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Investigating Lyme Disease & Chronic Illnesses in the USA

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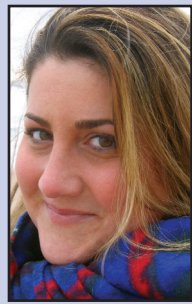
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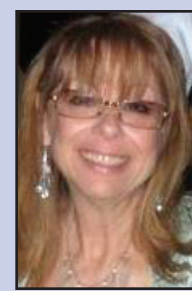
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Expanded Treatment Focus Markedly Improves Lyme Disease Patient Outcomes

by *Scott Forsgren*

Many people think of Lyme disease as an illness caused by the bite of an infected tick. Though the bite may be a triggering event, this perspective is simplistic and does not take into consideration the numerous issues that both the patient and doctor must evaluate and treat in order to attain the best possible outcome.

For those patients that become chronically ill after having been infected with Lyme-related organisms, there is often much more to the puzzle than simply controlling the numerous infections which may have been introduced. In fact, there is a subset of the population that may carry the same infections, having even been bitten by the same tick, and yet not present with a chronic illness.

Once a diagnosis of chronic Lyme disease has been made, the highest likelihood of recovery comes from a treatment program that considers the multi-factorial nature of the disease process. In order to support the patient's road back to wellness, treatment must

address each of these many factors as part of a well-planned strategy.

W. Lee Cowden, MD is an accomplished doctor who has been treating Lyme disease for nearly a decade using a number of alternative and integrative therapies. I have been fortunate to have attended conferences taught by Dr. Cowden in the past where he shared information on detoxification, testing, and treatment protocols. More recently, I had the opportunity to sit down with Dr. Cowden and ask him a number of questions about how he approaches treatment of chronic Lyme disease and what factors he feels are critical for promoting optimal patient outcomes.

Dr. Cowden is also a consultant to NutraMedix, a company that produces quality natural products that he often uses in the treatment of Lyme disease and in support of a well-planned detoxification protocol. NutraMedix launched their signature product, Samento, in 2003 and has since introduced over 20 products which Dr. Cowden incorporates into his practice.



Dr. W. Lee Cowden, M.D.

A key component of Dr. Cowden's approach is the belief that if a patient does not deal with the numerous toxins stored within the body, it will not only take longer to get rid of the disease, but the patient will generally not remain symptom free and is more likely to relapse at a later time.

Toxins create an environment that supports the growth of microorganisms.

Beyond the fact that toxins create a welcoming home for infection, if one focuses solely on eradication of the Lyme organisms via antibiotic or other antimicrobial therapies, *"Cowden" ...cont'd pg 2*

"MARNIE" The ALS / Lyme Conundrum

by *Ginger Savely, FNP-C*

The droning hum of cicadas provides the sound track for a hazy, humid Virginia day. A handsome middle-aged woman, dressed in well-worn 18th century peasant attire, stirs a hefty iron cauldron of beans over an open fire. As she waves away the hovering flies, she smiles, satisfied with the aroma of her simple concoction. It is amazing what a little salt pork can do for a pot of beans! She pushes back the errant strands of hair that are pasted to her perspiring forehead and then slaps her neck in response to the stinging bite of a large mosquito. She settles back down to her knitting, content that the troops at her Yorktown encampment will take pleasure in their midday meal, one of the few bright spots in their daily lives of danger, drudgery and disease. Lamar is her name, but those close to her know her as Marnie. She is well-loved by the soldiers, who see her as a surrogate mother and a trusted friend. Marnie enjoys her life of service - part-time cook, seamstress, nurse.

The previous scene did not actually occur in the late 1700s but rather in the year

2000. The Yorktown revolutionary war battlefield encampment is one of the few historic landmarks in the United States where workers actually "live" the times, occupying their days exactly as they would have over two centuries earlier. Marnie and the soldiers were state employees performing their daily reenactment of life in the 18th century Yorktown army encampment. Curious tourists would wander about, intrigued by the extemporaneous theatrical production. In rain and snow, in sweltering summers or freezing winters, Marnie and her co-workers spent their days in the grassy open fields, enduring flea, tick and mosquito bites and the unclean conditions of the times they sought to replicate.

Marnie, who loved the simple things in life, was well-suited to this kind of work. In fact, the job was somewhat of a dream-come-true for her: she was strong, healthy, and a "low maintenance" kind of woman who also adored domestic crafts. She had obtained a masters degree in textile design in San Miguel de Allende, Mexico and was skilled at batik, weaving, macramé, tie-dye, crocheting, embroidery, sewing and knitting. She also

loved to cook and do all other manner of crafts.

Appearing much younger than her 61 years, Marnie approached life with a youthful exuberance. She had a beautiful and kind face, a radiant smile, and a welcoming manner. She looked forward to putting on her white ruffled cap, long full skirt and apron and going to work each day. Makeup and jewelry were out of the question, as she had to be perfectly in tune with her place in history. Since assuming the position of "historical interpreter" some 18 years earlier, she had fallen in love with her work and had never missed even one day due to illness. Despite the modest pay and unforgiving working conditions, Marnie planned to stay on for the rest of her working days, with retirement being the furthest thing from her mind.

Marnie had the kind of sweet and unassuming temperament that no one could dislike. Her fellow workers were protective of her trusting nature and were concerned when they noticed their normally vibrant and energetic co-worker starting to move slowly, tire easily, and require assistance to lift even the lightest tools of the trade. Never one to complain

or to worry about her health, Marnie ignored the nagging signs and symptoms that something was wrong. She continued to retain her good humor and appear undaunted, even when her doctor couldn't seem to pinpoint the cause of her sudden decline.

Her weakness worsened to the point where even turning the key to the ignition of her car required both hands and all the strength she could muster. Finally, after a visit to a neurologist, Marnie came home with news that stunned her family, co-workers and friends. The neurologist had told her that there was a strong chance she was developing Amyotrophic Lateral Sclerosis (ALS), also called Lou Gehrig's disease for the famous baseball player who died from it. ALS is a relentless neurologic disease that affects the nerve cells (neurons) responsible for controlling voluntary movement. It gradually strips its victims of muscular functions, ultimately dooming them to life with a ventilator and feeding tube, unable to speak, the body paralyzed but the mind completely alert.

As many as 30,000 Americans have ALS, and an *"ALS/Lyme" ...cont'd pg 12*

“Cowden Protocol” ...cont'd from pg 1

resistant strains often develop which makes it more difficult to ultimately control the infections. Thus, it is the body's terrain which becomes the more important aspect of treatment than a sole focus on anti-microbial therapies.

After years of advancing the germ theory of medicine, Louis Pasteur's own deathbed confession was "The microbe is nothing. The terrain is everything." It is with this focus on the terrain and addressing the root causes of why the body became ill in the first place that true recovery emerges. Thus, the ideal treatment program is one that incorporates both detoxification and antimicrobial therapies in a highly coordinated fashion. Dr. Cowden has created such a program and patient responses have been quite positive.

Beyond his vast clinical expertise and traditional lab testing, Dr. Cowden utilizes an advanced electrodermal biofeedback device called the Asyra, or similar bioenergetic testing procedures, to assess the priority items that may be impacting a patient's health. As a general rule, Dr. Cowden finds that those suffering from chronic illness have both a high total body burden of pathogens and a high total body burden of toxins. As previously noted, the two are not unrelated. In order to effectively remove pathogenic organisms, one must first unwind the numerous toxic insults that have taken place within us.

A key component of Dr. Cowden's detoxification approach is the use of laser energetic detoxification (LED). During an LED session, the light of a laser is passed through a clear glass vial of a homeopathic substance which was previously identified as being a stressor for the patient. When laser light shines through a vial of clear liquid, the light coming out the other side of the vial is transformed from a point into a line. This light is "swept" onto the body and immediately signals the release of the "substances" being treated. LED can be used to treat toxins, allergens, infections, as well as auto-immunity to one's own glands and organs. Though LED treatments can dramatically accelerate the detoxification process, a patient can be successfully detoxified without the use of LED, if necessary.

Dr. Cowden often analo-

gizes health as a bathtub. He suggests that one needs to limit or reduce those items that he terms the "dirty-water faucets" such as nutrient-depleted foods, electromagnetic fields, radiation pollution, toxic relationships, toxic emotions, polluted air, heavy metals, antibiotics, and pesticides. He then suggests that we need to increase those items that he terms the "clean-water faucets" such as healthy food and nutrients, purpose and will to live, sunshine and exercise, good relationships, peace, joy, and love, purified water, and fresh air. While simultaneously reducing the flow of dirty

a week can support elimination of toxins through the feet. A technique referred to as "oil swish and spit" or "oil pulling", where one continuously moves a healthy oil (such as sesame, walnut, almond, or olive oil) around in the mouth for at least 10 minutes before expelling the oil into the trash, can support the removal of fat-soluble toxins.

For toxins bearing a chemical charge, such as pesticides and heavy metals, an ionic foot bath such as the GTech Body Cleanse™ can be a powerful intervention. For substances without a chemical charge, such

NutraMedix Burbur Detox and Parsley Detox are key components of Dr. Cowden's approach to treatment. Folate, Methyl B12, B6, TMG (trimethylglycine), and certain other nutrients can help bypass specific genetic problems in those patients that have methylation defects identified by genetic testing. Glutathione, chlorella, and spirulina may be quite useful in supporting the body's ability to detoxify as well.

In general, Dr. Cowden suggests a combination of detoxification approaches be implemented, such as homeopathy

Energy Boost 70®, Omica Health Active Ionic™, or other fulvic-acid mineral complexes.

In Lyme disease, mercury is seen as the most important toxin affecting recovery. Unfortunately, the presence of mercury amalgams in the teeth makes it much more difficult to implement a successful detoxification strategy. Thus, Dr. Cowden generally recommends that amalgams be removed by a biological dentist early in treatment. Both chlorella and zeolite can be used to lower the body burden of toxic metals safely with amalgams present. However, these agents alone are not strong enough to fully address advanced heavy metal toxicity. Dr. Cowden notes that the use of stronger heavy metal chelating agents such as DMPS or DMSA while amalgams are still present in the teeth can be dangerous. Often, this results in pulling toxic metals from the teeth and shuttling them directly into the brain which may significantly increase neurological symptoms.

Many people make the incorrect assumption that the simple fact that they do not have mercury-containing amalgams means that they do not have an issue with mercury. This is often a dangerous belief. Sources of mercury other than dental amalgams include coal burning for heat and energy (even coal burning in China and other countries affects people in the US), fish consumption, the preservative thimerosal in vaccinations, playing with mercury as children, and industrial exposures. Beyond these sources, a significant amount of the heavy metal burden of the mother is passed directly to her child while pregnant.

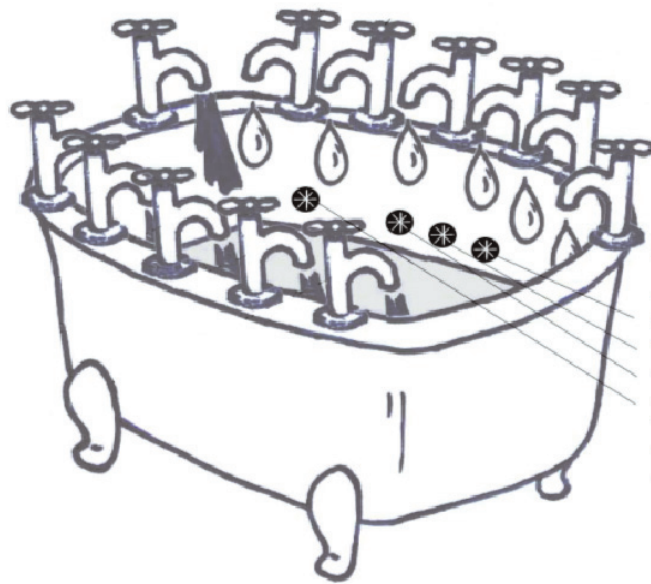
Dr. Cowden's experience is that everyone is metal poisoned to some degree. If one is lucky enough to be one of the rare cases where mercury is not an issue, other metals likely are. Arsenic and lead are common. Exposure to cadmium occurs through inhalation of second-hand smoke. Steel dental crowns contain high levels of nickel. Bottom line is that we are exposed to numerous types of metals from a number of sources on a regular basis. Heavy metals poison more enzyme systems in the body than any other known substances. These metals have deleterious impacts to our overall health and specifically to our ability to recover from

“Cowden” ...cont'd pg 9

**“Dirty-water” faucets =
Nutrient depleted foods,
Electromagnetic fields,
Radiation pollution,
Toxic relationships,
Toxic emotions,
Polluted air,
Heavy metals,
Antibiotics,
Pesticides.**

**“Clean-water” faucets =
Healthy foods & nutrients,
Purpose & will to live,
Sunshine & exercise,
Good relationships,
Peace, joy & love,
Purified water,
Fresh air.**

**Health is like
a Bathtub**



Dr. Cowden explains health as a bathtub

water and increasing the flow of clean water into the bathtub, one must ensure that the "drains" or channels of elimination are open. These channels include the bowel, liver, kidneys, and lymphatics. These organs are at the core of the body's ability to detoxify.

Dr. Cowden supports a number of options for enhancing the body's ability to detoxify. First, pesticides, herbicides, and solvents can often be removed effectively with the use of homeopathic detoxification formulas. Far-Infrared (FIR) sauna can promote effective detoxification through the surface of the skin. Detox foot pads worn on the soles of the feet while sleeping a few nights

as solvents, better detoxification options may include homeopathy, "oil pulling", FIR sauna, or foot pads. Other therapies that can be beneficial for toxin removal are colonics, clay baths, other detox baths, liver/gallbladder flushes, exercise, dry skin brushing, rebounding, neural therapy, herbs and, of course, Laser Energetic Detoxification (LED).

