



# PUBLIC HEALTH ALERT

**FREE**

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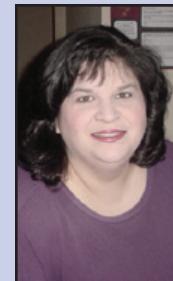
Investigating Lyme Disease & Chronic Illnesses in the USA

June 2008

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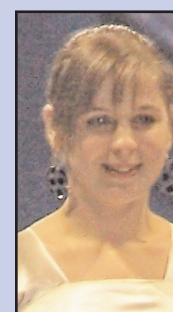
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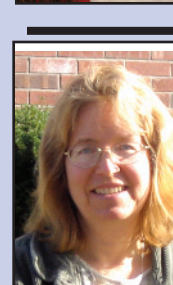
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## Attorney General's Investigation Reveals Flawed Lyme Disease Guideline Process

### IDSA Agrees to Reassess Guidelines, Add Independent Arbiter

*From the Office of the Connecticut Attorney General*

Attorney General Richard Blumenthal today announced that his antitrust investigation has uncovered serious flaws in the Infectious Diseases Society of America's (IDSA) process for writing its 2006 Lyme disease guidelines and the IDSA has agreed to reassess them with the assistance of an outside arbiter.

The IDSA guidelines have sweeping and significant impacts on Lyme disease medical care. They are commonly applied by insurance companies in restricting coverage for long-term antibiotic treatment or other medical care and also strongly influence physician treatment decisions.

Insurance companies have denied coverage for long-term antibiotic treatment relying on these guidelines as justification. The guidelines are also widely cited for conclusions that chronic Lyme disease is nonexistent.

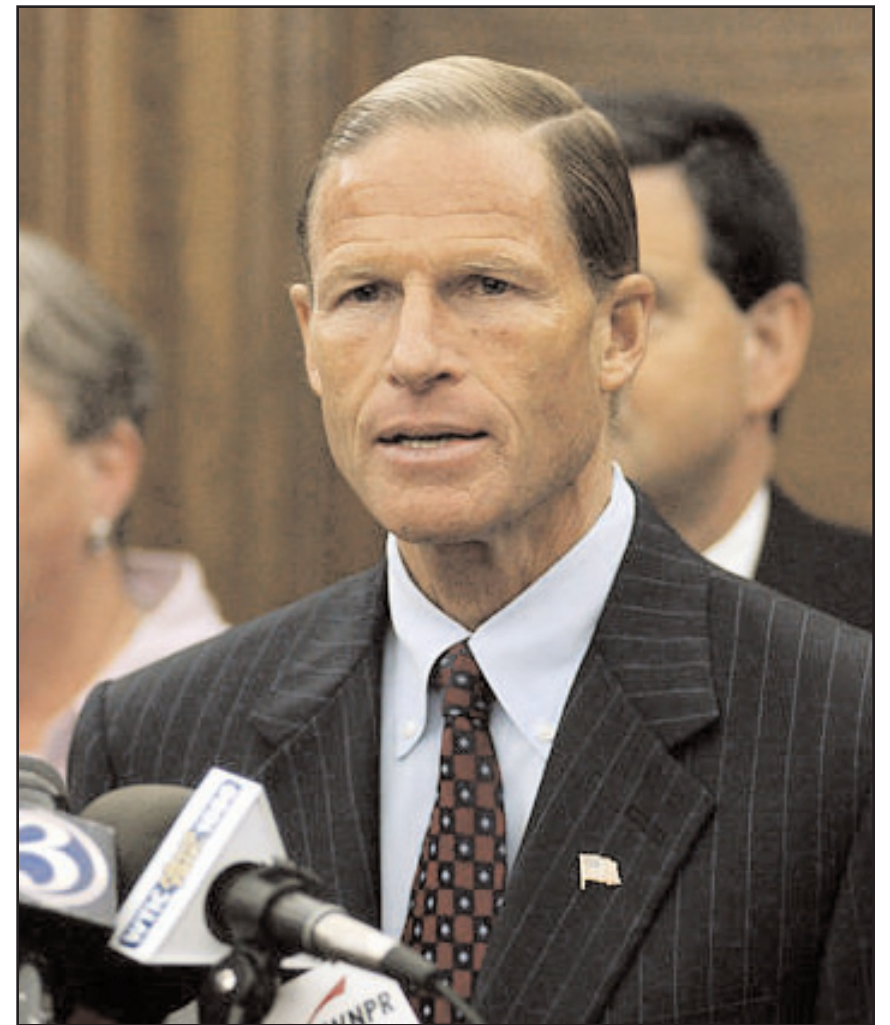
"This agreement vindicates my investigation -- finding undisclosed financial interests and forcing a reassessment of IDSA guidelines," Blumenthal said. "My office uncovered undisclosed finan-

cial interests held by several of the most powerful IDSA panelists. The IDSA's guideline panel improperly ignored or minimized consideration of alternative medical opinion and evidence regarding chronic Lyme disease, potentially raising serious questions about whether the recommendations reflected all relevant science.

"The IDSA's Lyme guideline process lacked important procedural safeguards requiring complete reevaluation of the 2006 Lyme disease guidelines -- in effect a comprehensive reassessment through a new panel. The new panel will accept and analyze all evidence, including divergent opinion. An independent neutral ombudsman -- expert in medical ethics and conflicts of interest, selected by both the IDSA and my office -- will assess the new panel for conflicts of interests and ensure its integrity."

#### Blumenthal's findings include the following:

- \* The IDSA failed to conduct a conflicts of interest review for any of the panelists prior to their appointment to the 2006 Lyme disease guideline panel;



*Connecticut Attorney General Richard Blumenthal believes his investigation of IDSA was vindicated by the findings.*

- \* Subsequent disclosures demonstrate that several of the 2006 Lyme disease panelists had conflicts of interest;
- \* The IDSA failed to follow its own procedures for appointing the 2006 panel chairman and members, enabling the chairman, who held a bias regarding the existence of

chronic Lyme, to handpick a likeminded panel without scrutiny by or formal approval of the IDSA's oversight committee;

- \* The IDSA's 2000 and 2006 Lyme disease panels refused to accept or meaningfully consider information

*"Blumenthal" ...cont'd pg 9*

## Candida Related Complex: A Complicating Factor in Lyme Disease

by Scott Forsgren

For many people struggling with chronic Lyme disease, symptoms such as headaches, inability to think clearly, mood swings, muscle aches, joint pain, poor memory, depression, sinus congestion, allergies, chemical sensitivities, digestive disturbances, fatigue, anxiety, and skin rashes are not uncommon. What may not be readily apparent, however, is that these same symptoms, and others, are attributable to a common yeast called Candida (can'-di-duh), which results in what has been termed "Candida Related Complex". A failure to understand and address this issue may result in a less than optimal overall Lyme disease treatment outcome.

Warren M. Levin, MD, PLLC blends conventional and alternative medical philosophies in his private practice in Vienna, VA. Dr. Levin has found Candida Related Complex (CRC) to be a significant factor in the presentation of many chronic conditions. Dr. Levin identifies CRC as a common iatrogenic complication in the majority of people with Lyme disease and believes that it must be adequately

addressed in order to return one to an ideal state of health and wellness.

Of the family of yeasts known as Candida, Candida albicans is the most common, though there are numerous species that may result in clinical symptoms. Symptoms of Candida can affect every bodily system and are often incapacitating.

The majority of practitioners in mainstream medicine today still do not recognize the importance of the presence of Candida on overall health. They often suggest that Candida is only an issue in patients that are severely immunocompromised, such as patients with HIV, cancer, or patients that have undergone chemotherapy or radiation.

This perspective is quite limited and misses the majority of patients whose health is in fact impacted by Candida.

Candida Related Complex has been called the "Yeast Syndrome", the "Yeast Connection", and Thrush, among other terms. It has also been called "imaginary", "nonsense", "fraud", and "charlatanism" by those that do not understand its implications and prevalence.

Not only does Dr. Levin believe that CRC is real, often overlooked and generally under-treated, but he has found that many people with a diagnosis of Lyme disease are experiencing symptoms that are partially, or entirely, attributable to Candida Related Complex, not to Lyme disease itself. Since the mid 20th century, five major changes in Western

societies have created the perfect storm for establishment of Candida Related Complex:

1. The tremendous increase in refined and processed foods, especially sugars and chemical additives.
  2. The introduction - and overuse - of antibiotics.
  3. The introduction - and overuse - of cortisone and its natural and artificial derivatives.
  4. The introduction and widespread use of Birth Control Pills, which are supposed to be "estrogen and progesterone" combinations, but are actually artificial, synthesized foreign molecules that are very successful in preventing pregnancy. Unfortunately, they also interfere with normal hormonal balances, and produce changes in the vaginal tissues that predispose women to Candida infection.
  5. The introduction- and overuse - of drugs that suppress stomach acid production, thus depriving the users of the nor
- "Candida"... cont'd pg 14*



*Dr. Warren M. Levin M.D.*



# Marriages That Are Way Out Of "Lyme"

...and the experts who make them explosive



by Virginia T. Sherr, MD

My work as a psychiatrist involves occasional office marital therapy. Lately most serious marital conflicts that end up here usually reveal previously unrecognized chronic Lyme disease as an underlying cause in one or both partners. After infection, the symptomatic mates are frequently so irritable, so cognitively and emotionally compromised that they have great difficulty coping with the other person or even with themselves. If there is a non-comprehending physician in the situation, the conflict may become even more incendiary.

Adverse situations that previously loving couples get into may be similar but also may show considerable variability: A frustrated man says to his doctor, "Look, my wife is just plain loony. I don't want to hear anything about Lyme disease. Where's the nearest institution? She's impossible." Or, conversely, an exasperated woman might say, "He's become a slug. Goes to work and goes to sleep - that's it. Is that any kind of a life? Now he even forgets my birthday. I don't matter to him anymore. I'm tired of excuses. I want a divorce."

In the worst-case scenario, unspeakably cruel things can happen within this marital bond. Nearby Levittown, Pennsylvania's newspaper reported a conflict involving a pair who had contracted Lyme. Their endless friction ended horribly in a murder/suicide. Thus, by the time tick-infected couples come to a psychiatrist, serious verbal or physical abuse between infected partners may have gotten out of hand both ways, man to woman and/or woman to man. (Likewise, of course, there can be teen violence toward parents or parents'

violence toward children.)

At one extreme there are the irate spouses. But there are also the exceedingly solicitous spouses who are supportive way past the point of exhaustion. One couple I saw recently fits yet another category. Each one of this pair has contracted (previously undiagnosed) sub-acute Lyme encephalitis. The husband, VP of his real estate company, has significant cognitive losses. He doesn't easily perceive them because he's actually still functioning on 10 of his 12 cylinders. His wife does see his memory losses, and was persistent in getting him medical help before the memory loss became permanent.

Unfortunately, she has bouts of significant irritable impatience. Because of her skill with problem-solving otherwise, and his ability to muster an abundance of patience whenever she is at her most symptomatic, their marriage survived.

The husband's original reluctance to accept his diagnosis related to the fact that physicians at a prestigious Philadelphia university advised him that he didn't have Lyme disease, despite his positive tests. He was told that his wife was a faultfinder. And, worse, she was probably trying to unman him. Discounting his positive Western antibody blot test, they said he looked just fine, although they did admit there were unusual, unexplainable, bright spots on his cerebral MRI. Eventually overcoming this bizarre advice, both mates were properly diagnosed and treated, not because of my persuasiveness, but because they saw what Lyme disease had done to their child.

This couple's son has a diagnosis of chronic neuro-Lyme disease. Both partners love, protect and cherish this child, so it was easier for them to see how the infection was affecting their son. Finally, they could see his symptoms reflected in themselves. They were

better able then to grasp the notion that the whole family was affected, which enabled them to deal with the infection in themselves - for everyone's mutual security. Not infrequently, spousal support has to extend to invalid children. Sometimes the entire family functions like a group of "downer" cows in that the infection brings everyone to his/her knees.

In other kinds of physical illnesses, breast cancer, asthma, or heart failure for example, there is unity - a pulling together of family and physicians in order to support the patient. But neurological Lyme is generally unrecognized by most doctors. When neurologic tick-borne disease causes personality changes that result in increasing impatience, dramatic flares of anger, depression, panic attacks, fatigue, and/or sudden mood changes, many physicians lose objectivity, forgetting the need to consider organic causes of irritability. Therefore they have no awareness that Lyme, for exam-



ple, can wreck relationships and destroy the very families that they are pledged to help.

Brain-inflamed, infected people may say impulsively destructive things, then wonder, "Did I say that?" Either they don't feel responsible for their words at all or they are mortified by them. But the damage to partners may already have been done. Perhaps they've been almost unaware of some small grievance for years - then that tiny hot spot suddenly takes inappropriate prominence as a life or death issue. Venom is spewed out...an unsuspecting spouse is left breathless. The mood "seizure" passes - but the

accused mate feels like he/she is left bleeding on the floor. These verbal wounds may permanently change things in the relationship.

Unfortunately, the family doctor is not always an ally to the couple, and in his/her inability to understand, often tends to side with one partner, thus missing both the big picture and the opportunity to help. A husband may take his wife's positive test to the family doctor who says, "Yeah, right, your wife is going to blame her attitude problem on Lyme disease? She's got to be kidding..." In this scenario, the woman is discounted by both men and may be lost. The husband's feelings of resentment are backed up or fostered by the physician and there then begins a growing collusion between the doctor and him. Doctors confronted with these scenarios could more wisely say, "Let's take another look at this..." rather than being dismissive of one partner, which only tends to miss-identify a person, not the spirochetes, as causing the problem.

The most disturbing scenario of this type of event that was ever reported to me involved a patient who took her husband with her to see her famous medical internist in Philadelphia. She had been worked up thoroughly elsewhere and found to have chronic neurological Lyme disease. She had expected that this world-famous physician would validate her fatigue to her husband, to explain that she hadn't recovered sufficiently yet to have back her usual energy for family, for sex or for travel. She had tried to explain this to her husband herself but he thought she was being evasive. He complained that one of the stated goals of their marriage had been to enjoy activities together - to take trips, dine out and have fun; they had started out doing these things. When his wife realized that she had no energy, the loss of it trans-

lated into a pronounced absence of self-confidence entailing a dread of being around people. She had a new sense of incompetence and social failure. Tired and insecure, she had finally withdrawn socially.

What little confidence she had left drained away when she turned to her specialist for his support. The doctor said to her in front of her husband, "Just look at you! You've let yourself go! Before you had this supposed Lyme, you were full of life and vigor. Look at you now. You're using Lyme disease to excuse the fact that you are no fun anymore. You look like a big zero. You're not taking care of yourself. What man would want to be in your company? You're not even trying. If I were your husband, I'd go out and have an affair."

The reader can easily guess what happened next. She went home, crumbled up, was ridiculed by her spouse who then had an affair and moved out of the house. People who have been treated like this woman often end up isolated, considering suicide.

Such medical ethics violations by a physician are equivalent to commission of medical-psychological rape. Ignoring the Hippocratic oath--doing harm while rationalizing that as being helpful - also deprives the doctor of an excellent opportunity to offer unique hope to a couple, as well. Abusing patients or their mates verbally bespeaks judgmental arrogance and assumes omnipotence. Such a practitioner displays not only ignorance of the facts of infection but manifests a penchant for playing a wrathful God. Everyone loses when that happens, as with even the husband in this case - a lonely man who eventually wished desperately to come home.

As with all aspects of medicine, and especially with Lyme disease, doctors greatly need to remain humble about what they do not fully understand. They also need to be willing to treat their patients' relationships as if they were the patients, themselves. Only then, can the full ramifications of disease be appreciated. Only then will the doctor achieve that satisfying maximal medical usefulness of helping infected couples flourish in their harsh personal environments. *pha*



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# A Picture is Worth a Thousand Words

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  
Asst. Technical Editor: 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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821 Sansome Drive  
Arlington, TX 76018  
972-804-2876

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or by postal mail to:  
PHA  
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by Dawn Irons

Recently I was going through my old family photos as I was making a photo montage of my niece Shannon as she was leaving to start a new life with her military husband in Germany. I was taken a back at how quickly time flies! Looking at these photos, it just



seemed like it was yesterday... but it had been almost 22 years.

