



PUBLIC HEALTH ALERT FREE

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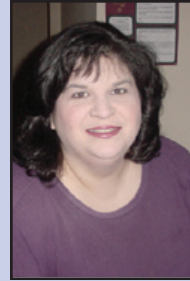
Investigating Lyme Disease & Chronic Illnesses in the USA

May 2008

In This Issue



Dr Charles Ray Jones:
 A letter from Dr. Jones explaining the status of his medical board review **p. 3**



Dawn Irons
 Prescription assistance available through Prescription Hope **p. 4**



Joan Vetter:
 Delete Worry **p. 5**



Lisa Copen:
 6 Reasons Not to Worry **p. 5**



Laura Zeller:
 Dancing in the Rain **p. 7**



Tina Garcia
 The ABC's & XYZ's of Lyme Disease pt 2: Monkey Business **p.8**



Virginia T. Sherr, M.D.
 When Lyme goes under treated or undiagnosed **p.9**



Susan Williams
 Geocaching: Learning to enjoy the outdoors again **p.12**



Kathleen Liporace:
 Worker's compensation victory for Lyme patient **p. 13**



Dr. Robert C. Bransfield
 Spirochetes on the Brain **p. 15**

Obituaries **p.18**

Bartonella is Becoming the Most Important Issue in Treatment of Lyme

by Dr. James Schaller, M.D.

Powerful Diagnostic Bartonella Skin Findings

Bartonella may be one of the most important issues in the treatment of Lyme disease. Why? In last month's issue we showed it was a staggering immune-suppressive infection. We have visualized these unusual bacteria covering red blood cells, and yet the patient had no fever. If this were any other bacteria, e.g., Staph or Strep, the patient would be dead in days! At this time, I believe it is impossible to fully kill off all Lyme in the presence of Bartonella, simply because we know from many specialized labs that Bartonella turns off immunity in many ways missed until recently. Lyme body volume will go down with treatment but not a cure. How could it with an infection that is so powerful it turns off immune chemicals to allow it to safely float in the blood?

It is also very easy to miss because no lab in the world can test for all the new species. New Bartonella species are being found every month using DNA techniques

similar to those used to map and identify our human genomes. Some unpublished research talks about 32 species and 212 variants. An antibody test for one is one too few if it is another strain. We currently are using a wide range of labs to identify Bartonella. One sample lab, which still occasionally misses noticing it, was discussed in the August 2007 issue.

The Use of Skin Findings to Diagnose or to Raise the Possibility of Bartonella

Some of these proposed skin findings we feel are solidly diagnostic of Bartonella. And with new advanced and diverse lab testing which looks for Bartonella over 8 ways, we find the positive labs match these proposed Bartonella skin findings very well. Therefore, since routine lab testing done is very poor, and since even one large lab is raising its titer cut off for a positive, due to so many positive "past" infections that are supposedly "not clinically meaningful," we can use all the help we can get in diagnosis. And since Bartonella has far more ways of infecting humans and damages all organs



This man has no mold toxin exposure or other chemical toxin exposure. His Babesia was killed quickly and fully. His Lyme is being treated with many strong interventions. This serious skin erosion of the hands only began to improve with new treatments only found helpful with Bartonella. He has profound Bartonella in his blood.

in 12-20 ways, we feel offering a sample of some of our images now could save lives, decrease illness, prevent psychiatric acting out and prevent organ damage. While vast numbers of images of Bartonella will be in my upcoming books, The 16 Reasons Lyme Disease Treatment Fails and The

Diagnosis and Treatment of Bartonella, the editor and I agreed it was too important to delay at least a sample of these materials.

See a variety of Dr. Schaller's Bartonella Photo Gallery on page 2.

"Bartonella" ...cont'd pg 2

Cleansing Neurotoxin Overload

by Victoria Bowmann, PhD

Detoxification can be an important method to support the patient during their healing crisis. As with many autoimmune cases, there are many factors. Neurotoxin overload is a common problem that affects many patients. The source of neurotoxins may be heavy metals, viruses, bacteria (in the case of Lyme), fungi, molds, parasites and protozoans. Some of the toxins actually target, impair and even damage the nervous system and the detoxification organs. This can further impair and block the route for normal excretion, causing an accumulation of toxins. This results in intracellular damage and further progression of disease.

In Lyme disease, the bacteria is a "smart" bug which wants to maintain its life within the person. It actually hides itself from the immune system. The Lyme bacteria is neurotoxic and, in order to survive, clogs up the lymphatic system and causes the blood to thicken. This leads to poor blood flow through the liver and a stickiness to the interstitial fluid. The interstitial fluid is the fluid that bathes and nourishes the tissue cells. It also picks up microorganisms, foreign particles, enzymes, proteins, and hormones for processing through the lymphatic

system. In addition to the lymphatic system, Lyme prefers to travel through the collagen more than the blood. Lyme disease is a systemic infection and it can invade and damage any and all organs, glands, and systems of our body. Lyme patients are also challenged by other co-infections that are often overlooked.

Because of its ability to hide from the immune system, Lyme makes itself difficult to diagnose through testing and thereby difficult to design an effective treatment protocol. Often it can mask itself as a different disease such as Chronic Fatigue Syndrome, Fibromyalgia, Multiple Sclerosis, Parkinson's, Obsessive Compulsive Disorder (OCD), or Amyotrophic Lateral Sclerosis (Lou Gehrig disease). It is important for the physician to ascertain if Lyme is at a causal level in these diseases. Assuming the patient is being treated with an appropriate protocol, effective detoxification plays an extremely important role in eliminating the neurotoxins from the body.

When the Lyme is being killed, it produces its own neurotoxin in defense. This subsequently clogs the blood, lymph, liver and colon which slows down the detoxification pathways. And as long as the patient is in treatment for

Lyme, detoxification needs to be ongoing. When the body is overburdened with a toxic load, the patient might experience a Herxheimer (Herx) reaction. One of my patients explained her Herx reactions like a bad hangover. She had extreme fatigue, headaches, nausea, flu-like symptoms, and a tingling sensation throughout her body. She also noticed that her usual symptoms were made much worse. It is during these episodes, the detoxification process becomes even more important.

Since there are numerous methods for detoxification, one must select those which offer the most support. The two primary pathways of detoxification are: 1) the colon which removes solid wastes and 2) the kidneys and bladder which removes liquid wastes. These pathways have external elimination, those being feces and urine. The liver is also a primary detoxification organ for toxins, hormones, and protein and fat metabolism. The pathway for water-soluble toxins is through the urine. Hormones are excreted through bile in the GI tract. The lungs and skin are the secondary pathways. The lungs outgas toxins from the bloodstream and the skin acts as an excretion pathway by erupting with pimples, pustules, abscesses or oozing sores in the attempt to remove toxins

from the body.

Colon Functions

The functions of the colon (also called the large intestine or large bowel) are numerous. These functions work very well when the intestinal bacteria is of beneficial varieties and in sufficient quantities. The colon actually manufactures certain nutrients for us, including B 12 and Vitamin K. It absorbs nutrients which might have been missed in the small intestines which helps to keep us nutrient dense. Third, it blocks the absorption of pathogens and toxins from returning to the blood stream. Next, it reabsorbs and recycles water and bile. The water is used to keep the body from dehydrating and the bile is reused in digestion of fats. Finally, the colon decomposes chyme (digested food) into fecal material as the final component of the life cycle. It is essentially our own personal compost pit.

Colon Detoxification

For effective elimination of solid waste, it is important to have a proper binding agent such as fiber or chlorella. This is especially true with neurotoxins. One needs to also have numerous daily bowel movements or colon hydrotherapy. *"Detoxification" ...cont'd pg 6*

Dr. James Schaller's Sample of Bartonella Photos



Bartonella makes Vascular Endothelial Growth Factor (VEGF) which makes and opens capillaries and causes unusual vascular images. The ink circles are sitting on top of red circles. (Chicken wire pattern.)



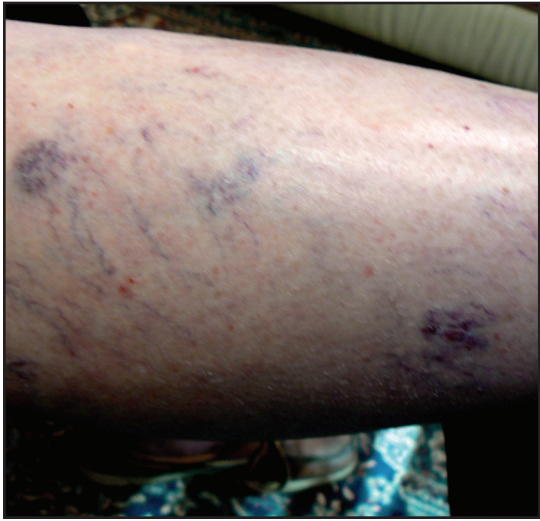
Here is an older Veterinarian with no Lyme or other tick-borne infections, who developed a sudden eccentric left sided mouth and lower cheek skin thickening. She has Bartonella papules on her neck. She was positive for Bartonella and feels her new types of treatment are starting to help this leather-like one-sided skin problem.



This woman has Bartonella, Lyme and Babesia. The Babesia was quickly treated with new speed killing agents. She had varicose looking veins all over her body and Bartonella papules in her inner thighs. We suspect her varicose veins could be increased by Bartonella; especially since after a tick bite they became worse over three years. During that time she also received two steroid shots. Please note that the skin surface area over the steroid injection site shows marked nodules with scaling and skin thickening and are very vascular. We suggest that the steroid was released on entrance and exit of the needle, leaving a high concentration in this one-inch location and it further weakening the immune system and Bartonella, perhaps together with Lyme, made these two eccentric skin findings.



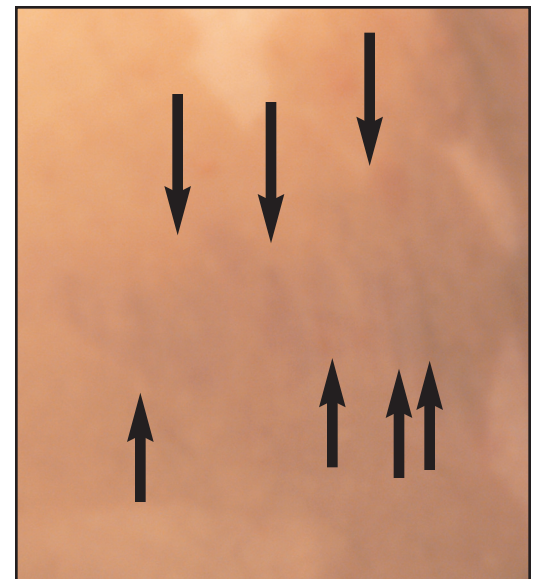
This man has Bartonella with burgundy lines shown in thin black flair. These lines turned white with Bartonella treatment.



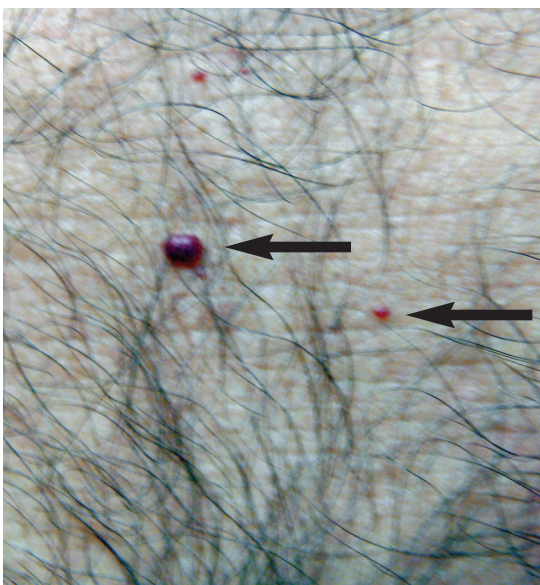
This 46 year old woman had virtually no vein troubles until she went camping in North Carolina. Then over the next 6 years she became sicker and sicker and was found to have a huge VEGF (in a mold-free home) and was found to have Babesia, Bartonella and Lyme. These did not improve in any manner with over a dozen commonly used Tick-borne disease treatments. It was only newer treatments for Bartonella that helped these decrease. She has no relatives with this high level of blood vessel trouble.



A city-dwelling older man had a past history of fleas brought into his home by his cats. He was Lyme negative from three labs and had a good CD57 count, which was 187. His skin discolorations with different levels of pigmentation, we suggest, may be associated with various levels of VEGF, possibly MSH and Bartonella bacteria just under the surface of the skin inside vascular walls.

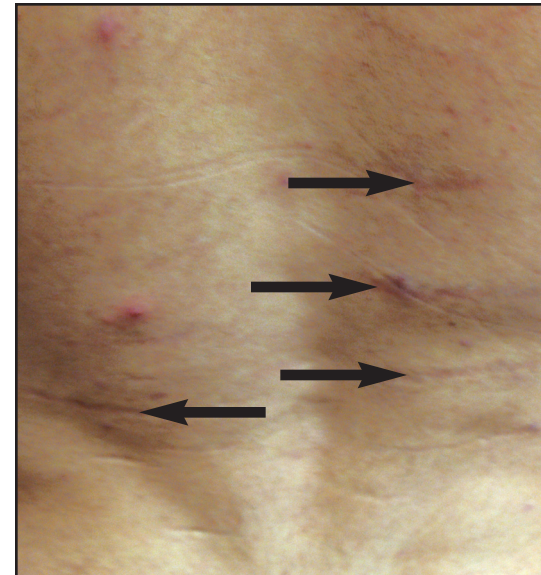


This is a purple-burgundy thinned skin area in a patient with Bartonella in the inner thigh area. It turned white repeatedly with the use of new Bartonella treatments. But then reversed to this original color because no treatment works in weeks to cure Bartonella.



This middle aged man with Bartonella has many papules on his body. Here is a dark one in the center of his chest. The papule can be mistaken for a skin tag or a mole, but it is a slightly raised tiny bump with red, brown or a skin color and is usually missed.

Bartonella causes them routinely according to even basic articles. He had about 15 in different locations on his body and all were missed or ignored in his yearly physicals.



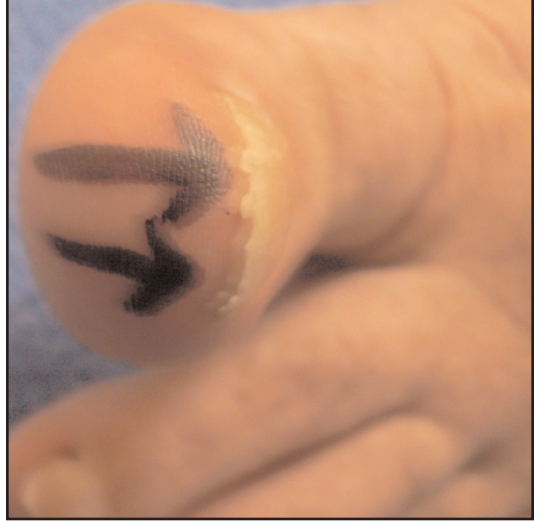
This marine has never been heavy. He has no vascular disorders. His back developed pimples and side to side blood vessels after training in a wooded area when he caught a cold. At the same time he had a very raw sore throat. His DHEA and DHT are high. Both are found in Lyme disease and promote acne. He has never been treated. He also has Bartonella.



An image of a thigh showing unusual bands of side to side thick pinkish blood vessels between normal colored skin.

You should not have wide blood vessels going side to side across your thighs.

Similarly, you should not have huge wide red or white "stretch marks" on your thighs or lower hips.



Bartonella turns off many parts of the immune system. It is the only bacteria I know of that can float in blood for years and not kill. When it turn off some newly found immune stimulators, it increases the activity of Lyme and other bacteria. Here we see toes which are not able to hold off simple toe fungus in a man with clear Bartonella.



Dr. Schaller is the author of 20 books including: The Diagnosis and Treatment of Babesia, Mold Illness and Mold Remediation Made Simple, The Complete Guide to Artemisinin, When Traditional Medicine Fails, 100 Solutions to Out of Control Youth, Suboxone-Pain Treatment with Addiction Relief.

He is currently preparing the most up-to-date textbook on Bartonella, which he feels is a top vector in the world-possibly more common than Lyme.

Dr. Schaller has 25 National and International Medical Publications in such journals as JAMA, Medscape, and some of the largest pediatric journals in the world.

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Dr Jones' Legal Defense Fund Needs Our Help!

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.

PHA Staff

Editor: Dawn Irons
Asst. Editor: Susan Williams
Advertising Manager: Laura Zeller
Distribution: Steve & Rhonda Cope,
Leslie Aune, & Victoria Lott

Contributors:

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

Website:

www.publichealthalert.org

e-mail:

editor@publichealthalert.org

Donations:

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Public Health Alert
821 Sansome Drive
Arlington, TX 76018
972-804-2876

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or by postal mail to:

PHA
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Arlington, TX 76018

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A letter from Dr. Charles Ray Jones:

Dear Friends,

I am writing once again to update you regarding the status of the charges which have been brought against me by the Connecticut Department of Public Health (CT DPH). As most of you know, on December 18, 2007, the hearing panel made recommendations for sanctions that would have severely restricted my ability to treat Lyme patients, and would have set a dangerous precedent for other Lyme-treating physicians.