For movement of the lymphatics, which is key in supporting excretion of toxins, a Chi machine or a photomagnetic lymph treatment device such as the Light Beam Generator™, the Lymph Drainage XP™, or the Lymphstar Pro® have been found to be useful options.

with detox foot pads or an ionic foot bath with "oil pulling". One approach might be to take a homeopathic detoxification remedy and some heavy metal chelating agents followed by a FIR sauna session and then "oil pulling" during the last 5-10 minutes of the FIR sauna session.

On average, FIR sauna should be used 2-3 times a week or as often as daily, if tolerated. As with any therapy that promotes sweating, Dr. Cowden cautions that it is important to replenish minerals which may be lost as a result of any sauna therapy. Ideal mineral replacement options include NutraMedix Trace Minerals Relax, Morningstar Minerals



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The PHA is committed to researching and investigating Lyme Disease and other chronic illnesses in the United States. We have joined our forces with local and nationwide support group leaders. These groups include the chronic illnesses of Multiple Sclerosis, Lou 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's attention. We seek to make sure that anyone struggling with these diseases has proper support emotionally, physically, spiritually and medically.

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by Dawn Irons

There are days when I know beyond all knowing, that the best medicine available to me comes in the form of laughter- not from my medicine cabinet.

Laughter can bring true joy to one's heart and soul-- even in the midst of a chronic illness.

Recently my friend Leslie shared with me some of her new years resolutions...and among them was one which was inspired by a preacher of old, Jonathan Edwards. He said, "Be it resolved, never to suffer the least motions of anger towards irrational beings."

Wow! I wonder how many hours a day he invested in prayer to keep that resolution! I am a pastor's wife and I know that, in and of myself, that is a

discipline of self-control that I can only strive to achieve! It does not come naturally to me.

Unfortunately, I confess there have been days where I have lost total peace and stability over the behavior of irrational people. In short, I wanted to throttle them!

In those moments of pure exasperation, I often wonder if "Lyme Rage" could be used as a defense in a court of law! In some circumstances, I don't think there is a jury in the world that would convict me for a momentary lapse of sanity that

ganda, rather I will be proactive to educate people about Lyme disease by true Lyme literate physicians who actually treat the disease.

RESOLVED: I will not be angered when writers complain that their work was edited. I am an editor, therefore I edit!

RESOLVED: Life is just too short to be angered by irrational people!

Now I must learn to find the ability to walk out the resolve! I suppose I should tell my friend Leslie that I am going to join her in this endeavor this

I have no doubts that I will be richly blessed with the opportunity to put this resolve into practice with rugged determination.

I almost cringe as I think of all the irrational situations that will inevitably face me. I have another dear friend who is affectionally known in the Lyme community as...(can't really print what she is called), but suffice to say "Dr. Intelligent Derriere". She just has a way of dealing with irrational people!

I could learn a lot from her! She has taught me to laugh more than any friend I have. I have cried tears from laughing so hard when listening to her talk to a doctor on the phone!

I have also had the rare privilege of reading some of her letters and faxes to doctors she calls "ducks" because of their irrational "quack" practice.

She doesn't harbor a lot of useless anger anymore, she has learned the value of laughter! I don't know that she would be half as therapeutic (ie, the medicinal benefits of laughter!) if she had been graced with tact!

HHHmmm... Dr. Intelligent Derriere with TACT.... now that is irrational! If we were all honest, we'd admit there is a part of us that secretly knows she is truly saying what we wish we had the guts to say!! RESOLVE!! *pha*

**“Be it resolved,
never to suffer
the least motions of anger
towards irrational beings.”**

~Jonathan Edwards

would arise out of a reaction to someone's irrational behavior!

So this year I have resolved... OK, let's be honest, I am going to try and learn how to not be angered by irrational people.

RESOLVED: I will not be angered by vile IDSA propa-

year! If all else fails and we completely blow it; we can have a good laugh over a mocha latte and start the next day with a fresh resolve.

RESOLVE... it is more than a carpet cleaner! It is a steadfast determination to bring about change.

Reagan's Rants, Raves & Ramblings

by Donna Reagan
www.twistoflyme.blogspot.com



My best girlfriend's daughter recently got married on a gorgeous Saturday afternoon. My best friend....we'll call her "JJ" has been more like a big sister to me over the last 15+/- years. (I don't want to count up how many years we've been really good friends because any number over 15 makes me feel quite old - as in, 'I can't possibly be old enough to say that my 20th high school reunion just passed, and again, I was not invited to it...'. I'm much too young to say such things.)

Anyway, because JJ and I have been like sisters, her children have been my honorary niece and nephews. As the honorary aunt, I was certainly very excited that JJ's daughter, Jen, was going to get married to a fine young man. When I finally met him, he passed the verbal portion of my quiz; and he tolerated an ample amount of embarrassment caused by yours truly at the couple's shower...and he took it like a man, so I therefore gave him my 2 thumbs up, as if my approval really mattered to anyone at all.

As the day of their nuptials approached, I found myself increasingly excited about the event, and then I was buried under increasing anxiety because it meant that my daughter and I would have to go TO THE DREADED MALL to find some fancy wedding clothes, as this was not just your typical Southern cake and punch wedding. NO. These are people from the North - and they KNOW how to throw a decent wedding. This was a \$30+ a plate reception dinner with liquor and dancing.

Normally, I would really look forward to the liquor and dancing part as that combination usually appeals to me. However, in my current state of health, I thought at the very most I would raise a glass of champagne to toast the couple and maybe have one slow dance with my husband. I knew that scenario would be just fine for hubby, as it would be a much cheaper scenario for him and because he really doesn't like to dance anyway.

It was important to me that both my daughter and I look our best for this huge gala event - especially since we'd probably be in photos...and because there would be an old boyfriend (or two) of mine at the wedding, as well as brothers/friends of my old boyfriends. And even though I couldn't care less about them personally, there's that part of me that doesn't want to feel like they were the 'lucky' ones. I wanted to think they felt some small sense of regret for letting such a beautiful, vivacious gal go - despite the fact that I was now old, fat, and sicker than

your average gal receiving Social Security.

I wanted to look better than they did, and I don't think that's an unnatural thought, even if it is something my husband says he can't understand. Even though they don't admit to it, you and I all know that men talk - and they'd be more than happy to talk about how old and fat I had become....so I wanted to try to look as sexy and youthful as I could possibly look without looking like an old, fat tramp trying to look young. It was a daunting task.

Shopping for our outfits almost did me in. I thought I just might die right there in the JC Penney dressing. But fortunately I had brought another friend to help us through the drama of shopping and to get my rear-end home and back in bed before the need for paramedics.

For this special occasion, I found this beautiful ruffly pink see thru top - elegant, yet slightly sexy; and this really great black cami to wear underneath. The cami practically had boobs built right in, as well as an underwire to help keep what little boobs I own and my armpit fat pulled up nicely into the bra area. If you didn't look down past my boobs - - you'd think I was definitely "HOT". It was a 'hooray' for me.

However, if you happened to look down, then you'd also see that a little more girdle type action on the cami would have been preferred - but you can't have everything. I don't know why you can't have everything because it's not like that idea is rocket science - but most of the

Unforgettable

clothes out there are for skinny gals, despite the fact that our American population is literally busting at its seams with slightly overweight people. ("Slightly overweight" equals those of us that weigh about 50 pounds or less over our ideal weight. Of course the ideal weight is to be a skinny 100 pound anorexic - which is really unreasonable, so I'll adjust the numbers to account for the ludicrous idea that I would ever weigh under 120 again....so "slightly" overweight is now "70 pounds or less....") I digress.

OK - so underneath my boobage area is fat - and lots of it. And NO, believe me I tried to pull it up and into the bra but my ribs refused to tolerate such nonsense.

But all was OK because I had a great, strong girdle to wear underneath the beautiful black tea-length silk chiffon skirt - a skirt my own mother wore to MY wedding some 13 years ago that has hung in my closet for all these many years - for a reason which both my mother and I have long since forgotten.

I decided to wear it because I wanted to save some cash, and because it was an item that just needed to be worn.

What frustrated me about wearing this skirt is that when I got married, I thought my mother was fat. Of course I was just some skinny little brat back then so what the heck did I know.

The skirt fit perfectly - except for the waistband. I couldn't get the zipper to pull all the way up - but if I took in a deep breath, I could get the button to fasten, so all was well. The pink ruffly

"Unforgettable"...cont'd pg 14

Climbing Your Mountain



by Laura Zeller

Many of us have struggled for months to years in our search for our diagnosis. Once we receive a diagnosis, whether it is Cancer, HIV, or Lyme disease, the shock can be overwhelming. Fear is often our first reaction, and often times it does not subside quickly. How do you hold it together emotionally, while searching for a way to treat the disease? People frequently ask me how I managed to beat Lyme disease and keep a positive attitude. I receive daily emails from sick people searching for reassurance and hope. Most of the people contact me after reading my Lyme disease story online, and want to know how they can get better too. I am not a doctor, nor do I claim to know what is right for these desperately ill people. So how do I help them? Well, I share my experience, and how I have gone on living happily while having chronic Lyme disease.

My family raised me to be independent and determined. I was a mountain climber, and I was familiar with challenges. For the thrill of adventure in the outdoors, I used to risk my life on purpose before I got sick. Rock climbers, whitewater kayakers and skydivers know what I am talking about. It is our choice to risk our lives to make our lives fuller and richer by living wild, and on the edge as an adrenaline junkie! During my darkest days, I remembered the lessons I learned while mountain climbing. Mountains are beautiful, almighty and powerful. Reaching the summit requires physical strength and mental perseverance. You cannot give up if you want to con-

quer the mountain's majesty.

My journey with Lyme disease taught me both patience and gratitude, while strengthening my already fierce and determined spirit. Although I am still alive, not having my dreams come true has been a death of sorts. My identity and my freedom were lost for a while. I learned that no matter how challenging mountains are, the hardest mountains to climb in life are invisible. My love for life kept me alive, and fighting for survival. It has been a long and tortured climb, although beautiful at the same time.

Depending on how sick you are and how long you have gone untreated, you need to prepare yourself emotionally for the long haul.

Chronic illness will zap your strength, wipe you out, invade your life, ruin your schedules and routines, and truly test what you are made of. Be prepared for things to get worse before they get better. In my case, Lyme disease changed my life, but I have come out of it stronger and wiser. Your attitude has to be tough, you cannot give up, and you have got to look out for yourself.

Please do not act like a helpless victim and expect the doctors and nurses and loved ones to do everything for you. Become your own detective, and research your illness as much as possible so you will be able to communicate well with your chosen physician. You have to save yourself, and it is going to take a lot of heart and soul.

First, you must organize your materials, and arm yourself with information to educate your family and friends. Let them know how serious this disease is, and how you are going to need their support. Print out information on your disease and give it to your family and friends to read. Find a local or online support group, and feel free to ask questions. Get copies of all your medical tests, and keep the folder and health history current.

Chronic illness can

result in a vicious cycle of disappointment, anger, grief, chronic stress, and demoralization. I thought of each of the previous stages as mountains I had to climb. Seeking psychological support may be a good idea if you are feeling lost and overwhelmed. Early in my journey with Lyme disease, scared and not knowing where to turn, I got a professional opinion. Psychotherapy for me was a tool that would teach me the skills I needed to conquer my mountain, which at that time was fear. Frustrated by my limitations, and victimized by the medical community, I was desperate for a way to cope. The psychologist I saw told me it was normal to be scared, and

be a part of me! The tiny ticks invaded my body and the disease was trying to destroy my life and weaken my spirit. Why should I accept it as my friend?

Her statement fueled my anger, which I instinctively channeled into fierce determination. Although acceptance is a valid stage of grief, it knew it was a stage I would never believe in. My spirituality took over and I knew that I could never accept Lyme disease as my friend. In spirit, I was healthy and full of zest for life. Right then I realized that I already had the tools I needed to climb my mountain of fear. Lyme disease could not touch my spiritual side, nor could it invade my imagination.

My career and my passion for extreme sports were put on indefinite hold, yet I knew that this was a temporary situation. Nevertheless, my lifestyle changed significantly and I did indeed grieve for my former sense of self. These inner battles are very difficult to explain to others. Often times I tell people to be prepared for your social life to change. In my case,

most of my friends abandoned me when I got sick. As odd as it sounds, Lyme turned out to be a blessing in that respect. A true friend is one who walks in when the rest of the world walks out. At one point, when I thought I was going to die, I wrote letters to all of my family and loved ones. Putting my deep feelings down on paper gave me inner peace, and control over a part of my life that had been missing. Luckily, I survived, but the desperation I felt is something that I will never forget.

Finding others in similar situations that can relate to what you are going through is essential. Most of my current friends have Lyme disease, and are the truest friends I could ever ask for. Reach out to others in the same situation, and remember that you always have something to offer, no matter

how sick you are. You can radiate energy towards others, and demonstrate a positive attitude, even if you are confined to bed or a wheelchair. Remember that Lyme disease, or any chronic illness cannot take your heart or your spirit.

When struggling with a chronic illness, it is important to find activities to keep yourself occupied. If you are confined to bed, consider a laptop computer to connect to an online support group. Sedentary hobbies have been the key to keeping my own sanity. I discovered a love for low-key things like scrap booking, aquaria, and even crossword puzzles. Audio books are a nice solution for those of us who struggle with reading. Keep in mind that meditation and tranquil healing music can be a great help if you are confined to bed. My pets brought me great joy, and were constant companions in during my most frightening days. Focusing on your spirituality can be an enormous comfort on a daily basis.