Something else struck me as I was looking through the photos. I noticed several photos my mom had taken of me where I was laid out on the sofa, sick, exhausted, or too pained to live a "normal teenage life". I was too tired to really enjoy my prom!

I started remembering when I first became sick, or rather when I first started noticing it interfering with my daily life. I was a junior in high school. It was 1986. At that time, my symptoms seemed more of a nuisance than any-

thing, but by the time my senior year rolled around I was in the throws of a personal hell. I had become so sick that my mother moved a bed for me into the living room so that I would not be secluded from the rest of the family.

My life had drastically changed in those few short years of high school. I went from being a very athletic cheerleader to being a bed ridden girl riddled with migraines and severe vertigo that made death seem a welcomed alternative to the pain.

I missed 87 days of my senior year of high school. It was not so much that I missed the classes as much as it was I spent that time sleeping in an almost comatose state.

There were times that the brightest part of the day was when my niece would toddle over and crawl into my bed or

wake me up just to kiss me. She was better medicine for the soul than any of the gazillion drugs the neurologist was pouring down my throat with his official diagnosis of, "we don't know what is wrong with you so take this drug until we figure it out" syndrome.

The more I look back and remember, it seems I see things with a different perspective now that I have been diagnosed with Lyme disease.

Cheerleading was one of great joys. I loved the activity. As a freshman in high school, I remember the horrendous pain I would get in practice and during



the football games in my shins and muscles. My fellow squad members would tell me that was normal and it would eventually lessen. It never did. My muscle and joint pain kept getting worse.

The next year I tried the pep-squad and tennis instead. It was less strenuous, but still fun. But even that was short lived. By my junior year I left all aspects of sports or physical athletics. It was simply too much between the pain and the ongoing fatigue. It was then that I took up journalism again after leaving it behind for the pursuit of athletics.

Back to the photos... looking through the pictures I realized that they had captured a truth that I would not understand for almost 20 years.

Lyme disease was still fairly new on the scene in the 1980's and falsely believed to be only an east coast disease.

The best diagnosis that my neurologist could come up with was an educated guess that my symptoms might be caused by a brain tumor or epilepsy.



## Perks From the Pistol Packin' Texas Grandma



by Harriet Bishop

I'd been battling chronic Lyme, bartonella, babesiosis, ehrlichia, and morgellon's, for many years without any doctor having a clue to what was wrong. The ultimate affront came when a retired doctor and I were hanging onto the pool gutter, resting at the deep end after a fast butterfly lap at our competitive senior swim team practice.

I had just told him my muscles were really too sore after workouts these days, and I wasn't sure how long I could continue. My friend surprised me with a stern look, and admonished, "If you are having all the pain you SAY you are having, you had better look to your MOTIVATIONS, Harriet!" Stunned, I turned away ashamed. The camaraderie on the team sagged and was the never the same after that day, as I could no longer speak frankly to him. And I wasn't sure what he had told the others!

Years went by, and here in Texas when faced with big problems, we get out the 'big guns.' In fact, it was a .38 revolver that I bought 5 years ago perhaps thinking I could scare the unknown critters away, or armed with that gun I could at least feel more powerful!

To carry it in the glove compartment on the way to the firing range, and in my handbag while I registered at the desk for

target practice, I had to buy a license to carry a concealed weapon. This involves a licensed teacher coming to the house weekly for a series of lessons with a textbook, followed by a written exam. After successfully passing the written test and nailing target practice at the firing range, the next step is to be photographed and fingerprinted. The teacher had brought the fingerprinting kit to our house, but he was most perplexed by the condition of the pads of my fingers.

The ink marks were nothing but a series of irregular, jagged cracks-no evidence of normal fingerprints. Yes, I knew I had 'dry skin' because several dermatologists had told me so. Yes, they crack and bleed, but those same dermatologists had told me that I caused it all myself! The teacher had never seen anything like it before, but he submitted all the materials to the Concealed Handgun Licensing Section of the Texas

Department of Public Safety in Austin.

Naturally, the non-fingerprints didn't 'cut it' with those fine folks, and I had to get a special dispensation, with affidavits from people who had known me for a long time, affirming that I was who I said I was!

Now it is five years later, and I must go through a renewal process before my 80th birthday in September. Since 2005 I have been lucky enough to have had state-of-the-art treatment with Lyme literate health care practitioners. They have addressed each disorder in proper sequence. Guess what? I have my fingerprints back again!

Now maybe I'll need affidavits to prove I am the same lady who had no fingerprints in 2003! And maybe too the .38 revolver helped a little to scare off those pesky critters!

pha



# 1st Annual Morgellons Disease Conference Hosted Leading Researchers

## They are Searching for the UnCommon Thread

by *Harriet Bishop*

More than 150 people from Canada, Mexico, and 22 states gathered in Austin Saturday March 29, 2008 to hear startling results of recent research into the newly emerging disease called Morgellon's. Westoak Woods Baptist Church was the setting for the conference which was sponsored by the Charles Holman Foundation. It is the first of its kind in the nation to explore this puzzling disorder in depth. Researchers and clinicians came from both US coasts to disclose their findings to patients.

In Texas approximately 830 persons are believed to be suffering the lesions that fail to heal over weeks and months despite aggressive treatment. The Morgellon's Registry at [www.TheNMO.org](http://www.TheNMO.org) lists 14,000 families affected nationwide.

Dr. Raphael Stricker of San Francisco announced that DNA from a microbe called *Agrobacterium tumefaciens* had been found in skin lesions from all seven patients tested. This microorganism is the only known bacterium capable of infecting both plant and animal tissue. It is the organism responsible for the development of gall disease on trees, and the recent findings suggest it may play a significant role in the development of Morgellon's disease in human subjects.

Dr. Stricker hypothesized that the organism might be getting into human beings through the bite of ticks, as ticks have already been shown to harbor more than 25 distinct infectious microorganisms. Further study is warranted to ascertain the presence of this microbe in ticks.

It is significant that 95% of Morgellon's patients test positive for Lyme disease. Most treating physicians agree that the only effective treatments at this time are antibiotics or herbal protocols geared to eradicating the Lyme disease organism, a spirochete called *Borrelia burgdorferi*. Treat the Lyme and the Morgellon's gets

somewhat better, but a 'cure' has yet to be found. Knowing the identity of the enemy might now help scientists develop more specific treatments.

### What the Researchers and Doctors are Saying about Morgellons

"...I now have over 200 patients who fit the criteria for Morgellons disease... As Nurse Practitioners, we must strive to look beyond what we have been taught when confronted with new and puzzling symptoms in patients. Rather than being quick to pigeonhole these patients into a psychiatric diagnosis, we owe it to them to thoroughly investigate the cause of their symptoms.

Morgellons disease is a reminder that we have much to learn by really listening to the patient."

**-Ginger Savely, FNP-C  
San Francisco, California**

"I am a Board Certified Pediatrician and have practiced in this community for the last 27 years...

...I knew little of the psychiatric disorder called 'Delusional Parasitosis'...I have learned a tremendous amount since... many patients have been told by numerous physicians that their symptoms are psychiatric and...have been placed on potent drugs to help their 'psychosis'. Most of these patients have been diagnosed by history alone with no laboratory tests...

Reports that suggest this disorder may progress and cause autoimmune disorders and psychiatric disorders are frightening.

Yet I believe this is only the tip of an iceberg...this disorder is much more common than anyone suspects...during the course of my practice activity, I have seen numerous children...a minimum of 3 children daily in my office with suspicious skin lesions."

**- Gregory V. Smith, MD,  
Gainesville, Georgia**



Among the speakers at the conference we (left to right) back row: Ginger Savely, FNP-C, Dr. Randy Wymore of Oklahoma State University, Dr. Raphael Stricker, M.D., Dr. Gregory Smith, M.D., Mark Darrah, BS, David Gibbs, Disability Specialist. Front Row: Harriet Bishop of the Texas Lyme Disease Association and Cindy Casey, R.N.

"It's a very bizarre kind of symptom... because you can see them coming through the skin.

I think it's been trivialized in the past...people are starting to pay more attention because there are more and more patients who seem to have it.

There's a large proportion who are either nurses or teachers.

There is always something that we don't understand and we're constantly coming up with new things that we don't really understand yet...

The CDC has no program to test Morgellons...They're being a little disingenuous."

**- Raphael Stricker, MD  
San Francisco, California**

"There's no question in my mind that it's a real disease."

"If it were not for the fibers, the patients would all be taken seriously. So I think even though the fibers may be a key to helping us diagnose this disease, they have also been a hindrance to it even being accept-

ed as a real disease in the past."

"I would challenge any of these physicians who think that we are just feeding into the delusions to come and examine a group of these patients and see what I've seen."

**- Rhonda Casey, DO  
Tulsa, Oklahoma**

"Morgellons lesions are complex, diffuse, deep and have many types of skin presentations all at the same time. If there is any "delusion" to be found in Morgellons, it is that it looks like the skin organ itself has become delusional and shows a vast array of pathology all at the same time. As a research clinician who invents treatments in many areas of medicine, one should really be careful about simplistic answers in this age of NASCAR medicine--the physician runs from the intake door to the exit door faster than an INDY 500 race car, just to make payroll.

Simple answers are often ridiculous answers. And calling Morgellons a delusion with self-inflicted lesions is something that will embarrass medicine in the coming decades—in

the same manner in which HIV was trivialized and ignored."

**- James Schaller, MD, MAR  
Naples / Tampa, Florida**

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Ginger Savely, FNP-C  
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# Springtime & Harvest: It's all about the Seed



by Joan Vetter

Jesus shared a parable about how the seed – the Word of God – yielded various results depending on where it fell. At our church's annual mission's conference Mark Ost, missionary to France, shared some startling statistics of his initial struggle getting a church started

in Paris. He stated, "After 3 years I had 10 people, and one day 9 of them said they were leaving and not to contact them. He learned how difficult it is to reach the French people with the gospel due mainly to their intellectualism and their sparse spiritual heritage. However Mark never stopped sowing the seed, and today his church has over 200 people.

Several years ago we moved to Valley City, Ohio and purchased a 50 year old farm house on 2 acres of land. So we set out to become farmers, and planted a garden. The first year we were big on enthusiasm but short on knowledge. Our crop was meager. The next year a neighbor arrived with his huge tractor to plow our garden plot. We added fertilizer to the soil and covered the soil with burlap bags to keep the weeds

out. Like Mark, I'm glad we didn't give up. Our reward was dozens of ears of fresh picked corn, and more tomatoes than we could eat or even can. I still laugh at the picture of myself right before our corn was ready for harvest. We had a tremendous storm with high winds and pelting rain. After it subsided, the corn stalks were all bent to the ground. I kneeled in the mud to straighten them and piled up mud around the roots. Task accomplished, I was covered with mud but delighted that I had saved our harvest.

Our neighbor across the street also raised corn, but the raccoons would instinctively know when it was ready to eat and they would raid his garden. He told me that he even sat in his corn patch with a gun to shoot them when the corn was almost ripe. Knowing I didn't

own a gun, I drew upon the only ammunition I had - prayer! I asked the Lord to protect our corn from the predators. One morning around 5 a.m. we heard a loud ruckus in the corn patch. When we looked there was a dead, huge raccoon! Did he tangle with a dog or an angel? Who knows?

I believe the Lord uses many everyday examples to teach us His principles about the Kingdom of God. I learned much about His ways during my gardening experience. In the Song of Solomon 4:12 God's beloved is referred to as a "garden enclosed". God seed planted in our lives when we are born again is the Word of God, which in 1 Peter 1:23 is identified as "incorruptible seed". Once, in a prayer group gathering someone used the term "supersede", and we all

grabbed on to the words "super seed" and began to laugh. The Bible says He sent His Word and healed them and delivered them from their destructions, so we pictured that Word being sent with supernatural superiority that day.

God's Word tells us the promises of God are yes and amen, so we first look for the promise in seed form. Then we plant it in our hearts and water it and expect it to grow. I admit it is difficult when we are in chronic pain, but I believe our own breakthrough lies in discovering the strength to reach out and be concerned about someone else. Like Abraham Lincoln said, "To ease another's heartache is to forget one's own." *pha*

## What's the Big Deal About Church



by Lisa Copen

"I didn't decide to stop going to church. I just missed a Sunday, then two. I really didn't feel well, and I was getting less and less out of it. Now it's been six months. I'm not sure if I am really missing anything."

"Why go when I can't even concentrate on what is being said? I'm in so much pain and it takes so much out of me... God must understand that!"

"I was really disappointed in how people responded to my illness: 'You must not have enough faith,' 'you obviously don't want to be healed since you didn't come Wednesday night...' Church just got too emotionally draining. I couldn't go without coming home in tears."

"I didn't have the energy to be involved in anything but the church service, so a lot of friendships just sorta drifted away and church wasn't fun anymore."

I've been there. I've felt that way too. We all have moments when getting out of bed on a Sunday morning (especially after trying to keep up with everyone on Saturday) is less than appealing. I've sat through many services, waiting for God to show me why He wanted me to come. I've felt lonely, in pain, frustrated, and sometimes even irritated. I've prayed, "Lord, open my heart, help me focus, let the pain subside so I can hear your Word. Lord, my throat is too irritated to sing, my legs too weak to stand, my wrists too sore to even rotate my hands toward you... but I am here... I surrender it all."

And then there are

Sundays I crawl back into bed and say, "Lord, I just can't do it today."

So! How do we decide when to go to church and when to give in and go back to bed? When to change churches and when to stick it out? And why is it that Satan seems to attack our bodies so hard Sunday mornings about 8 a.m. in order for our spirit to cave in and stay home?

### I Just Don't Feel Well Enough

First, what is "well enough?" Did you go somewhere yesterday that has caused you to feel worse today? Will you be going on outings the other days this week? If Sunday rolls around and you suddenly feel "under the weather," you can guess that Satan is attacking your body to make you feel discouraged. The last place he wants you is at church where you will gain encouragement and hope. The longer he can keep you away from there the more likely it is you will turn away from God.

If you are having an overall physical difficult season make some temporary adjustments. You may want to attend an evening service if you feel better at night. Sign up to automatically get the audio tapes of the service and find a friend that will meet with you weekly to discuss the sermon and connect spiritually.

My church has their entire church service broadcast live on their website Wednesdays and Sundays. If you're church doesn't, join me at [www.maranathachapel.org](http://www.maranathachapel.org). There are some Sundays I have sent my husband out the door to church and then curled up in my robe with coffee in front of the computer and 'joined him.' It's a temporary solution, but one I feel is God-ordained.

### I've Had My Feelings Hurt Too Many Times

Okay, this is a big one. Research has shown that most people leave churches because of interpersonal conflicts. First, evaluate your own expectations. People aren't perfect; only God is. It's likely that no matter where you go to church there are going to be a few well-intentioned people that say something the wrong way and your feelings are hurt. It's not pretty. I've been there. I've driven home from church before in tears or even bursting with anger about something someone said to me that cut to the quick.

Bottom line: we can't change others. We can only

responses into a new perspective.

Only through your relationship with Christ, however, will you learn how to respond with loving-kindness (or at least tactfully), gain wisdom in setting boundaries, and know whose opinion really matters. "Am I now trying to win the approval of men, or of God? Or am I trying to please men? If I were still trying to please men, I would not be a servant of Christ," (Galatians 1:10).

### I Can Be a Christian Without Going to Church

True, however, Jesus emphasized the importance of His church. The Bible also emphasizes that regular worship, Bible study, fellowship with other believers, and service to one another are important. And the Bible warns against willful and persistent rejection of God (Hebrews 10:26). "The gratitude and enthusiasm of a saving faith leads us to want to thank and worship Him, to hunger for knowledge of truth, to desire a fellowship with other believers. Active church involvement provides an antidote to the culture. Church is where faith is nurtured, sustained, and will be a basis for us sharing our faith with others outside the church. Our faith moves us to action, to love and serve one another in words and in deeds"

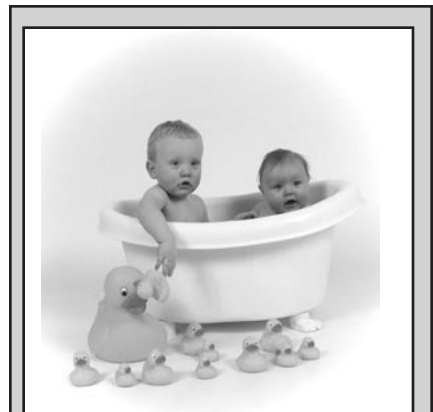
If you do not look forward to going to church, the real issue may be that you are attending (or not attending!) the wrong church. Church is a place where you go to be renewed, to serve Christ, encourage and be encouraged by other believers.