Those of you who were fortunate enough to hear Attorney Pollack's oral argument in response to the hearing panel's proposed decisions and sanctions ("Proposed Memorandum of Decision"), or who read the transcript published in the Lyme Times (Winter Edition), can speak to his professionalism and keen grasp of key issues pertaining to Lyme disease and the controversy which surrounds it. Although the Connecticut Medical Examining Board (CMEB) went on to adopt the recommendations of the hearing panel with little change, I remain confident and extremely grateful to my legal defense team, headed by Attorney Pollack, and assisted by his associate Christine Collyer, Lorraine Johnson and others. They have been engaged in a flurry of critical legal activity since December 18 to prevent the CMEB's determination from becoming final. For example:

1. With the help of a skilled appellate lawyer from his firm, Attorney Pollack has filed an appeal and an Application to Stay the Connecticut Medical Examining Board's Decision in the Superior Court. This was successful, because it resulted in a Court decision to stay, or stop, the application of a four part standard for the diagnosis of Lyme disease, pending appeal. Although the Court did not remove the requirement for a monitor, this means that I cannot be penalized for treating Lyme if: 1) there is low risk of exposure, 2) the symptoms are what some call "non-specific," 3) the history is "non-specific," and 4) the Lyme test is negative.

This change resulted from one ground in the appeal, which pertained to the fact that the hearing panel imposed this standard AFTER the trial, so that we had no opportunity to defend against it during the hearing, which most lawyers would consider a breach of due process.

2. Another ground for appeal filed by my attorneys pertained to the inconsistent position taken by the CT DPH Commissioner Galvin. In a hearing on Lyme disease held in CT in 2004, as well as in other public statements, the Commissioner has stated that there are two standards of care for Lyme disease and that it is too early to "call the science." He then contradicted these statements by bringing action against me predicated on the IDSA standard of care. In so doing,

Galvin denied me due process and fair notice.

3. Yet another ground for appeal was based on the question of bias of one of the three panel members, Dr. Senechal. Following the December 18 hearing, two parents who had not attended previous hearings came forward and expressed horror that Dr. Senechal had expressed extremely biased views regarding physicians who treat Lyme, referring to them as "quacks." Dr. Senechal's remarks, documented in their affidavit, formed the basis for a motion to reconsider, filed with the CMEB. The CMEB denied this motion, but Dr. Senechal's bias provided another element which strengthened our appeal.

4. My legal team also was successful in getting the Connecticut Superior Court to stay the reprimand and the two years probation ordered by the CMEB. Also, the civil penalty,



\$10,000, was placed in a trust account pending appeal. It is very important to note that, although the monitoring factor remains in place, the monitor's scope has been limited with regard to the 4 part standard of care (see above) -very good news not only for my practice, but also for that of other physicians who treat Lyme disease comprehensively, and for the patients who seek their care.

5. My attorneys have had to become involved in defending my failure to obtain a monitor by the deadline set by the CMEB, in order to prevent them from holding me in contempt, a finding which, at the worst, could result in an automatic suspension of my CT medical license. Here are some of the circumstances which led to their involvement in this matter:

The CMEB order stipulates that I must find (and pay for) a board certified pediatrician licensed in Connecticut. The monitor must be willing to review thirty patients' charts every three months, for a period of two years. I have had a great deal of difficulty finding a monitor in the allotted time, particularly one who understands how to treat Lyme disease comprehensively. Some are too busy with their practices to take the time to serve in this

capacity. Many are involved in group practices which often object, because of the time and resources this activity would divert from the collective work of the partners. Some may not want to take on this role due to the controversial nature of my case.

The CMEB has refrained from providing a monitor; perhaps as a strategy to avoid the accusation that they have installed someone who is hostile. They have, however, threatened to hold me in contempt, asserting that I have not exhibited sufficient effort with this matter. My office continues to aggressively search for a monitor, while my attorneys are dealing with the legal issues involved.

6. As you may have heard, the DPH has brought additional charges against me pertaining to three new cases. Initially, they intended to intro-

duce these cases into the prior, ongoing hearing, but my attorneys were successful in preventing these cases from being joined with the case already being heard. New hearings on these three cases will be scheduled in the near future at the Legislative Office Building in Hartford, CT (watch for future announcements with more details). These are expected to be scheduled over a period of at least several months, which my attorneys already have begun to prepare for by contacting potential experts, compiling legal research and drafting legal pleadings. Two out of three of these cases, much like the previous case, involve divorced parents engaged in custody and other marital/parental disputes.

One case in particular has ominous implications for the Lyme community, if the DPH charge is allowed to prevail: I am accused of falsifying an illness in a child in order to justify his absences from school, essentially colluding with the mother, who has been accused of Munchausen's Syndrome by Proxy. This charge, if upheld, could set a dangerous precedent for the Lyme community, endangering parents and their sick children who are accused of truancy. It must be defeated. We have some reason to hope, based on the merits of the appeal, that the CMEB and the CT DPH could decide against prosecuting these new charges. Once again, my legal team has been extremely busy, attending CMEB meetings, drafting motions, writing memos, conferencing with both the DPH prosecutor and the Assistant Attorney General and more. I continue to be impressed by their commitment to my case, as well as their sincere concern for what it represents for the children, who are so ill with Lyme disease.

All of this, unfortunately, also has been quite costly, which leads me, with some apology, to the second part of my message to you. Without the support of the Lyme community, it would not have been possible for me to engage this top-notch legal team and to fight these charges. I have thought long and hard about the wisdom of continuing this fight, in part because I hesitate to impose any further hardship on so many of you who already have contributed so much, and who are contending with stressed resources. I have decided, however, that it is essential to continue to oppose the charges brought against me and want to explain why:

1. I am dedicated to the principle of providing appropriate treatment to the children of Lyme, and to training other physicians to treat pediatric patients through the various preceptor programs currently available.

2. I am gravely concerned that an easy, unchallenged "defeat" will send a dangerous message, and that those physicians who depart from the IDSA guidelines in their treatment of Lyme disease will be left more vulnerable.

3. I am strongly opposed to the ominous precedents that will be set if the current charges against me are allowed to prevail. The two cases that I mentioned above exemplify this danger: namely, the imposition of a restrictive standard of care, as well as the unfounded persecution of families whose children are ill, with accusations of Munchausen's Syndrome by Proxy, malingering and truancy. Because fundraising efforts were suspended over the holidays, when my legal team was engaged in an intensive flurry of activity, the defense fund is in dire straights: currently, we owe more than \$80,000 in legal fees. All outstanding bills for services rendered must be paid immediately in order for me to retain my legal counsel, and we also must demonstrate that funds will continue to be forthcoming as needed.

With all of this in mind, I must ask you once again to consider making a financial contribution to my legal defense fund, in whatever amount your circumstances will allow. If you are able to contribute, I hope you will do so as soon as possible. Instructions for making donations to the legal defense fund are provided at the bottom of this letter.

Additionally, many of you have suggested ideas for fundraising, some of which
"Dr Jones" ...cont'd pg 17

Much Needed Prescription Assistance Available!

Financial Burdens Eased by *Prescription Hope* for Those Who Battle Chronic Illnesses

by Dawn Irons

The physical burdens of someone battling a chronic illness, such as Lyme disease, are only "the tip of the iceberg" of concern. Much like the iceberg that took down the Titanic, there is much more of a problem lurking beneath the surface of the water than just physical burdens when dealing with a chronic illness.

Financial devastation is a common thread among those who battle long-term illness. Insurance companies will often deny coverage for medically prescribed treatment protocols. This leaves a patient having to make some very critical choices. How does one treat the illness if the medication prescribed is not attainable due to prohibitive financial costs?

Hope is on the way! Prescription Hope, located in Columbus, Ohio was founded by Mr. Douglas Pierce in 2001. The goal of the company was to develop a program to assist low income people who could not afford their medication, an opportunity to purchase affordable prescription drugs for medical maintenance purposes.

Currently more than 80 pharmaceutical manufacturers provide more than 1,500 free brand-name prescription medications to individuals who qualify based on annual income. The problem is that most of our citizens who may qualify have absolutely no idea on how to apply, or even know these programs exist. Realizing the problem, Mr. Pierce's company, Prescription Hope, created a specialized program with a Medication Access Network.

"We are the largest organization that provides such a service to our less fortunate citizens. Once a person contacts Prescription Hope, our enrollment counselors take over. Our enrollment counselors will obtain from the individual and their doctor all necessary information to determine eligibility. This includes obtaining financial information, medical information from the attending physicians, then submit the data to the pharmaceutical manufacturers for approval. If not

approved, our enrollment counselors will advocate on behalf of the patient to get what we feel the patient deserves, their medication," said Pierce.

"You would think a program such as ours would be costly considering what is involved in determining who may be eligible. Believe it or not, there are no upfront charges. There are no other medication fees, no application fees and no other hidden fees. The only cost to qualified individuals is \$7.00 per month per prescription. The average person today on maintenance drugs will be using 4 different medications. At \$7.00 per prescription, the monthly cost would be \$28.00. Conservatively speaking, if a person were to purchase the drugs retail the cost would easily exceed \$250.00 per month," explained Pierce.

Prescription Hope has been in operation for more than 8 years and are finding that they are being contacted by social services and charitable foundations as well as other organizations from all over the United States. They are providing a service which cannot be matched.

Specifics About the Prescription Hope Program:

(1) They provide brand-

name medications. They access brand-name drugs via U.S. pharmaceutical company patient assistance programs, giving them access to almost 1,500 different pharmaceutical drugs for their patients.

(2) They provide an A-Z

and frustration for those individuals trying to implement the program on their own. Due to the difficulty of completing and maintaining the required paperwork, forms and the never ending red tape, only about 3% of those who apply on their own ever receive a medication. This is where Prescription Hope comes in. Prescription Hope has years of expertise on how to handle all the different pharmaceutical companies requirements and will complete all the requirements needed to implement the program.

(3) They check with the appropriate manufacturers upfront for availability and requirements. Once an application is submitted to Prescription Hope, THEY act as the Enrollment Counselors. THEY complete the paperwork, work with each patient's doctor to verify prescription(s) information and sign off, THEY send the paperwork to the manufacturers, THEY track the paperwork and resolve any problems which might arise, THEY keep refills ordered. The \$7 service fee per prescription per month that they charge is more than worthwhile to insure that you actually receive the medications that you are eligible for. Their specialized software and dedicated staff usually can access every single medication that you are eligible for.

(4) As Prescription Hope is not affiliated with any drug manufacturer or the Government, they receive no outside subsidies or financial help. The federal government

subsidizes the drug companies by providing tax credits.

(5) Prescription Hope is a much-needed service. The government's Medicare Part D initiative so far has been very costly and confusing for many seniors. If you are eligible for free medication programs, usually you are better off to enroll (or stay) in these programs rather than participate in Medicare Part D. Under Medicare Part D, seniors with monthly premiums each must pay a portion of each medication cost; and there is a gap in coverage (the notorious Donut Hole) where people must pay the whole 100% cost of all their medications.

Dear Prescription Hope, I'm truly grateful for your help. I've been wasting away for over a year without any kind of financial assistance. The state won't give me benefits because I don't have children and the federal government has denied me SSI benefits twice now over a span of 2 years. I was really beginning to give up. After working since I was 15, I felt like I was tossed aside. My doctor is a great Physician as well as a wonderful human being and he will help me. In turn will pass along your information to anyone who needs it. Lyme is dehumanizing, at the very least, so I vowed to help others in anyway possible.

I just got all my prescriptions last week thank you, talk about timing, but will get my doctor on board for my refills. Brightest Blessings, Elizabeth, California

This is welcome news for anyone suffering through a chronic illness! It is not uncommon to meet a family that is battling an illness where their monthly medical expenses have exceeded their mortgage payment. With all the other issues that face the chronically ill, financial destruction should no longer have to be one of the stressors that can impede the road to wellness. *pha*

Dawn Irons has a bachelors degree in Social Work from the University of Mary Hardin-Baylor in Belton, Texas.

Available Medication for People with Lyme Disease:

IV Medications

Doxycycline, Zithromax, Vancomycin, Primaxin

Orals:

Paxil, Zoloft, Lexapro, Effexor, Wellbutrin, Provigil, Cefitin, Minocycline, Cymbalta, Lyrica, Neurotin/Gabapentin, Arocept, Ambien, Nexium

Any Anti-Nausea Pills

Biaxin, Clindamycin, Levaquin Flagyl, plaquenil, Doxycycline Augmentin, Zithromax, Penicillin Mepron, Quinine, Amoxicillin Diflucan, Terazol Cream, Benicar Sporanox, Rifampin, Malarone, Omnicef, Namenda, Xyrem Synthroid, Cortef, Armour Thyroid

Cytomel

Generics:

IV Rocephin & IV Clafirin, enzodazepines, Trazadone, Tetracycline, Actigall, Mobic, Claritin, Bicillin CR-Intra-muscular injection, Cephalexin, Ketek, Fasigyn, Tiberall, Nystatin, AVC Cream, Heparin -- sal-

lingual, Rifampin, Lamisil

www.prescriptionhope.com

"value-added" service. Each pharmaceutical company establishes its own rules and guidelines. Information required to qualify varies from company to company and assistance is very limited on the guidelines and procedures. This is a very time-consuming program. This can cause a great deal of confusion

(1) They provide brand-

May be useful for:

- * Heavy Metals
- * Liver detoxification
- * Weight loss
- * Cholesterol
- * Lyme disease
- * Arthritis
- * Fibromyalgia
- * Chron's disease
- * Fatigue
- * Diabetes
- * Headaches
- * Double vision
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Delete Worry



by Joan Vetter

If someone handed me two different recipes for a cake with the comment that the first is bound to fail and the second is wonderful, I'd certainly be foolish to try the first one just to see if it works. Similarly, how often have we tried to assemble something and failed, so we finally reverted to the instructions.

However, when it comes to God's Word, we often treat it like we aren't really that much into results. Consider worry - our instruction manual as Christians tells us to "Have no anxiety about anything, but in everything by prayer and supplication (definite petition), with thanksgiving, let your requests be made known to

God, and the peace of God, which surpasses all understanding, will guard your hearts and minds through Christ Jesus." (Phil.4:6,7) To me, this is like that instruction sheet:

1. Don't worry
2. Pray
3. Ask specifically
4. Praise and thank Him in advance for the answer
5. Let the peace of God guard your mind while you wait

Jesus addressed worry by saying to look at the birds - God takes care of them and reminds us that we are of more value than they are. He tells us to seek first the kingdom of God and His righteousness and everything else we need shall be added to us. Our Bibles are letters from Jesus letting us know what belongs to us. If we got a letter from the bank informing us that we had a CD coming due we would read it and abide by what they told us. How much more should we treat the Word of God as definite instruction. An interesting parallel is CD stands for Certificate of Deposit. We can only take out what we originally have deposited. What kinds of deposits are we making ...worry or trust? His answers are CD's for you - Coming Due!

As an antidote to worry we need to memorize scripture about trusting God until we really do believe it. I love the scripture in 1 John 5:14, "Now this is the confidence that we have in Him, that if we ask anything according to His will, He hears us. And if we know that He hears us, whatever we ask, we know that we have the petitions we have asked of Him."

However, if we're honest, this scripture also provokes us - for the answer doesn't always come as we expected. Sometimes there is a long delay, often there are people's wills involved or we may think we know the will of God and we might not.

I struggle with what to say when a friend says, "I just can't help but worry." I've heard it said you either worry or trust, and the outcome depends on which you choose, but I'm searching for a kind way to share that. Faithful are the wounds of a friend, and I would personally rather have someone exhort me to trust God, but I also want to be sensitive to a friend's feelings.

Following are two poems written by Paula Oltrogge, a friend of mine, about worry and trusting:

DELETE WORRY

Cleanse me of worry, Oh Lord,
I lay my concerns at Your feet,
For it's only in letting
You solve them
That these problems will
meet their defeat.
When worrisome thoughts
do come around
I'll trust you to help me
to stand my ground
Worry can only cause hurt
in a life-
It can touch others, as well,
and even cause strife.
For worry is a poison
to resist and forsake-
Instead, from God's goodness
and mercy I'll take.
So thank you for cleansing
me of worry,
Reminding me to
turn up the praise,
For you are a God
of deliverance and peace
And it's only Your banner
I'll raise!

WHERE ARE YOU PLACING YOUR CONFIDENCE?

Turn your confidence around;
Let it now in God be found.
There are thoughts
that seek to deceive,
But just let God
those fears relieve.
Turn your confidence around;
Jesus' Words

are sure and sound.
Cast down any thought
that things can't change
With God
anything can rearrange.
Turn your confidence around;
For every victory
in Him is found.

I sent this article to
Paula to preview, and she wrote
back saying, "Your line about
choosing worry versus trust
spawned another poem...
wouldn't you know." So here it
is:

CHOOSE WORRY OR CHOOSE TRUST

Today a problem came
to occupy my mind.
I claim to trust God
but what would it find?
Would it find a mind at rest,
Trusting Jesus through the test?
Or would my mind
be in worry mode?
If so I'll carry a heavy load.
But prayer verses action -
which way should I go?
Ask God to make plain
when you just don't know.
Then give it to Jesus when it
seems beyond your care.
Give it to Jesus
and leave it there.

pha

Six Reasons Not to Worry When You Have a Chronic Illness



by Lisa Copen

If you could be sitting on a beach chair right now, would you be able to enjoy it? Or would you be worrying about everything going on back home? Most of us can probably think of someone we know who believes that there is a verse in the Bible that reads, "Blessed be the worriers."