Midway through my illness, I realized that I could be sick at home, or sick out doing something. Going on with your life as planned is important. Do not forget, you are still alive, and you still can do it if you try hard enough. Do not give up; it just is not part of the master plan. Exercise is essential to getting better. You have to start slow, and rest in between, but it makes a huge difference in your stamina and immune function. It is extremely important to laugh as much as you can try to find the humor in your predicament. Plenty of other people are going through the same thing, and you must reach out for support. My best advice is to continue climbing your mountains, one at a time until you attain peace. Your mountain may be fear, or it may be the lack of support from loved ones. In either case, keep your spirit strong and nourish your determination.

Watching the magnificent sunrise on top of your mountain is well worth the long journey. Remember, if you have hope, you have every-

pha



that I was going through the normal stages of grief. Although never in denial, I did experience anger and depression. I was resentful of my body and the limitations of Lyme disease. My life felt empty because I could no longer do the things I loved. Disabled and full of fear, I was desperate for a way to move on, and desperate to climb my mountain. In the end, my psychologist said something that would prove to be the answer I was looking for. My psychologist said "you must accept this disease as your friend, your companion, and be good to it, because it is a part of you." Right there I knew I was finished seeking professional advice. What she said struck right to the core of who I was as a person. Lyme disease was not my friend, not my companion, nor was it or would it ever

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God's Love: Are You a Bearer or a Barrier?



by Joan Vetter

The dictionary tells us that a bearer is one who holds up or supports, carries, brings, produces or yields fruit.

The dictionary also tells us that a barrier is anything that bars passage (such as a stockade or fortress) or serves as a dividing obstacle or a means of separation - with the effect of shutting in or shutting off.

These two words are close in their spelling but oceans apart in their meanings.

As believers, we can be "bearers" or barriers". What does a "bearer" of God's love look like? What does a "barrier" to God's love look like?

An example of someone who brings God's love is my precious 93 year old mother. She lives in an assisted living home now. The other day she brought home a piece of birthday cake from a church

function, and carried it into the office of their administrative secretary. Evelyn looked at her in surprise, saying, "How did you know it was my birthday?" Mom didn't know, but the God who guides her steps did!

In contrast, someone called the complaint line to report abuse by the activities director of the assisted living home. She was immediately fired, and they lost a woman who brought fun and interest into their days. It turned out the "abuse" was when she took a woman's arm to move her out of the way of the ambulance driver who was trying to get through the lobby with a resident on a stretcher. What do you think of when you hear the words, "God is love"? Your thoughts may run the gamut anywhere from, the words just being a cliché to a very personal emotion of "Yes, I know He loves me". How we think about God's love results in the way we will experience it.

I don't know about you - but I believe you, like I am, are desperately desiring to experience the manifest presence of a God who loves me. OK - so let's get rid of the barriers. Is there a fortress or an obstacle barring the way so that His love can't reach me? It could be just my thoughts. Maybe it's pain or disappoint-

ment. Maybe I am trying to do all the right things to experience His love like reading my Bible, praying, or giving to the poor. This is not to say that we don't do those things as a Christian, but we don't do them to earn God's love. If we are relying on our love for God, we could be building on a shaky foundation. Peter swore that he would follow Jesus and never forsake him. It wasn't long before he was doing the very

The barriers from God's side are demolished in Jesus - let's make sure we don't erect them again.

thing he vowed he would not do.

In contrast John simply laid his head on Jesus' breast and spoke of himself as being "the disciple that Jesus loved". He simply believed Jesus loved him and received that love because he knew the nature of His God and experienced God's acceptance of him. In fact, the first time John the Baptist experienced God's love for him was in his mother Elizabeth's womb, where he leaped for joy when he was in the presence of Jesus in the womb of Mary. So that proves to me that we don't have to be smart or mature to

experience the presence and love of God.

The Bible declares that while we were yet sinners Christ died for us, so at the get-go there wasn't anything in us deserving of God's mercy. Sometimes we forget that, and we judge on a scale of who we think deserves God's mercy. That's why I love prison ministry. Testimonies of changed lives remind me again of the absolute wonder of God's ability to touch a life with His love and forgiveness and totally transform it. Sometimes, though we may be truly born again, we establish barriers that limit the love of God for ourselves, thereby not experiencing the total deliverance from the dominion of Satan.

I love seeing someone like Karla Faye Tucker, who in total depravity, killed two people with a pick-axe and whose life God transformed in prison. My friend, Suzette, was able to sit down and have tea with her on death row in Gatesville prison. When they parted Suzette cried like a baby, knowing that it wouldn't be long till Karla Faye was with Jesus. Suzette brought God's love into that cell - and carried love out, given by a redeemed prisoner.

I just received an e-mail entitled "Pass love around". I thought I'd share it with you:
One day a man saw an

old lady stranded on the side of the road. He stopped to change her tire and refused any pay.

Bryan Anderson lived his whole life that way, and it never occurred to him to act any other way. He told her that the way to pay him back was to help someone else and to think of him..

A few miles down the road the lady stopped at a small, dingy café. A tired-looking, sweet waitress, about eight months pregnant, was so kind to her. She remembered Bryan.

The lady paid for her meal with a hundred dollar bill. When the waitress went to get change the lady disappeared out the door: Written on the napkin were the words, "Someone else helped me out the way I'm helping you." Under the napkin were four more \$100 bills.

When the waitress got home that night and crawled into bed she whispered to her husband, "Everything's going to be alright. I love you Bryan Anderson."

In this new year let's choose to remove the man-made barriers that separate us from God's love, so we can fully appreciate His Word in Romans 8:35 that declares, "nothing can ever separate us from God's love". The barriers from God's side are demolished in Jesus - let's make sure we don't erect them again. *pha*



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Lyme Prayer

Heavenly Father,
please grant me the
knowledge and understanding
that my affliction can polish my rough edges
and assist me with
refinement and growth.

Heavenly Father,
please grant me the strength to endure
persecution, suffering,
rejection and aloneness,
so I may have a better understanding
of another's pain and suffering.

Heavenly Father,
please grant me the realization,
that despite the illness
that ravages my body,
I have the ability to protect
and preserve my Spirit.

Heavenly Father,
please grant me the realization
that I still have the potential to accomplish
Thy will in my life
and in the lives of others,
to encourage, uplift and share
the goodness within me,
which I inherited from Thee.

Amen.

by Tina J. Garcia
www.leaparizona.com

"Bell's Palsy of the Gut" and Other GI Manifestations of Lyme and Associated Diseases

Part 1



by Virginia T. Sherr, MD

"Bell's palsy signifies paralysis of facial muscles related to inflammation of the associated seventh Cranial Nerve. Physicians may not realize that this syndrome is caused by the spirochetal agent of Lyme disease until proven otherwise. Whether it is a full or hemifacial paralysis, Bell's palsy is cosmetically disfiguring when fully expressed. Sudden loss of normal facial expression terrifies patients who naturally fear they are having a stroke. When a smile is asked for, normal countenances warp into bizarre grimaces. The amount of tooth area exposed in this attempt to smile helps doctors evaluate the degree of paralysis and its change over time (Figure 1). In every case of Bell's, doctors need to carefully investigate by history, physical, and laboratory work every shred of evidence that might suggest the presence of cryptic tertiary Lyme, a serious multisystem, gut and neuro-brain infection even though about half of fully diagnosed patients have no evidence whatsoever of having had a tick-bite.

Gastrointestinal Lyme disease may cause gut paralysis and a wide range of diverse GI symptoms with the underlying etiology likewise missed by physicians. *Borrelia burgdorferi*, the microbial agent often behind unexplained GI symptoms-along with numerous other pathogens also contained in tick saliva-influences health and vitality of the gastrointestinal tract from oral cavity to anus. Disruptions caused by GI borreliosis (Lyme) may include, amongst many others, distortions of taste, failure of other neural functions that supply the entire GI tract-paralysis or par-

tial paralysis of the tongue, gag reflex, esophagus, stomach and nearby organs, small and/or large intestines ("ileus"), bowel pseudo-obstruction, intestinal spasms, excitability of gut muscles, inflammation of lumen lining tissues, spirochetal hepatitis, possibly cholecystitis, dysbiosis, jejunal or ileal incompetence with resultant small intestine bacterial overgrowth (SIBO), megacolon, encopresis and rectal muscle cramping (proctalgia fugax).

In cerebral hypothalamic and pituitary centers, usual sites of borrelial disruptions of the brain's normal hormonal cascades, there are strong influences on human attitudes, ideation, and behavior relating to gastronomic issues. Newly discovered Lyme-endangered cerebral hormones and rene-gade cytokines regulate brain-gut interactions thus initiating behavioral tendencies such as anorexia or a failure of satiety with resultant obesity.

Ticks and other vectors of Lyme disease attract their own infections from many microbes, some known and some unknown (viruses, amoebas, bacteria, and possibly parasitic filaria), which they then also can pass on to humans. The GI tract is especially vulnerable to machinations of such co-infections as bartonellosis, mycoplasmosis, human anaplasmosis (HA), and human monocytic ehrlichiosis (HME). Syndromes exactly similar to Irritable Bowel Syndrome (IBS), Crohn's Disease, and cholecystitis, for example, may not have readily suggested a borrelial etiology to the diagnostician but Lyme increasingly is known to be a potential contributor to each.

All known Lyme-gut syndromes are treated by combining several effective antimicrobials (including use of azole medications with specific antibiotics) with agents that boost gut lining repairs and overall immunity enhancement. Azole medications are borrelialicidal (against the anti-Bb spirochetal cyst form) medications such as metronidazole

(Flagyl). Needed GI healing agents may include gut stimulants or relaxants, Ph agents, bile salts, nutraceuticals, immunity-enhancers, neurotoxin absorbents, and sterilizers of gut-specific microbes. Parallelism between Lyme borreliosis-caused paresis of facial muscles supplied by Cranial Nerve VII and Lyme-caused gastrointestinal paralyses suggested a pseudonym to the author-Bell's palsy of the Gut-despite the fact that these syndromes are related to different types of neural fibers and only occasionally occur together. Since similar injury to all sites may be etiologically related, however, otherwise unexplained gastrointestinal symptoms should be considered as possibly related to Lyme borreliosis and/or its co-infections until proven otherwise.

Physicians are unfamiliar with the spirochetal cause of paralyses of muscles that facilitate normal gastrointestinal transit. Yet, these vital muscles also may be greatly compromised by the same offending neurotropic spirochete, *Borrelia burgdorferi* (Bb) in patients who are totally unaware of having Lyme disease. Their physicians are often surprised to learn that persistent Lyme disease is outstandingly a disease of the brain as well as involving one or all components and sub-systems of the entire nervous system (5). It is not yet widely understood by clinicians that at least 40% or more of Lyme-infected patients have major, handicapping, neurological manifestations (6,7) with the likelihood that 100% have some brain involvement. It remains to be clarified which Bb neuritides are involved in specific GI sequelae of the

infection or if inflamed nerves are, indeed uniformly at fault.

Functions of the parasympathetic nerves comprise motor and secretomotor to the gut and glands" (8).

Borreliosis-caused, gastrointestinal tract paralysis and related abnormalities can occur anywhere along the entire length of the tract (9,10)-involving, for example, functionality of taste buds (11,12), muscular strength of the tongue, gag reflex, ability to swallow, gastroparesis, peristaltic retardation (or excitation) related to small bowel competency, dysbiosis, total arrest of peristalsis ("ileus"), pseudo-obstruction (sometimes associated with Bell's palsy) (13), colon dysfunctions, encopresis, proctalgia fugax and the final act of defecation. "In 5%-23% of patients with early Lyme borreliosis, there can be gastrointestinal symptoms such as anorexia, nausea, vomiting, severe abdominal pain, hepatitis, hepatomegaly and splenomegaly. Diarrhea occurs but is seen in only 2% of cases" (14). Regardless of the site, spirochetes' disturbing symptoms may come and go spontaneously, often temporarily resolving in a matter of hours to days, although resolution does not imply cure. As with Bell's palsy of the face, these gastrointestinal conditions may endure or only partially remit (15).

Similarities between Bb-caused paralyses of muscles supplied by the Facial Nerve and Lyme-caused GI neurogenic paralyses suggested a pseudonym to this writer-Bell's palsy of the gut-despite the fact that the two manifestations of the infection may not be synchronous. Yet, they are etiologically related, which suggests need for a high index of suspicion regarding presence of borrelial disease in all perplexing gastrointestinal syndromes.

LYME AND ITS POTENT MICROBIAL CO-INFECTIONS AS RELATED TO GEOGRAPHIC FACTORS

Endemic areas for tick-borne diseases include the entire Eastern and Western coasts of North America with their internally contiguous states as well

"Gut Palsy" ...cont'd pg 13

It is not yet widely understood by clinicians that at least 40% or more of Lyme-infected patients have major, handicapping, neurological manifestations with the likelihood that 100% have some brain involvement.