God gives each of us special gifts and yet if we don't go to church, people are not able to receive these gifts. Even if you think you don't need church, the church needs you!

*pha*

Going to church won't make you a Christian anymore than standing in a garage will make you a car. But I encourage you to give it your best attempt! Get there! And if you can't, make other alternatives to be spiritually fed. Hebrews 12:7 says, "Endure hardship as discipline." Many Sunday mornings will require discipline on your part to get there, but you will be blessed.

change ourselves and how we respond. June's article on how to help others understand your illness may be helpful. By reading some books that Rest Ministries has available at The Comfort Zone, such as Struck Down But Not Destroyed, you will put your illness and other's



### Reasons Not to Wash

If you took the same excuses that we use for not going to church and apply them to other important areas of life you'd realize how inconsistent we can be in our logic.

1. I was forced to wash as a child.
2. People who make soap are only after your money.
3. I wash on special occasions like Christmas and Easter.
4. People who wash are hypocrites. They think they are cleaner than everyone else.
5. There are so many different kinds of soap, I can't decide which one is best.
6. I used to wash, but it got boring so I stopped.
7. None of my friends wash.
8. The bathroom is never warm enough in the winter or cool in the summer.
9. I'll start washing when I get older and dirtier.
10. I can't spare the time.

### About the Author:

Lisa Copen is editor of "HopeKeepers Magazine," mom of a 3-year-old, lives with rheumatoid arthritis, & author of "Beyond Casseroles: 505 Ways to Encourage a Chronically Ill Friend." <http://www.comfortzonebooks.com>



# Traditional Lyme Disease Treatment Questioned



by Steve Nery  
Courtesy of *The Star Democrat*

Lyme disease advocacy groups believe a new study reinforces their position that traditional treatment does not effectively eliminate the disease.

A University of California at Davis Center for Comparative Medicine study (published online by the American Society for Microbiology) concludes that traditional treatment of Lyme disease did not kill all *Borrelia burgdorferi* spirochetes, the tiny organisms responsible for the disease, in mice in the lab.

The study seems to back Lyme advocacy groups' contention that more intensive treatment may be needed at times, although the authors note that more studies are needed to determine the long-term fate of the surviving spirochetes.

Mice were treated with ceftriaxone (a drug commonly used to treat Lyme) or saline (the placebo) for one month, the maximum amount of time recommended by the Infectious Diseases Society of America (IDSA).

Treatment started during the early stages three weeks after infection or chronic stage four months after infection.

Tissues of the mice were tested for infection by culture, polymerase chain reaction (during which DNA molecules are amplified for inspection), xenodiagnosis (testing whether clean samples become infected upon exposure), and allograft transplantation (in which organs are taken and put in another mouse).

The tests were performed at one and three months after the completion of treatment. Tissues were also examined for spirochetes by immunohistochemistry, where researchers look for antibodies to mark the presence of the bacteria.

The mice treated with saline tested positive for the spirochetes by culture, whereas the mice treated with antibiotics were consistently *culture* negative.

Some of the *tissues* from the mice treated by antibiotics, however, were PCR-positive, and ticks which fed upon those mice picked up the spirochetes.

The ticks then went on to transmit the spirochetes to previously uninfected mice, which were also PCR-positive but culture-negative.

"Results indicated that following antibiotic treatment, mice remained infected with

the remaining spirochetes, which were found hiding in tissue at the base of the heart as well as in tendons or ligaments at joints.

The authors conclude that the overt disease may no longer be present following a

month of antibiotic treatment, but the continued presence of *B. Burgdorferi* may contribute to the persistence of constitutional symptoms.

The culture tests, the method favored by the IDSA, "cannot be relied upon as markers of treatment success," they write.

"This latest study once again proved the maximum recommended treatment for Lyme disease failed to eliminate the infectious agent.

We need to treat Lyme disease patients until all of their symptoms are gone and not by some arbitrary, cost-effective, insurance friendly guidelines that aren't worth the paper they are written on," said Lucy Barnes, director of the Lyme Disease Education and Support Groups of Maryland.

Barnes is among those

who advocate for the International Lyme and Associated Diseases Society (ILADS) treatment guidelines, which provide more flexibility than the Infectious Diseases Society of America's guidelines.

"People, especially children, are going to continue to get sick and stay sick if this disease isn't treated promptly and aggressively.

This is another study proving what is being done for people with Lyme is totally inadequate in many cases," Barnes said.

Barnes also decried the ineffective testing method endorsed by the IDSA.

"If this was a test designed to detect cancer and 75 to 90 percent or more of the people who had cancer or HIV were missed, the public outcry would be horrendous.

These standard Lyme tests that doctors are depending on to diagnose their patients must be pulled from the market immediately to prevent more harm.

Physicians should be clinically diagnosing Lyme as the Centers for Disease Control recommends and treating it until the patients are better, as they would for any other infectious disease," she said. *pha*

**"This latest study once again proved the maximum recommended treatment for Lyme disease failed to eliminate the infectious agent. We need to treat Lyme disease patients until all of their symptoms are gone and not by some arbitrary, cost-effective, insurance friendly guidelines that aren't worth the paper they are written on."**

non-dividing but infectious spirochetes, particularly when antibiotic treatment was commenced during the chronic stage of infection," the abstract reads.

The authors write that further tests are needed to determine the eventual fate of

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Dana Floyd, Moderator

*Teen Forums, Christian Forums, General Forums*



# Heather Holtry "Makes-A-Wish" for Lyme Disease Research

Story by Dawn Irons  
Photos by Ben Van Meter

"A dream is a wish your heart makes when you are fast asleep." -from Walt Disney's Cinderella

Dreams are the hope of childhood fantasies. They come in all shapes and sizes. The Make-A-Wish foundation is an organization that has devoted itself to chronically ill children and helping to make their wishes come true. Many of the children Make-A-Wish has granted wishes to had Disney World at the top of their list. Disney is the master-creator of wide-eyed wonderment of children across the world. But on this particular occasion, the Make-A-Wish Foundation granted a wish to a girl who had her hopes and dreams set far beyond the likes of Disney World.

Heather Holtry, a 17 year old girl from Pennsylvania is a beautiful child of God, as is shown through her generous spirit of ultimately giving her wish away to increase awareness of this tragic disease that affects so many.

Heather is battling Chronic Disseminated Late Stage Lyme Disease. She was granted a wish and invited to bring her fashion designs from paper to life at the Pure Fashion Runway Program in Atlanta GA. Separate from and following the wish and in cooperation with Pure Fashion [www.purefashion.com](http://www.purefashion.com) and the Lyme Disease Association, four of the formals that Heather designed will be auctioned off with the proceeds to benefit Lyme Disease research.

As a young Christian woman, Heather has a passion to inspire teen girls to wear modest and yet fashionable clothing.

The Make-A-Wish foundation worked together with Pure Fashion to make Heather's wish come true. Pure Fashion and "The Modesty Movement" have been making headlines around the world. They desire to change our culture "one outfit at a time".

According to their web-

site, "Pure Fashion is an international faith-based program designed for girls 14-18 to help young women re-discover and re-affirm their innate value and authentic femininity. "Pure Fashion is a character formation program that enhances not only a young woman's external appearance, but more importantly, her interior beauty and balanced self-confidence."

Heather has not had an easy road where her health is concerned. The Lyme disease became (has been) progressive and degenerative when complications from years of mis-diagnosis enabled the Lyme to disseminate deeply into her cells. The result threatened the quality of her life and has left her seriously immune-compromised and neurologically challenged. She is at this time, drug resistant and is now battling her Lyme on an all natural herbal antibiotic and immune rebuilding protocol, under the careful direction of a licensed, highly trained physician of naturopathic medicine. Her conventional/integrative physicians support this decision and her team of doctors have communicated with each other in the management and care of her Lyme to ensure no contraindications and a high standard of care. The Holtry family is grateful for the integrity and quality of their medical team. Just prior to her leaving for her Make-A-Wish weekend, Heather's dad and mom, Barry and Diana Holtry, briefly described some of the teens symptoms.

"Heather has just battled through seven weeks of the latest relapse of Bartonella, one of the difficult Lyme co-infections. During this time she suffered intracranial swelling which induced encephalitis in her brain. This aggravated the cognitive impairment, short term memory loss, musculoskeletal and neurological pain to mention a few. Her pain levels had climaxed to a point of such nausea and vomiting that she dehydrated. The exhaustion is indescribable. Our protocol includes IV infusions of micronutrients to replenish, re-hydrate when nec-

essary, and flush the toxins from her brain and liver. When the "sun shines" on a good day, Heather runs forward and does not look back."

Barry and Diana consulted with Heather's medical team prior to leaving. Barry said, "Each specialist is fully aware of the challenges and potentials. They did not withhold acknowledging that this was a test." Because there was a medical plan in place in Atlanta, they were encouraged to go. "They wanted her to enjoy this time in whatever way possible" said her Dad.

"Our confidence, and the doctor's, was affirmed when we were able to arrange for special medical care in Atlanta in the event of a need. Because Heather has such severe reactions to the drugs, we sought and found an integrated medical team who was available to us once we arrived in Georgia.

"Lyme symptoms, like those of most late stage Lyme patients can rapidly be debilitating, so this gifted team who treated Lyme much like our own team was a God-send.

*"Faith is realizing that I am useful to God, not in spite of my scars, but because of them."*  
~ Pamela Reeve

When the medical director in Georgia heard Heather was coming, he was gracious to offer the services of his clinic. On his own time, he came to the World Congress Center to meet Heather and her parents. He was also concerned and wanted to know how she was managing. "He is a wonderful man of faith, a Daddy and a wise physician. He understands the complications of this disease when it is in its later stages. This was a HUGE blessing and comfort for our family.

"With all due respect, so many of our primary care physicians, and definitely hospitals, are not properly equipped to treat late stage Lyme.

"If there is no known tick bite or obvious 'bull's eye' rash, Lyme can be missed. Primary care physicians are forced to use insufficient testing on the frontlines. Lyme is a clinical diagnosis backed up by labs. There is mass confusion in the medical community that the CDC surveillance criterion for Lyme is intended for diagnostics; but this is not true. The CDC is clear about this, yet the insurance industry and a majority of physicians are not



Heather Holtry age 17 models an originally designed prom dress that will be auctioned off to help Lyme research.

aware of anything different until they find themselves personally affected or see a growing number of refractory patients, misdiagnosed yet residing in an endemic region. If inadequate testing and outdated protocols are the standard of care, it can compromise the future and life of the patient," explained Heather's mom.

She further shared, "This is why we are committed to promoting prevention and awareness. Politics have caused a division in the standard of treatment, a delay in an emergent need for highly specified diagnostics and proven treatment protocols. Our doctors need the appropriate tools to be able to care for their Lyme patients. The International Lyme and Associated Diseases Society of physicians are working to bring science to the forefront for these very reasons.

"Turn the Corner Foundation [www.turnthecorner.org](http://www.turnthecorner.org) provides grant funding for this education. Health care professionals are now being trained around the world to recognize and treat this disease successfully; bringing relief to the many that may have lost hope for a pain-free future because of Lyme disease. The mission of TTC is to support research, education, awareness and innovative treatments for Lyme disease and other tick-borne diseases"

"We don't know exactly how I became infected with Lyme," said Heather, "but my doctors believe it is highly likely that I could have been born with it, having it passed on by my mother during pregnancy, although, I have also had tick bites over the years beginning when I was very little. We do not know for sure yet. We only know that I have been sick since I was born.

"What I do know is that only through Jesus Christ could I have made it as far as I have. He has brought people into my life to encourage me and He is always with me. I know I can turn to Him for strength and also share with Him the joys.

If I had to do it all over again - to go through the incredible pain I now know - and all that is still being impacted, I probably would.

"I have matured spiritually SO much. I have been able to share my love and hope with new friends all over the U.S., who are also going through the same thing I am."

Heather is quick to remind you, "Even though I am in this battle, Lyme disease is not my identity. My name is Heather and I am Christ's child."

Heather shared from the heart about her friend Greta who accompanied her to the fashion show. "Greta is my dear friend who has been one of those special people who you feel you can share anything with and also be challenged in your walk. I've been blessed by our conversations and I appreciate how we both are able to really 'see' each other. She's one of those dear friends, who, when I'm having a rough day and she is nearby, and I reply with "I'm fine" can say, "GREAT! Now, how are you REALLY feeling?" I've appreciated her grace and strength in her faith walk. I was beyond excited that I could share that day with Greta. I think she is one of my few teenage friends who encourage my free spirit."

In answer to Pure Fashion's Mrs. Boyle and Mrs. Sharman's question of what message Heather would want to convey to young women, she responded, "The message that I would like to encourage in all girls is that you can have fun and play with fashion and still be modest. The reason I choose to be modest is because God says we are His temple. The Lord calls us to encourage our brothers in Christ, not tempt them. Beauty and fashion are two totally different things. Beauty will come in the way you hold yourself and how you talk to others. True beauty is about our character and a reflection of who we are on the inside. Fashion is just an



Heather Holtry (Right) and her friend Greta (Left) take the fashion runway at the Pure Fashion Style Show as part of her wish from the Make-A-Wish Foundation.

"Heather" ...cont'd pg 15



# The ABC's & XYZ's of Lyme Disease: March of the IDSA Puppets

Part 3 of a series of opinions



by Tina Garcia

♪♪ OH-E-OH!OOOH OH! ♪♪  
♪♪ OH-E-OH!OOOH OH! ♪♪

Watch and listen! Here comes the marching IDSA puppet army, looking so distinguished and dressed so smartly in their crisp, white lab coats, stethoscopes swinging to the loud beat of the drum. Their expressionless faces drawn taut with determination, they exhibit no sympathy or understanding for useless eaters, such as Lyme disease patients. Watch them march in lockstep across America toward every legislator's office. DON'T get in their way, for their presence is commanding, and they have been programmed to complete their Mission. This army belongs to the Infectious Diseases Society

of America, and they are the pre-eminent army of infectious disease terminators in the U.S.

The IDSA puppet army is 8,000 strong, or less by deducting any conscientious objectors, of which there must be some. They are unquestioningly the almighty authorities on Lyme disease. Though these troops rarely, if ever, fight in the trenches on the front lines by providing diagnosis and treatment for chronic Lyme disease, they still expect our undivided attention. Hut Hut!! Stand at attention as the troops march by. Don't look down! Don't look away! And don't look them in the eyes! We must give them our strict attention, but we are not deserving enough to meet their holy gaze! Reverence is what we owe them and how we pay them for their dedicated service to making our lives miserable!

The troops take their marching orders from their medical commander in chief, lobbying lieutenants and public relations gurus. These "sympathetic and understanding" soldiers have been instructed to fill in the blanks of pre-written form letters to mail to their state and federal legislators objecting to ANY and ALL legislation initiated on behalf of patients suffering from tertiary Lyme disease. It doesn't matter

what the bill states; the IDSA will object to it. Make no mistake-THIS IS WAR!

As is the case in all wars, an enemy will feign friendship to trap its opponent in a snare. IDSA opponents are not only Lyme patients, but their legislators as well. To the IDSA, legislators are disposable tools they use to further their selfish agenda. To the patients, the legislators are rays of hope that their suffering may be alleviated. The IDSA snares come in the form of authoritative lobbying letters to legislators. A snare within the snare comes in a paragraph in the form letter in what at first appears to be a personal testimony of experience treating Lyme patients. However, all the paragraph really says is that the infectious disease physician treats "serious infections on a daily basis." Those serious infections rarely, if ever, include chronic Lyme disease. This paragraph begins with the words "On a personal note..." Then each ID physician encourages every patient to obtain a second opinion. You may find this personal form letter on the IDSA's website at [www.idsociety.org](http://www.idsociety.org).