Having a chronic illness gives us a long list of justified reasons to worry. We worry if we should take it easy today, and rest for tomorrow; or if we should do all we can today, in case tomorrow we feel worse. We throw out the dreams of trying to do it all, and concentrate on worrying about if we can do some of it. We worry when our body is falling apart. When we are in remission, we worry it won't last. We worry about having children, raising our children, financial burdens, if we are a good spouse, how to keep a positive attitude, and we probably all have moments when we worry and wonder whether God is listening to our prayers. For a moment, let's try to put all those emotional worries aside and look at God's word logically.

He does hear our prayer and knows our worries, but He tells us our worries are in vain.

He's already taken care of everything. Peter writes, "Turn all your anxiety over to God because He cares for you." (1 Peter 5:7). Easier said than done? If you need more than that, read on; here are six reasons not to worry.

[1] God tells us not to worry.

"Don't ever worry about tomorrow" (Matt. 6:34). He doesn't say, "I understand you're sick and you have some serious lab work coming up, so occasionally, on those days, worry about tomorrow." God says, "Don't ever..." Our Father is not making a suggestion, such as "You'll benefit by not worrying." He's giving us a commandment.

[2] We have nothing to worry about!

It seems hard to believe, but Paul assures us, "My God will richly fill your every need in a glorious way through Christ Jesus" (Phil. 4:19). Writing this from a jail cell, Paul was speaking from experience. God knows our needs better than we know our own needs. And He knows not only what we need today, but also what we will need in the future; He's already taken care of it. He promises to not only take care of our needs, but that he will fill our need in a glorious way.

[3] Worry doesn't do any good!

Jesus asks, "Who of you can add a single hour to his life by worrying? Since you cannot do this very little thing, why do you worry about the rest?" (Luke 12:25,26). Jesus is calling us on our attitude and lack of control. Worrying does not add an hour to our life. If any-

thing it probably takes a few hours off of our life.

[4] We need to be soothed by God.

David tells God, "When I worried about many things, your assuring words soothed my soul" (Psalm 94:19). Yes, regardless of how God-like we strive to be, it seems occasional worrying is a part of our human nature. The important thing is to not let it consume us. David took his worries to God, and God soothed him. Soothe means to calm or comfort with soft words. If you forget to talk to God in prayer about your worries, you aren't giving God

bring your burdens to Him, He will make them light; but He allows us free choice to carry our own burdens. Learn the distinction between worry and prayer.

[6] Lastly, the troubles we are experiencing are temporary, even "light".

"For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all." (2 Corinthians 4:17) To us the burdens feel heavy but, in God's eyes, they are light. God cares about our worries but He knows that He is more powerful than any illness, financial worry, or other burden you may carry.

Life is difficult. The human side of us will naturally choose to worry. So sometimes we need to be reminded that He who knows the eternal life we will experience understands that our worries are not insignificant, but unnecessary.

God knows how the story ends. It is my hope that you are able to let go of at least a few worries this week and take them to our Father. It can be a constant struggle to let go of them, but through His loving kindness you can experience the worries lifted and the peace that passes all human understanding. Give God the chance to soothe your soul.

Having a community of people who understand will help you stop the worrying! Visit www.restministries.org for many Christian groups or daily devotionals all for people who live with chronic illness.

Lisa Copen is the founder of National Invisible Chronic Illness Awareness Week. Find out how to participate at www.invisibleillness.com.

For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all.

2 Corinthians 4:17

the opportunity to soothe you.

[5] Worry can control you.

Worry can even consume you; when you are overwhelmed with this anxiety your focus is no longer on God. Rather, "Let Christ's peace control you. God has called you into this peace by bringing you into one body. Be thankful," (Col. 3:15). God tells us "Do not be anxious about anything, but in everything, by prayer and petition, with thanksgiving, present your request to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Jesus Christ." (Phil 4:6,7). God knows that if you

You Know You Have a Chronic Illness When...

by Lisa Copen

1. You understand all the medical terminology discussed on the T.V. show Grey's Anatomy.
2. When you hear the term "Club Med" you automatically think of the hospital.
3. You ask your child to open the "child-proof" bottles of medicine because your hands are too sore.
4. Your medical records have to be transported on a cart.
5. To entertain people at parties you recite the side effects of medications as if you are the voice over on a commercial.
6. Your favorite Oprah program is when Dr. Oz is on.
7. To get rid of boredom on road trips, your whole family can go through the alphabet and name a drug that starts with each letter of the alphabet.
8. When you're unable to sleep because of pain, you watch "The Jerry Springer Show" and feel like you actually have a life.
9. Your spelling has improved dramatically, especially on words like "fibromyalgia" and "osteoporosis."
10. Or you've been "Around the World in Thirty Minutes" with CNN's Headline News 57 times in one sitting.
11. You have a panic attack in public and say, "Praise God this is only the fourth one today!"
12. You're invited to the wedding of the gal who works at the hospital lab.
13. Your child thinks watching you do injections of medication is "cool."
14. You have a flashback and don't know what happened and can honestly say, "I don't know where I was or what I was doing but I'll make something up if you'd like."

“Detoxification” ...cont’d from pg 1

Otherwise the neurotoxins are reabsorbed from the colon back into the system and redistributed throughout the body. This vicious cycle needs to be broken.

With any detoxification protocol, if the bowels are not working efficiently and effectively, this is the first place to start. Also, 60 percent of the immune system is in the intestines which is called GALT. This stands for Gut Associated Lymphoid Tissue. Therefore a properly functioning gastrointestinal (GI) tract is vital for immune function. To keep the bowels working we can use colon hydrotherapy, supplements which loosen the bowels, and, most importantly, colon refluorastation therapy.

Colon hydrotherapy, also called colonics, is the gentle washing out of the large intestine. Many areas have colon therapists, some do not. To find a competent therapist, talk with the holistic practitioners in your area. Colonics are an effective way to remove fecal material when there is toxicity, constipation, or poor muscle action in the colon. It also removes bile which has not been absorbed. During a colonic, much of the fecal material in the 5 feet of large intestines is removed. Colonic should be administered as needed.

When there is lower abdominal pain, castor oil packs according to the Edgar Cayce method are beneficial. Use a piece of wool or cotton flannel. Saturate it with hexane free castor oil and place the cloth on the abdomen from the bottom of the ribs to the top of the hip bones. It can be covered with a piece of plastic like a garbage bag liner which keeps the oil from soiling our clothing or bedding. A heating pad or hot water bottle is placed on top of the plastic for the one hour treatment. These are suggested three times per week or as needed. More is definitely better and some patients sleep with the pack covering the abdomen. The flannel doesn't need to be washed, just placed in a Ziploc® bag until the next application. Additional oil is used for each treatment. There are studies which show that these packs increase the detoxification process, strengthen the immune system and decrease pain. They can be used before colonics or as needed.

If colonics are not possible, there are a number of ways to increase bowel activity: magnesium oxide, vitamin C in crystal form, digestive enzymes, or herbal supplements such as hyssop. These stimulate the muscle action of the colon called peristalsis. An occasional use of the herbs cascara sagrada or senna is acceptable although these are not a preferred choice, as they can irritate the delicate lining of the intestines.

have formulated a proprietary formula which has twenty varieties and 50 billion in quantity per application. This provides a rapid proliferation of bacteria. For those with chemical or environmental sensitivity, each individual bacteria can be tested with EAV or Vega testing.

The vitality of this formula has shown a primary support for the GI tract and a secondary support for the liver, kidneys, and immune system. Because of this, the frequency

tines connect on the lower right side of the abdomen. However, they can be found in most areas of the body. Many doctors dismiss parasites as a concern for those living in third world nations. In a sample of almost 3,000 people, 32% tested positive for some type of parasitic infection.

Parasites inflame the lining of the GI tract which blocks the absorption of nutrients. A natural by-product of parasites is acid, which can

parasites, their debris, and their eggs out more quickly. I prefer one that is rice based since it is easier to eliminate because it stays soft and slippery.

Liver Functions

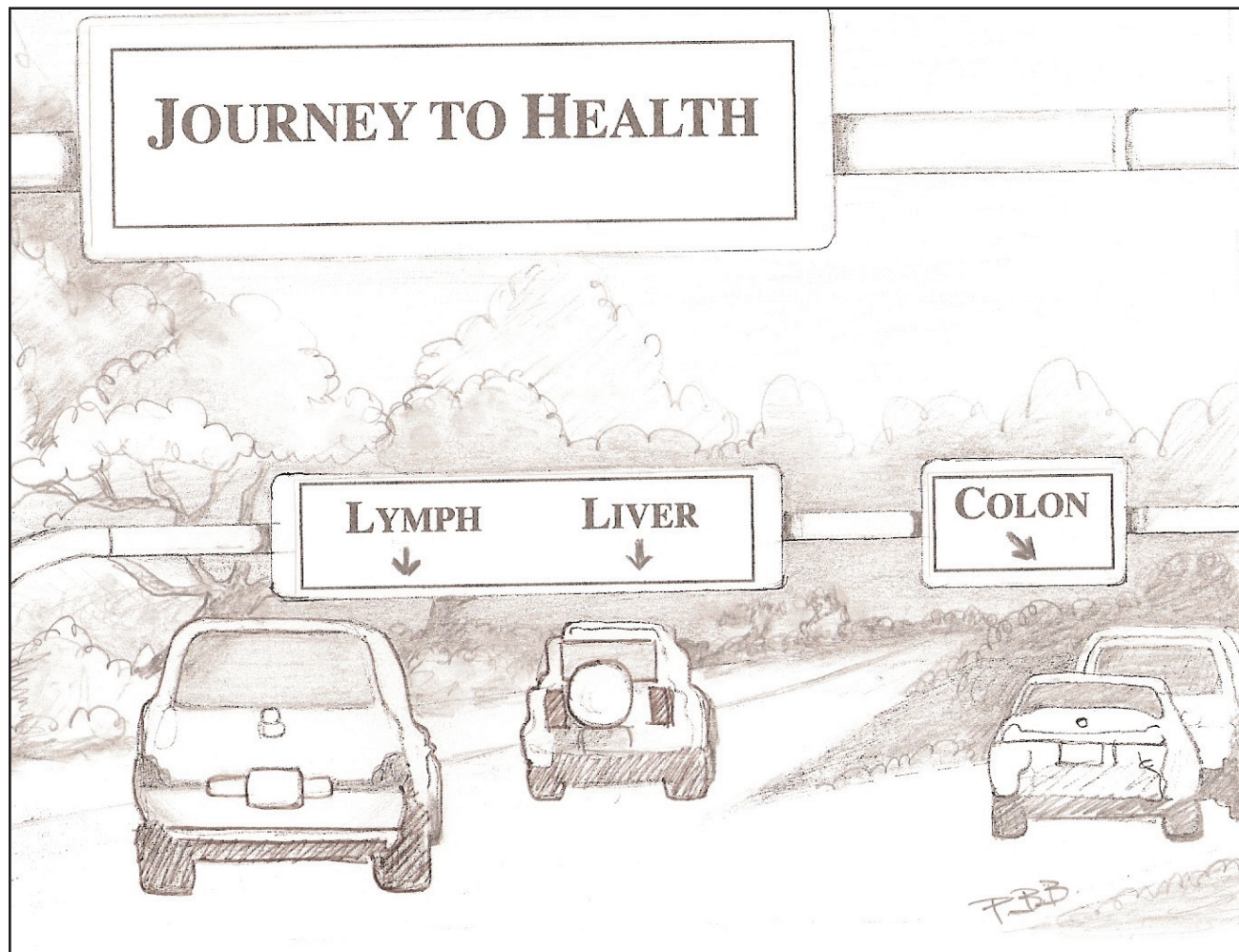
Once we have a healthy colon, it is necessary to look to the liver. Toxins in the body can expose the liver to damage which causes a decrease in liver metabolism. This is called sluggish liver. Symptoms from this kind of damage include fatigue, headaches, blurred vision, increased fat storage, and hormone imbalance.

Our liver has a central role in the removal of toxins from the body. It also detoxifies and excretes hormones into the bile. Another main function of the liver is protein metabolism. When there is decreased blood flow through the liver, there can be increased levels of ammonia in the blood. One other central function is fat metabolism, particularly cholesterol and phospholipids such as lecithin. It is therefore essential that our liver remains in optimal working condition.

Liver Detoxification

There is a distinct difference in liver detoxification enzymes which exist between men and women. This is due to the phase 1 liver detoxification enzyme induced by progesterone. What we must remember is that it affects our susceptibility and outcome to toxic exposure. Perhaps this is a factor which contributes to the high incidence rate of autism in males, more than females. Also, genetic mutations of the liver detoxification pathways can make our job even more difficult.

Since the liver detoxification pathways are complex, this article is not about understanding it. Instead, let's learn how to effectively support this process. Juicing with deep green vegetables, including kale, barley grass, alfalfa, and beet greens will support ongoing daily detoxification. Also, look for a nutritional product which has a combination of supplements designed to address both phase 1 and phase 2 detoxification pathways. Begin with a very small dose, increase slowly, and vary the dose as needed. We do this to reduce the possibility of herx “detoxification”...cont’d pg 18



When there are excessive bowels movements due to diarrhea or irritable bowel syndrome, it is preferable to begin with one colon refluorastation therapy. This therapy is the rectal introduction of probiotics. Due to the acidity of the stomach, most probiotics do not easily reach the large intestine. The oral method only has a success rate of two to five percent.

However in a rectal application, 100 % of the bacteria are retained and flourish in this dark, moist, and warm environment. In this way the colon will colonize within one hour and stabilize in three days. This is called colon refluorastation therapy and can be readministered as often as needed. This provides rapid support for detoxification.

In my 30 years of private practice, I have continuously tested many varieties of probiotics and have found those which are safe, efficient, and effective. This is determined by a positive response on 95% of all the patients. In this way, I

of colonics can be reduced unless there is chronic constipation or slow bowel transit time.

Bowel transit time is the number of hours or days it takes for our food to travel from our mouth to final elimination. We test this with unpopped kernels of corn or a large serving of beets. When we see the evidence in the stool, we can determine the amount of time it took to complete the journey through our digestive tract.

While addressing the frequency and effectiveness of bowel elimination, we need to also consider parasites. Lyme likes to hide in parasites. These microscopic invaders might be amoebas, worms, protozoan, fungal spores, or yeasts. While I do not think that parasites are causal to a disease, I do think they are contributors to the deterioration of the patient's vital force.

Parasite Detoxification

Most parasites live in the colon where the small intes-

cause the central nervous system to become sluggish, damage organs, and break down muscle tissue. In their process of growth and reproduction, they emit toxins that affect the liver and kidneys. These detoxification organs then become fatigued and sluggish. Because parasites hinder the growth of beneficial probiotics, they create an environment that allows yeast to flourish.

A comprehensive parasite detoxification program will address these invaders three ways. First, we use an energetic approach with a homeopathic remedy. Second, a chemical method is used. I prefer a tincture of black walnut. It is best to select the green hull form since it has the highest concentration of the chemical which affects parasites. Third, there is a mechanical method using a food grade form of diatomaceous earth.

Since most parasites have a life cycle of 21 days, a parasite cleanse should last 23 days or longer. A gentle bowel cleanser will help to move the

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Dancing in the Rain

The Hausfeld Family Story

by Laura Zeller

I'm delighted and proud to share with you the astounding story of the Hausfeld family, from Lovettsville, Virginia. Karen Hausfeld was generous enough to share with me in great detail the story of her entire family's fight with Lyme disease.

The realization that her entire family had Lyme disease came slowly, and in bits and pieces. Equally as shocking to Karen was the realization and acceptance of how incredibly long her entire family suffered before putting an end to the perplexing mystery.

Fifteen years ago, Karen's life was picture perfect. Happily married, and the mother of three small children, Karen had what she described as "boundless energy." Karen was always busy! She volunteered in community projects, was active in her school district and church, she telecommuted to work, and put herself through a difficult MBA program at night. Her passions included spending time with her family and friends, photography, gardening, taking care of her animals, and traveling. Karen and her family were also generous enough to bring into their home four additional children: troubled teens that needed structure and a loving family. Needing extra space, the Hausfelds moved their family to rural Lovettsville, Virginia to a property with acreage where they had pastures for their horses, and created a little farm. The Hausfelds raised horses, alpacas, donkeys, goats, chickens, and were breeders of Newfoundland and Great Pyrenees dogs.

Little did the Hausfelds know that their move to a tick-infested area would soon spell disaster for the one time happy-go-lucky family. Loudoun County is one of the fastest growing and wealthiest counties in the nation. It also has been reported that it has the third-highest incidence of Lyme disease in the nation. With the new home and growing family, life seemed perfect, but their happiness was beginning to crumble, one family member at a time.

Over the past 15 years, Karen and her family have been dealt one hardship after another, with seemingly no end to suffering in sight. Mysterious symptoms have impacted her entire family and set off a chain reaction of medical drama.

Karen's symptoms began with overwhelming fatigue, depression, anxiety, asthma, irritable bowel syndrome (IBS), migraines, and a myriad of allergies. Because muscular dystrophy (MD) ran in her family, Karen suspected her symptoms were likely developing into that disease. She became concerned, however, when her symptoms increased and her migraines occurred more frequently. Karen also began having tremors and shakes, neurological symptoms inconsistent with MD. Karen's symptoms gradually progressed to feeling off-balance, running into objects, dizzy spells, memory loss and

confusion. One by one, Karen's joints began to deteriorate, and she required multiple surgeries to attempt to correct the damage.

Karen's overwhelming pain forced her to give up her volunteer work, and she became disabled. Karen's doctors were stumped. Although Karen suspected Lyme disease as a cause for her symptoms, she was tested for Lyme disease and believed it was ruled out. She saw many doctors, including a neurologist, none of whom had any idea what was wrong with her.