INTRODUCTION

Until proven otherwise, a patient's unexplained facial paralysis is caused by the tick-borne spirochetes of Lyme disease (LYD) (1). The widely endemic bacteria are easily capable of inducing distal inflammation of the Seventh Cranial (Facial) Nerve (2). "Considering the incidence of Bell's palsy in Lyme, it is improper to treat it as viral in origin without a work-up for Lyme disease" (3). In an early study with nearly 1000 LYD cases studied, Bell's palsy occurred in at least 10% of validated cases (4). The frequency of Lyme's Bell's palsy etiology is unfamiliar to many physicians. Likewise many physi-

icians are unfamiliar with the spirochetal cause of paralyses of muscles that facilitate normal gastrointestinal transit. Yet, these vital muscles also may be greatly compromised by the same offending neurotropic spirochete, *Borrelia burgdorferi* (Bb) in patients who are totally unaware of having Lyme disease. Their physicians are often surprised to learn that persistent Lyme disease is outstandingly a disease of the brain as well as involving one or all components and sub-systems of the entire nervous system (5). It is not yet widely understood by clinicians that at least 40% or more of Lyme-infected patients have major, handicapping, neurological manifestations (6,7) with the likelihood that 100% have some brain involvement. It remains to be clarified which Bb neuritides are involved in specific GI sequelae of the

infection or if inflamed nerves are, indeed uniformly at fault. "The vagi (10th Cranial Nerves) are major suppliers of the gut's external nervous system and being very long and complex, are vulnerable to neuropathies such as Lyme disease or diabetes which can cause them serious damage." (Personal communication from Neurologist, Richard Rhee, M.D., F.A.A.N., Neptune, NJ) "Vagus nerve paralyses are more commonly diagnosed when caused by Herpes (varicella) zoster or Herpes simplex viruses wherein most patients I have seen are nauseated and have no appetite. I have not observed paralytic ileus in these cases. Should vagal paralysis occur in a Lyme patient, I think the patient would complain of hoarseness and dysphagia." (Personal communication from Dr. Hidecki Nakagawa, Japan) Indeed, both of these problems are common symptoms of neuro-Lyme.

THE HIDDEN EPIDEMIC

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Lyme Disease: An Integrated Approach



by Andrea Candee, MH, MSC

Named for the town of East Lyme, CT, where the disease was first identified, a Lyme infected tick, as it feeds off its human host, passes a bacteria known as a spirochete into the bloodstream.

The conventional medical approach is to treat the Lyme disease with antibiotics. When a child or adult is quickly treated with an appropriate antibiotic, the result is usually a swift and positive healing. However, if the person does not recover with the first round of antibiotic, additional rounds are routinely prescribed, often leading to "antibiotic cocktails." Long-term antibiotic therapy can result in an imbalance of micro-organisms in the intestinal tract and deplete the functioning of the immune system, making the body more susceptible to other illnesses. Consider taking the best of both conventional and holistic medical practices by integrating natural remedies with antibiotic therapy. They can help keep the body strong while the antibiotic does its job.

Researchers Still Puzzled

In many cases of chronic Lyme, medical researchers cannot understand why symptoms persist when intensive testing fails to reveal signs of the Lyme bacteria in blood or spinal fluid. In a New York Times article, they reportedly account for these symptoms by assuming that Lyme has led to autoimmune dysfunction without considering that the tick may have passed more than just bacteria into its human host. In my client population, I have found the majority of long-term Lyme cases complicated by viral co-infections.

Common Scenario of Infection

A common scenario is for a tick to feed upon a dog, picking up a strain of parvo virus; feed upon a mouse, picking up a strain of hanta virus; feed upon a deer, picking up the spirochete, and then feeding upon the human and passing a spirochete piggybacked by viruses. In recent months, doctors are discovering bartonella bacteria piggybacking the spirochete. Bartonella is cat scratch fever - likely picked up by the tick feeding on a cat. If the tick can pick up a bacteria from a cat, why not viruses from dogs and mice? It is also possible for the tick to pass neuroviruses picked up from other wildlife and pass them into the central nervous system of the human host.

The integrated approach

When my son had Lyme disease, blood tests confirmed that it was accompanied by the virulent bacteria, ehrlichiosis, and his doctor immediately put him on an antibiotic. Of course, I gave him probiotics and echinacea as described below. However, since antibiotics do not treat viruses, rather than waiting to see if one round of antibiotics would bring him to total recovery, I tested him for viruses, using kinesiology. I gave him natural remedies that specifically addressed the particular strains of virus that commonly piggyback the spirochete and for which he tested positively. When children and adults do not fully and quickly recover with a round of antibiotics, it may be because viruses are also involved. They do, however, respond to natural remedies designed to address the specific viruses and can be given along with antibiotics--without interfering with each other.

If your Lyme disease is not responding well to the antibiotics alone, or you have been suffering with chronic Lyme disease, in spite of long-term antibiotic therapy, you may wish to consult with a health practitioner who is familiar with the viruses that are known to attach themselves to the ticks that transfer this disease.

Increasing Good Bacteria

Friendly bacteria and yeast micro-organisms live harmoniously in the intestinal tract. The antibiotic does not differentiate between beneficial and harmful bacteria and, in its quest to go after the "bad guys", may deplete the "good guys" located in the intestinal tract. When the level of good bacteria is depleted, yeast, regularly kept in check by the "good guys", has an opportunity to grow out of control. Yeast overgrowth can cause a variety of symptoms such as bloating, gas, itching, sugar cravings, brain fog, mouth sores, headaches, weight gain, mood swings, depression, and extreme fatigue.

Acidophilus and other probiotic, active bacterial cultures in yogurt (plain yogurt without added sugar, as sugar feeds yeast) help to bring balance to the intestinal flora by repopulating the area with good bacteria. Probiotics are available in capsules, liquid and tablet form, and are best taken three times a day, one hour before or after the dose of antibiotic, and continuing for at least three weeks, three times a day, following the antibiotic therapy. Making the last dose of the day right before bedtime helps the good bacteria have a chance to grow unimpeded overnight.

Immune Support

Echinacea, known to gardeners as the purple coneflower, is a popular, non-toxic herb easily found in health food stores. It helps to support an immune system which can become depleted by antibiotic use. Although it is available in tea and capsule form, the liquid

alcohol extract of echinacea is the most potent and effective form of the herb, safe for adults and children alike (except for those with autoimmune disease). One teaspoon, diluted in a little bit of water or juice, taken three times a day, can accompany the antibiotic therapy (see my book, *Gentle Healing for Baby and Child* (Simon & Schuster), for dosing instructions for children). To further strengthen the immune system, continue taking the echinacea for a few weeks after the antibiotic is finished. Cycling it for 10 days on and 4 days off will keep your body from becoming resistant to its benefits and give you an additional immune-stimulating boost each time you go back on it. People often feel weakened coming off an extended therapy of antibiotics. Supporting the body's immune system will help them to feel stronger when the therapy is finished.

Reducing Sugar Intake

Bacteria and viruses feed on sugar so it would be a good idea to reduce sugar intake. Desserts should be limited to low sugar fruits like strawberries, raspberries and blueberries. Keep in mind that many fresh and dried fruits, and fruit juice, like banana, raisins and apple juice have a high sugar content. This would be a good time to eliminate junk foods and eat health promoting

foods like pesticide-free vegetables, antibiotic-free chicken, fish, grains, organic eggs, and nuts, so as not to pose any additional challenges to the body. Check with your local health food stores and organic produce departments in supermarkets for the best choices.

Protection Against Tick Bites

The safe, natural way to prevent tick bites is with the essential oil of eucalyptus, found at the health food store. The strong but pleasant smell seems to effectively repel the ticks. There are three ways to use this aromatic oil.

In a spray bottle, add 16oz water to 1oz eucalyptus oil. Spray on the skin before an outdoor activity, like gardening. The bottled mixture remains potent for many months.

For longer protection, such as a hike in the woods, mix 10 drops eucalyptus into ½ ounce almond or sunflower seed oil and apply to skin and clothing. A larger amount can be pre-mixed for a camping trip or for sending off with a child to summer camp.

Protect your dogs and cats from ticks and you will also be protecting yourself! Some people never touch a blade of grass yet get Lyme disease and wonder why. Your pet may be transporting the ticks into the house. Dip a thin rope into the eucalyptus oil and wrap in a bandana. Tie the bandana

around your pet's neck, refreshing the rope twice a week. Your pet will look fashionable and be protected at the same time! It is best not to tie the eucalyptus rope directly onto your pet's skin as it may cause irritation. The spray bottle of eucalyptus and water may also be used to spray your pet's coat before an outdoor romp in the grass or in the woods.

Choosing the pleasures of country life over city life means we must learn to cohabit with nature harmoniously. The fewer chemicals we use internally and externally will mean safer groundwater and air, healthier bodies, and a reverence for life around us. *pha*

Andrea Candee is a master herbalist with a consultation practice in South Salem, New York. Her book, *Gentle Healing for Baby and Child* (Simon & Schuster) was awarded The National Parenting Center's Seal of Approval. She lectures for The New York Botanical Garden, corporate workplace wellness programs and throughout the country about natural approaches to health and well-being.

To receive her free e-letter, register at her website: www.AndreaCandee.com

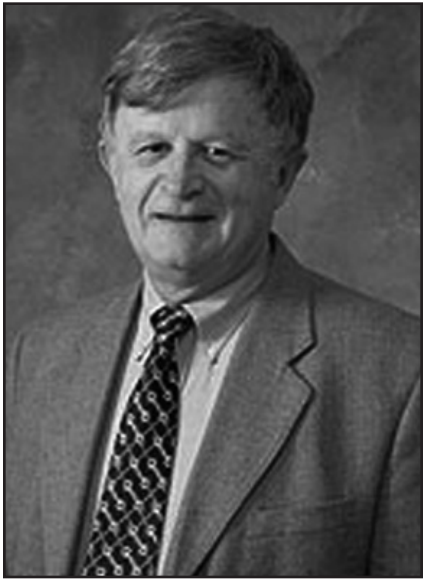
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Microbes and Mental Illness



by Robert C. Bransfield, M.D.

Microbes are the greatest predator of man. As medical technology improves, there is increasing recognition that infectious disease contributes not only to acute, but also chronic relapsing illness and mental illness. The evidence to support this is a combination of insights from theoretical biology (particularly Darwinian medicine), research, and direct clinical observations.

We lead our entire lives surrounded by microbes. In a state of health, there is a balance, a reasonable resistance to infectious disease, and a peaceful co-existence. In contrast, with infectious disease, there is an imbalance between the threat posed by microbes and host defenses. This balance is affected by environmental factors (including exposure to pathogens) and a number of host factors such as genetics and/or increased vulnerability

as a result of a state of chronic stress. Although the stress response is adaptive in a short time frame to allocate resources during a crisis, if the stress response is persistent, rather than cyclic, it further increases vulnerability to disease.

The most common sequence of disease begins with a vulnerability and an exposure to one or more stressors. The vulnerability may commonly include genetic and/or increased vulnerability as a result of chronic stress. As a result of these and other vulnerabilities, the microbe more easily penetrates the host's defenses and an initial infection may then occur.

Although infection may occur from microbes that are always present in the environment, a greater number of organisms or more virulent organisms further increase risk. Acute infections are most noteworthy in general medicine. However, the course of the infection most relevant to psychiatry includes injury from a prior infection; chronic, low-grade, persistent relapsing infections; or the persistence of the infectious agent in the inactive state. When persistent, relapsing infection occurs, there may be extended period of latency followed by some triggering event(s) (i.e.: chronic stress, injury, surgery, or other infectious agents), which may then cause the activation of the infectious agent(s) and the progression of the pathological

process.

Some injury in infectious disease is a result of toxic products or direct cell injury, but a significant amount of injury is a result of host defenses gone awry in response to the infection. Neural injury may occur by a variety of mechanisms, which include vasculitis, direct cell injury, toxins, inflammation, cytokines, autoimmune mechanisms, incorporation of parasite DNA into host DNA, and excitotoxicity. This injury leads to a vicious cycle of disease, resulting in dysfunction of associative and/or modulating centers of the brain. Injury to associative centers more commonly causes cognitive symptoms, while injury to modulating centers more commonly causes emotional and allocation of attention disorders.

Psychiatric syndromes caused by infectious disease most commonly include depression, OCD, panic disorder, social phobias, variants of ADD, episodic impulsive hostility, bipolar disorders, eating disorders, dementia, various cognitive impairments, psychosis, and a few cases of dissociative episodes.

In clinical experience, the link between infectious disease and psychopathology has been an issue with Lyme disease, syphilis, babesiosis, ehrlichiosis, mycoplasma pneumonia, toxoplasmosis; stealth virus, borna virus, AIDS, CMV; herpes, strep and other

unknown infectious agents. In the collective database of patients demonstrating psychiatric symptoms in response to infectious disease, the majority of the cases has been infected by ticks. Aristotle referred to ticks as "filthy disgusting animals" (1). They spend their lives living in dirt, feeding on the blood of mice, rats, and other wild animals (2). When they bite humans, they pose a risk of injecting an infectious cocktail of pathogens into the host.

Patients with psychiatric symptoms from tick-borne diseases are most commonly infected by *Borrelia burgdorferi*, (Bb) the causative agent of Lyme disease and quite often other coinfections-infections. There is an increasing recognition that many chronic relapsing infections are complex interactive infections in which microbes interact with each other in a manner that contributes to the disease process. The models most commonly discussed are coinfections associated with HIV and tick-borne coinfections. For example, coinfections associated with Lyme disease may be acquired at the same time, before or after the Bb infection. Interactive infections, however, is a more accurate term than coinfections, since these infections invariably cause an interaction that changes the disease process.

To understand coinfections, we need to begin by

defining each disease separately. This, of course, is an area of much controversy in regard to late stage chronic relapsing Lyme disease. A similar controversy exists in regard to other chronic infections. It is difficult to explain how interaction occurs when there is such disagreement defining the clinical syndrome and pathophysiology associated with each infection separately.