I'm really touched by each marching puppet's expression of sincerity and experience, empathy and advice. Sure, patients will go for a sec-

ond opinion, and a third, and a fourth, up until maybe a thirtieth opinion. I must inform the IDSA and its opinionated puppet army that, if a patient has obtained ten or twenty or even thirty opinions and they're still not diagnosed and treated and getting well, then these patients are going to obtain the last opinion from a Lyme-experienced physician. And why shouldn't they get one final opinion and receive helpful treatment after so many erroneous opinions and denials of treatment? For the IDSA and its army of one opinion to object to a chronic Lyme patient's eleventh or twenty-first or thirty-first opinion, shows that the IDSA is chronically obsessed with preventing diagnosis and treatment for patients suffering from long-term tick-borne infections.

The IDSA needs to get some help for their obsession with diagnostic and treatment denial. Can't they see that Lyme patients are not dependent upon them? Can't they just let go? We don't need their so-called advice, and we don't need the grief they heap on our plates on a daily basis. We need to concentrate on getting well. Our energies should be directed toward healing actions and thoughts. Patients are depressed from a physiological

cause, and the IDSA is causing even more depression with its constant assaults on our health and well-being. IDSA and its member puppet army have lost sight of their Mission as healers, and instead, have focused their eyes on a Mission to destroy people's lives. This is unacceptable for an organization that claims to be a sympathetic and understanding pre-eminent authority.

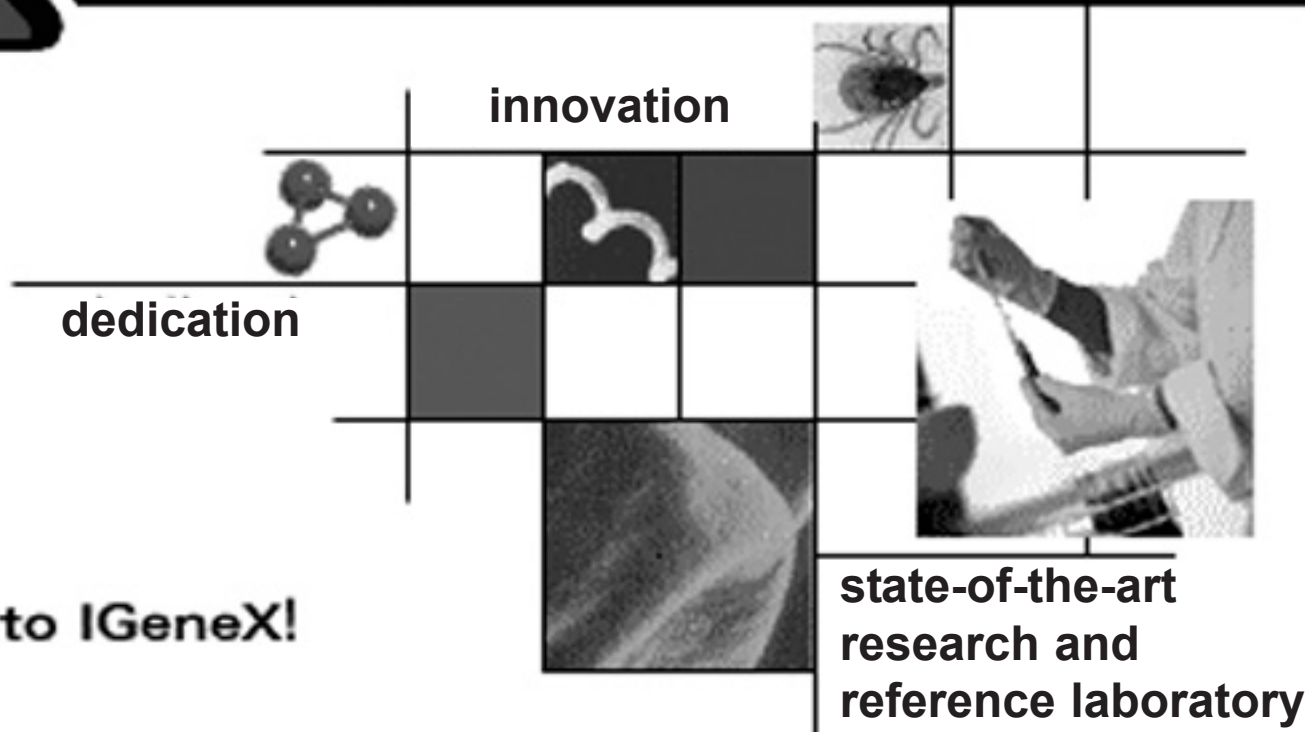
IDSA, its former and current representatives and its Lyme disease Practice Guideline authors continually spew forth toxic venom that poisons medical journals, treating physicians, gullible and manipulated media and suffering patients. The latest venom landed in our faces from IDSA President David Poretz's March 21, 2008 letter to Senator Edward Kennedy. The following is my response to Senator Kennedy that debunks IDSA's venomous lies--lies that contradict its own Practice Guideline authors' published research.

**Dear Chairman Kennedy:**

As a chronic Lyme disease patient and patient advocate, I am writing to you today to respectfully request your support of S. 1708. It is imperative to the lives of thousands "IDSA Puppets"...cont'd pg 16



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“Blumenthal” ...cont'd from pg 1

regarding the existence of chronic Lyme disease, once removing a panelist from the 2000 panel who dissented from the group's position on chronic Lyme disease to achieve "consensus";

\* The IDSA blocked appointment of scientists and physicians with divergent views on chronic Lyme who sought to serve on the 2006 guidelines panel by informing them that the panel was fully staffed, even though it was later expanded;

\* The IDSA portrayed another medical association's Lyme disease guidelines as corroborating its own when it knew that the two panels shared several authors, including the chairmen of both groups, and were working on guidelines at the same time. In allowing its panelists to serve on both groups at the same time, IDSA violated its own conflicts of interest policy.

IDSA has reached an agreement with Blumenthal's office calling for creation of a review panel to thoroughly scrutinize the 2006 Lyme disease guidelines and update or revise them if necessary. The panel -- comprised of individuals without conflicts of interest -- will comprehensively review medical and scientific evidence and hold a scientific hearing to provide a forum for additional evidence. It will then determine whether each recommendation in the 2006 Lyme disease guidelines is justified by the evidence or needs revision or updating.

Blumenthal added, "The IDSA's 2006 Lyme disease guideline panel undercut its credibility by allowing individuals with financial interests -- in drug companies, Lyme disease diagnostic tests, patents and consulting arrangements with insurance companies -- to exclude divergent medical evidence and opinion. In today's healthcare system, clinical practice guidelines have tremendous influence on the marketing of medical services and products, insurance reimbursements and treatment decisions. As a result, medical societies that publish such guidelines have a legal and moral duty to use exacting safeguards and scientific standards.

"Our investigation was

always about the IDSA's guidelines process -- not the science. IDSA should be recognized for its cooperation and agreement to address the serious concerns raised by my office. Our agreement with IDSA ensures that a new, conflicts-free panel will collect and review all pertinent information, reassess each recommendation and make necessary changes.

"This Action Plan -- incorporating a conflicts screen by an independent neutral expert and a public hearing to receive additional evidence -- can serve as a model for all medical organizations and societies that publish medical guidelines. This review should strengthen the public's confidence in such critical standards."

**THE GUIDELINE REVIEW PROCESS**

Under its agreement with the Attorney General's Office, the IDSA will create a review panel of eight to 12 members, none of whom served on the 2006 IDSA guideline panel. The IDSA must conduct an open application process and consider all applicants.

The agreement calls for the ombudsman selected by Blumenthal's office and the IDSA to ensure that the review panel and its chairperson are free of conflicts of interest.

Blumenthal and IDSA agreed to appoint Dr. Howard A. Brody as the ombudsman. Dr. Brody is a recognized expert and author on medical ethics and conflicts of interest and the director of the Institute for Medical Humanities at the University of Texas Medical Branch. Brody authored the

book, "Hooked: Ethics, the Medical Profession and the Pharmaceutical Industry."

To assure that the review panel obtains divergent information, the panel will conduct an open scientific hearing at which it will hear scientific

determine whether the data and evidence supports each of the recommendations in the 2006 Lyme disease guidelines.

The panel will then vote on each recommendation in the IDSA's 2006 Lyme disease guidelines on whether it is supported by the scientific evidence. At least 75 percent of panel members must vote to sustain each recommendation or it will be revised.

Once the panel has acted on each recommendation, it will have three options: make no changes, modify the guidelines in part or replace them entirely.

The panel's final report will be published on the IDSA's website.

**ADDITIONAL FINDINGS OF BLUMENTHAL'S INVESTIGATION**

IDSA convened panels in 2000 and 2006 to research and publish guidelines for the diagnosis and treatment of Lyme disease. Blumenthal's office found that the IDSA disregarded a 2000 panel member who argued that chronic and persistent Lyme disease exists. The 2000 panel pressured the panelist to conform to the group consensus and removed him as an author when he refused.

IDSA sought to portray a second set of Lyme disease

guidelines issued by the American Academy of Neurology (AAN) as independently corroborating its findings. In fact, IDSA knew that the two panels shared key members, including the respective panel chairmen and were working on both sets of guidelines at the same time -- a violation of IDSA's conflicts of interest policy.

The resulting IDSA and AAN guidelines not only

reached the same conclusions regarding the non-existence of chronic Lyme disease, their reasoning at times used strikingly similar language. Both entities, for example, dubbed symptoms persisting after treatment "Post-Lyme Syndrome" and defined it the same way.

When IDSA learned of the improper links between its panel and the AAN's panel, instead of enforcing its conflict of interest policy, it aggressively sought the AAN's endorsement to "strengthen" its guidelines' impact. The AAN panel -- particularly members who also served on the IDSA panel -- worked equally hard to win AAN's backing of IDSA's conclusions.

The two entities sought to portray each other's guidelines as separate and independent when the facts call into question that contention.

The IDSA subsequently cited AAN's supposed independent corroboration of its findings as part of its attempts to defeat federal legislation to create a Lyme disease advisory committee and state legislation supporting antibiotic therapy for chronic Lyme disease.

In a step that the British Medical Journal deemed "unusual," the IDSA included in its Lyme guidelines a statement calling them "voluntary" with "the ultimate determination of their application to be made by the physician in light of each patient's individual circumstances." In fact, United Healthcare, Health Net, Blue Cross of California, Kaiser Foundation Health Plan and other insurers have used the guidelines as justification to deny reimbursement for long-term antibiotic treatment.

Blumenthal thanked members his office who worked on the investigation -- Assistant Attorney General Thomas Ryan, former Assistant Attorney General Steven Rutstein and Paralegal Lorraine Measer under the direction of Assistant Attorney General Michael Cole, Chief of the Attorney General's Antitrust Department.

To view the entire IDSA agreement, go to the Attorney General's website.

<http://www.ct.gov/ag/cwp/view.asp?a=2795&q=414284>

pha

"This agreement vindicates my investigation -- finding undisclosed financial interests and forcing a reassessment of IDSA guidelines..."

"My office uncovered undisclosed financial interests held by several of the most powerful IDSA panelists. The IDSA's guideline panel improperly ignored or minimized consideration of alternative medical opinion and evidence regarding chronic Lyme disease, potentially raising serious questions about whether the recommendations reflected all relevant science."

~Connecticut Attorney General  
Richard Blumenthal

and medical presentations from interested parties. The agreement requires the hearing to be broadcast live to the public on the Internet via the IDSA's website. The Attorney General's Office, Dr. Brody and the review panel will together finalize the list of presenters at the hearing.

Once it has collected information from its review and open hearing, the panel will assess the information and



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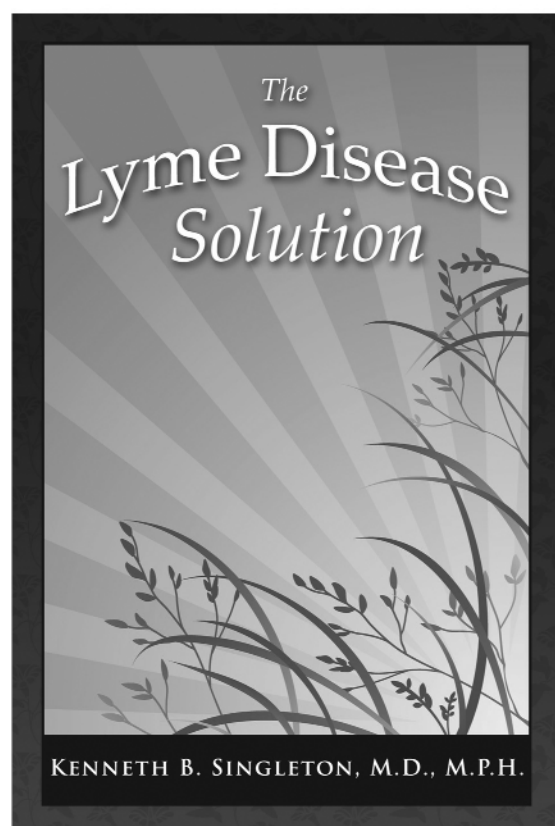
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www.nmss.org

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

### Northern California

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

### Colorado

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

### Georgia

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

### Florida

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

### Texas

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

## ALS Association DC / MD / VA

http://www.alsinfo.org/  
7507 Standish Place  
Rockville, MD 20855  
(301) 978-9855

### Great Philadelphia ALS Chapter

321 Norristown Road, Suite 260  
Ambler, PA 19002  
Phone: 215-643-5434  
Toll Free: 1-877-GEHRIG-1 (1-877-434-7441)

alsassoc@alsphiladelphia.org

### South Texas Chapter

http://www.alsa-south-tx.org/  
(210) 733-5204

toll free at (877) 257-4673

### North Texas

http://walk.alsnorthtexas.org/site/PageServer

1231 Greenway Dr., Ste.385  
Irving, TX 75038

s.melson@alsnorthtexas.org

972-714-0088

877-714-0088

### The ALS Association Upstate New York Chapter

323 Route 5 West  
P.O. Box 127

Elbridge, NY 13060

315-689-3380

Toll Free for PALS:

1-866-499-PALS

info@alsaupstateny.org

### Lyme Disease Association

lymediseaseassociation.org/

Pat Smith 888.366.6611

### 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

Tina J. Garcia

### Lyme Education Awareness

http://www.leaparizona.com

480-219-6869 Phone

### Arkansas

Mary Alice Beer

(501) 884-3502

abeer@artelco.com

### California

ROBIN SCHUMACHER

1057 R St.

Fresno, CA 93721

Phone: (559) 485-5445

Membership@Calda.org

### Colorado

Mary Parker

303-447-1602

milehightick@yahoo.com

### Connecticut

www.timeforlyme.org

914-738-2358

Meetings: first Thursday of every month from 7-8:30 p.m.

at the Greenwich Town Hall

### National Support:

truthaboutlymedisease.com/

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

vrmolina@comcast.net

### Oklahoma

Janet Segraves 405-359-9401

Janet@LDSG.org

www.LDSG.org

### Portland, Oregon

Meets 2nd Sunday of each

month 2010 NW 22nd Street

Second Floor from 1-3 PM.