At the same time Karen became disabled, her son Tony woke up one morning complaining that his arm was numb. Within minutes his face was numb, and his speech became slurred. Karen and her husband Tim rushed Tony to the emergency room. By the time they arrived, Tony was unable to walk. Tony became completely paralyzed and had to be intubated and placed into a drug induced coma in order to perform an MRI. Tony remained in the ICU, intubated and in a coma for a week while tests were run. Tony's doctors told Karen and Tim that "we've ruled out all of the easy stuff; all that's left is the hard stuff, the life threatening stuff, so you'll need to prepare yourself."

Fortunately, Tony began to respond to the doctors when they brought him out of the coma, and he was moved into the pediatric unit. What was Tony's diagnosis after all of this chaos? Tony's doctors explained "Tony had an allergic reaction to himself. Some form of autoimmune disorder like Lupus." Tony was continually tested by neurologists and his infectious disease "specialist," all of who found nothing wrong. Tony had been previously diagnosed with a rare form of muscular dystrophy, but his symptoms did not seem to match that diagnosis. Tony was experiencing profound fatigue, as well as behavioral changes such as unprovoked rage and mood swings.

Overwhelmed and stressed out to the max, the Hausfelds did not know where to turn for help. Things quickly got even worse when Kelley, the Hausfelds' youngest daughter, began displaying symptoms similar to Karen's. Kelley was becoming increasingly lethargic, and her knees became so swollen that she had to limp around the house. A former honor student with straight A's in school, Kelley was forced to take 3 F's in her classes because she had such poor attendance. Unfortunately, the Hausfelds' primary care doctor did not entertain the possibility that something as simple as tick bites could cause the entire family to fall ill. Kelley was diagnosed as depressed. A very strong young woman, Kelley had been through a series of traumatic events and her doctors blamed her symptoms on "post traumatic stress." Her Psychiatrist prescribed Kelley anti-depressants so she could

do her schoolwork at home because she was too exhausted to go to school.

Meanwhile, Tim Hausfeld was diagnosed with congestive heart failure. His cardiologist explained that a "virus" had attacked his heart and caused it, and that the "virus" might be Lyme disease. (Lyme disease is caused by bacteria). Tim had heart palpitations, overwhelming fatigue and the same tremors in his

plained abdominal pain. Christina has displayed symptoms of a host of mental ailments including ADHD, bipolar disorder, and OCD. She has been treated for all of these with medication and has failed to respond. Christina seems to have a weakened immune system and has been taken to the emergency room multiple times in recent months for her "mystery illness." Given her location and the high probability she was exposed to ticks, the Hausfelds are currently investigating whether Christina's diagnoses might actually be Lyme disease in disguise.

On the advice of a friend, Karen made an appointment with a Lyme Literate doctor. It took over a year to get her entire family appointments and office visits, but the guidance and careful examination of their LLMD proved to be life-saving.

To make a long, extremely stressful and overwhelming story short, all five of the Hausfelds probably have Lyme disease. Karen and Kelley both tested positive for multiple co-infections including Mycoplasma, Babesia, and Bartonella. Both of them began IV antibiotics via PICC line, and remain on antibiotics long term. Tony tested positive for Lyme, and received six weeks of IV treatment with Rocephin

and has remained on oral antibiotics for almost 3 years. His recovery has been excellent, and he has since enrolled in college and is pursuing a career in International relations.

Tim Hausfeld still has congestive heart failure, and Lyme disease is believed to be the cause. After being treated for Lyme, he was able to go back to work.

The sickest of the Hausfeld children, Kelley is still unable to do much. Her GPA seems to be reflecting her illness, rather than her academic performance. Kelley's Lyme disease has prevented her from enjoying all the things she loves to do. Kelley had to give up sports, at which she excelled. According to her Mom, Kelley sings like an angel and loves to play the guitar in her rock and roll band, but she has been too exhausted to do these things. It has been hard for Kelley to gain understanding from teachers and other parents in her community. Fortunately, Kelley is now in a new school where the officials are much more understanding about Lyme disease. Kelley remains on long term oral antibiotics and, with her inner strength, has every hope for a full remission.

The financial impact of Lyme disease on the Hausfelds has been astronomical. Karen has not been able to work for

"Dancing" ...cont'd pg 17

Life is not about waiting for the storm to pass, but learning to dance in the rain.

hands and strange stabbing pains and joint pain that Karen, Tony, and Kelley had.

Christina, the Hausfelds' oldest daughter, had only lived in Lovettsville for a year or so. She attended school overseas in Cyprus for a semester, and then finished high school at a private school in Connecticut. Ironically, Christina's school was close to Lyme, Connecticut. Recently, Christina's small intestine collapsed, and telescoped into her large one, causing her unex-

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The ABC's & XYZ's of Lyme Disease: Monkey Business

Part 2 of a series



by Tina J. Garcia

Lyme disease (LD) is an infection caused by the bacterium *Borrelia burgdorferi* (Bb). Its basic form is that of a spirochete bacteria, which is in the shape of a corkscrew. However, research has shown Bb to be a stealth pathogen that can change its form into cysts, blebs and rings. Lyme disease is also referred to as Borreliosis, and if it has affected the central nervous system (CNS), it is referred to as Neuroborreliosis. Syphilis is another infection caused by a spirochete bacterium, *Treponema pallidum*. Because syphilis imitates so many other conditions, it has been called The Great Imitator. Lyme disease is now known as The New Great Imitator for the very same reason. Due to the fact

that LD symptoms are so varied and manifest themselves in so many ways throughout the body, misdiagnoses are unfortunately too common for patients infected with the Bb pathogen.

It is most often transmitted by attachment and feeding of a tick that is infected with the *Borrelia burgdorferi* bacterium. Technical Information Memorandum #26 dated March 1990 from the United States Armed Forces Pest Management Board (AFPMB), entitled Lyme Disease - Vector Surveillance and Control, states that Ixodes black-legged ticks, Lone star ticks, American dog ticks and Brown dog ticks have been found "naturally" infected with Bb. This reference to ticks being "naturally" infected causes me to wonder how ticks become infected "unnaturally." It is interesting that this armed forces document made such a distinction between naturally and unnaturally-infected ticks. Are unnaturally infected ticks those that are being infected and studied in biowarfare labs?

This Memorandum also states that other blood-sucking insects such as mosquitoes, fleas and horseflies have also been found to be infected with Bb. Although transmission from these vectors has not been confirmed, we as individuals

must take responsibility for our own well-being and be aware that ALL blood-sucking creatures may carry and transmit various infectious pathogens. Please remember that, just because a mode of transmission hasn't yet been proven through research that hasn't yet been performed, this does not mean that transmission through the bites of these pests cannot occur. It only means that it hasn't yet been proven.

Let's try to avoid ALL ticks and other possible vectors, not just what are commonly referred to as "deer ticks." For public health agencies to continually refer to only one type of tick as being a menace to people's health is in my opinion, misleading. Most of us look to our public health agencies for responsible and accurate information. As a patient, I have found that, in the bizarre world of Lyme disease, at times it has served me better not to rely upon our public health agencies for information, because doing so would have caused irreparable harm to my health.

The majority of physicians will inform you that Lyme disease or Borreliosis cannot be transmitted sexually, in utero or via breast milk, because again, transmission by these means hasn't been

PROVEN. However, one should not discount the possibility of sexual and nursing transmission, because the bacterium has been isolated in male and female body fluids and breast milk. Many couples with one person infected with Lyme disease insist that they have passed the disease to their partner. Physicians experienced in treating Lyme disease may encourage couples to get treatment simultaneously to prevent the possibility of infection being passed back and forth. If only one person receives treatment and the other person is unknowingly infected, it may diminish the effectiveness of the treatment.

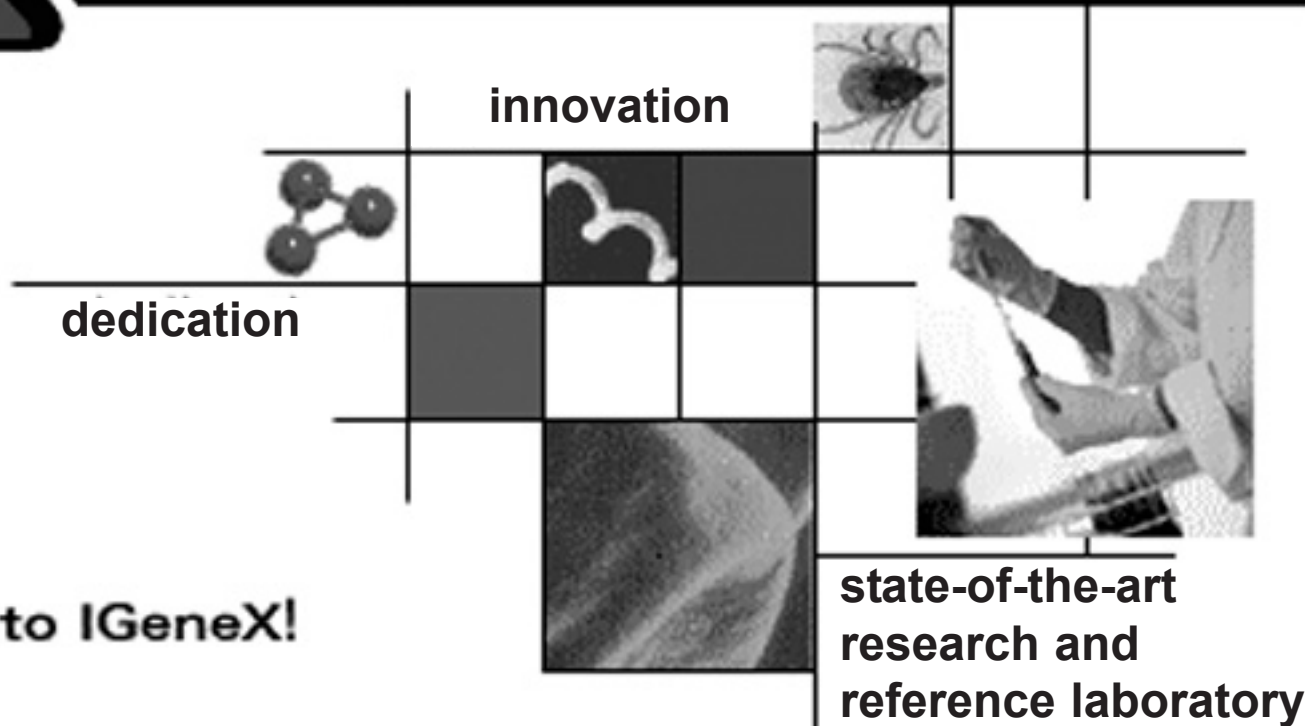
Many Lyme disease patients claim that their Lyme infections have passed to their unborn children. A number of children exposed to Bb in utero have been born with various serious health problems, and unfortunately, some of those problems proved fatal. Again from U.S. AFPMB Memorandum #26: "4. Transmission through the placenta to the fetus has occurred in pregnant women, resulting in abortions and still births, or physical and cognitive defects in full term, surviving individuals." Dr. Eugene Shapiro of Yale University has stated just the opposite, that there has not

been one documented case of Bb transmission from mother to fetus or through breast milk. How is it that the U.S. AFPMB is stating that transmission has definitely occurred in utero and via breastfeeding, which supports clinical observations, and then an alleged Lyme expert, Dr. Eugene Shapiro, makes a contradictory statement? Who are we to believe? It is definitely the choice of physicians and patients to believe whom they think is correct. It is my opinion that the statements made by Dr. Eugene Shapiro referred to above are misleading and may possibly have caused and may possibly be causing irreparable harm to many children and their families. Due to the fact that Dr. Shapiro is regarded in some small circles as a pediatric Lyme expert, this has very serious implications.

Along with Lyme disease, ticks can transmit other infections, which are referred to as co-infections. They can include, but are not limited to, *Ehrlichia*, *Bartonella*, *Tularemia*, *Rocky Mountain Spotted Fever* and *Mycoplasma*. In addition, infected ticks can transmit a malaria-type infection caused by a blood parasite; this parasite is called *Babesia*. Some patients are infected with the "Monkey Busn" ...cont'd pg 14

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When Lyme Disease Goes Under Treated or Undiagnosed

Lyme is a Brain Disease as Well as a Multisystemic Disease



by Dr. Virginia T. Sherr, M.D.

Lyme borreliosis is a brain disease as well as a multi-systemic disease caused by spirochetal bacteria. * Quite frankly, it is an infection that has been burdened with a thousand inaccurate medical diagnoses. The manner in which the current pandemic of tertiary Lyme disease, neuroborreliosis, has usually been handled---either angrily dismissed or strangely misdiagnosed---throughout the 30 years following its "discovery" has blemished the historic excellence of modern American Medicine.

After all the years, neuroborreliosis is still actually considered rare by a majority of physicians, most of whom are spirochetically naïve. Officially tallied patients (the numbers showing a dip down to 19,804 cases in 2004 after flawed reporting styles were instituted), when combined with uncounted cases may approach upward of an annual quarter million new borreliosis infections in the USA alone. And Lyme infections have been verified as present on all but one continent, globally. The disease is more often than not accompanied by several of a half-dozen or so of the other serious tick-borne co-infections that currently have been identified.

Losses of acuity in the human brain's visual cortex have been observed as early as 6 hours following the toxic bite of an infected tick. Lyme may persist after too brief a period of treatment or if there has been no treatment, and may result in chronic infections whereupon Lyme borreliosis becomes a

potential cause of every symptom in medical and psychiatric lexicons. It is the "Great Imitator" of this Millennium, spirochetal paresis (neuro-syphilis) having been its precursor and its model.

Chronic or persistent Lyme disease--neuroborreliosis--seldom is identified by the symptoms of its most frequent form--subacute encephalitis--an infected/inflamed brain as well as an infected nervous system. However, this is the form in which it most commonly exists.

Unfortunately, the syndrome that is falsely considered typical--a bull's eye rash, fever, positive ELISA test, and/or a swollen large joint--occurs in fewer than half of proven cases. Instead, Lyme borreliosis confirms itself in subtle to profound neuro-psychiatric symptoms, such as overriding confusion, loss of organizational skills, decreased concentration, memory loss, mood disorders, irritability, and unprovoked rages--to mention just a few.

These symptoms can be very obvious to an experienced professional practicing in a Lyme-endemic area. However, cerebral-behavioral symptoms of neuro-Lyme remain invisible to those whose diagnoses are solely based on old-fashioned concepts limited only to the aforesaid doctor-viewed rashes, swollen knees with positive ELISA blood tests.

Blood tests completed by local labs most frequently show false negatives due to general laboratories' inadequate understanding of proper diagnostic technique and choices of poor quality spirochetal samples on which to base tests. Of course, insurance companies prefer their negative tests. As mentioned, Lyme can rapidly go from Stage One

(Early borreliosis) to Late (Tertiary) Stage disease following attachment of an infected deer tick's or other vector's bite so that quick and competent treatment are of the greatest importance. Later, accurate findings by sophisticated laboratories may be helpful, especially if Late Stage symptoms appear many years after the infection.

Over the years, I have been asked to create a compendium of my published and unpublished works on the sub-

Organized Medicine--attention badly needed on behalf of a nearly invisible but serious epidemic that is more significant by far than anything this country has experienced since the Spanish Flu of 1918, the causative spirochete being less immediately deadly than was the virus of that epidemic, but deadly, nonetheless, cerebrally. Sadly, Organized

Medicine has mostly ignored or deserted the field of neuro-Lyme's immense proportions. The American public rapidly is

becoming jaundiced toward doctors' lack of updated knowledge of spirochetal science and, having read the latest (indeed copious) peer-reviewed recent literature for themselves, are turning to other disciplines--even to veterinarians for accurate medical advice on the subject of Lyme disease and its co-infections.

Veterinarians are more up to date on the diagnosis and treatment of human Lyme than the "Diagnose-and-treat-by-the-old-Guidelines" types of powerful but passé Academic physicians who cling to outdated medical dogma.

I have written about the rampant epidemiology of neuro-Lyme disease and its potent co-infections (especially the red cell parasite that

causes babesiosis) and the fact that these are being systematically ignored, minimized, or distorted by this Nation's over-seeing Healthcare Agencies. Astoundingly, there are Agencies that, in ignorance or arrogance, may actively persecute the victims of such borreliosis, pan-systematic illness, traumatizing parents and chil-

dren as well as their treating physicians. There are those in authority who sponsor the official separation of children from parents whose only sin is that they persist in seeking help for their ailing children. Tragically, those authorities are empowered to permanently remove sick or partially healed young ones from their devoted families.

To their everlasting shame, medical authorities have stood by while innocent mothers have been sent to jail for insisting that their children were ill and again have stood by while the parent's belief was verified by the death of their sick child while under State "care". The rights of patients and their treating physicians have been trampled by governmental and insurance agencies in ways reminiscent of the era when AIDS was trivialized and its victims spurned as "psychosomatic". Today's infected millions worldwide show how wrong they were. The phenomenon of that epidemic is being repeated with the spread of Lyme borreliosis. My writing is an effort to illuminate this dark and now vast expanse of Medicine and to inspire activism and compassion for those patients who are suffering in agony while having to hear caretakers say, "I don't know what you are worried about--you look just fine--maybe you are just depressed." Or as one unknowing, dismissive and flip-pant doctor joked to a frightened patient who came to him for treatment and reassurance, "Well, we all have to die of something, sometime." *pha*

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Quotable Quote:
*Alan G. Barbour, MD:

"These tick-borne infections are notable for multiphasic antigenic variation through DNA recombinations in the case of relapsing fever, the occurrence of chronic arthritis in the case of Lyme disease, and invasion of and persistence in the brain in the case of both diseases."

