants had found that infants who were breastfed tended to

## Unfortunately, its motor is inside playing video games.



Kids spend several hours a day playing video games and less than 15 minutes in P.E. Most can't do two push-ups. Many are obese, and nearly half exhibit risk factors of heart disease. The American Council on Exercise and major medical organizations consider this situation a national health risk. Continuing budget cutbacks have forced many schools to drop P.E.—in fact, 49 states no longer even require it daily.

You can help. Dust off that bike. Get out the skates. Swim with your kids. Play catch. Show them exercise is fun and promotes a long, healthy life. And call ACE. Find out more on how you can get these young engines fired up. Then maybe the video games will get dusty.

A Public Service Message brought to you by the American Council on Exercise, a not-for-profit organization committed to the promotion of safe and effective exercise

## I recommend Researched Nutritionals® for my patients ...Joseph Burrascano, M.D.



Joseph Burrascano, M.D.

Due to the efficacy and the science behind the products, and the experiences in my clinic, I have found Researched Nutritionals® very useful.

A few of my personal favorites:

### **NT Factor Energy™**

I prescribe this to my patients because it provides a noticeable improvement in their energy levels. By promoting healthy mitochondrial membrane repair (and not through the use of any stimulants), most of my patients report that they feel better.

I discovered this product at a medical conference, and was intrigued by the research. One of the published studies reported that patients experienced a 40% decrease in fatigue(1) in eight weeks. The product is formulated to deliver a stabilized unique phospholipid matrix (this is what composes the mitochondrial membranes), wrapped in pre and probiotics as well as Mitochondrial Pro Regulator™ to optimize mitochondrial function, Krebs Cycle Glucose Absorb™ to propel the burning of glucose, creating energy and removal of excess ammonia which can cause fatigue, and RN Fatty Acid Metabolizer™ to maximize ATP production by regulating fatty acid buildup which, if left unchecked reduces mitochondrial function and increases cellular toxins. Normally, cells produce and repair their own mitochondrial membranes. However, these membranes may become compromised during long-term illness or interestingly, intense physical exercise by healthy individuals. This product helps the body help itself. By improving cell membrane potential, nutrients are better able to enter the cells for greater ATP fuel production, toxin removal is improved and oxidative stress is reduced.

### **CoQ10 Power™ 400mg**

I actually tested the blood level of a patient on this product versus another well-known CoQ10. The patient using CoQ10 Power™ had three times the CoQ10 in the blood than the other product. The product is produced in the preferred soft-gel form, allowing the oil base to optimize absorption. As I have come to expect from Researched Nutritionals®, the raw material is of the highest quality and is imported from Japan.

### **Transfer Factor Multi-Immune™**

People have asked me what differentiates transfer factor from colostrum. I generally reply that it is supercharged colostrum. In every gallon of colostrum, you derive only an ounce or two of pure transfer factor. This is where you find the heart of immune support.

Maintaining natural killer cell function is essential for achieving optimal health. Each capsule of Transfer Factor Multi-Immune™ combines the following complexes to provide optimal natural killer cell support:

- **NK Maximizer Bioplex™** - Super blend of pure transfer factor, larch arabinogalactan, IP-6, shiitake and maitake mushrooms to promote healthy NK cell levels & immune modulation(2) (3)
- **Macrophage & T-Cell Pro-Blend™** - Proprietary blend of beta glucan, astragalus, and TMG for healthy macrophage and neutrophil support, aiding removal of cellular debris and recovery of damaged tissue. Unique blend also supports proper T-cell function, cellular replication and liver function. (4) (5)
- **Healthy Cell GTP™** - Potent extracts of green tea and pomegranate to promote normal cell division and containing high levels of crucial antioxidants.
- Plus an integrated blend of folic acid, vitamin B-12, zinc, and selenium to strengthen immune function, promote normal cell growth and boost antioxidant levels. (6)

I believe a healthy energy level and a fortified immune system are essential to good health.

Best Regards,  
Dr. B.



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