503-590-2528

### TEXAS :

### 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

WA-Lyme-owner@

yahoogroups.com

### WI / IL / MN Regional areas

Contact PJ Langhoff

(920) 349-3855

www.Sewill.org

www.LymeLeague.com (Intl)

### Western Wisconsin Lyme Action Group

Marina Andrews

715-857-5953



## 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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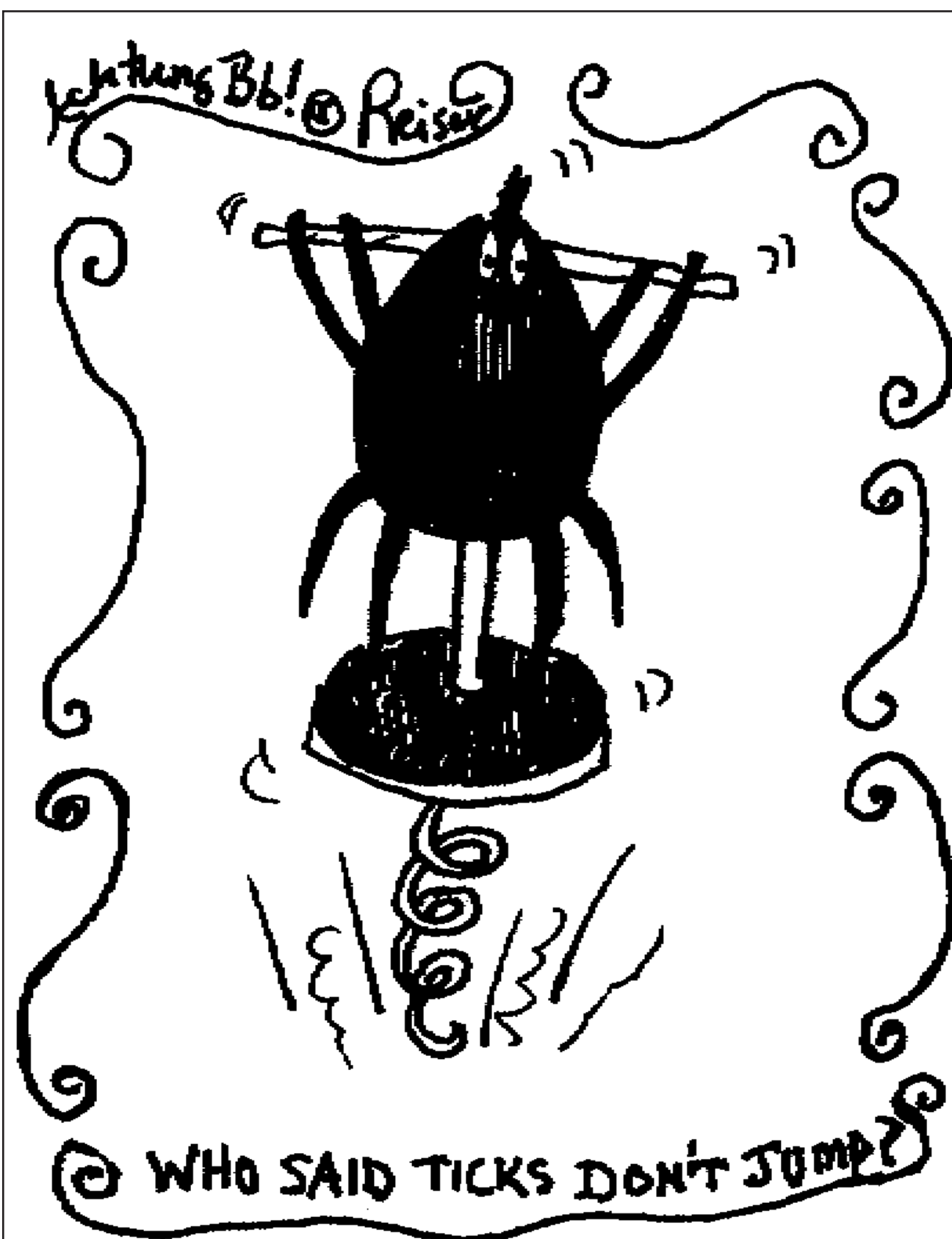
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## Ticktoons



by Terri Reiser



# Creeping Consequences

## Climate change and the spread of tick-borne diseases

by *Laura Zeller*

Climate change is perhaps the largest threat to public health that we face as a country, and a civilization. Too many people only consider the environmental impacts of global warming and don't realize public health is at serious risk. The destruction of the environment and global warming are expected to cause catastrophic changes in human health. In a nutshell, the more we destroy the environment, the warmer the planet will get, the greater the spread of disease will be.

As an environmental scientist, I am naturally concerned with the far-reaching negative impacts of human population growth on fragile ecosystems supporting the planet's life. Personally, due to my long history as a victim of tick-borne diseases, I have a particular interest in the global health consequences of climate change. An increase in global temperature is expected to cause extreme weather changes, and along with it, a frightening increase in the current range of tick-borne diseases. With the enormous degree of scientific uncertainty today, we really have no idea if, or how we will be able to adapt to these expected consequences.

According to scientific research, global warming is expected to extend the current range of existing vectors. In layman's terms, ticks and bugs will move further north, threatening all of us like a firestorm blowing out of control. In the past, ticks, mosquitos and other vectors could be controlled at least in part by cold weather. Climate normally limits how far these diseases spread, and cooler temperatures usually prevent ticks from migrating into cooler regions. In regions where ticks already exist, environmental controls such as pesticides can attempt to keep these things in balance, but these measures generally fail. Infectious diseases such as malaria, babesiosis, dengue fever, West Nile virus, Lyme disease and so on will spread further and further north. Dangerous pathogens that have normally been kept in check by seasonal temperatures will invade new regions, and spread uncontrolled onto unsuspecting victims.

Many people who historically had a very low risk of acquiring these diseases will soon be forced to worry about them. Compounding the situation, we are now seeing tick-borne disease outbreaks in areas where there have never been reported cases before. There will soon be no place safe left to hide and escape the wrath of the ticks.

While some environmental control measures may be partially effective in keeping infectious diseases at bay, climate change will probably force all of us to carefully analyze and manage the situation. Another problem is immigration, and refugees moving to new areas to escape the heat, bringing new germs along with them. The more we dredge wetlands and clearcut forests to

build new homes, we take away the natural habitat for these bugs, the closer they will get to people, and the more we will threaten our own population.

Ticks and mosquitoes cannot see border fences, county lines, or property boundaries. Beautiful songbirds that you love watching at your backyard feeder are carrying ticks to your doorstep. Those ticks can't read signs; they do not know they are trespassing and not allowed to be there. Members of the

strict hunting rules in residential areas is making the deer overpopulation problem even worse. Because humans killed off the deer's natural predators, there is nothing to keep the deer population from growing out of control. Deer are also destroying native plant species and causing millions of dollars in property damage. In addition to the damage deer do to the environment, the overpopulation of deer is directly killing

people that are infected by ticks, the more Lyme Literate Medical Doctor's (LLMDs) we are going to need. We do not have enough LLMD's as it is. Offices across the country are jam packed with patients waiting oftentimes several precious months for a scheduled office consultation. Imagine as this problem gets even worse what the longterm consequences will be?

Your average joe-shmo who has little experience being

health.

As a society, we usually do everything possible to protect ourselves from danger. We are well aware of crime, and we have common sense to protect ourselves from unwanted intruders. We spend billions of dollars on homeland security and the war on terror. What do we do when the enemy is already here? Ticks are tiny terrorists, and they have already destroyed many thousands of lives. What are we going to do when climate change allows these tiny assassins multiply by the billions and get even stronger?

Will technology save us? Unlike animals, people live in climate controlled environments and rely on technology to "save them" from the apparent ills of the world. Well, there is not a technological answer for everything. Good old fashioned hands on work is what each of us needs to be doing to stop the spread of ticks. Take responsibility for your home and your family's physical protection. We all need to urge our local communities to spray for ticks and do something as a group to decrease the spread of tick-borne disease. Widespread education should be happening in schools and in neighborhoods. We should be urging our government and the powers that be to acknowledge the seriousness of this matter.

Unfortunately, massive changes are needed on a global scale in order to prevent catastrophic impacts on human health due to the spread of tick-borne disease. Although efforts are underway to help halt the spread of ticks, it may simply be a case of too little, too late. In the case of Lyme disease, vaccination attempts have failed, and the disease continues to sweep across the United States and the world, unchecked and out of control.

The leaders of the world, scientists, and politicians cannot seem to agree on how to solve the global warming crisis. While they are taking their sweet time fighting with each other over money and oil, we are all getting sicker. The spread of tick-borne disease constitutes a homeland security breach! The very existence of families, communities, states, the economy and the future health of the human race are all threatened by this.

Lives will be destroyed by the tens of thousands, innocent victims of climate change and the fact that those in power positions sat back and chose to ignore the creeping consequences.

*pha*



animal kingdom do not have an awareness of their role in the spread of disease. Animals know how to survive, and adapt their existence to the changes taking place in their environment.

people, as the number of deer/car collisions is constantly rising.

The overpopulation of whitetail deer has led to an enormous increase in the amount of tick-borne diseases.

sick and dealing with the medical system in the USA is going to assume that an "Infectious Disease" doctor is this wonderful and genius entity. The reality, which most of us have learned the hard way, is that the

**Many people who historically had a very low risk of acquiring these diseases will soon be forced to worry about them. Compounding the situation, we are now seeing tick-borne disease outbreaks in areas where there have never been reported cases before.**

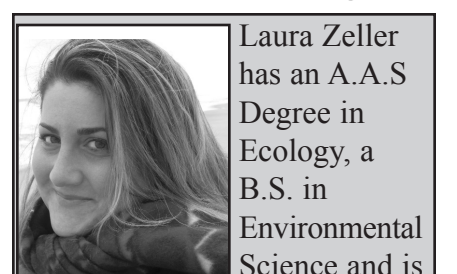
Whitetail deer are a classic example of how animals can adapt to habitat changes to ensure their survival. Whitetail deer are a main host source for the spread of ticks, and one of the most common carriers. Whitetail deer thrive in forested areas and abundant suburban edge habitat. Edge habitat is the zone between your lawn and the woods, a common place for fences and stone walls, and a favorite for deer. Deer use your yard as a corridor for grazing, and quickly retreat to the woods for safety, dropping ticks by the dozens onto your lawn.

Deer have an amazing ability to adapt to suburban environments. The deer are literally having a field day munching away on your day lilies and azaleas in the total absence of any danger. Predators such as mountain lions, coyotes and wolves, once found abundantly in the northeast, Midwest, Rocky Mountains, and most of the west coast had controlled deer populations but have now been mostly destroyed by humans. Deer have a high reproductive

When the diseases strikes, with our current testing techniques for tick-borne diseases being so poor, the under reporting and misdiagnosis will be a huge problem. Scientific research on ticks is lacking, and we are still only in the discovery phase of understanding just how many infectious agents a single tick can carry. We know that ticks can carry infectious agents that cause Lyme disease, babesia, ehrlichia, bartonella, viruses, mycoplasma, Rocky Mountain spotted fever, tularemia, tick paralysis, relapsing fever, and a host of others as yet unidentified. Controlled medical studies seem to excude tick-borne co-infections and disregard the complex nature of these illnesses that are so commonly presenting in the clinical picture.

If we do not act collectively as a group of concerned citizens, the current situation will only get worse. I expect to see a huge cascade of negative events on human health because of the simple concept of supply and demand in the medical community. The more

large majority of Infectious disease "ducks" (ie, quack, quack) have been brainwashed into preaching to us false and misleading claims that Lyme disease is not as serious as one would believe. Imagine the increase in patient load that these ID ducks will see. If we do not take the bull by the horns and take control of the spread of these ticks, the result will be a public health disaster. Each of us has to do our job to help stop the spread of tick-borne diseases. Responsible planning would involve working to design your home environment so it is as inhospitable to ticks as possible. Chemical controls are available to help protect your home and property. Damminix "Tick Tubes" is a good example of a chemical control. Fencing is a good idea, but remember ticks are on birds, rodents, and pets, so just stopping the deer is not going to be enough to protect yourself. Concerned homeowners, businesses, individuals, schools and support groups should all be doing everything they can to minimize this threat to public



Laura Zeller has an A.A.S Degree in Ecology, a B.S. in Environmental Science and is currently working on both her Master's degree in Biology, and studying to become a Lyme Literate Physician's Assistant. She can be reached online through her website at

[www.wildcondor.com](http://www.wildcondor.com)



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

## Part 2



by Kathleen Liporace

The legal battle begins with Phil Wood, who, acting in good faith, filed a form 50 to the Workers' Compensation Commission on Dec. 8, 2004 and again on May 18, 2005. At this juncture, Phil requested a hearing due to his disability insurer's refusal to pay further medical claims. Previously, Liberty Mutual had admitted liability and had paid claims submitted by Phil. They later rejected their duty to respond with utmost good faith, and denied further payment of medical claims, asserting that Phil Wood did not have Lyme disease. This ultimately left Phil without a means of compensation or medical coverage.

On September 7, 2005 Phil Wood appeared before the Workers' Compensation commissioner J. Michelle Childs. The hearing was continued on September 22, 2005 where the commissioner resumed listen-

ing to evidence from two individuals who contracted Lyme disease in the Greenwood area. Depositions were taken from Wood's Infectious Disease doctor on September 28, 2005 and his primary care physician on September 29, 2005. Upon weighing all evidence, the commissioner ruled in favor of the claimant, Phil Wood. She noted, "I find as a fact that, the Claimant's tick bites occurred while he was working in his employment as a timber buyer...that his Lyme disease resulted from the spirochetes carried by the tick or ticks; and that his disease/injury arose out of and in the course of his employment." Later the commissioner affirmed, "...there is substantial evidence... in the record that *Borrelia burgdorferi*, the organism that causes Lyme disease is present in South Carolina..." This decision was appealed by Canal Wood LLC and Liberty Mutual's defense attorney. Curiously, at the time, Phil remained employed with Canal Wood, and continued to have the aid of an assistant, due to his well-documented medical disability. The dynamics of this case are unique pertaining to Mr. Wood's employment with Canal, which was simultaneously pursuing adversarial action against him via the company's Workers' Compensation insurer's attorney. In so doing, the defendants argued that Phil wasn't "suffering from Lyme disease or any other occupational disease by injury arising

out of and in the course of his employment". Previous to and during this time Phil was without treatment or medication that would have benefited him in fighting the disease he contracted while on the job. As a direct result of his lack of treatment, Phil suffered additional symptoms, exclusively attributed to Lyme disease which he had not formerly experienced. This physical downward spiral continued as stress mounted with the ongoing case against his compensation carrier.

The matter was again pursued in appeal on December 8th, 2005 before the Full Commission who unanimously upheld the prior landmark decision in favor of Wood. However, the case did not end at this point. Canal Wood LLC and Liberty Mutual submitted a further appeal, which caused a significant delay resulting in an Appellate Panel Review on June 27, 2006. The decision soundly affirmed previous judgments favoring Phil. Therefore, an order to uphold the previous ruling was filed on September 19, 2006. This matter was doggedly appealed again, despite prior losses by the defendant insurance carrier and "oral arguments were heard on May 21, 2007" in the Court of Common Pleas for the Eighth Judicial Circuit. Justice from the bench was served by a final judgment entered in favor of the Plaintiff, Phil Wood on June 19, 2007. This was exactly nine months to the date of the earlier Appellate Panel

Decision which upheld the previous precedent rulings in favor of Mr. Wood. His case is now the precedent-setting case in South Carolina where Workers' Compensation was awarded for the disabilities that ensued strictly as a result of chronic Lyme disease. The judge's ruling holds significant weight for those who suffer from chronic Lyme, as it validates the need for continued treatment for this complex disease. The defendant Worker's Compensation carrier, Liberty Mutual, did not appeal the decision, yet irresponsibly neglected to act on behalf of Wood, despite the outcome of the Judge's order. Subsequently, Liberty Mutual was in derogation of the Order, yet was not penalized for this flagrant disregard of the final ruling issued. Curiously, no punitive damages were sought by the plaintiff's attorney.

On January 4, 2008, a "settlement" was reached. The plaintiff's attorney at long last purportedly prevailed against the obstinate insurer and gained weekly compensation plus associated medical coverage and prescription costs which fall within the scope of Lyme disease symptomatology. Compensation commenced for Phil Wood beginning in February 2008. This "settlement" occurred four lengthy years after Phil's initial filing of his Form 50 in December of 2004. Currently, Phil is only receiving weekly compensation for living and has not received medical coverage, nor has he

received coverage for his prescriptions. The fight is not over. Phil is being followed and taped by investigators for Liberty Mutual. The insurer appears to be pursuing any approach to cease paying for Wood's weekly compensation.

Not only was he struggling with Liberty Mutual, but Phil was besieged by his own employer. Prior to the judge's final decision in June of 2007, Canal Wood LLC unexpectedly terminated Phil's employment without cause two months earlier in April of that year. Owing directly to having contracted Lyme disease and during the course of discharging his employment duties, Phil Wood's job as a timber buyer was abruptly terminated. Phil was working under special provisions, while under the watchful care of his physician. He did not receive prior notice, nor was Mr. Wood written up for defects in his job performance. He was ordered to immediately surrender the company truck, cell phone, gasoline card and office keys in his possession. As a result of being wrongfully dismissed from employment, Mr. Wood lost his health insurance benefits, vacation pay, and sick pay while seeking remedy with his disability insurer. No severance pay was offered and no compensation for sick time or vacation pay was given to Mr. Wood. A suit for wrongful dismissal will be pursued. *pha*

# Nature's Safest Most Effective Anti-Inflammatory: FISH OIL

by Marjorie Tietjen

A book review:  
Title: *Nature's Safest Most Effective Anti-Inflammatory: FISH OIL*

Authors: Joseph C. Maroon, M.D., and Jeffrey Bost, P.A.C.