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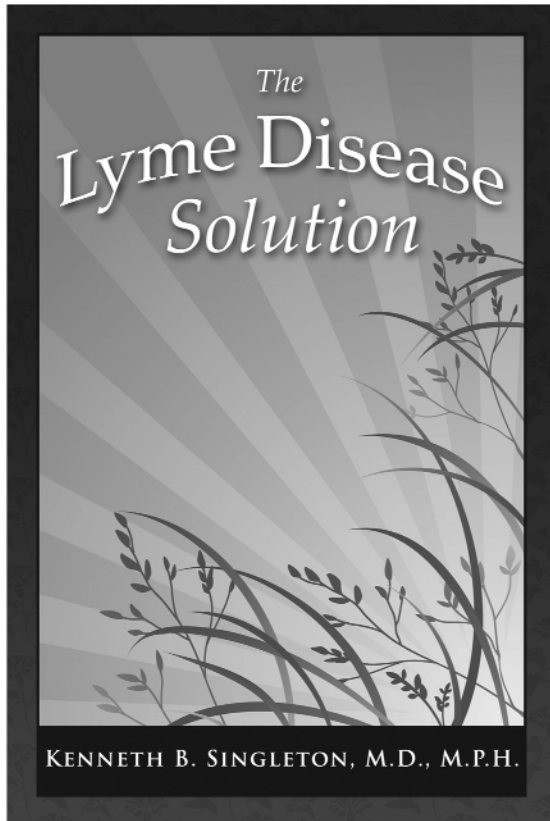
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323 Route 5 West
P.O. Box 127
Elbridge, NY 13060
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Lyme Disease Association

lymediseaseassociation.org/
Pat Smith 888.366.6611

Alabama

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

Northern Arizona

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

Lyme Disease Support Arizona

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

L.E.A.P. Arizona
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Lyme Education Awareness
http://www.leaparizona.com
480-219-6869 Phone

Arkansas

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

California

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

Colorado

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

Connecticut

www.timeforlyme.org
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National Support:

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Dana Floyd, director

LDA of Iowa

PO Box 86, Story City, IA 515-432-3628
ticktalk2@mchsi.com

Kansas

913-438-LYME
Lymefight@aol.com

Montana

bepickthorn@earthlink.com

North Carolina

Stephanie Tyndall
sdyndall@yahoo.com

South Carolina

Greenville Lyme Support
contact Kathleen at
greenvillelyme@bellsouth.net

Lyme Disease Support

New Mexico

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

Oklahoma

Janet Segraves 405-359-9401
Janet@LDSG.org
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TEXAS :

Greater Austin Area Lyme Council. Teresa Jones
tmomintexas2@yahoo.com

Dallas/Ft Worth

John Quinn
Jquinn@dart.org
214-749-2845

Houston

Contact: Teresa Lucher
lucher@sbcglobal.net

League City/ ClearLake & NASA Area

Sandra Mannelli
smannelli@comcast.net

San Antonio

http://lymedisease.meetup.com/75/
Contact: Franklin Moormann,
256-417-7466 or
210-595-1014

Washington State

Alexis Benkowski
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Marina Andrews
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Military Lyme Disease Support

Military Lyme Support is an online source of information and emotional support. This site is for Military Members, Veterans, and their family members who suffer from Lyme and other vector-borne diseases. Members are stationed in the United States, and abroad.

http://health.groups.yahoo.com/group/MilitaryLyme/

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A benefit to aid long-time lyme sufferer **JENNIFER KANE** is scheduled for:

May 3, 2008 at 7:30 pm
Ascension Lutheran Church
7937 Hwy 51 South
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Concert entertainment will be provided by Bret and Frisk who display a dazzling repertoire of songs across the musical spectrum.

Free will donations are most welcome as Jenn and her young family have encountered enormous costs for several medical procedures in Jenn's five year battle with lyme and babesia.

Additionally, several items are set to be raffled off to aid in the benefit. For those able to attend we thank you and for those restricted by distance we ask for your **prayers and support.**

This event is sponsored by the

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The Lyme Disease Awareness Network has plans to sponsor future events and welcome all inquiries and private donations.

Ticktoons



by Terri Reiser

Geocaching or: How I Learned To Stop Worrying and Love the Outdoors Again



Stonehenge in Texas? One of the many interesting places we have encountered while Geocaching.

by Susan T. Williams

Perhaps many of you are familiar with the 1964 movie "Dr. Strangelove", whose title I spoofed here. You may recall the plot about an insane U.S. military general who sends bombers to destroy the Soviet Union because he believes they plan to take over the world. Yet such an attack would trigger a "Doomsday Machine" which would destroy the entire planet.

I must confess that I often feel like that madman, so crippled by my own fears that I can't see past them. Indeed, what person with a chronic illness does not feel as if they have encountered Doomsday or the end of the world? The trick is finding a better ending to our own personal stories than the ending of that movie. Much of that will require facing - and overcoming -- our fears. Life may have handed us a bomb but, like the film's cowboy pilot who whooped and hollered the whole way down, we can still try to enjoy the ride.

After I was diagnosed with Lyme Disease, I became afraid of going outdoors again. Though I had once loved the outdoors and any activity that took me there, I became terrified that I might encounter another tick. I was truly a prisoner of my illness on many levels. Fortunately, my patient and persistent husband encouraged me to "get back up on the horse", so to speak. The problem then became finding physical activities that I could do in my weakened state.

Many of those who are chronically ill struggle with the issue of physical activities. The spirit is willing, but the flesh is weak! Most of us simply cannot participate in aerobics, jogging, or other "high impact" sports. So I searched for various exercises that would be possible for me to do and yet not bore me to tears. I tried a variety of different

activities, but they all had major drawbacks for me. Some were too difficult (racquetball... how many times can I get hit in the head by just one ball?) Some were too expensive (studies say the average monthly gym membership is \$50... that's \$600 a year that I could put towards medical expenses). Many of them were just plain boring (walking on a treadmill, much like a hamster on a wheel.) I don't want to feel like I'm exercising. I want it to be fun!

Then I discovered Geocaching, and I've been hooked ever since.

In December 2005, I stumbled upon the world of Geocaching (pronounced "jee-oh-cash-ing"), a high-tech treasure-hunting game that often requires as much brain as brawn. There are "caches" placed all over the world (even Antarctica!), and the goal is to use Global Positioning System (GPS) satellite coordinates to find them.

Each cache is a little different - some are very small while others are large enough to contain trinkets and toys. All you need is a hand-held GPS receiver, which can be purchased for as little as \$100, and a computer. Participants can sign up at www.geocaching.com (or a

similar site), where a Basic Membership is free, or a Premium Membership is \$30 per year. Then players can search for caches nearby, download the coordinates to their receiver, and set off on the hunt!

ers might literally be a walk in the park. The most difficult ones generally require special gear to access the cache, such as a kayak or scuba equipment, but there are plenty of easy ones too.

As a general rule,

caches are placed in areas of interest. We have discovered beautiful overlooks, relaxing hikes, and fun swimming holes that we never knew existed. Some caches are located at places of historical interest, so it can be educational too. In that sense, you really discover a two-fold treasure: the cache itself, and the area

Since Geocaching is a family sport, dangerous items such as explosives, knives, alcohol and anything illegal or inappropriate for children are not allowed. Each person who takes something from a cache is expected to leave something in return.

It's a great way to swap out those toys, books, and CDs that nobody looks at anymore. The main item in each cache is the log sheet, which finders must sign as proof of their success. Upon returning home, cachers enter the finding into the Geocache website. This generally credits them a "point", where one can easily keep a running tally of how many they have found.

Admittedly, it's addictive. Geocaching gets us out in the fresh air, working together and enjoying each other's company while exploring new places. If my Lyme Brain gets confused and I think I'm lost, the GPS receiver can lead me right back to my car. Best of all, it helps me enjoy the outdoors again and doesn't feel like exercise... and what could be better than that?

A few suggestions that our family has found helpful:

1. Always wear sneakers since you never know what terrain you might encounter.
2. Take a jacket even if it's sunny. You may end up in a shady forest, or the weather might change unexpectedly.
3. Keep a water bottle handy and use it often.
4. Carry extra batteries for the GPS and a pen to sign logs, just in case the cache doesn't have one.
5. A walking stick can be very useful for hiking, beating back brush or overgrown weeds, and poking in places where you'd rather not put your hand.
6. It's always nice to have a camera handy, since you never know what picturesque scenery or entertaining object you might stumble upon.
7. Don't forget your insect repellent!

pha



Two of the author's children were excited to find this cache and the trinkets it contained.

The caches may be hidden under rocks, in trees, or pretty much anywhere you can think of. (However, they are never buried.) We even found one that was a small magnetic container on the underside of a picnic table! If you don't want to wander in the wild, there are plenty of urban caches as well. How does this qualify as exercise? Well, though you can drive most of the way there, you will have to get out of your car and walk a bit. Caches are rated based on difficulty and terrain, so you can choose a level that you are comfortable with. Some caches might require some hiking while oth-

surrounding it. Some of these may be places that you have passed without even noticing before. Better yet, Geocaching is an activity that we enjoy doing together as a family. My kids think it's "very cool", and they always yell in excitement when they find the cache. Sometimes they hum the theme from "Mission: Impossible" as we walk, or they pretend to be Indiana Jones on a quest for an ancient artifact, or perhaps James Bond on a secret spy mission.

The trinkets contained in some caches can be anything, from toys and games to inexpensive jewelry and coins.

Precedent South Carolina Workers' Compensation "Victory" for Lyme Patient

Part 1



by Kathleen Liporace

Phil Wood was an active, energetic South Carolina citizen who had nary a doctor visit before contracting Lyme disease while on the job as a timber buyer for Canal Wood in Greenwood, SC. His employment duties included cruising tracts of land on foot and assessing the value of timber for potential purchasing by his employer. As a Timber Buyer, Wood faced a largely unknown risk of being bitten by a Lyme carrying tick, because such a danger is generally unrecognized in South Carolina.

After being diagnosed with advanced or chronic Lyme disease, an assistant was assigned to Phil and he was given the opportunity by his employer to work a modified schedule, based on his limiting physical condition. Specifically, Phil was reassigned to telephone business communications with customers whom he had served for years. Wood also went into the office weekly to make sure that accounting was done and loggers were paid. He performed his job so well that he was given a pay raise. Phil's productivity is part of the legal record in his disability struggle that began in

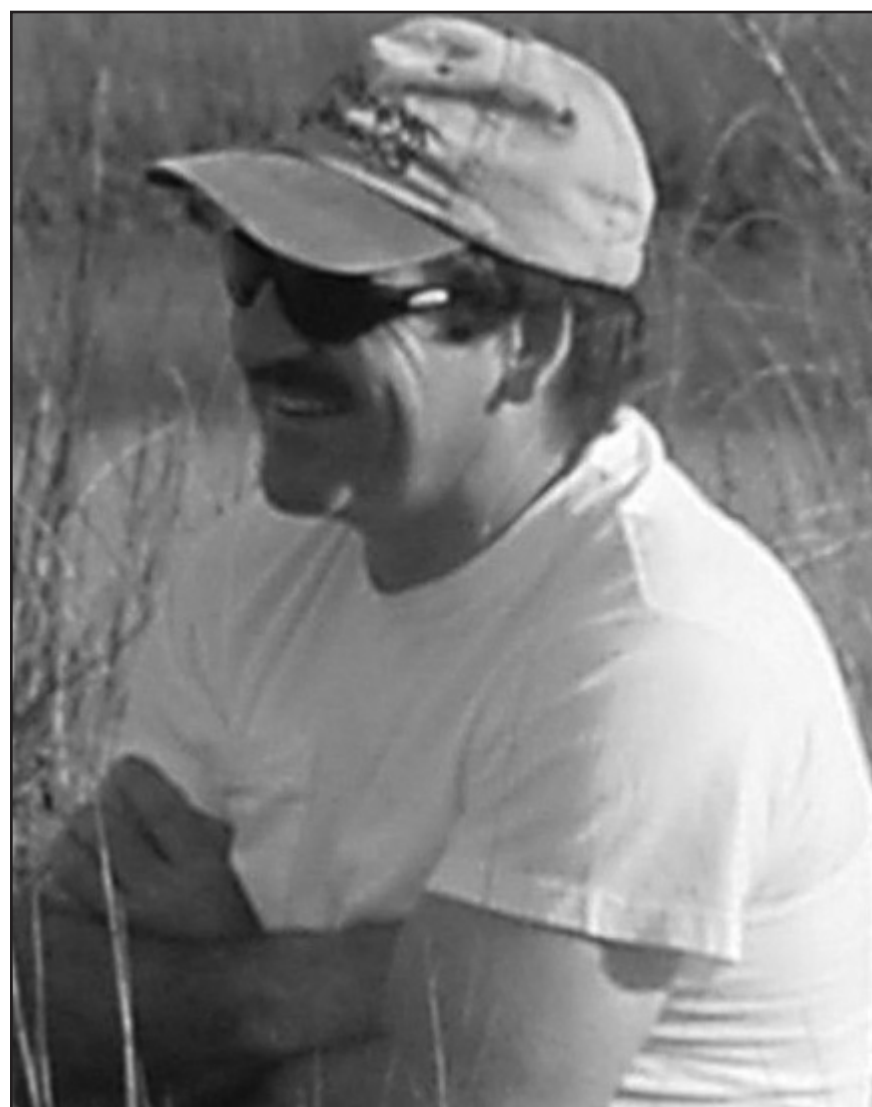
December of 2004.

Since Mr. Wood acquired Lyme disease on the job, his health insurer delegated the responsibility for health related expenses to his Workers' Compensation plan. As a result, Wood was abandoned by his health insurer and left to deal with both illness and Liberty Mutual, the Workers' Compensation carrier. Because of this course of action and ultimate cessation in reimbursement, Phil and his wife Kim were forced to pay for both doctor visits and medicine out-of-pocket. It was their hope that it would be a tolerably short period of time. However, that hope turned into an acrimonious and protracted legal battle.

Despite being a diligent employee with a medical disability, Phil's job was terminated. It was noted that his office was slated to close and that Wood was to be part of a downsizing, yet others have been hired subsequent to Phil being laid off. Additionally, the office remains open thus far. Prior to his job being unexpectedly terminated in April of 2007, the church that Phil and his wife attend paid for plane tickets for Kim to accompany Phil to see another Lyme literate physician, Dr. Steven Phillips in Ridgefield, Connecticut. Given this devastating and simultaneous dual impact of a debilitating illness and loss of livelihood, Phil's church stepped in to offer financial assistance. Mr. and Mrs. Wood paid the cost of the hotel, rental car and food during the trip to the Connecticut physician, and further paid the \$600.00 doctor bill. These out-of-pocket costs to this day have not been reimbursed by Liberty Mutual. Dr. Phillips concurred

that Phil indeed had contracted Lyme disease and that his symptoms were and are consistent with this disease. He further wrote a letter to sustain the diagnosis of Lyme to support Mr. Wood in his legal proceedings. Before seeing Dr. Phillips, Phil had received the same consensus opinion on his diagnosis first from his primary care doctor and subsequently by a Lyme literate Infectious Disease doctor in North Carolina.

As is tragically typical for advanced cases of Lyme Borreliosis, Phil has suffered with multiple unremitting physical issues. A list of these problems includes: body swelling, mental confusion, tingling and numbness of the hands, migraine headaches, dizziness, muscle pain, joint pain, chest pain, ringing of the ears, nausea, fever, and of course unremitting fatigue. As a consequence of Lyme disease, Phil also had to have his gallbladder removed, not an uncommon occurrence... He experiences other issues such as multiple rashes, intracranial pressure, blurry vision, sinus infections, and left knee, calf and foot problems. Mr. Wood frequently struggles with brain fog. He also has experienced such serious bouts of vomiting and dehydration that he has required intravenous infusion of fluids. There were many times that Phil was so seriously ill that he didn't know if he would wake up the next morning. He has been hospitalized by severe reactions to medicine. One such example is that he broke out with an excruciatingly hyperesthetic rash from head to toe. This necessitated him to receive maximum doses of Benadryl for approximately five days while being vigilantly monitored in the hospital. It



took two full weeks for that rash to fully dissipate. It is abundantly clear that Mr. Wood has suffered greatly due to Lyme Borreliosis. His unimaginable suffering, shared by his wife Kim, has been compounded by the torturous legal issues and attendant delays in gaining income for daily living caused by the obstructionist behavior of his disability carrier.

As part of this nightmare, termination by his employer has caused Phil and Kim Wood to sell many of their possessions in order to avoid bankruptcy. Additionally, in view of the fact that his disability insurer stopped paying his medical claims, Phil's credit has suffered significantly. He also had to spend thousands of dollars to hire an attorney to compel Liberty Mutual to acknowledge their contractual obliga-

tion to pay for his medical bills and provide benefits during his involuntary illness and associated disability. Despite the positive precedent outcome of the case in favor of Wood, there still remains a struggle. He now has income for daily living, yet no payments have been made for medical coverage or cost of prescriptions. Liberty Mutual remains in derogation of full court orders.

Unfortunately, this scenario of bad faith, job loss, incapacitation and near, if not total, bankruptcy plays itself out in the lives of many chronic Lyme patients. This is the shocking, but typical experience of many who suffer from various forms of persistent illness.

pha

JAMES SCHALLER, M.D.