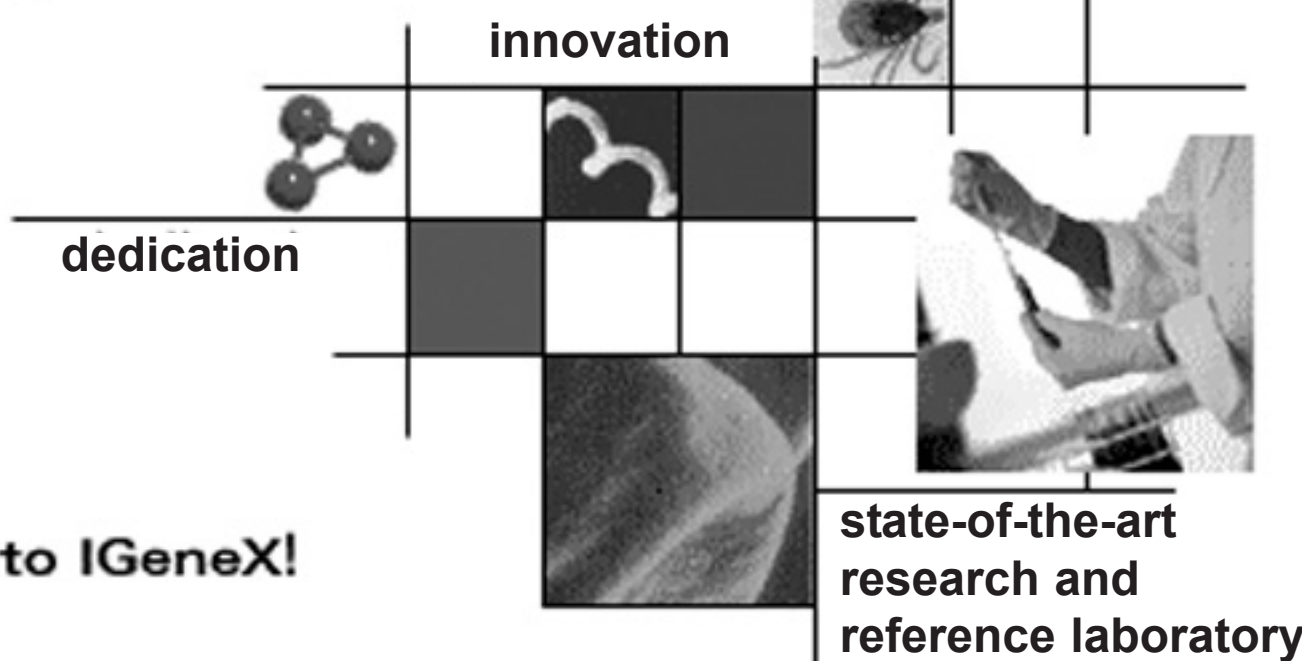
A couple of years ago, other tick-borne diseases were not considered to be very significant in contributing to chronic, relapsing Lyme disease. Once there was a greater focus upon these organisms, it became clear that coinfections were a significant issue. We can better understand chronic, relapsing diseases such as Lyme disease by taking a closer look at interactive coinfections, host vulnerability, and host response that contributes to the disease process.

Some very interesting work is being done to better understand the role of interactive coinfections between Bb and stealth virus, *Candida*, *Babesia*, and *Ehrlichia*. For example, stealth virus facilitates lipid production which facilitates Bb growth (3), Bb is protected from host defenses inside *Candida* cells (4), *Babesia* causes immunosuppression, and *Ehrlichia* causes bone marrow suppression.

In summary, the complexities of these issues teach "Microbes" cont'd pg 11

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“Cowden Protocol” ...cont'd from pg 2

chronic illnesses such as Lyme disease.

Two exciting new products supporting detoxification have recently been launched by NutraMedix. These are Zeolite and Zeolite HP. Zeolite is a mineral formed from molten lava that binds to various toxins, including heavy metals, and helps to remove them from the body. The NutraMedix Zeolite product is enhanced with the use of frequencies to give it an affinity for lead and nickel. In a heavy metal detoxification program, these metals are generally addressed first before moving on to others.

Once lead and nickel have been addressed, Zeolite HP is utilized to detoxify the body of aluminum, arsenic, barium, cadmium, mercury, radium, silver, tin, and titanium in addition to continuing to support the removal of lead and nickel. Dr. Cowden is currently using these zeolite products as a replacement for NutraMedix Algas and chlrella in his treatment protocols for most patients. He is also finding that zeolites from NutraMedix work well in conjunction with DMSA and oral DMPS.

According to Dr. Cowden, one of the added benefits of the frequency-enhanced zeolites from NutraMedix is that they are believed to energetically mobilize heavy metals from inside the cell into the space just outside the cell, where they can be bound by DMSA or oral DMPS. DMSA or DMPS then either carry the heavy metals through the kidneys and urinary bladder into the toilet or through the liver and gallbladder into the bowel. Once the metals have moved into the bowel, it is important to have a binder present to ensure that the metals are not reabsorbed. This is where the chemical aspects of the zeolite product come into play.

A good detoxification program is the framework upon which other aspects of therapy can be built. Attempts to implement other treatment strategies without first ensuring that the body's channels of elimination are working efficiently lead to a less than ideal outcome. In fact, Dr. Cowden made special note of the fact that the original studies where the use of Samento showed significant patient benefits were done in conjunction with a detoxification program. Dr. Cowden does not believe that the results with Samento alone would have been as compelling.

Now that the importance of detoxification is understood, we will turn our attention to how Dr. Cowden approaches the multitude of infections present in those patients with chronic illness.

The "Cowden Protocol", as it is often termed, is a protocol that was put together by Dr. Cowden to address Lyme dis-

ease through the use of a number of products created by NutraMedix. In actuality, Dr. Cowden modifies the protocol to each of his patient's needs using the Asyra electrodermal biofeedback device, or similar bioenergetic testing. However, for practitioners that do not incorporate these tools into their practices, the protocol was designed to ensure the broadest applicability to a chronic Lyme patient. The protocol addresses infection, detoxification, heavy metals, hormonal imbalances, sleep and mood disorders, and pain.

At the 2007 ILADS conference in Boston, Richard Horowitz, MD was optimistic as he shared the results of his own patient study using the protocol. Dr. Horowitz reported that the full herbal protocol showed a moderate improvement in symptoms in 70% of patients. The conclusion drawn was that the Cowden herbal protocol with hormonal support and heavy metal detoxification may result in an improvement in a significant number of chronic Lyme disease patients. He further suggested that if patients have had a significant improvement with antibiotic therapy, the herbal protocol may be appropriate to incorporate when antibiotics are stopped in order to help promote continued wellness of the patient.

Dr. Cowden's experience with the use of pharmaceutical antibiotics for the treatment of chronic Lyme disease has been disappointing. He has found that most of the patients that he sees that have been ill with Lyme disease for long periods of time have attempted antibiotic therapy, but that the antibiotic therapy did not bring about resolution of the condition or that the patient later relapsed when treatment was ended.

In general, Dr. Cowden recommends that patients with suspected or known Lyme disease should seek out a practitioner who can customize a protocol for them. If for some reason that is not possible, many individuals have improved simply by using the published "Cowden Lyme protocol" available on the internet. He has found that the NutraMedix Microbial Defense herbs Samento, Cumanda, Banderol, and Quina are powerful options for addressing the common infections found in Lyme disease patients and can be very effective when used with the rest of the protocol.

Dr. Cowden has found that, in some patients, Babesia can be more difficult to treat than Borrelia itself. In such cases where the currently published protocol has been used and Babesia infection persists, Dr. Cowden recommends to his patients that they consider adding a new product from NutraMedix called "Enula" to treat Babesia, while continuing the other NutraMedix Microbial Defense

herbs such as those previously mentioned in order to address Borrelia, Bartonella, Ehrlichia, Coxiella, Mycoplasma and other infections.

Dr. Cowden prefers to alternate the anti-microbial herbs in order to ensure that the organisms do not build up a resistance to any one treatment option. He also finds that taking 36 hours off between rotations allows the organisms to come out of hiding and transform into their more vulnerable forms which are then more easily attacked by the herbs.

NutraMedix is planning to introduce a series of new Microbial Defense products in 2008. The first of these will be available around the time that this article is published. It is called "Enula" which is one of the common names for the primary herb in the formula (Elecampane). Enula also incorporates Blood WISS (Vitis



tiliafolia) and Jalapa (Ipomoea jalapa). According to Dr. Cowden, Enula has shown to have powerful effects against a number of parasites including worms, protozoa, microfilaria, and Babesia. In Dr. Cowden's experience, he believes that Enula may be able to eradicate Babesia from those with chronic infection.

In general, Dr. Cowden has found that patients who stay on his protocols for about a year can generally stop treatment and remain in good health. He does, however, caution that physical or emotional trauma or significant toxic exposures can result in triggering the body back into a disease process. As many of the organisms involved in Lyme disease have an ability to hide in the body, one can never be sure that the organisms are entirely eradicated. Instead, the goal of treatment is to tip the balance back into the body's favor such that the body can ensure itself a continued state of wellness.

Another important aspect of treatment includes ensuring that hypercoagulated or thickened blood is addressed. In many cases, the micro-organisms signal the body to create layers of

a protein called "fibrin". This fibrin layer can impair oxygen transport from the blood cells into the tissues and also protects microbes so that they cannot be easily penetrated by anti-microbial herbs or identified as foreign and attacked by white blood cells.

NutraMedix recently introduced Serrapeptase to help address this hypercoagulable state. Serrapeptase is a hypoallergenic extract from silkworms which has anti-inflammatory, fibrinolytic (fibrin-digesting), and thrombolytic (clot-dissolving) effects in the body. It is far less likely that a patient would react negatively to Serrapeptase than to other proteolytic (protein-digesting) enzymes made from aspergillus. Dr. Cowden generally recommends that his patients take 1-3 capsules twice daily 30 minutes before food with water only.

Dr. Cowden has found that addressing energetic disturbances, such as scars, can improve patient outcomes significantly. Unimpeded energy flow is needed to ensure optimal healing potential. Scars are often found to have energetic blockages or dysregulations associated with them. The treatment used for scars is a mixture of Calcium Bentonite clay powder and the NatuRx product Cicatrix. Once the two are mixed, the paste is applied to the scar, allowed to dry for ten minutes, and then washed off. The process is then repeated twice more the same day.

Dr. Cowden suggests that not more than one scar be treated per day as the treatment can release toxins into the body and make the patient feel worse. He suggests starting with the most problematic scars on the hands and feet and then working towards the core of the body in the midline. Of midline scars, circumcision or episiotomy scars are the first that should be addressed. Then, work up the front of the body over the top of the head and down the back of the body to the tailbone area, where there are often invisible bruise scars, until all scars have been treated.

Other important aspects of treatment include drinking sufficient water, supporting the lymphatics, addressing structural issues, and investigating and resolving geopathic and electro-smog exposures.

Dr. Cowden suggests drinking an average of three liters per day of uncarbonated water to improve kidney, liver and lymphatic function. Almost everyone has less than optimal function in their lymphatic systems. The Chi machine can be supportive, building up to 15 minutes once or twice per day. A common cause of clogged lymphatics is the presence of filarial worms. Fortunately, the new NutraMedix herbal formula Enula looks promising in this regard.

Dr. Cowden has found that

many patients have fallen on their tailbone at one time or another and they have a contusive bruise scar which they may

Dr. Cowden's experience is that everyone is metal poisoned to some degree.

be unaware of. As mentioned earlier, three or four clay applications can be helpful. Forceps births, car accidents, and falling out of a high-chair are other common findings which impede optimal struc-

ture and function. Cranio-sacral therapy and osteopathic or chiropractic manipulations can help address such structural contributors to illness.

Geopathic exposure is another important factor in illness. A geopathic field is a disease-causing influence that emanates from the earth above an underground water stream, metal ore vein, fault in the earth, or similar phenomenon. Geopathic stress is best evaluated by a German-made geomagnetometer or by an old-time plumber using dowsing rods, a method used in the past to find pipes buried in the ground. The Asyra can be used to identify energetic influencers which may result in actions such as moving the bed in an attempt to remove one's sleeping location from a geopathically disturbed area. Spending several hours per night sleeping on a geopathically stressed location often is the single issue preventing a patient from recovering. Geopathic exposure at night also impairs sleep, as can electro-smog.

Electro-smog, or electromagnetic pollution, is a stressor that can be evaluated with a number of relatively inexpensive instruments. If instrument readings on one's sleeping location are abnormally elevated, the first step is to sequentially turn off circuit breakers until repeat readings are reduced. In this case, the responsible breaker should be turned off every night at bedtime. If turning off all circuit breakers makes no difference, then the electro-smog effect is coming from high-power lines or other influences. When this occurs, moving to a new home or painting the interior walls with a special electro-smog blocking paint may help.

Cordless phones are an "unnecessary poison". Reducing the amount of time spent on mobile phones is important. Special headsets with airtubes can minimize exposure, though the best option is to use the speakerphone when possible.

Dr. Cowden finds that emotional issues are significant in almost everyone with chronic illness. He suggests thinking about who causes you anger, frustration, bitterness, resentment, or rage and then going to a quiet place with no disturbances. Close your eyes, visualize the face of the angering individual, and do a "shouting

“Cowden “...cont'd pg 14

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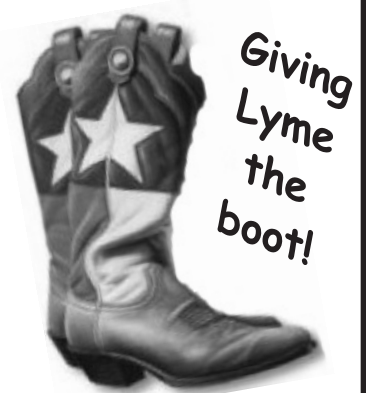
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To join the list, go to www.standupforlyme.org and click the "Contact Us" link in the left hand side menu bar. Then have a look around the site to learn more about Lyme in Texas and the nation.