ISBN: 13:978-1-59120-182-3

Chronic inflammation, in its many expressions, is one of the main causes of physical suffering in our modern society. In their book *...Nature's Safest Most Effective Anti-Inflammatory: FISH OIL*, the authors, Maroon and Bost, thoroughly explain how certain deficiencies in our diet may be at the root of our emerging epidemic of inflammation. The title of this book points to what just may be one of the best preventatives and remedies for this increasing problem.

The authors explain that in many instances inflammation is normal and provides a protective function. However, I would like to include a quote, from page 1, which expresses the down side of inflammation. "But the news on inflammation is not all good. Although it helps the body protect and heal itself, over the long term inflammation can produce chronic pain, breakdown of car-

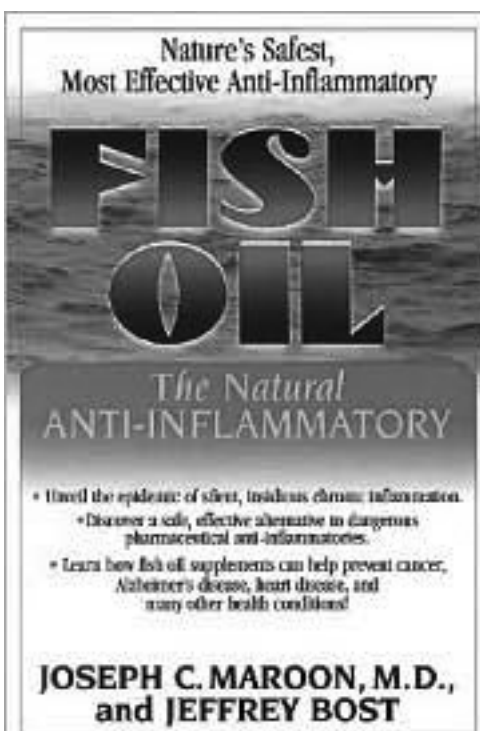
tilage and muscle, and increased blood clotting, and it may cause genetic changes leading to various cancers. In fact, recent medical research now confirms that the root cause of many chronic diseases, ranging from arthritis, heart disease, and cancer to attention-deficit hyperactivity disorder, asthma, eczema, and depression, is inflammation."

This book goes into depth concerning the different types of fatty acids and how we must try and achieve the proper balance between them. Increasing the amount of fish oil in our diet helps us to gain this balance. The authors discuss studies which show that omega 3 fatty acids (fish oils being the most reliable source) are very effective in blunting or preventing the inflammatory response. When the inflammatory response is lessened or eliminated, this can prevent progression into degenerative disease.

Maroon and Bost share information with us involving the role of inflammation in numerous diseases and explain how fish oil can help in the following conditions. Some of the medical problems included are: Heart disease, Diabetes, Autoimmune illnesses, ADD, Alzheimer's, Autism, and

Cancer.

Another important subject discussed, was the dangers of anti-inflammatory drugs compared to the safety of fish oils. It is so important for us to try to regain balance through using natural substances rather than to add a drug to an already



struggling system. Our bodies can become inflamed due to different imbalances; lack of omega 3 oils being one of them. Adding drugs will certainly promote this imbalance while only covering up the symptoms. We need to find the different causes of inflammation and treat those causes. It would also be very important to determine if there are any latent

viruses or bacteria at the root of the inflammatory problems.

The authors mention normal fish oil dosages and the amounts recommended for specific conditions, such as pregnancy. They tell us to be sure our oils are fresh and that we don't want them to smell fishy. This is an indication that the oil has become rancid. When we consume rancid oils, this can do more harm than good.

Because vitamin D is an oil soluble vitamin, this means that it can accumulate to toxic levels in the body. One of our main sources of vitamin D is the sun. For this reason it is suggested that cod liver oil (also a good source of vitamin D) be consumed in the winter months when our exposure to the sun is minimal. In the warmer months, when we are saturated with sunshine, it is suggested that we consume other fish oils which are not rich in vitamin D, but which still contain plenty of the omega 3 oils which we require.

In our modern polluted society, fish have accumulated many toxic heavy metals. It is for this reason the authors suggest that we consume a minimal amount of fresh fish. It is thought that a better alternative is purified fish oil. When fish oil is purified the heavy metals are removed. When we do eat

fish we need to be aware of what types contain the most omega 3 oils...and how to prepare these fish. A quote from page 51 helps us out concerning this issue.

"Herring, mackerel, salmon, sardines, trout and blue fin and albacore (white) tuna contain the highest amounts of omega 3 EFA's. The method of preparation is also important. If these fish are cooked under high heat, the amount of EFAs they contain is seriously affected; deep fried fish, for example, usually only has tiny amounts of Omega-3EFAs, because the frying process transforms the polyunsaturated fatty acids into trans or saturated fatty acids."

While this book may be a bit "scientific" for some folks, it is certainly understandable and is packed with very valuable information, which is scientifically backed. We have come a long way from a natural balanced diet and our nation's poor health is a reflection of this imbalance. We desperately need to understand the basic causes of our ill health and the authors of this book have made a valuable contribution towards this end. *pha*



## “Candida”... cont'd from pg 1

mal killing of foreign organisms that are ingested with food (such as Candida) and also preventing the proper digestion of protein which over time leads to malnutrition, even with healthy diets.

Dr. Levin believes that CRC is a complex problem which plays a role in multiple chronic and degenerative disease syndromes. CRC is more than just a yeast infection. In fact, most often, CRC exists without the presence of an obvious yeast infection. The belief that CRC occurs only in women is erroneous. Men are commonly impacted by CRC and its many resulting effects as well.

It is not only the presence of these disease-causing fungal organisms that results in illness. Symptoms are often the result of the body's allergic response to the organisms. It is this chronic Candida infection mixed with the body's allergic response to the organisms that results in Candida Related Complex. Asthma, otitis, colitis, fungal infections such as athlete's foot, eczema, Chronic Fatigue Syndrome, cystitis, ADHD and many other conditions can be the direct result of CRC. Every child that has had repeated courses of antibiotics, often to treat ear infections, should be considered a suspect for CRC especially when the child presents with conditions that appear to be allergy-based.

Yeast can result in prostate infections in men as well as chronic bladder disorders and urinary symptoms in both men and women. Seborrhea ("dandruff") and Psoriasis are common signs. Approximately 40% of psoriasis cases can be controlled with an anti-Candida program.

Itching around the vagina, or vaginitis, is often caused by yeast. It has been demonstrated that specific anti-Candida IgE antibodies can be found in the vagina illustrating that persistent vaginitis is largely the result of allergy. In much the same way that sinus problems can be due to food allergies, although there are no foods in the nose, symptoms in the vagina can be the result of an allergic response to infection elsewhere in the body. Abnormalities in the immune system can be related to chronic yeast infection. Polycystic ovaries and endometriosis are conditions that can be greatly improved through the proper treatment of Candida.

Women with recurring vaginal yeast infections that don't seem to resolve after repeated localized treatment courses may be re-infecting themselves due to the close location of the anus to the vagina. It is not difficult for yeast colonizing the digestive tract to make its way from the rectum to the vaginal area. When the intestinal reservoir of yeast is diminished, vaginal yeast infections are often controlled as well.

Allergic reactions such as hay fever, asthma, headaches, and eczema are exacerbated by chronic yeast infections. Arthritis and Systemic Lupus Erythematosus have responded in some patients to anti-fungal treatment. IBS, Colitis, and Crohn's

disease are often complicated by the presence of chronic yeast, parasites, and food allergies.

Dr. Levin uses the analogy of "weeds in the garden" to explain the balance of organisms in the digestive tract. A healthy lawn is one that has been cultivated with topsoil, tilled, fertilized, watered, weeded without poisons, and seeded. This is a lawn that is both beautiful and without weeds. One can blow dandelion seeds on the lawn and though they will sprout, they cannot penetrate the interlocking root system. They are rejected and die.

When looking at the inevitable number of organisms that we swallow on a regular basis, it is the healthy bacteria in the digestive tract that should create an environment that does not support the persistence of these pathenogenic microbes. Unfortunately, antibiotics destroy good bacteria and create a perfect environment which supports the growth of undesired yeast. When the healthy bacteria are gone and the yeast takes over, we are further predisposed to other unhealthy parasites and bacteria. All of these become weeds in the garden. Unfortunately, once yeast, parasites, and harmful bacteria have all arrived to the party, an attempt to resolve the yeast infection without also resolving the parasite and bacterial overgrowth generally fails. When yeast is present, one must aggressively look for and address other organisms in order to ensure the highest possible chance of treatment success.

Healthy bacteria in the digestive tract serve a number of important functions in the body. They produce vitamins which cannot be manufactured by the body itself. They also help to control the overgrowth of pathenogenic microbes in the gut. In fact, there are more bacteria in a healthy stool than cells in the entire human body. More than 50% of the dry weight of the stool is bacteria. These bacteria defend us against many harmful organisms such as yeast.

Unfortunately, antibiotics destroy healthy bacteria and result in a welcoming environment for "weeds in the garden". At first, these weeds are like the dandelions, though these organisms quickly seize the opportunity to colonize and shift the balance in their favor. At this stage, even when the healthy bacteria are restored, it may not be enough to eradicate the well-implanted yeast. The yeast take nutrition from the environment and make waste products, which are then dumped into our bodies and are absorbed, acting as toxins or poisons. Most people can tolerate small amounts of toxins, but when a certain threshold is reached, symptoms begin and we become toxic. Headaches, intestinal problems, aches, pains, fatigue, fuzzy thinking,

and nasal stuffiness are among the many symptoms that these fungal toxins may produce.

It is the body's allergic response to these organisms and the toxins they produce that generate the majority of the symptoms experienced. Once an allergic response begins, even the elimination of the majority of the yeast may not be enough to resolve symptoms. A small remaining amount becomes enough to trigger the allergic response and thus produce ongoing symptoms.

Unfortunately, much like with Lyme disease, lab testing often misses the presence of Candida infection. Testing for Candida using stool samples often yields many "false negative" results. Dr. Levin has come to the conclusion that Candida creates "roots", or fungal filaments, which anchor it strongly to the wall of the digestive tract. He believes this is a survival mechanism as the organisms could not persist if they were purged from the body. In the book *The*

Biography of Belief by Bruce Lipton, PhD, this theory of a consciousness for self-preservation is scientifically supported. This adherence to the gut wall significantly reduces the amount of Candida that may be observed in the stool and results in these "false negative" test results.

As is seen with Lyme disease, antibody testing for Candida often yields negative results as well. This is a characteristic sign of a suppressed immune response that simply does not have the fortitude to create antibodies.

In the past, darkfield microscopy was used to observe fungal forms in the blood. Unfortunately, the practice of using darkfield microscopy by MDs and DOs in this manner has since been outlawed by CLIA, the federal agency in charge of laboratories. The technique may still be employed by chiropractors and naturopathic physicians, but they do not have the ability to prescribe the necessary anti-fungal agents potentially required to address the issue. Interestingly, fungal forms observed in the blood with darkfield microscopes do not persist in the blood after subse-

quent antifungal treatment with a systemic antifungal agent. More recently, additional mechanisms for evaluating the presence of Candida have become available. William Shaw, PhD, the force behind Great Plains Laboratory, discovered metabolic waste products which could be identified in the urine using a test called the "Organic Acids Test". More specifically, the presence of Arabinose and Tartaric Acid, never found in healthy humans, are powerful indicators of the presence of Candida. This can often help to confirm the presence of systemic yeast when stool cultures, or other similar tests, have returned negative but suspicion of yeast involvement remains high.

There have also been additional advances in the area of Candida testing which may be helpful when yeast organisms are found in cultures. The first is the ability to identify the specific yeast species. The second is testing to determine the best possible treatment option by performing an anti-fungal drug sensitivity test. This test will look at various options available, both herbal and prescription, and suggest which may be the most effective treatment intervention for a given patient.

In looking at treatment options, Nystatin is generally considered to be a good option for treating Candida infections in the digestive tract. The major advantage of using Nystatin is the low risk of serious systemic side effects, as the drug is not systemically absorbed. Unfortunately, this characteristic of Nystatin is also its downside. It can act as a lawnmower to remove the dandelions, though it cannot get to the root system and, as a result, may not be an effective approach in the treatment of CRC after it has passed the initial stages. Once the yeast has penetrated the intestinal wall, Nystatin may be able to help clear out the intestines, but it leaves the roots behind and the yeast will simply reemerge.

Until about twenty years ago, there were few other options for the treatment of Candida. Fortunately, today, there are several oral medications that are absorbed and work their way through the blood to attack the root system and more successfully address entrenched chronic fungal infection.

Ketaconazole (Nizoral), Fluconazole (Diflucan), Itraconazole (Sporanox) and more recently Voriconazole (Vfend) are some of the more common agents that can help to address CRC at a deeper level. Clotrimazole (Lotrimin) is another "azole" drug used for the treatment of yeast, though it is generally only used for external yeast infections such as vaginal infection, athlete's foot, jock itch, and ringworm and is not used to address yeast systemically in this country. Tinidazole (Tindamax) is not

FDA-approved for the treatment of yeast and may not be available in an oral form strong enough to be beneficial, though it is beneficial in cases of parasites such as giardia, amoebas, and trichomonas.

Metronidazole (Flagyl) is often the drug of choice for parasites and vaginal trichomonas, though it does not have any anti-Candida properties. In fact, the PDR warns that using Flagyl may promote the overgrowth of Candida. Long-term use of Ketaconazole can inhibit adrenal function and production of testicular hormones. Unfortunately, the FDA made a decision years ago to allow a single dose of Diflucan to be used for the treatment of chronic recurrent vaginitis. This decision has created a super-strain of Candida that is not only resistant to Fluconazole but to other "azole" drugs as well.

It is important to understand that while Nystatin is not absorbed and thus has a low incidence of side effects, the more systemic anti-fungal agents such as the "azoles" do bring with them a higher risk of liver toxicity and elevation of liver enzymes. It is necessary to monitor the liver closely when using these systemic agents. Given the significance of CRC on overall health, these medications offer great potential, even with the possible side effects they may bring, as long as the patient is appropriately monitored.

Other important considerations when treating CRC are the prebiotics and probiotics. Lactobacillus and Bifidus are healthy probiotic organisms that help to inhibit the overgrowth of yeast, as well as producing vitamins and conferring numerous other health benefits. Prebiotics are less commonly understood. Their purpose is to serve as fertilizer for the good bacteria. Prebiotics consist primarily of fructooligosaccharides (FOS) and inulin. They are indigestible carbohydrates that support the growth of the probiotics. They are in effect a form of "Miracle Gro®" for beneficial bacteria. A number of prebiotic and probiotic products are readily available.

Beyond killing yeast with an anti-microbial, any CRC treatment program should include both a probiotic and prebiotic. Dr. Levin recommends that patients use only the highest quality products among the probiotics, and that the specific product should be changed after six-to-eight weeks to provide as many different strains of probiotics as possible. Glutamine can be helpful for restoring the integrity of the bowel wall. Butyric acid can provide an energy source for the cells of the colon.

Non-prescription products which can be helpful include oregano oil, tea tree oil used topically, and high quality colloidal silver products (Note: Colloidal silver products should be obtained from manufacturers, not made at home. Attempting to make colloidal silver at home significantly increases the risk of adverse events.). These interventions are more beneficial earlier in the condition. Once the yeast is

*"Candida"...cont'd pg 18*

**"The human body is a miraculous machine that is designed to fix itself. No doctor can "fix" it. Even the most advanced surgery requires the miracle of healing after the wound is closed." What then is the doctor's function? It is to find the underlying problem(s) that prevent healing!**



# “Heather” ... cont'd from pg 7

expression of things you like. It will often reflect your personality. But what you choose to wear will not define how beautiful you are.

"I like to compliment and help create curves to flatter someone's shape without compromising or exploiting them. It's about beauty and being feminine vs. flaunting ourselves and being immodest. I like looking at high fashion dramatic pieces and re-creating them to reflect a person's character and every day classy fashion that encourages unique individualism."