The Diagnosis and Treatment of Babesia



Lyme's Cruel Cousin: the OTHER Tick-borne Infection

Amazing Information About a Serious and Hidden Epidemic That Can Restore Your Life



Do you or a loved one experience excess fatigue?
Could you possibly have Lyme disease?
Have you ever had unusually high fevers, chills or sweats?

Babesia is often found with Lyme disease, and — like all Tick infections — is rarely reported. One study showed Lyme is only reported in 1 out of 40 people, despite mandatory reporting requirements.

The deer tick which carries Lyme and Babesia may be as small as a poppy seed and injects a painkiller, an antihistamine and an anticoagulant to avoid detection. Various forms of Babesia are carried by deer ticks. This book introduces patients and health care workers to some new species that infect humans and are not routinely tested for by sincere physicians.

Dr. Schaller first became interested in Babesia after one of his children was infected with it, and none of the elite pediatricians or child specialists could help. No one tested for Babesia or considered it a possible diagnosis. His child had just two of these Babesia symptoms which would come and go:

- Significant Fatigue
- Coughing
- Dizziness
- Trouble Thinking
- Fevers
- Chills
- Air Hunger
- Headache
- Sweats

Dr. Schaller is the author of 15 books covering many diverse areas of medicine, health, and spirituality. He is the author of five web sites, including www.HopeAcademic.com, which has a million visitors per year, and offers hundreds of articles on over 25 topics. He is currently preparing books on other common tick-borne infections, including one on Pediatric Lyme disease and Bartonella. The latter causes many types of psychiatric and neurological problems, and is rarely considered by competent psychiatrists or neurologists.

Dr. Schaller offers services to individuals throughout the United States. Many fly into Florida for a consult with him to help determine the causes of their mystery illness.

This book is the most current patient book on Babesia in the English language. It is not a mere reference book. It introduces new and commonly missed types of Babesia which are unknown by internists, family doctors, pediatricians, infectious disease physicians and emergency physicians. You may see symptoms of loved ones which have gone untreated by smart physicians. This review of thousands of articles together with interviews with world experts, offers you top information and broad treatment options, presented in a clear and simple manner. You can discover advanced treatments from both traditional and progressive medicine. All treatments are explained with possible side effects, drug interactions, and the various dosing strategies.

Dr. Schaller lives with his wife and family in Florida.



“Monkey Business” ...cont'd from pg 8

Borrelia burgdorferi bacteria only and others are infected with one or more co-infections. In the United States, other names have been given to Borrelia-caused infections, such as STARI, Southern Tick Associated Rash Illness. I find it troubling that the Lyme Cartel of alleged Lyme experts state that Lone star ticks do not carry Bb and that STARI is not caused by Bb. The reason I question this position is that spectometry research is currently being conducted at the University of Arizona in Tucson by Dr. Vicki H. Wysocki. Dr. Wysocki, in collaboration with Biowarfare Lab Director Dr. Alan Barbour at the University of California Irvine, is using mass spectometric techniques to identify host characteristics in Lone star tick nymphs infected with Borrelia burgdorferi. If Ixodes ticks are the only ticks that alleged Lyme experts claim are vectors, why is Biowarfare Lab Director Dr. Alan Barbour overseeing studies using Lone star ticks as vectors of Bb?

To most patients with Borrelia infections such as Lyme disease and STARI, the name is of little significance. After being ping-ponged from one doctor to another, most people end up diagnosing themselves anyway and know that they have some sort of tick-borne infection that requires aggressive treatment. It is the struggle to obtain diagnosis and treatment that becomes a patient's focus and mission. I know it may be hard for some physicians reading this to accept that patients can indeed diagnose themselves, but I respectfully urge all physicians to please listen to what your patient is telling you about themselves.

Borreliosis and co-infections cause a multitude of symptoms. Having a multitude of infections severely complicates the ability to treat the patient successfully. Not all patients who are bitten by ticks break out in the Erythema Migrans (EM) rash. This rash is commonly referred to as a bull's-eye rash, but may not always present looking like a bull's-eye. An accurate clinical diagnosis, not based solely upon lab tests, but based upon a patient's history and symptoms is of the utmost importance. This is crucial for diagnosis of acute or early-stage Lyme disease, soon after initial infection occurs. Left untreated, which is often the case due to physician and patient lack of knowledge about tick-borne infections and/or denial of its existence in certain areas, the bacteria continue to replicate inside the patient's body. This may result in extensive damage to the central nervous system, resulting in serious cognitive and motor dysfunction. Clinical diagnosis is also important in diagnosing late-stage or tertiary Lyme disease aka chronic Lyme disease aka Lyme Borreliosis Complex (LBC). When referring to late-stage illness from Bb, I suppose I will even mention a nebulous condition affectionately dubbed Post Lyme Syndrome (PLS) courtesy of our "with-friends-like-this-who-needs-enemies" Infectious Diseases Society of

America (IDSA) Guideline authors aka Lyme Cabal aka Lyme Cartel.

So, why don't more doctors know about tick-borne infections, and why is it so difficult to identify and diagnose a rash from an infected tick bite?

It is unbelievable to hear stories from LD patients about their experiences with physicians and the diagnoses of EM rash from acute, or early, Lyme disease. Some examples of erroneous physician EM diagnoses given to patients have been possible blood clot in leg, allergic reaction, spider bite (it absolutely couldn't be a tick bite, but it can definitely be a spider bite?) and my all-time favorite, sometimes these things just happen to us and we don't know the cause. Interpretation: S___ HAPPENS as a diagnosis? One of my good friends, who has been a Lyme disease advocate for years in Connecticut, told me a story about a woman who was experiencing symptoms indicative of LD. Now, just to explain, Connecticut is the epicenter of the Lyme epidemic. Most of us would assume that the doctors in this area would have seen enough rashes and noted enough symptoms of Lyme that a diagnosis wouldn't be missed. Think again. My friend told me this woman saw a doctor in Connecticut, and when she told the doctor she suspected she was suffering from Lyme disease, he told her, "You couldn't possibly have Lyme disease! Lyme, Connecticut is thirty minutes from here!" In Part 1 of this series, I mentioned that naming this dreadful infection after the town of Lyme is a nemesis for Lyme patients. It causes physicians and the general public to believe that all the cases are isolated in one small area, Lyme, Connecticut.

To make matters worse, a former Lyme disease Director at the National Institutes of Health (NIH), Dr. Edward McSweegan, stated in his March 16, 2006 published letter to the journal Nature: "First, Lyme disease is non-communicable, readily treatable with common antibiotics and geographically localized in the United States." I see a need to correct Dr. McSweegan's oversimplification of Bb, which is a known disabling biowarfare agent. The term "non-communicable" is again being disguised as science by a member of the Lyme Cartel, when it is actually a useless butt nugget of opinion that patients consistently flush into the sewer of Lyme Cartel "science." "Readily treatable" only pertains to those few cases that are actually acknowledged and diagnosed by physicians. "Common antibiotics" are not common if they are not readily available by prescription from a doctor. "Geographically localized" is worn-out spin that is winding its way down the same toilet as

the rest of the Lyme Cartel sewage-based science.

Dr. McSweegan also wrote in his letter: "In the United States, activists have turned Lyme disease into everyone's backyard bogeyman." It is my opinion that Lyme disease is not the BogeyMAN; but rather the BogeyMEN are the frightening members of a secret research cult known as the Lyme Cartel.

It is more than evident to many Lyme patients that those doctors who are not dedicated to treating tick-borne infections do everything they can to avoid treating them, even if it means ignoring the rash or other symptoms, trying to explain the symptoms away, accusing the patient of imagining all the symptoms, attributing the symptoms to other conditions or diseases, prescribing medications that mask the symptoms but do not deal with

dled look on her face and scratched her chin. "Oh, you mean Lyme disease?" she asked. "Oh, no, I don't know about that. You need to find someone from the northeast who knows about Lyme disease," as she ran out the exam room door. A few months ago, a patient told me that Dr. Gaidici had published some research on Lyme disease, so I looked it up online. And sure enough, published in The American Journal of Medicine in 2003, Dr. Gaidici is listed as one of the authors of research performed at New York Medical College, along with Dr. Gary Wormser and Dr. Robert Nadelman, two more members of the Lyme Cartel. Dr. Gaidici pretended that she knew nothing about Lyme disease and lied to me. Here is a link to the research. <http://www.fibromyalgiasupport.com/library/print.cfm?ID=4938>

Answering the questions about the difficulty in obtaining diagnosis and treatment is a long and complicated answer. We can begin in this part by explaining a little bit about the Centers for Disease Control and Prevention, better known as the CDC. This is a quote from a page on their website: "CDC protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations." Now, if I had read this glorious statement prior to becoming so ill with Lyme disease, I would have thought that the CDC had my best interests in mind. However, after witnessing the

CDC's coordinated efforts in CONTROLLING Lyme disease and PREVENTING treatment for patients, I see that the organization is failing miserably to fulfill its mission.

Let's travel back in time seventy-some years and revisit Macon County, Alabama. According to the Centers for Disease and Control and Prevention, the Tuskegee Institute in cooperation with the United States Public Health Service (USPHS) began a public health study called the "Tuskegee Study of Untreated Syphilis in the Negro Male." While you're reading this, please keep in mind that the PHS runs the Epidemic Intelligence Service (EIS), a branch of the military, through the CDC and Allen C. Steere at Yale University was the EIS Officer assigned to study the first cases of Lyme disease.

According to the CDC website, the Tuskegee Syphilis Study "is an example of medical research gone wrong. The United States Public Health Service, in trying to learn more about syphilis and justify treatment programs for blacks, with-

held adequate treatment from a group of poor black men who had the disease, causing needless pain and suffering for the men and their loved ones." I'll quote again from the CDC website, because the CDC's own words are absolutely priceless.

"The study involved 600 black men-399 with syphilis and 201 who did not have the disease. Researchers told the men they were being treated for 'bad blood,' a local term used to describe several ailments, including syphilis, anemia, and fatigue. In truth, they did not receive the proper treatment needed to cure their illness. In exchange for taking part in the study, the men received free medical exams, free meals, and burial insurance. Although originally projected to last 6 months, the study actually went on for 40 years."

Free exams, meals and burial insurance? I'd say that Lyme patients are getting gyped. We ain't gettin' nothin' but the useless IDSA Treatment Guidelines!

A heinous crime was committed against these men and their families similar to the heinous human experimentation conducted by Nazi scientists and pharmaceutical companies. Penicillin became available for treatment of syphilis in 1947, yet these innocent victims of cruel human experimentation (oops, I'm sorry, I meant to say study participants) were not offered or provided any treatment for their infectious disease. These men were not provided with all the information needed when they agreed to participate in this human experimentation. In other words, although the men agreed to participate, the participants did not give their informed consent, because they had not been given all the information needed to make an informed decision. Nor was informed consent obtained by the participants' wives and unborn children, who also unknowingly were actually forced to participate in the hideous experiment.

In July of 1972, the New York Times broke the story about the Tuskegee Study which led to the appointment of an Ad Hoc Advisory Panel who reviewed the study, resulting in termination of the study one month later. The CDC has a Timeline posted on their website, a couple of entries which are important when noting the similarities between the Tuskegee Study and the ongoing 30-plus-year Lyme Disease Study :

From the CDC Tuskegee Timeline:

1936 Major paper published. Study criticized because it is not known if men are being treated. Local physicians asked to assist and asked not to treat men. It was also decided to follow the men until death.

1940 Efforts made to hinder men from getting treatment ordered under the military draft effort.

1947 USPHS establishes "Rapid Treatment Centers" to treat syphilis; men in study are "Monkey Busn" ...cont'd pg 16

How is it that the U.S. Armed Forces Pest Management Bureau is stating that transmission *has* definitely occurred in utero and via breastfeeding, which supports clinical observations, and then an alleged "Lyme expert," Dr. Eugene Shapiro, makes a contradictory statement? ...Dr. Shapiro is regarded in some small circles as a pediatric Lyme expert, this has *very* serious implications.

any underlying infection, using abusive psychiatry through ad hominem attacks on their patients, using state health department statistics as a basis for not considering the possibility of tick-borne infections or flatly refusing treatment. These inept and seemingly orchestrated responses are causing a great number of people to remain undiagnosed and untreated for unconscionable periods of time, allowing the untreated disease to ravage their bodies and exhaust their immune systems in trying to fight off the virulent infections. Doctors are playing Pass the Buck when a potential LD patient presents to their office and they refer their patient to the next doctor in line to give more excuses as to why the patient doesn't have Lyme disease.

Here's an example of Passing the Buck: In 2006, my husband was referred to an infectious disease specialist in Phoenix. While we were in Dr. Adriana Gaidici's office, I seized upon the opportunity to ask her if she treated Borreliosis. She got an exaggerated, heaven-bound, befud-

Spirochetes on the Brain



by Dr. Robert C. Bransfield

To know Lyme disease is to know medicine, neurology, psychiatry, ecology, law, politics, and ethics. Clearly this disease is too complex for any one individual to possess such a broad range of expertise.

My perspective is that of a psychiatrist in private practice in a Lyme endemic area. For many years, I noticed a significant number of Lyme disease patients complaining of sleep disorders, depression, and a number of other central nervous system (CNS) complaints. Whenever the sleep disorder and other psychiatric symptoms were effectively treated, often there was an improvement in the Lyme disease symptoms. With time, I began to better appreciate the wide range of cognitive, psychiatric, neurological, and somatic symptoms that were a part of Lyme disease.

One such patient led to my greater involvement with Lyme disease. She had been previously diagnosed with the disease, and was treated with the usual protocol that was considered curative. Following her for several years, I found her mental status to follow a malignant downhill course, in spite of every psychotherapeutic treatment possible. Apart from the headaches, joint pain, cognitive impairments, etc., it was the mood swings, homicidal, and suicidal tendencies that were the most threatening symptoms. An extended period of IV antibiotics were clearly lifesaving, and she significantly improved. This case was subsequently published with Dr. Fallon in Psychosomatics. Over time, I have seen hundreds of Lyme disease patients with a broad range of symptoms

affecting CNS functioning.

After seeing how Lyme disease causes psychiatric, cognitive, and other neurological symptoms, it certainly raises the question - How much CNS disease is caused in some way by infectious disease? *Borrelia burgdorferi* (Bb) is a major, but not the only causative agent. The greater issue is whether an active infectious process exists, the second issue is which infectious agent(s)? Very consistently, most of these neuropsychiatric patients show CNS herxheimer reactions followed by improvement in response to antibiotic treatments.

Let's step away from clinical observation, and instead look at disease from a more abstract view. Darwinian medicine looks at causes of disease from an evolutionary perspective. One view is that microbes

view has complex implications, and can readily explain problems such as fear of flying. However, some other mental illness appears to be a failure of regulatory systems as a result of some type of neural injury, and dysfunction from infectious disease.

Currently there is a considerable recognition and research in the role of infectious disease in some of the common mental disorders. In addition to Bb, other infectious diseases such as strep, syphilis, AIDS, toxoplasmosis, and other infectious agents are recognized to cause psychiatric illness. The tentative conclusion of this research is - infectious disease causes a significant amount of mental illness. There are several mechanisms by which neural dysfunction can occur from Bb - cerebral vasculitis, Bb attach-

challenging to understand.

To look at the basic structure of the limbic system, it is an emotional modulation center. Injury can result in a failure of an ability to evoke or inhibit an emotional function. The end result can be disorders such as depression, panic, OCD, mania, hallucinations, apathy, etc.

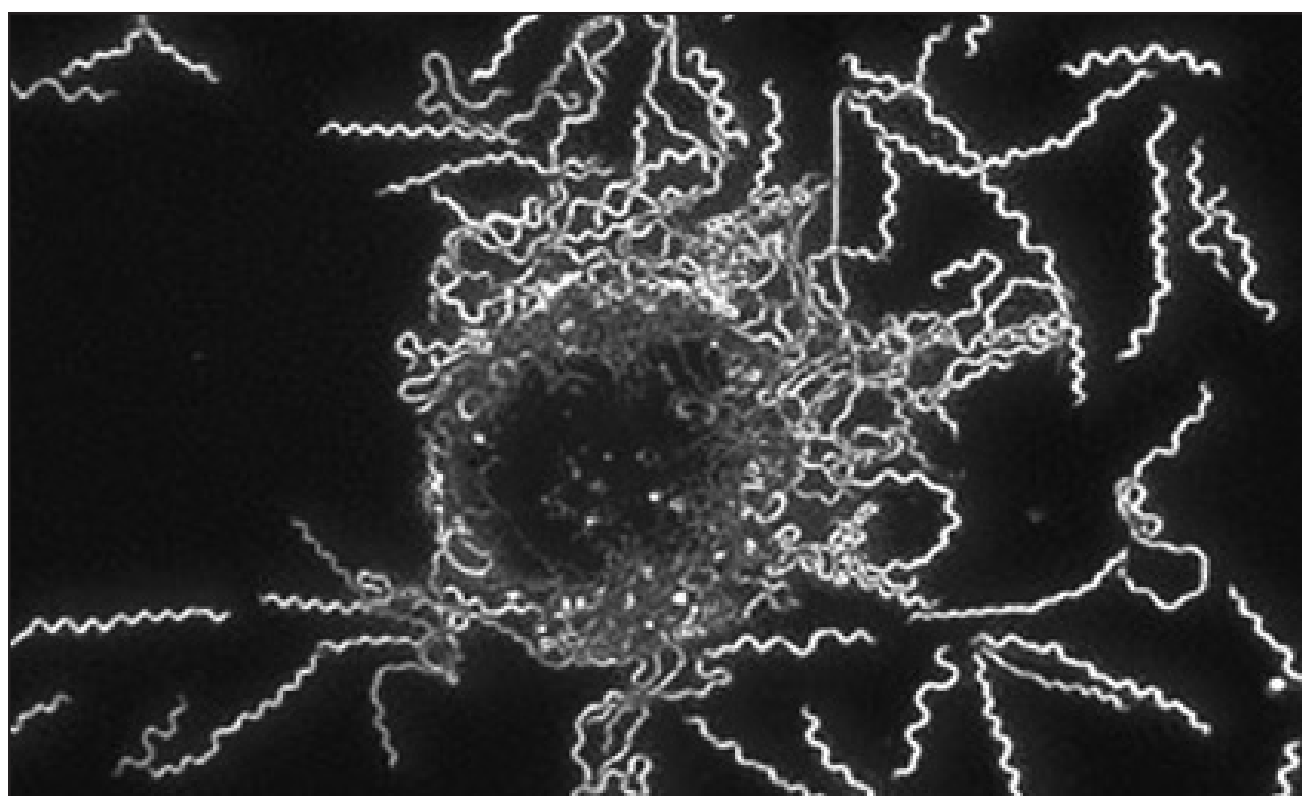
The cognitive and processing dysfunction is much easier to correlate with anatomy and physiology. For example, prefrontal cortex dysfunction correlates with executive function and attention span deficits, and can be demonstrated on SPECT and PET. Some deficits are correlated with very specific areas of the brain, while other dysfunction, such as violence, can correlate with injury in many different areas.