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.

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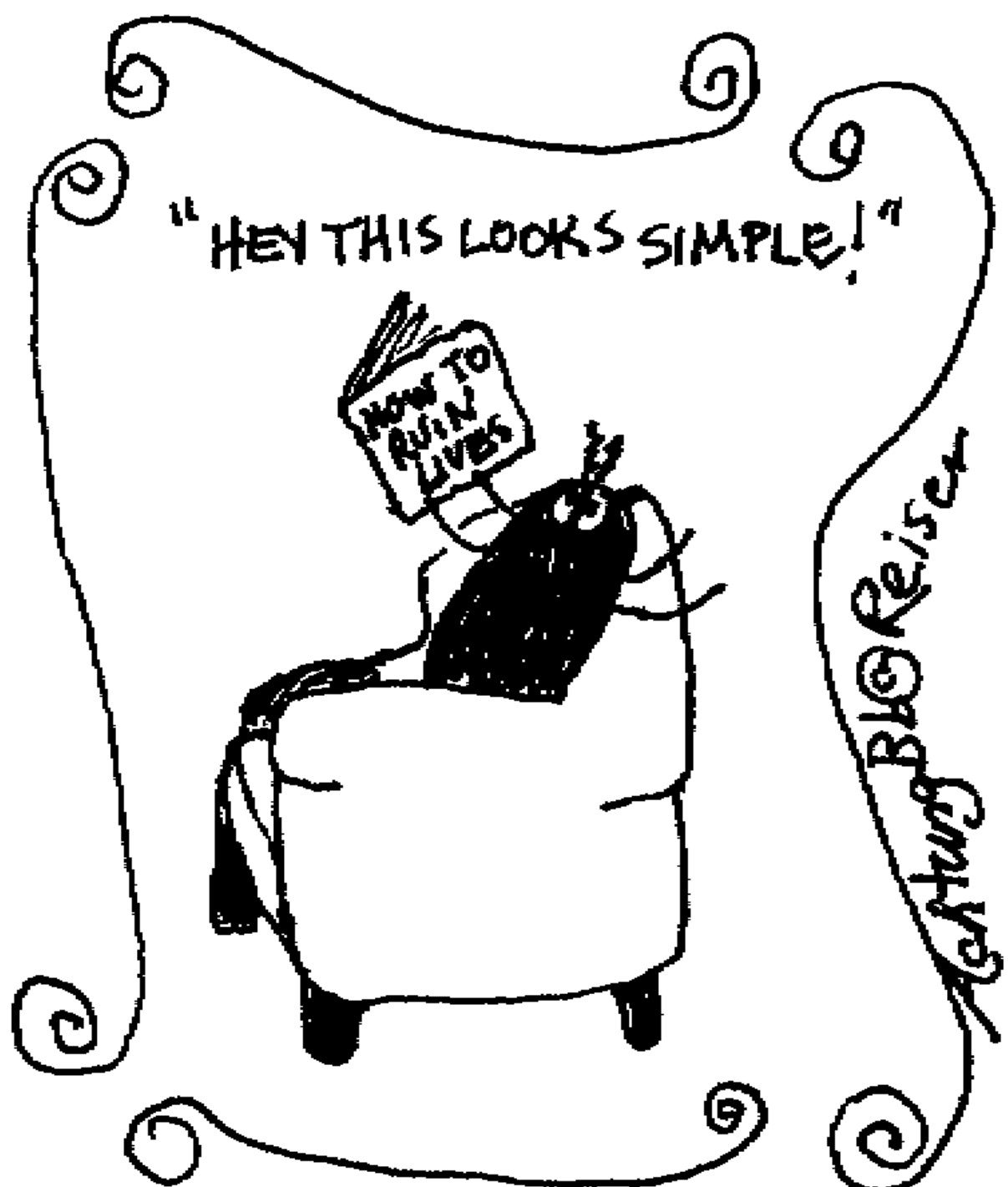
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Ticktoons



by Terri Reiser

Treasures of Essential Oils



by Tina J. Garcia
tinajgarcia@yahoo.com

Essential oils are extracted from the stems, leaves, petals and seeds of trees, shrubs, bushes, herbs and flowers. Essential oils from these plants contain a semi-oily resin that contains trace elements of enzymes, vitamins, minerals, hormones and nutrients. Precious plant oils contain oxygen (cell-building), sesquiterpenes (anti-inflammatory and stimulating to liver and glands), phenols (antiseptic, antibacterial and antiviral), ketones (stimulate cell regeneration and liquefy mucus), terpenols (antibacterial, diuretic and decongestant) and aldehydes (anti-infective, sedative and calming to the nervous system).

Essential plant oils have been used since ancient times, most notably in Egypt, the Middle East, and Asia. The oils are extracted from the plants through a time-tested distillation process. Plant oils in ancient times were widely used to enhance beauty by applying to hair and used as perfumes. The oils were also used for health and medicinal purposes through application and diffusing/inhaling the fragrances, thus absorbing the natural properties noted above. Numerous references in the Old and New Testaments refer to anointing and healing with essential oils. The Lord provided to Moses apothecary recipes using herbs and oils, essential plant oils of frankincense and myrrh were presented as gifts to the Christ child, Christ anointed with oils during his ministry and Mary Magdalene washed the Savior's feet with Spikenard oil. Myrrh has purifying properties that prevent decomposition and was therefore used to wrap the body of Jesus after his crucifixion.

Essential oils produced by Gary Young, N.D. of *Young Living Essential Oils* have been specially tested; this resulted in the discovery and documentation that essential oils contain electrical frequencies. This discovery spurred the development of special essential oil blends that Aromatologist Gary Young claims can improve mental clarity. Inhaling the essence of essential plant oils stimulates the olfactory nerves. In addition, the molecules of plant oils can penetrate layers of skin readily and are absorbed by the

cells of the body. Thus, the benefits of essential oils may be achieved through inhalation and massage. In addition, I have found that using essential plant oils in compresses and baths is relaxing, rejuvenating and healing. It is reported that mixing a 15 ml bottle of your favorite oil into a five gallon bucket of paint eliminates the normal paint smell after painting.

According to Gary Young, N.D., in his book *Aromatherapy-The Essential Beginning*, modern science has shown that frankincense increases oxygen around the pineal and pituitary glands. Many essential oil users claim that aromatherapy increases their spiritual awareness and communication. Dr. Young reports that frankincense is mentioned fifty-two times in the Bible; thirty-two of those mentions refer to it used as incense. Aromatherapy may also be used to stimulate or curb emotions.

As already mentioned, a wide variety of plant oils contain antiseptic, antibacterial, antifungal, antiviral and immune-stimulating properties. When applied and massaged on particular reflex points of the body, the oils are readily absorbed and utilized in their various capacities. Essential oils are very potent, so you don't need many drops per application. It is recommended that oils be applied by mixing a dime-size amount of olive oil and a couple drops of the chosen essential oil in your hand first and then apply the mixture to your skin. Many oils are so potent that they will burn your skin if you apply them directly without a vegetable oil. Olive oil has nutritional properties in and of itself, so it serves as a wonderful application medium in combination with your favorite plant oil.

I am grateful that my oldest daughter has realized the many benefits of precious essential plant oils. She has positively influenced our entire family and extended families by sharing the knowledge she has learned about the beneficial uses of essential oils. She has personally used oregano, thyme, peppermint, hyssop, frankincense and rosemary oils on herself and her family of young children to mend cuts and treat colds and flu. My other daughter has also demon-

strated these benefits with her husband and small children using peppermint, cedarwood, eucalyptus and Thieves blend. My sons have used RC blend to treat their flu/bronchitis and lemongrass oil for a broken ankle injury.

Thieves oil is my favorite *Young Living Essential Oil* blend, which my daughter-thought might be helpful in treating my Lyme disease due to its antibacterial properties. Sure enough, I have experienced wonderful relief from muscle, tendon, ligament and nerve pain by massaging painful areas with this tantalizing blend of clove flower bud, lemon rind, cinnamon bark, eucalyptus leaf and rosemary leaf. My husband suffers with much pain, also, and Thieves oil blend has provided him with relief from an infected knee replacement. Some oils, such as peppermint may effectively be used for nausea and reducing fever.

I recommend you do your own reading and research about essential plant oils to learn about the many different kinds and their various uses. Dr. Young's book has a listing of these oils and their benefits. This is a great book for those wishing to explore essential oils. Although my family and I have experienced great results through the use of natural essential plant oils, these are our own personal experiences that may or may not be reproduced in others' circumstances. There are many companies that sell essential oils; I was introduced to Young Living brand and have found them to be of high quality. I have heard many other people say the same thing about this particular brand, so I feel comfortable in referring to them.

Essential oils have provided my family with a wonderful experience in the use of God-given plants for us to enhance our well-being. There is a wonderful sense of excitement and satisfaction when experiencing positive results through the use of essential plant oils. Our family has become a family of "Believers" in the many benefits of these precious natural medicinal remedies. *pha*

"Microbes"

us humility. To better understand the clinical syndrome associated with these infections, internists need to recognize the significance of mental symptoms in chronic interactive infections and psychiatrists need to better appreciate the role of microbes in causing mental illness.

(1) Adapted from Burrascano, J., *The New Lyme Disease Diagnostic Hints and Treatment Guidelines for Tick-Borne Illness*, 12th Edition, copyright 10/98.

(2) Burgdorfer, W.B., *Increased Evidence of Mosquito/Spirochete Associations*; 11th International Scientific Conference on Lyme Disease and other Spirochetal & Tick-Borne Disorders.

(3) Discussion with Dr. John Martin

(4) Discussion with Dr. Linda Mattman

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The first submission for the Lyme Awareness Art Project read:
"I'm not afraid of Lyme disease. I know I can beat it. I'm tough and strong and I can be as mean as a dinosaur. This disease can't slow me down." Jeff - age 6 - Middlesex, VT

Tell Us Your Story!

The guidelines for submitting your story and photo are simple. Write a short paragraph or poem describing your experience with Advanced Lyme and send a photo that you feel visually expresses the experience you have written about. Include your name, your age and the city and state in which you live.

I will paint my interpretation of the submissions for what I hope will be a traveling Lyme Awareness show. Please be sure that you send me your contact info in case I need to ask you something about your submission!

Send Photo and Story Submissions to:

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28 Center Road, Corinth, Vermont 05039

www.crowhousestudio.com

<http://lindaslymediseasejournal.blogspot.com>
smalldog@tops-tele.com

“ALS/Lyme” ...cont'd from pg 1

estimated 5,000 people of all races and ethnic backgrounds are diagnosed with the disease each year in the United States. ALS most commonly strikes people between 40 and 60 years of age, and men are affected almost twice as often as women. There is no known cure and generally life expectancy is three to five years.

In 90 to 95 percent of ALS cases the cause is unclear, with the remainder of cases being due to a genetic abnormality. It has been noted that a high percentage of those diagnosed with ALS had outdoor jobs, spent a good deal of time outdoors, or participated in outdoor athletics. There is also a higher incidence of the disease in military personnel previously deployed in overseas missions.

The only treatment currently available for ALS patients is a drug called riluzole (Rilutek) which at best prolongs life by about two months (but usually only in patients with swallowing difficulties). The medication reduces the levels of the amino acid glutamate, which is thought to be abnormally high, and therefore neurotoxic, in ALS patients. In order to fit the "official" diagnostic criteria of ALS, the patient needs to have abnormal electromyography (EMG) readings in at least three areas of the body. The EMG measures a muscle's ability to contract when the motor neuron is stimulated.

Marnie called me to tell me the neurologist's tentative diagnosis. She said, "He told me that I don't exactly fit the

diagnostic criteria for ALS but he thinks I have some sort of motor neuron disease and there is really nothing he can do for me."

As a practitioner who specializes in treating patients with Lyme and other tick-borne diseases my diagnostic antennae go up when I hear words like these. Frequently, patients with neurologic symptoms that don't quite fit a known diagnosis are misdiagnosed victims of at least one tick-borne infection. Marnie certainly had known her share of ticks. During her 18 years of working in the fields of Yorktown, she had pulled dozens of the blood-sucking creatures from her body. "I'll mail you an IGeneX Laboratories blood test kit," I said, "and let's see what we find out".

As is often the case in patients with severe or long-standing Lyme disease, Marnie's Lyme Western Blot test results were technically "negative" but highly suspicious for exposure to *Borrelia burgdorferi* (the causative agent of Lyme disease). She was, however, positive for *Babesia*, another tick-borne infection. It was enough evidence for me to recommend treatment. After all, the only other option was to accept the ALS diagnosis and helplessly await certain death. A poll of several of the nation's Lyme experts convinced me that we should not waste another moment but start her at once on intravenous Rocephin, the antibiotic of choice for those with neurologic Lyme disease.

But Marnie wasn't convinced that she had Lyme dis-

ease. After all, she didn't have the joint pain, malaise or cognitive disturbances that were characteristic of the illness. The intravenous line sounded so drastic and dangerous. She opted to go on oral antibiotics and I referred her to a Virginia Lyme specialist for treatment.