Through all of her extraordinary trials, Heather looks for opportunities to share her faith with both Christians and people of other faiths and cultures.

"1 Timothy 4:12 tells me: 'Don't let anyone look down on you because you are young, but set an example for the believers in speech, in life, in love, in faith and in purity.'"

Heather has a maturity and strength that is uncommon for someone of her age. She challenges other people to look beyond their circumstances.

"What would you do if you found yourself, or had a friend nearby, who suddenly found their selves suffering for Christ? Would you be ready to "Let Go" and trade in your sorrows for trust and guidance? Could you help someone else if they were the ones called into the fire? Habakkuk 3:19 says:

'The Lord God gives me my strength. He makes me like a deer, which does not stumble. He leads me safely on the steep mountains.'

"Harriet Beecher Stowe said 'Never give up, for that is just the place and time that the tide will turn'. I'm going to win my battle against Lyme disease; because 'I've got my eye on the goal, where God is beckoning us onward to Jesus.' I'm off and running and I'm not turning back." (Philippians 4:13).

Heather further wanted to extend a sincere "Thank You" to the Make-A-Wish Foundation and all the people that worked together to help make her dream a possibility.

"I felt so blessed working with Mrs. Sharman, Mrs. Boyle and their beautiful models and assistants. I was

blessed by two very special seamstresses, Miss Colleen and Miss Erin, who helped take my designs from paper to reality," shared Heather.

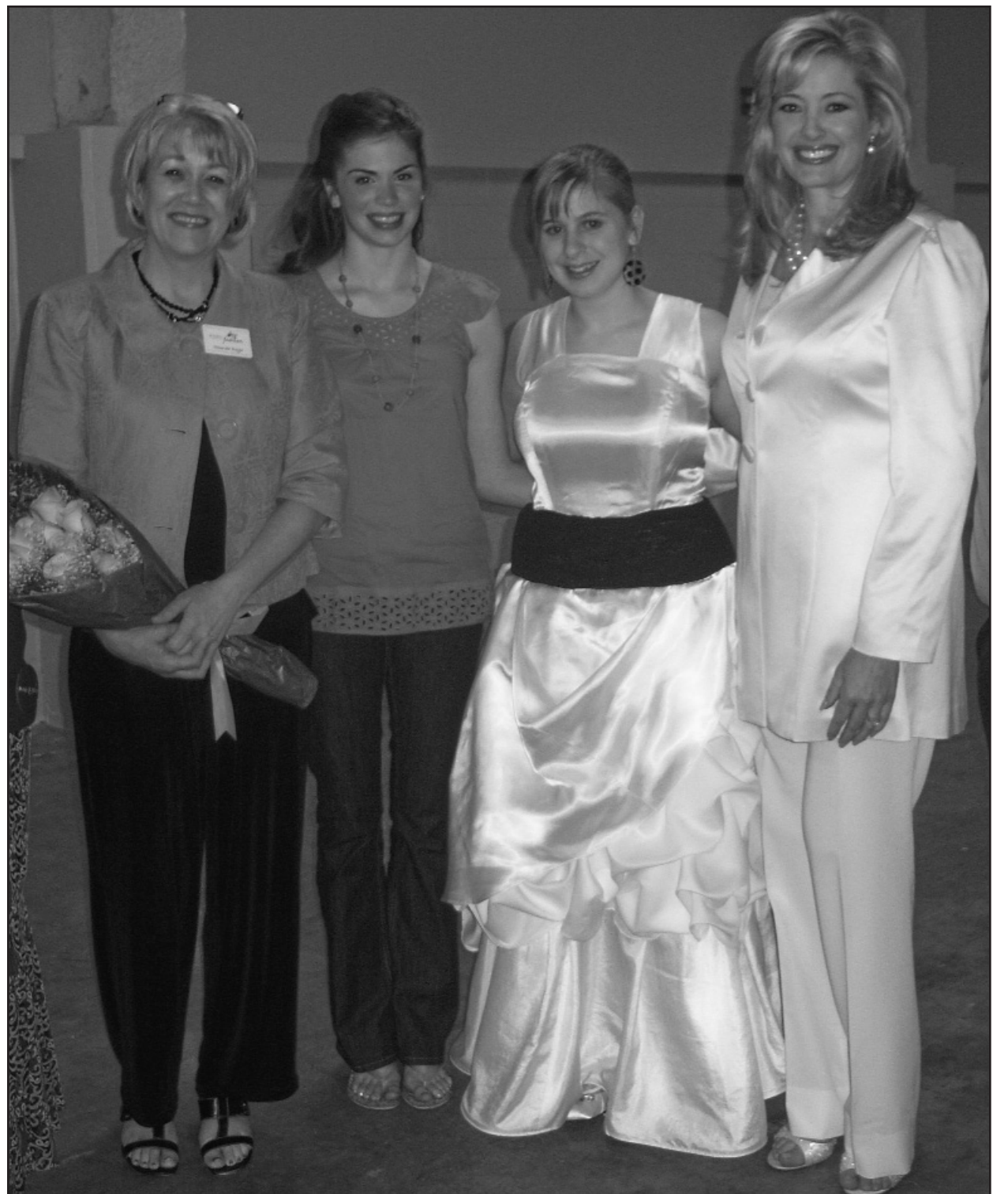
Working with the Pure Fashion team was an experience that Heather will never forget. She hopes that the money she raises through the Ebay online charity auction of her designs, during the month of May will be one step forward into the advancement of much needed research into chronic Lyme disease.

When Heather's mom asked her what her hopes and expectations were regarding the auction Heather said, "I want a cure so that other children and teens never have to suffer the way my Lyme friends and I have."

Heather will be making a formal presentation of the proceeds earned from the auction (to include one generous, private contribution so far) during a first-time scientific forum in South Central PA.

In cooperation with the Lyme Disease Association, highly respected, teaching Lyme specialists will be invited to Shippensburg PA, in August to bring a message of prevention, education and awareness to physicians and families who are planning to travel from various regions across the state and as far as MD, W.VA, TN, NC and beyond. For details regarding the auction and the forum, go to [www.lymediseaseassociation.org](http://www.lymediseaseassociation.org).

The LDA is dedicated to Lyme disease education, prevention, and raising research dollars. About ninety-six cents of every dollar raised by the Lyme Disease Association has been used on programs. In its search for a cure for chronic Lyme, the LDA has already funded dozens of research projects coast to coast through researchers at institutions such as Columbia University College of Physicians & Surgeons, NJ Medical School (UMDNJ), Fox Chase Cancer Center, University of California, Davis, and University of Pennsylvania. Some of the research has been featured in peer-reviewed journals, such as Journal of the American Medical Association (JAMA), The Proceedings of the National Academy of



Mrs. Boyle, Atlanta Pure Fashion Chairperson, Mary Kate McCarthy, one of Atlanta Ballet's premier dancers who performed to "I Can Only Imagine" in honor of Heather, Heather Holtry and Mrs. Brenda Sharman, National Chairperson for Pure Fashion

Science, The Psychiatric Clinics of North America, Infection, Journal of Neuropsychiatry and Clinical Neurosciences, JSTBD, Journal of Clinical Microbiology, Journal of International Neuropsychological Society, and Infection and Immunology.

Very significant genome work initially funded by LDA has shown that different strains of Borrelia have the ability to exchange genetic material among themselves, a trait greatly benefiting their survival and probably confounding the body's ability to eradicate the organism.

As I was completing my work on this article, I was driving home the other day and I heard a song on the radio. It reminded me of Heather and her wish. It reminded me of all the parents who have children

that fight for their lives on a daily basis...and how precious a gift the time is we get to spend with these children. The song was called "Cinderella" by Steven Curtis Chapman. I will share some of the lyrics here as it is quite fitting to end this story of a real life Cinderella and her dream come true...

*She spins and she sways to whatever song plays,  
Without a care in the world.  
And I'm sittin' here wearin' the weight of the world on my shoulders.  
It's been a long day and there's still work to do,  
She's pulling at me saying "Dad I need you!"  
There's a ball at the castle and I've been invited and I need to practice my dancin'!"  
"Oh please, daddy, please!"  
So I will dance with Cinderella.  
While she is here in my arms*

*'Cause I know something the prince never knew.  
Oh I will dance with Cinderella  
I don't wanna miss even one song, Cuz all to soon the clock will strike midnight  
And she'll be gone...*

Thank you Heather for sharing your wish and accepting the call to serve the Lord as a role model for the benefit of the Lyme community! *pha*

[www.freewebs.com/heathersmakeawish/](http://www.freewebs.com/heathersmakeawish/)

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“IDSA Puppets” ...cont’d from pg 14

of patients suffering with chronic Lyme disease that the Lyme and Tick-Borne Disease Prevention, Education, and Research Act of 2007 be heard in Committee, supported and ultimately passed.

This legislation is in the best interest of chronic Lyme disease patients. S. 1708 provides a means whereby open discussion of all medical and scientific research and clinical experience may be shared and implemented for the benefit of patients. S. 1708 can also lead to more diverse research efforts that will directly benefit patients in regaining their health, sorting through the pieces of their shattered lives and returning to their previous level of productivity. The major priorities for Lyme patients are effective and timely diagnosis, adequate treatment of choice and the receipt of entitled insurance benefits to avoid financial ruin.

Thousands suffering from late-stage Lyme disease, a documented virulent bacterial infection similar to syphilis, should have the right to treatment options that include short-term or long-term antibiotics. This treatment decision should be made jointly by the patient and their treating physician. In addition, according to the American Medical Association's (AMA) Informed Consent Guidelines, it is the ethical and legal responsibility of each physician (including infectious disease physician members of IDSA) to provide all treatment options to their patients (not only the treatment promoted by IDSA), regardless of cost or whether such treatments are covered by insurance.

I have been infected with Lyme disease since 1998. My diagnosis and treatment were delayed for six years until 2004. I have used long-term antibiotic therapy on and off for the past four years. When I first started this antibiotic treatment in 2004, I had debilitating cognitive dysfunction and could no longer work. I had excruciating pain throughout my entire body, but mostly in my legs, ankles and feet. I could barely walk. After four years of antibiotic treatment, I have made great progress in returning to my pre-disease function. I still have some function to regain, but both my cognitive function and pain level have improved substantially.

The bacteria replicated within my body for six years and it does indeed take more than thirty days of antibiotics to begin to eradicate them. In addition, there is no definitive test that shows complete eradication of the spirochetes within joint, tendon, ligament and nerve cells, as IDSA President Donald M. Poretz insinuated in his March 21, 2008 letter to you. CDC research in 2006 demonstrated the ability of the *Borrelia burgdorferi* bacterium to sequester itself inside nerve cells, thus evading detection by the immune system. ([http://www.leaparizona.com/Invasion\\_of\\_Human\\_neuronal\\_and\\_Glial\\_cells\\_by\\_Borrelia.pdf](http://www.leaparizona.com/Invasion_of_Human_neuronal_and_Glial_cells_by_Borrelia.pdf))

The following research published in 1993 by Dr. Mark Klempner, an IDSA Lyme disease Practice Guideline author, in the Journal of Infectious

Diseases also demonstrated the ability of Bb sequestration inside fibroblasts.

"...We have demonstrated the presence of intracellular *B. burgdorferi* within HF (human fibroblasts) using laser scanning confocal microscopy ...The observation of viable spirochetes within fibroblasts coupled to protection of *B. burgdorferi* from extracellular microbicidal antibiotics by fibroblasts [19] suggests that *B. burgdorferi* may be among the small number of bacteria that can cause chronic infection by localizing within host cells where they remain sequestered from some antimicrobial agents and the host humoral immune response."

Quote from IDSA letter to Senator Edward Kennedy dated March 21, 2008:

"The premise for prolonged antibiotic therapy for Lyme disease is the notion that some spirochetes can persist despite conventional treatment courses, thereby giving rise to the vague symptoms ascribed to chronic Lyme disease. Not only is this assertion microbiologically implausible, **there are no convincing published scientific data that support the existence of chronic Lyme disease.**" (emphasis added)

IDSA's statements are obviously false and I am asking you to investigate the reasons why the IDSA would be knowingly making false statements to government leaders, treating physicians and the public. I expect the IDSA to be held liable for the damage caused by its representatives' and authors' false and misleading statements. There must be an underlying reason or reasons for this fraudulent action by an organization who touts itself as the "pre-eminent authority on the treatment of infectious diseases (ID) in the United States." The Lyme patient community absolutely refuses to be sacrificed on the altar to benefit the furtherance of a deceptive and fraudulent information campaign promoted by the IDSA and the CDC (through their posting of the IDSA Practice Guidelines for Lyme disease on their website).

I object to Dr. Poretz's reference to my clinical experience with long-term antibiotic treatment and the experiences of thousands of other chronic Lyme disease patients as a "notion." I am living proof of the efficacy of long-term antibiotic therapy, and I emphasize the fact that I am still alive; I did not die from the antibiotics. A small number of patients have died from intravenous catheter infections, but they did not die from the antibiotics themselves. Both the IDSA and the CDC are guilty of this inference and for smudging the distinction between expiring from a catheter infection and

expiring from use of long-term antibiotics.

If one considers the fact that patients are being forced into administering their antibiotics themselves due to IDSA's influence upon the insurance industry's Lyme treatment policies and benefits, one may certainly see that the incidence of catheter infections might decrease if Lyme patients were being properly served by their insurers.

In addition, Lyme disease symptoms are not "vague" at all; they are highly indicative of infectious and resulting inflammatory neurological and musculoskeletal involvement. Dr. Poretz's use of the word

actions made by the IDSA, its former and current representatives, and its Lyme disease Practice Guideline authors.

For too many years, a handful of researchers associated with the Infectious Diseases Society of America (IDSA) have been at the helm of the Lyme disease research ship. The Lyme research ship steered by the IDSA has been carefully guided to avoid the desperate needs of patients and instead steered through the pleasant and gainful waters of ongoing research funds granted to a handful of researchers and scientists associated with IDSA. Research funds have been utilized mainly for preventive

unquestioningly afforded to cancer, tuberculosis, syphilis and chronic sinusitis patients.

In all these years, the IDSA has had the opportunity to pursue research that would benefit patients; however, it has avoided such research that could have made progress with testing and treatment for those with chronic infection. The IDSA has initiated a campaign for its members to object to ALL legislation, whether federal or state, initiated by patient advocates. It is, in my opinion, inhumane for the IDSA representatives/authors to throw overboard without a life jacket all chronic Lyme disease patients by diagnosing thousands, whose medical history they have never reviewed and whom they have never examined, with every disease or syndrome but Lyme disease infection. In this regard, the IDSA is acting irresponsibly and violating state medical board procedures. The IDSA should cease from making distant diagnoses of other physicians' patients whom they have never examined.

The IDSA has very strong and continual objections to long term antibiotic therapy, yet not once in all these years has this sympathetic and understanding organization of 8,000 specialists offered any effective alternative to the Lyme patient community. It is for this reason that I urge you to hear and pass this bill, so that the Lyme patient community and their treating physicians, those whom the patients choose to trust with their healthcare, can finally have some input into efforts regarding this complicated infection.

The Infectious Diseases Society of America has continually claimed to be an understanding and sympathetic organization. This is an inaccurate description of the IDSA membership. As an example, I mailed a letter and questionnaire to eighty-four (84) infectious disease specialists throughout the State of Arizona. The letter and questionnaire asked each ID physician if our organization could place their name on a referral list for treatment of chronic Lyme patients. Out of 84 questionnaires sent, we received only five (5) responses. Each of the five responses told us that they had either slight or no experience with treating Lyme disease, that there was no such thing as chronic Lyme disease and no, we could not place them on our referral list. (So much for feigned sympathy and understanding.)

The deadly consequences of the IDSA directing its membership to deny and ignore chronic Lyme disease patients is easily understood. If chronic Lyme patients seek help from 8,000 infectious disease specialists across the United States, then the majority of those patients desperately seeking help will be rejected and turned away. The diagnosis will be delayed, no treatment will be forthcoming and the infection will spread throughout the patient's body with irreversible damage over a period of years, just as occurs in tertiary syphilis. I am not "IDSA Puppets"...cont'd pg 18

"Not only is this assertion microbiologically implausible, there are no convincing published scientific data that support the existence of chronic Lyme disease."