Any standard of diagno-

investigation. Infectious disease can cause mental illness by way of a number of mechanisms. Psychotherapeutic interventions can help in the treatment of infectious disease, and antibiotic treatments can help in the treatment of psychiatric, cognitive and neurological disease. With such potential to better help our patients, why is there such resistance to these ideas? Why is there such resistance to the concept of chronic, persistent infection?

Most disagreement is a lack of awareness, and an honest difference of opinion when approaching a very complex issue, but bias factors may retard progress as well. Of course, most bias is rooted in issues of money and power. Who feels they would lose from these insights? Not the health care consumer, who could benefit from a more knowledgeable treatment approach. The insurance and managed care industry that has denied thousands of requests for treatment? Doctors who have made substantial income from these companies to negate the validity of this disease? Individuals who want research money diverted elsewhere? Bureaucrats who have been slow to respond? Real estate developers on endemic area? Tourism interests? Who else? Has the combined effort of these groups intimidated some doctors into not giving Lyme disease proper attention? Our best clinical judgment should never defer to any bias factor.

Clearly we can overcome the usual resistance to progress with the usual approaches - education, research, legislation, litigation, and regulation. A major problem, however, is we have lost precious time, and the havoc of this disease is increasing. We need more research into the effective management of patients with severe chronic disease. The National Institute of Mental Health needs to be more actively involved in research into the effects of Lyme disease on the brain. Since this is such a complex disease, the greatest challenge is the ability of individuals from very different disciplines to work together effectively in a unified direction. *pha*



The *Borrelia Burgdorferi* spirochete is the bacteria that causes Lyme disease.

evolve faster than humans and, as a result, infectious disease will always exist. What is the greatest predator of man? Lions, tigers, bears, white sharks, serial killers? No, microbes. When we consider how effective evolution has been, why is there so much disease? The National Comorbidity Study shows 48% of the population suffers from a mental disorder at some point in their lives. Why is there so much mental illness? Most disease is a result of a unique combination of a vulnerability and an environmental circumstance. One theory is that we are genetically adapted to stone age life, but are living in a very different environment. Such a

ment and penetration into nerve cells, excitotoxicity, incorporation of Bb DNA into host cell DNA causing auto immune disease, etc.

When infectious disease causes neural dysfunction, it is relatively easy to see the causal relationship associated with injury to the peripheral nervous system, autonomic nervous system, endocrine system, and the gray matter of the cerebral cortex. Brain stem/mid brain injury results in dysfunction of vegetative modulation systems. Cerebral cortex white matter and sub cortical dysfunction is associated with specific processing impairments. However, dysfunction of the limbic and para limbic systems is the most

sis for late stage, chronic Lyme disease must incorporate the fact that it is a very complex disease with not only CNS, but also many other different presentations in its later stages. Therefore, the diagnosis of chronic Lyme disease is considered by personally performing a thorough and relevant history and examination, ordering and/or reviewing relevant laboratory tests in the proper context, and exercising sound clinical judgment by a licensed physician who is knowledgeable and experienced about chronic Lyme disease and is held accountable for his decisions.

In summary, Lyme disease is a very exciting area of

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“Monkey Business” ...cont'd from pg 14

not treated, but syphilis declines.

1969 CDC reaffirms need for study and gains local medical societies' support (AMA and NMA chapters officially support continuation of study).

Following a 1973 class-action lawsuit filed by the National Association for the Advancement of Colored People (NAACP), which resulted in a \$9 million settlement granted to the study participants and their families and a 1997 public apology from President Bill Clinton, the Tuskegee Health Benefit Program was established. Guess who was given the responsibility for carrying out the program? It was given to the CDC, who in 1969 had reaffirmed the need for the study and had gained support for it from the AMA and NMA.

In conclusion, Lyme disease patients all over the world are being told by the CDC, authors of the IDSA Treatment Guidelines and physicians who are misinformed and misled by both of these organizations that they are suffering with something other than Lyme disease. Could that something be "bad blood?"

Treatment Guidelines have been published by the Infectious Diseases Society of America (IDSA) and the American Academy of Neurology (AAN) and are being utilized by insurance companies in providing treatment coverage benefits that allow ONLY short courses of antibiotic treatment for LD. The diagnostic parameters outlined in the IDSA guidelines for

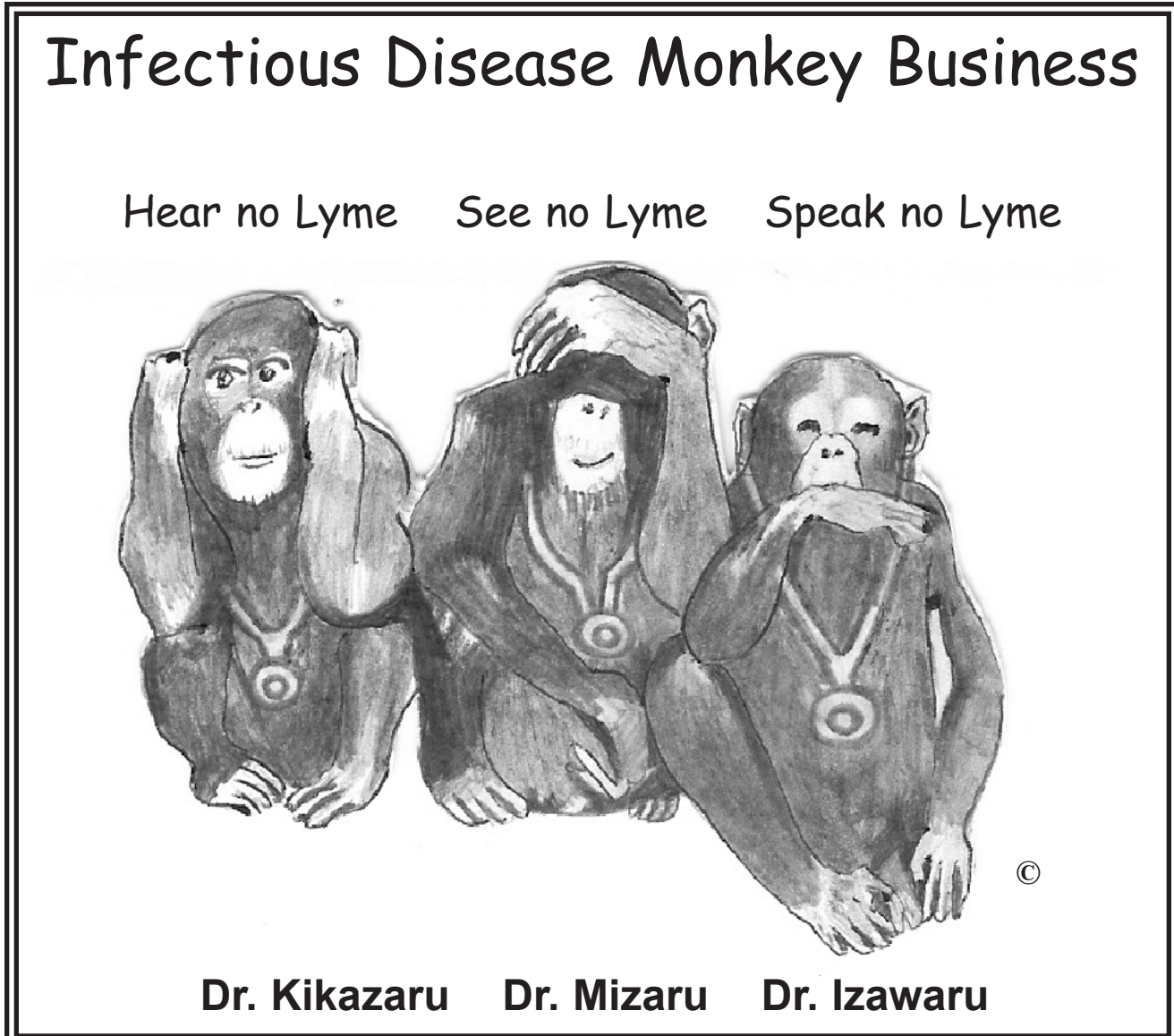
Lyme disease are beyond ludicrous and do not offer any positive recommendations regarding any alternative treatments. This guarantees longterm illness in the population.

In my opinion, both the 2000 and 2006 IDSA Lyme treatment guidelines have earned their rightful place in

The Tuskegee Study, but without the legal mistakes of the past, that is guaranteed to last a long time without any accountability by those FORCING the Study upon its participants through orchestrated diagnostic and treatment failures. Borrelia Burgdorferi Longterm Study = Tuskegee Revisited.

adherence to laboratory criteria established fourteen years ago at the 1994 Dearborn Conference. So, although the CDC has issued weak announcements that their epidemiologic criteria should not be used for diagnosis, they are still complicit by allowing use of the epidemiologic criteria in

Dr. Iwazaru who speaks no evil. In other words, Dr. Kikazaru says, "I've never heard of chronic Lyme disease!" Dr. Mizaru says, "Lyme disease? I've never seen a case of Lyme in this state!" And Dr. Iwazaru says, "Lyme disease? Oh, we don't wanna talk about that!" This IDSA/CDC Lyme Monkey Business is perpetuating an epidemic that is affecting families across the United States and other parts of the world. I don't know about you, but I'm fed up with all this Monkey Business! *pha*



the eternal septic tank of raw sewage disseminated by the Lyme Cartel, which includes the CDC. Carefully-designed disease parameters that include ludicrous diagnostic criteria and treatment guidelines = A Borrelia Burgdorferi Longterm Study comparable to that of

Although public law (107-116) prohibits the use of the CDC epidemiology reporting criteria to be used for diagnostic purposes, the CDC and other public agencies are allowing this criteria to be utilized in laboratory test kits. This is being done through the ongoing

serologic testing and clinical research studies. This issue will be addressed in subsequent parts of this series. The Lyme Cartel and complicit IDSA followers act like the Three Monkeys, Dr. Kikazaru who hears no evil, Dr. Mizaru who sees no evil, and

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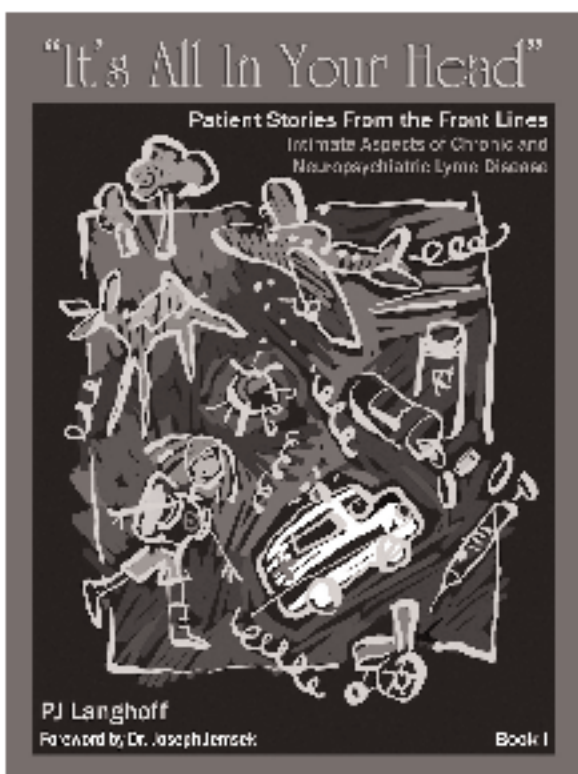
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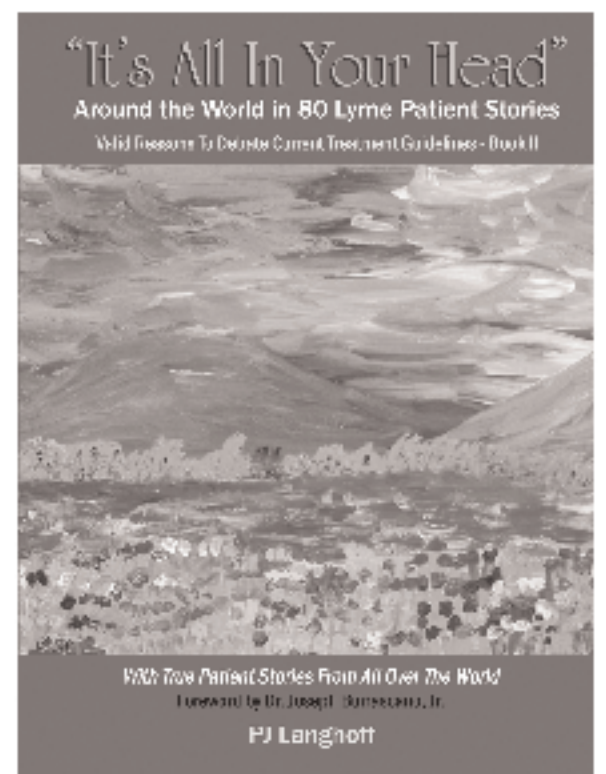


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“It’s All In Your Head,” Patient Stories from the Front Lines: Intimate Aspects of Chronic and Neuropsychiatric Lyme Disease Book 1 in the 3-book series. A personal and revealing look at individuals suffering from "chronic" Lyme disease, and what it's like living with neurological and psychological effects of an illness poorly understood and barely acknowledged in today's medical community. Includes a half dozen personal stories as told by patients (including the author's story), a history of Lyme Disease, co-infections, Herxheimers, Munchausen's, Faulty Diagnostic Testing, the politics, and more. Cover art by artist/Canadian Lyme patient, Valeric White. Foreword by renowned Lyme physician Dr. Joseph Jemsek.

“It’s All In Your Head,” Around the World In 80 Lyme Patient Stories: Valid Reasons to Debate Current Treatment Guidelines Book 2 in the series. Lyme disease is NOT just a rash and knee illness! Learn what it is in this startling collection of 80 powerful personal stories from Lyme patients around the world. Stories told by patients in their own words, revealing the true nature of Lyme, that in its chronic, untreated form, debilitates and disables thousands. We reveal that Lyme may be transmitted sexually, in utero, via breastfeeding, and via blood and organ donations. Learn how patients coped with various treatments, co-infections, and the emotional and socio-political issues. Stories from 23 of the United States, 5 Canadian provinces/territories and 11 countries abroad, from all walks of life. A true population sampling of an epidemic illness. Includes brief commentary and history. Cover art by young artist/Lyme patient, Stephen Mills. Foreword by renowned physician/researcher Dr. Joseph Burrascano, Jr.

The Baker's Dozen and the Lunatic Fringe, How "Junk Science" Shifted the Lyme Disease Paradigm **COMING SOON!** Third in the series. A revealing study on the politics of Lyme, the history, research, diagnostics, vaccines, patents and grants of top academic researchers and institutions. Learn more about Lyme, see the controversy, learn why patients can't get their illness acknowledged, and gain a greater understanding from the patient perspective. Includes brief overview of biowarfare technology as it relates to Lyme disease.

New Briefs Around the Nation

by Susan T. Williams

Restless Leg Syndrome Linked To Genetic Variations

Recent independent studies reported in several medical journals have found a link between Restless Leg Syndrome (RLS) and a variation in certain genes, indicating that the disorder is indeed biologically based. RLS is characterized by an irresistible urge to move the legs, often occurring at night and preventing sleep. The New England Journal of Medicine and Nature Genetics, among others, have published findings by researchers which discuss a common gene variation among sufferers of RLS. They also found that the variation was associated with lower iron levels.

One study found variations in three areas of the genome that were responsible for a 50% increase in the risk for the syndrome. These gene variations may be carried by up to 65% of adults, indicating that the disorder may be more common than initially believed.

Drug-resistant Tuberculosis Levels Increase Worldwide

The World Health Organization has reported that a dangerous form of drug-resist-

ant tuberculosis has reached its highest levels ever, causing approximately 500,000 new cases each year, mostly in parts of the former Soviet Union. The highest rate recorded was in Azerbaijan, where 22.3% of all new tuberculosis cases were multi-drug resistant. Similar rates were found in Moldova, Ukraine, Russia, and Uzbekistan. Experts attribute the high incidence in those regions to poverty, congestion, alcoholism, and stress.