During the following two years Marnie's life went into a gradual tailspin: months of oral antibiotic treatment with resultant nausea and loss of appetite; difficulty adapting to the "sick role" considering a previously robust constitution; gradually worsening weakness; drastic weight loss due to muscle wasting; dealing with family panic and frustration about her unwillingness to try IV treatment; having to abandon the arts and crafts she loved due to muscle contractures in her hands; and reluctant retirement from her beloved job. In September of 2002, the tentative diagnosis changed to a definite one as she ultimately fit the diagnostic criteria for ALS. When she reached the point of needing a wheelchair, she moved in with her daughter, who could keep her company and tend to her physical needs. There, daily doses of her four year old grandson were welcome medicine for Marnie's spirit. Her beautiful smile never faded, and although each month her condition worsened, she never chose to give up hope.

On September 18, 2003, hurricane Isabel tore through Virginia leaving the state's picturesque landscape cluttered with scattered branches and large debris. Grand old trees lay uprooted, testimony to the

wind's savage wrath. I was hoping to fly east to visit Marnie during that time, but the inclement weather caused flight cancellations and general chaos for travelers.

The first few days after the hurricane were eerily quiet: residents surveyed the damage caused by Isabel's fury and marveled at the crisp, lovely autumn weather, weather so mild and innocent as to be oblivious to the storm's recent mayhem. During Isabel's aftermath, Marnie seemed to exhibit a clarity and tranquility she had not felt for a long time. She commented on feeling better, particularly due to a reprise of the unrelenting nausea that had plagued her for months. The evening of the 21st Marnie even enjoyed a brownie sundae with the rest of the family. There was still that glimmer of hope.

But the following day she stayed in her reclining chair the entire day and seemed to go in and out of consciousness, her brain reacting to the oxygen deficiency that resulted from her weakened respiratory muscles. It is said that when a brain is oxygen-deprived a morphine-like state is induced. And thus a drowsy euphoria came over Marnie as life's memories flowed randomly through what remained of her waning consciousness. Her daughter stayed close by all day as she tended to housework, while her son-in-law labored diligently in the yard, clearing the storm's senseless wreckage. By evening, delirium drifted in with its collage of people and places and Marnie could occasionally be

heard calling out in response to a vision in her mind's eye.

At about 9 pm on September 22, 2003, Marnie took her last breath and calmly slipped away, without anguish, without pain, without suffering. It ended the way she wanted it to - at home, without tubes, needles, ventilators or medical personnel. When I received the call to tell me the news, I could not stop sobbing. Despite the inevitability, I was still stunned by the loss. How was it possible to lose someone so vigorous and virtuous? She should have outlived us all with her stamina and healthy lifestyle. Of course, I was relieved that Marnie's suffering was over, sparing her the final, most gruesome stage of the disease. But her untimely passing haunts me still. A part of me died when I lost my sister Marnie.

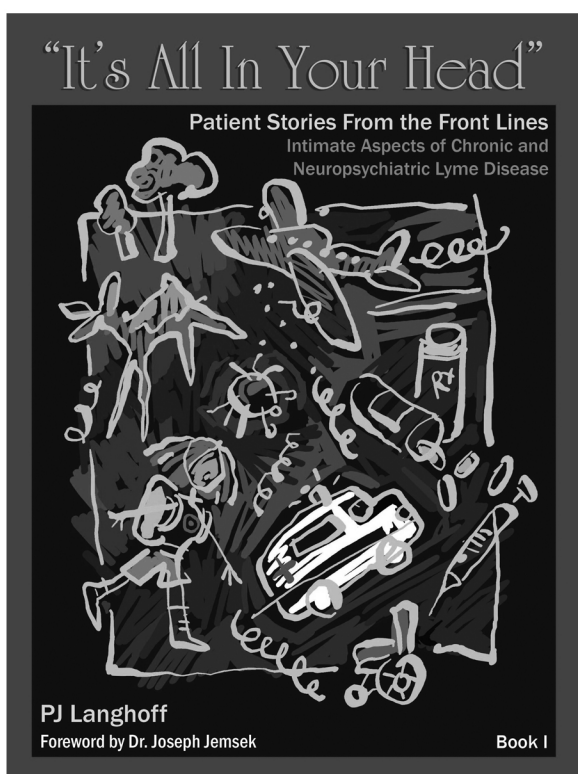
There were so many questions. Which did she have: advanced neurologic Lyme disease or ALS? Or did she have both? Did the Lyme disease cause the ALS? Does everyone with ALS have Lyme disease? Might anyone with untreated Lyme disease stand a chance of developing ALS? Would intravenous antibiotics have given her more time? Is there anything that we could have done that we didn't do?

These are questions without answers. Meanwhile, hundreds of patients diagnosed with ALS continue to test positive for Lyme disease and seek treatment, in desperate hopes of a cure. A very few lucky ones do get a second chance at life. Dr. David Martz, a hematolo-

“ALS/Lyme” cont'd pg 14

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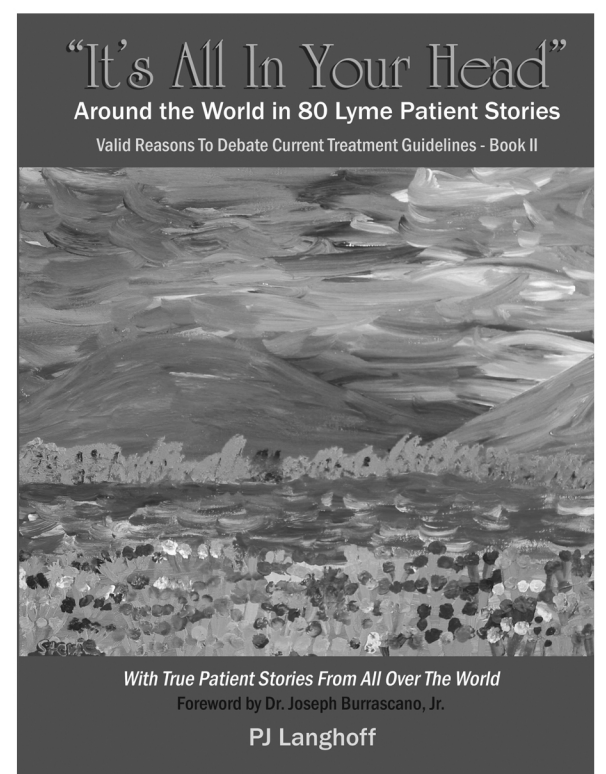


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“Gut Palsy” ... cont'd from pg 6

as Midwestern states that support migratory bird North-South flyways (16). Infected deer ticks (*Ixodes scapularis* and similar hard-bodied ticks), vectors of many diseases including the ones discussed below, are thus most widely distributed by birds, geographically. There are few places in the United States that are totally safe from the risk of microbes thus ferried. In 2002, the CDC estimated the existence of nearly one-quarter million new cases in USA's rapidly expanding LYD epidemic.

Very common co-infections from infected *Ixodes* sp. ticks (Figure 2) include the ehrlichioses-Human Granulocytic Ehrlichiosis, which recently was renamed Human Anaplasmosis (HA) and Human Monocytic Ehrlichiosis (HME). Human babesiosis, a tick-borne, one-celled parasite of erythrocytes, is widely misdiagnosed in its endemic, chronic form (17,18). A *Bartonella*-like bacteria, mycoplasma spp, and other viral and opportunistic infectors are now known to be tick-borne (19), existing in the full territorial range of *I. scapularis* and other ticks (20-22). Resultant illnesses include two that have been found to be the most common tick-borne invaders of children's gastrointestinal tracts-the combination of bartonellosis and Lyme borreliosis gut infections (23).

As with the spirochetes of Lyme, *Bartonella* is an increasingly common (perhaps the most common) tick infector (21). "PCR analysis of *Ixodes scapularis* ticks collected in New Jersey identified infections with *Borrelia burgdorferi* (33.6%), *Babesia microti* (8.4%), *Anaplasma phagocytophila* (1.9%), and *Bartonella* spp. (34.5%). The *I. Scapularis* tick (Figure 3) is a potential pathogen vector that can cause coinfection and contribute to the variety of clinical responses noted in some tick-borne disease patients" (24). As more experience has been gained with *Bartonella henselae* and its related species, bartonellosis has been found capable of causing severe gastrointestinal pain and malfunction as well as specific skin eruptions. Both of these sites involve vasculopathy- enteric and dermal as well. Scar-like stripes on the patient's torso are telltale "stretch marks" or "scratch marks" of the disease, easily notable. This external and visible sign (the seemingly mysterious but diag-

nostically pathognomonic stri-ae) may make the GI bartonellosis diagnosis less complicated for gastroenterologists and other specialists (25).

Quite surprising to many physicians, bartonellosis can cause major central nervous system damage, similar in some aspects to the aforementioned Lyme neuroborreliosis. Lyme and bartonellosis symptoms may include encephalitis signified by headaches, major memory loss, rages, seizures, and coma, as well as inflammation of the heart, abdominal pain, bone lesions, and loss of vision. Until recent years, *Bartonella*, at onset of infection an endothelial and subsequent red blood cells infector, was considered to cause a relatively benign and common disease otherwise known as cat scratch disease (26-28). Now that ticks have become significant transmitters of *Bartonella* infections into humans, this vectoring appears to amplify victims' general Lyme symptoms (26), and quite likely amplifies GI tract lining symptoms as well.

Often Unsuspected Presentations of GI Tract Lyme-Diagnostic Usefulness of PCR Tests On Specimens Harvested From Endoscopy/Colonoscopy Biopsies (with illustrative cases)

One of the blessings of modern medical investigation is a positive PCR (A direct test-polymerase chain reaction-capable of pinpointing an offending microbe's DNA). This test can be performed on specimens from the patient's blood, serum, plasma, CSF, urine, mothers' milk, and all biopsy tissues. PCRs can play a vital role in diagnosing tick-borne diseases especially those affecting any organs or associated tissues. "Lyme disease is usually diagnosed and treated based on clinical manifestations. However, laboratory testing is useful for patients with confusing presentations and for validation of disease in clinical studies" (29).

DNA tests are especially handy because they can be utilized by way of biopsies harvested from inside the gut during otherwise routine colonoscopies and endoscopies in

cases where the diagnosis is uncertain. PCR's are highly specific although they are less than ideally sensitive so that a positive test is a reliable indicator of Bb infection while a negative test simply does not exclude Lyme and does not indicate a lack of infection (30).

An illustrative case history is that of "Mr. F," a mature man thought to have been mentally retarded most of his life. His father had ascribed his youth's sudden headaches, stiff neck, and cognitive losses to the will of God. No further evaluation

Lyme and bartonellosis symptoms may include encephalitis signified by headaches, major memory loss, rages, seizures, and coma, as well as inflammation of the heart, abdominal pain, bone lesions, and loss of vision.

or treatment was allowed. They lived in endemic tick territory at the time. Decades later the patient realized that his symptoms back then followed a series of bites by minute ticks. Now an adult, the patient's chronic "ulcerative colitis" and depression kept him from his job as a school janitor.

(Antidepressant medication had mostly just helped his anxiety) When a colonoscopy was needed, a generous gastroenterologist biopsied Mr. F's luminal tissues, which the referring doctor then sent for testing to a reference lab specializing in tick-borne diseases. Specimen analysis returned as PCR positive for etiologies of 3 diseases that infected his colon: *Borrelia burgdorferi* (Lyme disease), *Mycoplasma fermentans* (suspected of causing GI injury via proinflammatory cytokines) (25), and *B. henselae* (bartonellosis). Each disease required its own unique treatment, all of which were successful and the patient's GI symptoms resolved. Mr. F's depression also cleared and in its place there was a kind of chronic good cheer, off and on resembling mild hypomania.

The case of "Mrs. M" illustrates another important method

of detecting the presence of an active Lyme infection as well as uncovering a possible contributing cause of cholecystitis. Gall bladder (GB) tissue was tested for Bb spirochetal DNA following a cholecystectomy on this seronegative patient: A middle-aged woman with a known diagnosis of pre-existing, asymptomatic gallstones, experienced episodes of allergies, severe headaches and extreme chronic fatigue. She was treated for 2 tick-borne diseases-- LYD and babesiosis, having had symptoms of both and a positive PCR blood test for babesiosis. The LYD was treated with oral antibiotics and then 3 months of IV ceftriaxone (Rocephin) following which she showed improvement.

About a year later, Mrs. M, again fatigued, developed right shoulder blade pain and afebrile nausea after eating greasy foods. Surgery to remove her diseased gallbladder was scheduled. Treatment (doxycycline) for suspected but unproven persistent

Lyme was begun. The family physician asked that biopsy specimens of the removed gall bladder be tested in a reference laboratory specializing in tick-borne diseases (31). The resultant PCR test on her gall bladder tissue was positive for DNA of the causative Bb spirochete of Lyme disease. This PCR biopsy confirmation of a seronegative patient's Lyme diagnosis illustrates that, while Western Blot and PCR blood sample testing, especially for active late stage LYD, may not show a positive antibody response, a tissue PCR analysis may confirm the diagnosis, even when the patient has previously been treated. PCR's done on blood are less satisfactory since Bb prefers an in-tissue environment.