An even more serious form of the disease, known as extensively drug-resistant TB, has been detected in 45 nations. According to the Centers for Disease Control and Prevention, there were 111 cases of multi-drug resistant TB and three cases of extensively drug-resistant TB in the U.S. in 2006.

Probiotics May Help Soothe Colic in Babies

Many adults are aware of the benefits of probiotics, live bacteria that are added to foods such as yogurt, which aid digestion and other healthy functions. Now there is evidence that probiotics may be beneficial to babies as well.

A research study published in the journal Pediatrics

showed that 95% of colicky babies who were given probiotic drops cried dramatically less after one month. Most of the babies improved within one week of beginning treatment. Lactobacillus reuteri, the specific probiotic that was used in the study, is available without a prescription.

Red Cross is fined \$4.6 million by the FDA

Earlier this year, the Food and Drug Administration fined the Red Cross another \$4.6 million for the distribution of "unsuitable blood products" which had to be recalled and indicate a breach in safety protocols. This recent fine is in addition to nearly \$15 million in previous FDA penalties for "persistent and serious violations" of blood-safety laws and regulations.

Red Cross officials are increasing supervision at blood drives and consolidating processing facilities in an effort to meet the FDA's safety standards. They also noted that the fine would be paid through operating fees charged to those who get blood units, such as hospitals, and not from donations.

pha

Charles E. Holman Foundation

The New Morgellons Order
P.O. Box 1109
Lone Star, Texas 75668
Fax: 903-639-2461

admin@thenmo.org

The Charles E. Holman Foundation is a grassroots activist organization that supports research, education, diagnosis and treatment of Morgellons Disease.

Ultimately, we seek discovery of it's cause and cure.

We utilize creative confrontation to expose any person or group opposing or inhibiting education, awareness or recognition of Morgellons Disease.

The Charles E. Holman Foundation exists to play an integral role inspreading the understanding of Morgellons Disease to others.

The CEHF is committed to positive change through assertive action.

"Dancing" ...cont'd from pg 7

three years. She currently takes seventeen prescription medications daily. Karen, Kelley and Tony are all still on antibiotics long term. Out-of-pocket expenses for doctors, prescriptions, medical testing, herbs, supplements and travel expenses are astounding. Karen is currently waiting for approval for her fourth PICC line, and is fed up with her insurance company's refusal to authorize Lyme disease treatment. Karen believes that insurance companies and medical boards dictate her treatment, not the doctors who actually see the patients. She knows that her docto's are afraid to prescribe her the additional antibiotic therapy she needs out of fear of prosecution and the whole Lyme disease conspiracy.

In addition, Karen believes that the Social Security Administration (SSA) is completely ignorant about Lyme disease and co-infections. According to Karen, the SSA insists that she can work full-time, therefore denying her disability benefits twice. Karen is outraged that nobody in the government is responding to the Lyme disease crisis, even after our own president, George W. Bush contracted the disease.

Despite the enormous complexity of her entire family being ill, Kathy explains "despite the lack of support from non Lyme-literate doctors,

medical boards, insurance companies and the government, we still remember what we used to be like."

Karen believes that she was first exposed to tick-borne infections as a child. She played in fields and woods her entire life, and had been an outdoorsy person all her life. With

multiple tick bites. Most of them remember pulling ticks off themselves and their animals regularly.

The Hausfelds knew they weren't crazy. An entire family being sick all at once is not simply a coincidence. They took action, went to dozens of doctors, and struggled for years

edge through my Lyme networks and support groups. I have started a whole new ministry of my own. I have pointed countless other suffering Lyme patients towards the correct diagnosis, treatment, and support resources. That's my gift, and God's gift to me. We have to learn to praise the God

the devastation wrought by Lyme on local families with Lyme. Karen Hausfeld's quote on the front page of the newspaper read, "I know this thing is eventually going to get me, but I can't let it make me a prisoner in my own home. I have to set an example for my children." One of Karen's favorite quotes brings out the true loving, determined nature of what an amazing woman she is. "Life is not about waiting for the storm to pass, but learning to dance in the rain."

Karen has a message she wants to explain to everyone. She explains, "There are far too many of us sick for advanced Lyme not to be a reality. Before we got Lyme disease, most of us were type A personalities. We were super achievers! Now some days we can barely move. That's not all in our heads! People need to understand that the testing for tick borne disease is woefully inadequate. We need funds allocated for research to find better treatments and hopefully a cure. We deserve to be granted disability without such a fight. We need help with the financial impact this disease has, and we deserve a patient understanding of our limitations. We desperately need more Lyme-literate doctors. This country has to get out of denial about the Lyme disease epidemic. It IS the next



all their animals and expansive property in a highly tick-infested area, the Hausfelds recognize how their lifestyle and dreams turned into a recipe for disaster. Riding horses bareback and running through pastures barefoot certainly could have easily exposed all of them to

find the cause of their illnesses. The fight began, first for their diagnoses, then to reclaim control over their lives. Karen explains "Lyme took over my life, then my children's lives. My whole family was sick and it broke my heart. I have gained so much knowl-

who gives, and takes away, knowing that He has a plan through all of it."

Two years ago the Hausfelds' local newspaper featured a story where several local families in Loudoun County all had Lyme disease. It's a heart-rending story about

"Dr. Jones" ...cont'd from pg 3

could draw on resources outside of the Lyme community (e.g., a concert). I welcome and deeply appreciate this kind of creative effort to raise money for the legal defense fund.

On Friday, March 14, I reached my 79th birthday. Someone asked me recently if I ever dreamed that I would find myself in this position at this stage of my life. I replied that,

no, I didn't, but if I had the chance to do it over, I would do it all again. It is largely because of the considerable support and concern that so many of you have conveyed in so many ways that I have been able to maintain my determination to see these charges through to a successful resolution. Please accept my heartfelt appreciation for your

ongoing support.

With very best regards,
Dr. Charles Ray Jones, M.D.

HOW TO DONATE TO THE LEGAL DEFENSE FUND:

Make Donations payable to "The Dr. CharlesRay Jones Legal Defense Fund." Mail to:

C/O George Heath, III (CPA)
26 Fairlawn Drive
Wallingford, CT 06492

Note "gift" in the memo field

A website for Dr. Jones is now ready to take PayPal credit card contributions to the defense fund:

www.DefendLymeDoctors.com
If you are a patient of

Dr. Jones and would like to write in his support, please send your letters to him at:

Charles Ray Jones, MD
111 Park Street, 1st Floor
New Haven, CT 06511

To view fundraisers already in progress for Dr. Jones, go to www.lymesite.com/LLMD_FUNDRAISER.htm pha

For Those Who Fought a Valiant Fight

Vanita I. Nelson



Vanita I. Nelson, 74, of Shawnee, KS; passed away Saturday, March 1, 2008. Visitation was held from 5:00 p.m. to 7:00 p.m., Tuesday, March 4, 2008 at the Amos

Family Funeral Home, 10901 Johnson Dr., Shawnee, KS.

Funeral services were held at 10:00 a.m., Wednesday, March 5, 2008 at the Monticello United Methodist Church, 23860 W. 75th St., Shawnee, KS.

Graveside services followed at Shawnee Mission Memory Gardens, 75th St. and K-7. In lieu of flowers, the family suggests memorial contributions to the Lyme Association of Greater Kansas City, P.O. Box 25853, Overland Park, KS 66225 or the Humane Society of Greater Kansas City, 5445 Parallel Pkwy., Kansas City, KS 66104. Vanita was born May 15, 1933 in Syracuse, KS to C.K. and Cecile (Vincent) Minter. On June 10, 1951, she married Meyer E. Nelson in Garden City, KS. During their marriage, Vanita and Meyer lived in

Waynesville, Missouri, Wichita and Hutchinson, Kansas, and for the last 37 years in the Kansas City area. Mrs. Nelson graduated in 1980 from Johnson County Community College as a Certified Medical Transcriptionist, a field she worked in for many years.

After being diagnosed over 25 years ago with Lyme Disease, she and Meyer co-founded the *Lyme Association of Greater Kansas City*, which named her President Emerita in 2003.

Always active in church activities, Mrs. Nelson was named Deacon Emerita of White Church Christian Church in Kansas City, KS in 2004.

Mrs. Nelson is survived by her husband of 56 years, Meyer, her devoted daughter and son-in-law, Sheila and Jim Rice and her precious pets,

Bridget and Molly B, all of Shawnee, KS. Also surviving are her brothers and sisters-in-law, Ken & Geneva Minter of Garden City, Jack & Daphne Minter of Lubbock, TX, and Bob & Peggy Minter of Holcomb, KS and her sisters, Marie Messerly and Bev Dreiling, both of Garden City. She leaves behind a host of nieces and nephews, extended family, "adopted" children and many, many friends. Mrs. Nelson was a truly strong and devoted woman who will be missed greatly by all who had the privilege to know and love her during her lifetime.

In lieu of flowers, the family suggests memorial contributions be made to:
Lyme Association of Greater Kansas City,
P.O. Box 25853
Overland Park, KS 66225

Lyme Association of Greater Kansas City

Meetings are held the 4th Thursday of every month.



St. Joseph's Hospital
 Community Center
 CSJ Room.
 I-435 & State Line Road.

Drive past the ER Building. Look to your right and you will see the Community Building. Enter the front Doors. We meet on the first floor in the CSJ room.

“Detoxification” ...cont’d from pg 6

and detox reactions.

Should this occur or if you are feeling toxic, lethargic or sluggish, consider a coffee enema. They can decrease the load in the liver. There is a portal vein which allows the coffee in the rectum and lower colon to rapidly activate the liver. It dumps the toxic load into the GI tract for removal via the stool.

An easy method of delivery of coffee is to use organic instant coffee in a 4 ounce disposable enema bottle. First, pour off an ounce of the saline solution. Add 3 table-spoons of the organic instant coffee to the bottle. It is then warmed by placing it in a cup of hot water for several minutes. Lie on your left side to administer the enema. When completed, turn onto your back and place a small pillow under the buttocks. If possible hold this for five to twenty minutes, longer if possible, before expelling the coffee. These may also be repeated as often as needed. However it is important to periodically do the colon re-florastation therapy.

During coffee enemas we are disrupting the pH (acid-alkaline balance) of the colon. Our healthy bacteria are now working to clear out the toxins from the liver while having their environment less than optimal. 24 hours after the coffee enemas, administer a new colon re-florastation to further support our detoxification channels.

Lymphatic System and Function

Now that we are keeping the colon and liver in better working order, we need to turn to the lymphatic pathways. This is our immune system. While the skin is the largest organ of the immune system, sixty percent of the immune system is in the intestines. The lymph vessels are located near our arteries and veins. These carry toxins and wastes away from the cells. The pathogens are then trapped in lymph nodes until they can be destroyed by cells. We can more easily feel our lymph nodes in our neck, under our arms, and around the groin. They also surround our vital

organs, our face and our head.

Lymphatic Detoxification

There are two forms of lymphatic drainage therapy: manual and electronically assisted. The most effective and rapid method is the electronically assisted. These treatments may last from 30 minutes to 90 minutes. It is important to not overload the system when taking your first treatment. If flu-like symptoms, nausea, or headaches occur, be sure the colon and liver are well supported. Longer sessions can be taken when the reactions are minimal or tolerable.

This form of lymph drainage uses far infrared heat and multi-wave oscillating frequencies with noble gases. Infrared is a type of invisible light with electromagnetic waves. Research has shown that far infrared ray has a high value on human health. These rays penetrate into the cells and create a water molecule resonance. It enters the subcutaneous cell layer and elevates the temperature. This increases capillary dilation and circulation. At this time there is an excretion of blood and congested toxins. This activates the cells, assists in repair and protection of these cells, and promotes the formation of enzymes.

In addition to the far infrared heat, we use multi-wave oscillating frequencies. These are based on quantum physics. When the light energy is applied to the skin, it increases the flow of both blood and lymphatic fluids. During the lymphatic drainage therapy, the light is applied to the skin in a systematic pattern. Toxins are decoupled from the interstitial fluid. They must then pass through the lymphatics. After being processed in the lymph nodes the toxins are excreted in the urine.

This light can also be used during colonics as the gut takes on the energy field and increases the flow of blood and lymph within the colon. This increases detoxification. Whether we do this as a full lymphatic drainage therapy or in addition to a colon hydrotherapy, we will have a reduction of toxins and patho-

genic material. Naturally we will have healthier cells.

After a lymphatic drainage treatment, it is important to drink plenty of water and take a detoxification bath. One of the easiest products to use is epsom salt. At least one pound of epsom salt is added to the bath water. Submerge the body as much as possible for 15 to 20 minutes. Use a loofah or vegetable brush to thoroughly brush the skin at the end of the bath. Other bath products, particularly those with EDTA can assist in the additional removal of toxins and heavy metals. Baths may be incorporated into any protocol as it stimulates the elimination of toxins through the skin.

In my private practice, I have come to realize that administration of the colon re-florastation therapy is essential to the lymphatic drainage treatment. This can be done after a colonic or as the lymphatic treatment begins. In this way, I have been able to almost completely eliminate detox reactions after the treatment. Otherwise, patients experience symptoms such as fatigue, flu like symptoms, headaches, and nausea.

Detoxification Baths

A detox bath can be as simple as the epsom salt bath explained above or as comprehensive as one using specific equipment. There are several models available which emit healing frequencies into the water. The unit which I prefer has four features. The powerful ultrasonic waves help the body recover from fatigue, has a massaging effect and boosts energy levels as it drives heat deep into the body. This warms the bones and the internal organs while improving circulation. The mat emits far infrared rays which create a magnetic field to detoxify whatever parts of the body are submerged in the water. It creates ozone from ambient air and disperses it into the water in the form of bubbles. In this way, the skin transfers the ozone into the blood stream disabling the toxins. The final feature is the negative ions which, like a thunderstorm, are generated anions to promote

cell activity and assist in the body's ability to process oxygen.

The benefits of this type of bath are internal warming, deep cleansing as it releases toxins, and the benefits of massage such as passive exercise and relaxation. A typical treatment is 15 minutes and can be done occasionally or up to four times per day.

Other Detoxification Methods

There are a number of other forms of detoxification, including hyperbaric oxygen, ionic foot baths, homeopathic drainage, and intravenous injections of hydrogen peroxide and nutrients. What is critical is to recognize the toxic problem being experienced. By evaluating this, we can then determine the most effective treatment to address that concern. Keeping in mind, the importance of an efficient colon first, and then the liver and lymphatics. What is not able to carry away the neurotoxin must be treated first or at the same time.

Case History #1

S.J. is a 20 year old female who was diagnosed with Lyme disease in the summer of 2006. Her program included the natural IVs of hydrogen peroxide, Vitamin C, and an ozone treatment. On the traditional side, she did 3 times per week for 2 months of antibiotic injections. Afterwards, she did oral antibiotics and antifungals. Within 6 months, her detox channels were extremely congested and crippled by the excessive neurotoxins.

Her detox program included colonics with the colon re-florastation therapy. As symptoms changed, we incorporated a parasite cleanse, detox baths, lymphatic drainage therapy and coffee enemas. After nineteen months of treatment, her doctors have determined that she is in remission. Her comment to me last week was: "Your treatments have been so valuable. However, what I appreciate most is this: I have learned what to look for so that I know what to do and when to do it. Thanks."

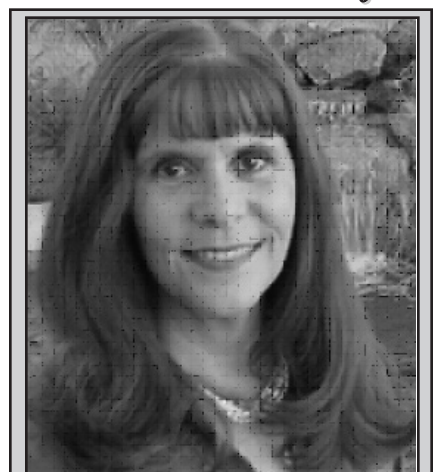
Case History #2

N.J. is a 7 year old boy who was diagnosed with high functioning autism. He has done a comprehensive heavy metal detox as well as antibiotics and antifungals. His detox protocol includes ongoing colon re-florastation therapy, lymphatic drainage therapy and hyperbaric oxygen. When his detoxification pathways function effectively, his behaviors such as spitting vanish and his speech and communication skills increase.

Case History #3

P.F. is a 44 year old male, diagnosed in early 2005 with Lyme. Traditional treatment was done initially, with some improvement. He then relapsed, which began his search into alternative treatment. He did IVs of vitamin C, chelation therapy, holistic antibiotics, and Bee venom treatment. The Lyme disease was primarily neurological. He continues to utilize numerous holistic physicians. The detox protocol includes colon re-florastation therapy which he considered a primary key. He also did lymphatic drainage therapy and castor oil packs. He must maintain a comprehensive program for Lyme, opportunistic viruses, and effective detoxification.

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Victoria Bowmann earned her PhD in Homeopathy and Natural Medicine. She has been in private practice in Phoenix AZ since 1978. She has written numerous articles for various publications, has been interviewed on radio and TV, and given presentations worldwide. Please visit her web site at <http://www.myreal-health.com> for further information.

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



Joseph Burrascano, M.D.

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

A few of my personal favorites:

NT Factor Energy™

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

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

CoQ10 Power™ 400mg

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

Transfer Factor Multi-Immune™

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

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

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

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

Best Regards,
Dr. B.



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