Treatment of Lyme disease by IV Rocephin can lead to gall bladder sludging. In this case the GB stones were considered to have predated the IV treatment. Of interest, a similar spirochetal disease (leptospirosis) has been reported as simulating symptoms of cholecystitis (32). This may be the first confirmation of a diagnosis of Lyme disease performed on GB tissue to be published-its write-up has been submitted for publication. (Case and personal

correspondence from Sabra Bellovin, M.D., Portsmouth, VA)

In another instance, "Mrs. E" was evaluated in a psychiatrist's office for severe depression, anxiety, and fatigue some months following successful removal of a colonic polyp. She mentioned that she had been experiencing chronic, depleting, diarrhea and severe insomnia. Biopsy tissue was then obtained from a repeat colonoscopy by a cooperating gastroenterologist. The specimen was PCR positive for an unspecified *Mycoplasma*. *M. Pneumoniae* is a known gut epithelial lining pathogen (33) and *M. fermentans* has been found in inflamed gastro-enteric linings (19). Both potentially pathogenic mycoplasmas have been documented as carried by ticks. In addition, Mrs. E's blood tests revealed the presence of high antibody titers for ehrlichiosis (Human Anaplasmosis-HA) as well as positive Western Blot (WB) tests for Lyme disease, indicating active cases of both when tested in a related specialty laboratory (34). Interestingly, Mrs. E's family physician in Pennsylvania was willing to treat the ehrlichiosis but unlike some more southerly PCP's (35) she thought Lyme was confined to New England and was unwilling to treat her patient's borreliosis.

Treatment of active Lyme disease is often denied to very sick patients with or without the presence of positive test findings. Serologic testing for Lyme disease as routinely performed by local laboratories is well known for insensitivity. The CDC surveillance case definition excludes, for example, as many as 78% for IgG of known positive cases (36,37). More modern guidelines are currently available for diagnosis and treatment of tick-borne diseases (38,39).

Because the recommended first-use enzyme-linked immunosorbent assay (ELISA) test tends to miss at least 50 % of authentically positive Lyme cases, it is less likely to be relied on (29,40). ELISA tests were not performed in any of the cases presented here. *pha*

end of part one this article will be continued next issue.

**footnotes in this article can be seen on the PHA website version of this article.



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“Unforgettable” ...cont'd from pg 3

blouse hung down loosely over my fat area, so it wasn't quite as obvious to most as to just how fat I was.

My daughter and I both were completely decked out from head to toe. We even had jewelry and shoes to match because, in case you haven't noticed, I have a few anal retentive tendencies. I spent a small fortune on trying to get us to look good, and for the most part - we did. My husband wore whatever just so happened to fit him the day of the wedding..... despite my urging him to try on his old suits before the day of the wedding. I wanted him to 'match' us or at least compliment our major outfit colors. Men just don't understand those sorts of things.

Despite my overwhelming pain and fatigue from just getting ready for the event, I was excited and even emotional at attending Jen's wedding ceremony.

I urged my family that we would need to leave the house no later than 3:15 pm, as I wanted to get back to the bridal room for a quick hug and picture of Jen before the ceremony. Naturally, we left a little later than that, around 3:25, because my hair and the humidity were working against me.

But my hubby managed to get us there in plenty of time for me to throw on my gorgeous pink Austrian crystal shoes (which are really pink rhinestones, but they cost more if you refer to them as Austrian crystal) and my daughter and I hobbled out of the van and slung open the church doors with the mission to find the bridal room while hubby went to park.

Funny, though, upon entering the vestibule of the church, we heard music. 'What an odd time for the organist to be practicing the bridal 'exit' song', I thought.

I turned the corner to try to peek into the sanctuary and was approached by a heavier-set woman than me, who said, "You'll have to wait. They're almost out."

I was confused and asked for clarification.

"What do you mean, almost OUT?"

"The wedding is over" she announced in a tone that indicated such information should be common knowledge.

I suddenly felt like I was in the twilight zone. "What time is it?" Are we even in the right building, I wondered? How can it be almost over? Is she messing with me?

"The wedding started at

3:00pm" the fatter lady told us, almost amused.

I sat down on a nearby bench with my mouth stuck open in the fly-catching position, utterly devastated by this recent attack on my brain. Why did the Lyme bacteria not want me to attend the wedding?

And then the internal thrashing started. "How could I be so STUPID? How did I get the time so screwed up? I had an invitation, didn't I READ it? How could I miss Jen's wedding? I am definitely losing my mind. Are there other things that I mess up this badly and no one has been brave enough to tell me? Are we sure we're at the right place?" This circular questioning continued inside my head in some strange feedback loop.

The bride and groom made their triumphant exit from the sanctuary to find my sappy, confused self sitting on a bench and crying all my mascara into a cheap, crunchy brown paper towel. (I couldn't even remember I brought Kleenex in my own purse!) I was literally dazed and so very confused.

I rose to hug the bride and groom and to apologize profusely about my blunder.

Jen was so absolutely stunning that it made me want to

weep even louder; it made me want to kick my own butt even harder - but at what price? I felt like my tears of personal condemnation were putting a damper on their moments of joy, and my internal 'big girl' said "Shut the heck up now! This is not about me - it's about them. Don't ruin their day with your blubbering."

I decided I would continue through the rest of the afternoon and evening, behaving like the mature woman I was, yet making a promise that I would continue with the blubbering and the inner criticisms at another time. I made my apologies to all the appropriate parties, fixed my makeup, and then mingled with guests until it was time to head for the reception.

As I placed myself in front of old friends/boyfriends, most of them did not recognize me at first. This, of course, ticked me off.

This should be a rule: 'If you ever kiss someone in a romantic way - they are forever required to recognize you - no matter how old or fat you look in the future.'

I know one old boyfriend just had to recognize me - only he was toying with me - trying to make me feel inferior, as if I weren't special enough for him to actually remember my darn name. He looked at me with that look of arrogance that I should have slapped off his face about 15+/- years ago. He was taking so-called wild guesses at my name - names that started with my initial - names that were so close it hurt. And it did literally hurt for me to be standing there, insulted by his arrogance as he spit out each so-called 'guess'. Had his skinny excuse of a wife and lovely 2.5 children not been standing there, I would have gladly scolded him, reminding him that he's just a sorry jerk, and he should have enough social grace to take the blame for his poor memory, and as a pastor's son, he should know better than to make people feel like dirt by pretending to not remember them - implying the reason is their lack of being important instead of his own lack of common sense. Yeah, that's what I would have liked to say!

The least he could have done was lie and say he had been in some kind of automobile accident and that he has some residual brain damage or something. But no. He did no such honorable thing. So there I stood - the stupid fat braud that can't remember what time weddings start - a woman whose kiss is so unforgettable that old boyfriends can't be bothered to recognize her even as she stood right in front of their arrogant lying faces...

I forced a smile and did my best to 'take it' like a lady. And because his children were standing there too, and because I was in a church, I did not use the "F" word.

When we got to the reception, I told my husband that I wanted a glass of white Zinnfandel, and quickly.

He said, "OK, but didn't you take a pain pill on the way to the wedding?"

"Yes," I replied, "but it's not doing a darn thing for my shame. I'll take just one glass to

calm me down."

(You see, my wimpy pain mediation may work on taking the edge off the pain - but it does NOTHING to reduce the social embarrassment caused by missing a wedding - compounded by not being recognized by someone who had French kissed and groped you some 15 years earlier. I did not give my husband all those details...just emphasized my perceived need for my first glass of wine in almost a whole stupid year.....).

While I was awaiting my "I hope it numbs the heck out of me" glass of wine to kick in, I juggled our wedding gift in my right hand, as I attempted to sign our names to the wedding card with my left hand. I do not know why I wait until the very last damn minute to sign cards, but I suppose I thought I'd have more time....and I was just trying to roll with the punches since we were running an hour late.

As I stood there, juggling my purse, my cane, the wedding gift, my glass of wine, the pen and the card, wondering where in the heck my helpful hubby was, and wondering why I couldn't just grow a third hand....I suddenly realized my skirt felt a little looser.

I knew what was happening, a social FEAR manifesting in slow motion, so I started backing up slowly into a corner by the gift table. I must have had a look of horror on my face because ex-boyfriend's skinny wife looked at me and asked "What's wrong?" -- because we women are good at reading those kinds of facial cues....

As I started, quite LITERAL-
LY, to squat down in the floor in the corner behind the gift table, I found it necessary to provide some kind of explanation. "Oh, my zipper has decided I'm too fat. I'm trying to encourage it to behave."

I did the best I could, and I pleaded to the females glancing at the gifts on the gift table to come and shield me as I forced my fatty flesh back behind the safety of the zipper and a much needed safety pin. I thanked them for their kindness as strangers, and I took a deep breath of thanks that fortunately no one got that Lucille Ball moment on video.

However, because I feared that particular wardrobe malfunction might happen again, I decided to have another glass of wine...just in case I needed it. That was also my justification for my third and fourth glass of wine too, but at that point, the thought that my skirt could fall down just seemed funny.

Fortunately for all of us, my skirt did not drop to the floor, although I did have enough wine to consider staging such an event if I knew I would be guaranteed some kind of prize money. But, no guarantee, no skirt dropping for me! That's what has always been my motto.

But what the heck, I can't remember most of those wedding people anyway - and apparently I'm totally forgettable too - so forget it. No harm - no foul!

“Cowden”

out loud" about all the things that person may have done to you and how it made you feel. Emotions are often released which leads to healing. Fear may be released through trembling. Sadness may be released through crying. Choose to forgive. Holding anger does not hurt anyone except the person holding it. Once emotional issues are released, organ systems function better and detoxification pathways open. For those that are not ready to participate in this "raging" process, NutraMedix EZOV can support the body's ability to release emotions, often during a dream state.

As for diet, Dr. Cowden promotes a diet that is at least 50% raw. This increases the chances of getting well. The transition to such a diet must be gradual. Nutritional deficiencies should be determined either with energetic testing or through a lab such as Spectracell (www.spectracell.com). Once identified, the deficiencies should be supplemented.

It doesn't take long to recognize that there are many factors that contribute to illness. The more of these factors that can be addressed, the better the patient outcome will generally be. If treatment focus is too narrow, patient outcomes are generally disappointing. Dr. Cowden encourages patients to recognize that it does not have to be done 100% right but rather followed closely enough to make a difference. He finds that patients that are 70-90% compliant have notable improvement. He also reminds patients that even if they fail, don't stop.

Chronic Lyme disease is a difficult and trying illness. Antibiotics as a sole treatment strategy often disappoint. Through the creation of a well-

planned treatment strategy that attempts to lower both the total body burden of toxins and the total body burden of infection, patients can find their way back to lasting wellness. *pha*

Resources & Disclaimer:

Nothing in this article is intended to serve as individual medical advice. All statements made are general in nature and should be discussed with your healthcare practitioner.

Dr. Cowden has a private practice in Chandler, Arizona. His office can be reached at 480-926-1336. A number of the products Dr. Cowden utilizes with his patients can be found at <http://www.naturx.net>.

To find practitioners in your area that are trained in Dr. Cowden's work including Laser Energetic Detoxification (LED), contact Susan Averill at susanaverill@naturx.net.

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Scott Forsgren is a freelance writer who founded www.BetterHealthGuy.com

ALS/Lyme

gist in Colorado Springs, was one of the lucky ones.

Wheelchair bound and given a few months to live, his Lyme diagnosis and subsequent intravenous antibiotic treatment gave him his life back. He now "pays it forward" by specializing in treating these very patients. A kind and righteous man, he has devoted himself to discovering just the right approach to the antibiotic treatment of the patients with advanced neurologic symptoms who come to see him from all over the world. He has had impressive success in treating these difficult and delicate cases. But there is only so much that can be done. Once a nerve has died it typically cannot regenerate. So the goal with these patients is to start treatment as soon as possible, in hopes of halting the progression of motor neuron death. Dr. Martz continually refines the balancing act of treating aggressively enough to cure but gingerly enough to avoid the sharp decline these patients often experience as a reaction to overly ambitious treatment. May he live a long and healthy life and continue his groundbreaking work!

Whenever I interview a new patient with an ALS-like presentation of Lyme disease it is hard for me not to think of my beautiful, brave Marnie. I relive the grieving we all went through as she lost her life, one function at a time. My patients' losses are my losses; my patients' triumphs are my triumphs. I keep on - in honor of my sister - waiting for answers and miracles, hoping that someone else's loved one will not have to be taken before it is time. *pha*

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



Joseph Burrascano, M.D.

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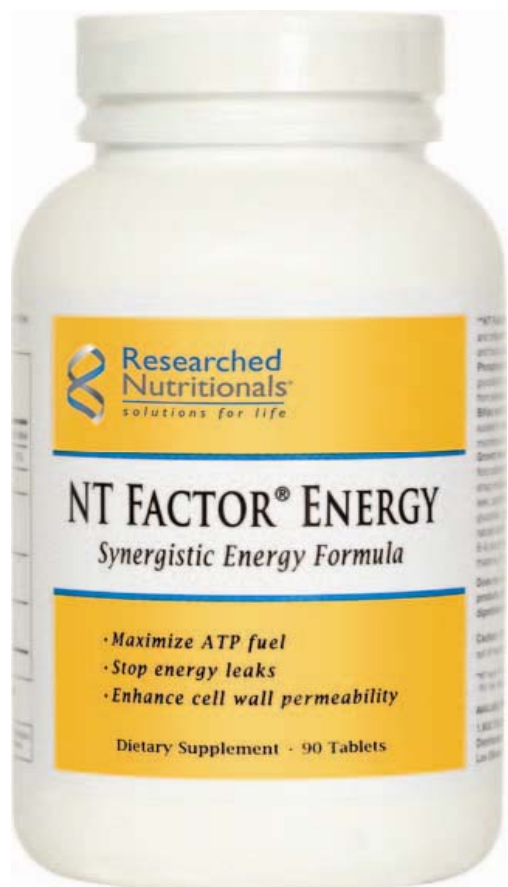
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Best Regards,
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