~ Quote from IDSA President's April 2008 letter to Sen. Edward Kennedy

"We studied 17 patients who had presented with acute Lyme disease and received prompt treatment with oral antibiotics, but in whom chronic Lyme disease subsequently developed."

~ IDSA's RJ Dattwyler's 1988 grant funded research findings

measures in the form of vaccine research development, which I agree needs to be pursued to some extent, to prevent future cases. However, the research has also focused mainly on acute (early) Lyme infection. In all these years of suffering for patients, this handful of IDSA-associated researchers has failed despicably to respond to the pressing priorities of chronically ill patients, namely, accurate diagnostic tests and research for effective treatment for chronic (late-stage) infection.

As the IDSA is evidently drowning under the scrutiny of Connecticut Attorney General Richard Blumenthal's civil investigation for possible antitrust violations in the formulation of IDSA Practice Guidelines for Lyme disease, the handful of IDSA Practice Guideline authors are desperately clinging to lifeboats to save their sinking research ship.

Most references to Lyme disease made by this handful of researchers are those made to early-stage Lyme infection, shortly following a tick bite. It is common sense to know that a more favorable outcome exists for those who receive diagnosis and treatment in an efficient and timely manner. The actual problem exists with not "some" patients, as is stated by IDSA, but with thousands of patients who literally go for years without diagnosis and treatment. Such delay in diagnosis and treatment is a direct result of the use of the IDSA Lyme disease Practice Guidelines by physicians who mistakenly look to this powerful and influential organization as the Wizard of Lyme.

It is time to focus on the patients, who have been neglected for many, many years, and forced to journey through abusive encounters with infectious disease physicians who take their marching orders from IDSA. The Wizard of Lyme has disappointed us in its false pretense as the all-knowing authority on Lyme disease. The trust of the Lyme patient community has been betrayed and needs to be restored, so that these desperately-ill people may feel confident to receive proper medical care, as is

"vague" serves only as an irresponsible attempt to mitigate the suffering of Lyme disease patients, thus exposing the IDSA's feigned sympathy and understanding.

"Not only is this assertion microbiologically implausible, there are no convincing published scientific data that support the existence of chronic Lyme disease."

As shown in the examples of IDSA Practice Guideline authors' research above and below, IDSA researchers and authors have clearly demonstrated the persistence of Lyme disease infection. This statement by Dr. Poretz is nothing less than a lie. "Microbiologically implausible?" As leader of the so-called "pre-eminent" infectious disease organization in the U.S., could Dr. Poretz have inadvertently forgotten about the research published by its Lyme disease Practice Guideline authors? I think not.

IDSA and Dr. Poretz, in his capacity as President, are disseminating false and damaging information that is having a detrimental impact upon the health of Lyme patients in this country, whether such patients have been diagnosed or remain undiagnosed due to such fraudulent statements. I assert that the time has come for a Senate Hearing to be held to publicly expose and stop such damaging



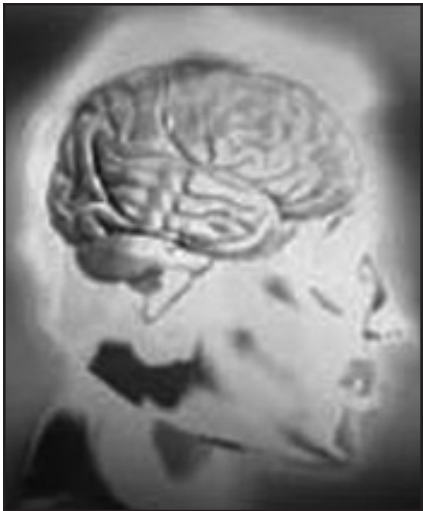
# News Briefs Around the Nation



by Susan T. Williams

## Migraines Linked To Changes in the Brain

A recent study indicates that the sensory mechanisms in the brain are important components in migraine attacks. The journal *Neurology* reported that people who suffer from migraines have differences in an area of the brain that helps process sensory information such as pain. Researchers found that part of the cortex area of the brain is an average of 21 percent thicker in people with migraines than in those who do not have the neurological disorder.



Researchers are still attempting to determine whether migraine attacks lead to or are the result of these structural changes in the brain. One theory is that long-term overstimulation of the cortex's

sensory fields, such as a long history of migraine attacks, leads to the thickening of the cortex.

Scientists also noted that people who suffer from migraines often also suffer from other pain disorders and sensory problems. Thus migraine sufferers are encouraged to seek treatment help early on, rather than ignoring or dismissing their pain.

## Four Transplant Patients Contract Infections From Organ Donor



In the first known cases in over a decade, four transplant recipients in Chicago have contracted HIV from an organ donor. The same organ transplants also infected the four patients with hepatitis C. Health officials said it is the first reported instance of the two viruses being spread simultaneously by a transplant.

Two of the transplants were performed at the University of Chicago Medical Center, where hospital officials admit that, based on a health and social history, the organ donor was known to be high-risk. Although federal guidelines recommend against transplanting organs from high-risk people in general, it is sometimes acceptable in cases where the

recipients are so likely to die without a transplant that HIV seems a lesser threat. J. Michael Millis, the chief of transplantation at the University of Chicago, said he did not know whether the recipients had been informed of the donor's high-risk status.

Although cases such as these are rare, they illustrate a known weakness in the system for screening organ donors for infection. The most commonly used tests can fail to detect diseases if they are performed too early in the course of the infection. Officials say the events in Chicago might lead to widespread changes in testing methods.

## Popular Cholesterol-Lowering Drugs May Not Work



After hearing full results of a failed trial of Vytorin in late March, cardiologists and other health experts suggest that two widely prescribed cholesterol-lowering drugs, Vytorin and Zetia, might not work and should be used only as a last resort.

Instead, doctors are recommending that patients rely more on older cholesterol-lowering drugs known as statins, such as Lipitor and simvastatin, the generic version of Zocor, which have proven benefits and can be cheaper to obtain.

Vytorin and Zetia are among the top-selling drugs in the world, with combined sales of \$5 billion last year. About 5 million people, including 4 million Americans, take the medications, which have been heav-

ily advertised to consumers in the United States. Congressional panels have launched probes into why it took drugmakers nearly two years after the study's completion to release results.

The full results of the two-year clinical trial showed that the drugs did not slow, and might even speed up, the growth of fatty plaques in arteries which are associated with heart attacks and strokes. Merck and Schering-Plough, the manufacturers of Vytorin and Zetia, said that they disagreed with the recommendations and believe the medicines to be "valuable treatments" for patients.

The Food and Drug Administration initially approved Zetia in 2002 on the basis of trials that lasted only 12 weeks or less and covered only 3,900 patients.

## Toledo Researcher to Track Lyme Disease Infection



Thanks to almost \$3 million in grants, research will begin at the University of Toledo to track the progress of the notoriously difficult-to-detect Lyme disease bacteria.

Mark Wooten, assistant professor of medical microbiology and immunology, will be studying the bacteria in actual animal carriers of the disease, such as mice, in order to discover how the bacteria evade the body's immune system. Researchers hope their work will lead to more accurate diagnosis and treatment of the disease.

pha

# Government Concedes Vaccines Cause Autism

The U.S. Department of Health and Human Services, the federal agency that oversees the U.S. Food and Drug Administration (FDA) and the U.S. Centers for Disease Control and Prevention (CDC), recently conceded the first vaccine-autism case. This case was filed in the no-fault National Vaccine Injury Compensation Program as part of the Autism Omnibus proceedings in the U.S. Federal Court of Claims. It was one of the first three cases chosen that alleged Thimerosal in childhood vaccines significantly contributed to a child developing autism.

Clifford Shoemaker, of Shoemaker and Associates of Vienna, Virginia, is the attorney of record in the Hanna Poling v. Secretary of HHS (case: 02-1466V). Experts filing on behalf of the petitioner, Hanna Poling, included pediatric neurologist, Dr. Andrew Zimmerman of Johns Hopkins University, and Maryland geneticist and epidemiologist, Dr. Mark Geier of the Genetic Centers of America.

This concession shows the dishonesty of the continual media spin coming from public

health officials and others who maintain there is no evidence that Thimerosal, or any other part of any vaccine, has ever caused autism or, for that matter, has harmed anyone in any way.

The facts are that the Vaccine Compensation Act has already compensated over 2,000 individuals who proved that they were harmed by vaccines, resulting in settlements of nearly two billion dollars.

Additionally, hundreds of peer-reviewed scientific/medical articles from some of the world's best universities have long implicated Thimerosal in vaccines as a causal factor in neurodevelopmental disorders including autism. Furthermore, in 2003, the U.S. House of Representatives' Government Reform Committee, after a 3.5-year investigation, concluded that Thimerosal caused the autism epidemic and that the FDA and health authorities were guilty of "institutional malfeasance" in covering it up.

Evidence supporting the connection between mercury and autism include:

1. Published studies from the US and France showing that urinary porphyrins, a

biomarker for body-burden of mercury, are elevated in patients diagnosed with autistic disorders (<http://www.mercury-freedrugs.org>).

2. A published study by researchers at Harvard University that found twice as much mercury and oxidative stress in the brains of those with an autism diagnosis as found in the brains of those who were normal.

3. A study from the US showing a significant relationship between increasing blood mercury levels and an increased risk of a diagnosis of an autistic disorder.

4. Numerous papers by independent researchers showing a link between increasing mercury exposure from childhood vaccines and the risk of a child developing an autistic disorder.

5. Several papers showing that adding low levels of Thimerosal to certain blood, brain, eye, immune, liver and/or muscle cells poisons their cellular mitochondrial pathways and can induce cell death.

Today, despite being banned in Europe and restricted in 7 U.S. states, Thimerosal-containing flu vaccines are still

recommended for routine administration to pregnant women and infants, with little or no warning of the presence of this known poison in these and other vaccines.

Vaccines have and will continue to save many lives. However, an immediate ban and recall of vaccines and other drugs containing mercury compounds used in their production must be instituted immediately to stop the epidemic of developmental disorders, including autism, caused by the unsound use of mercury in medicine.

For more information, please visit CoMeD's website: [www.mercury-freedrugs.org](http://www.mercury-freedrugs.org)



Green Our Vaccines Rally in Washington, DC June 4, 2008 [www.talkaboutcuringautism.org](http://www.talkaboutcuringautism.org)



## Visit to your primary

You say you have 30 symptoms? But you look fine to me, your normal test results tell me there is nothing this can be

A pain here, that moves over there none of it adds up It apparently is the stress your under or too much coffee in your cup

Tremors, twitching muscles, sleep paralysis these symptoms are not in the book I went to the finest medical school My Degree on the wall proves it, just take a look!

Fatigue, nausea and double vision none of this is true You need to find a hobby or find something relaxing you can do

Shooting pains, burning sensations now really, don't you see that all of this sounds utterly absurd Don't be afraid to admit this to me

Anxiety, insomnia, jaw pain There are very few like you. As a doctor I've heard it all, but there is not much I can do

You say you googled your symptoms and nothing matches but Lyme? I am the doctor here and so tired of people diagnosing themselves online

No my dear it isn't Lyme, we don't have that 'round here Let me prescribe some Prozac, & your symptoms will disappear.

Imbalance, syncope, nerve pain you cannot have them all I will give you the number of the best shrink, now please go home & make the call.

by Dana Floyd





# My Body has Betrayed Me

I am living each day  
Jailed in this broken body  
That surely can't be mine.

This body doesn't move well,  
This body can't talk right.  
This body bumps into walls and doors  
It stumbles, it trips, it falls.  
This body is a cruel imposter.

This body is bloated and shapeless  
It doesn't fit into my clothes or shoes  
This body can't run or even walk some days  
It can't exercise without falling into a heap  
Of feeble useless exhaustion.  
This body is a fraud.

The body is stranded in some insidious wasteland  
Where used up shells are forced to reside  
Suffering through some pathetic half existence  
Worthy of only the lame and hopeless.

Not even in my college days  
Of pulling all nighters to cram

Or partying till the dawn  
Or popping diet pills to lose five pounds  
Did my body rebel like this.

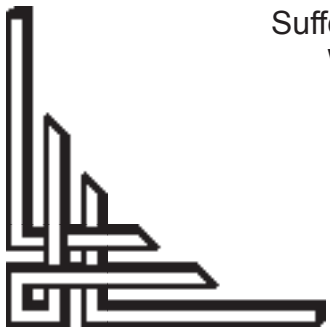
Not even when wracked with fevers  
Or wrenching with flus  
Or twisted and stretched past all possible limits  
With the agony of childbirth  
Did my body surrender like this.

I am locked between the frustraton of being misunderstood  
And the sickening emptiness of being pitied.  
Somewhere in between I am forced to exist  
Wishing for understanding and empathy  
Without sympathy and sorrow.  
Yearning for friendship and strength  
Without fear and avoidance.

My body has betrayed me.  
God, help me to remember  
That as long as your spirit lives in me  
My spirit still lives.

My spirit still lives.

by Tracy A. Will



## “IDSA Puppets” ...cont'd from pg 16

referring to "some" or "a few" patients in this very real scenario; I am referring to the majority of patients. Such majority will eventually end up on disability costing our government millions of dollars in the long run. Why don't we just diagnose and treat the patients as they present to the doctor's office? This would be a great question to ask the IDSA Practice guideline authors during an investigative Senate hearing.

The following published research abstracts and excerpts are provided as a basis for the references to chronic Lyme disease made in S. 1708. Please note that, although the IDSA objects to the existence of "so-called chronic Lyme disease," it is apparent by the following research that their own Practice Guidelines authors have documented the existence of persistent, chronic Lyme infection. It is a blatantly false contradiction and misleading misinformation that is being disseminated to 8,000 member physicians and more, resulting in the needless destruction of families nationwide.

This is an abstract from a published article co-written

by Allen C. Steere, one of the authors of the 2000 and 2006 IDSA Practice Guidelines, in the *New England Journal of Medicine*, Nov 22; 323(21): 1438-44, which refers to a study of *Borrelia burgdorferi*:

"These chronic neurologic abnormalities began months to years after the onset of infection, sometimes after long periods of latency, as in neurosyphilis... The typical response of our patients to antibiotic therapy supports the role of spirochetal infection in the pathogenesis of each of the syndromes described here... The likely reason for relapse is failure to eradicate the spirochete."

The following is from another published article by Dr. Allen C. Steere:

Steere, AC., 1995, *Musculoskeletal manifestations of Lyme disease. American Journal of Medicine*, 1995, 88:4A-44S-51S.

"...a 1-month course of oral antibiotics may not always eradicate viable spirochetes."

From Raymond J. Dattwyler, another author of the 2000 and 2006 IDSA Practice Guidelines:

Dattwyler, RJ., et al., 1988, Seronegative Lyme disease. Dissociation of specific T-and B-lymphocyte responses to *Borrelia burgdorferi*. *New England Journal of Medicine*, 1988, 319(22): 1441-6.

[From the abstract:]  
"We studied 17 patients who had presented with acute Lyme disease and received prompt treatment with oral antibiotics, but in whom chronic Lyme disease subsequently developed."

This scientific published research by Drs. Klempner, Steere and Dattwyler, members of the esteemed IDSA panel of Practice Guideline authors, does not support the IDSA hypothesis that chronic Lyme disease does not exist. The IDSA Practice Guideline authors demonstrated that chronic Lyme disease is caused from persistent bacterial infection. So, the IDSA Practice Guideline authors ignored their own published research in the formulation of their 2000 and 2006 guidelines for the treatment of Lyme disease.

It is inappropriate for the IDSA to disregard its own members' research. This flagrant disregard for research performed with grant funds

shows irresponsibility and the inability to be trusted with public monies. Research funds must be utilized appropriately for the benefit of sick and dying patients instead of being misused to promote one organization's agenda. S. 1708 will establish a tick-borne disease advisory committee that will provide more balanced direction into how public research funds are utilized, taking the monopolistic control away from the IDSA. The Lyme patient community and Lyme-treating physicians do not mind sharing the roundtable with the IDSA; however, Lyme patients and treating physicians must be assured their rightful seats at the discussion table.

The Lyme patient community is taking responsibility for their health and what remains of their shattered lives. The time is long overdue for the Infectious Diseases Society of America and its Lyme disease Practice Guideline authors to abandon their pseudo-paternal position, step aside and allow other qualified, credible researchers and practicing physicians to take a turn at the helm to guide the ship in a balanced course that will allow

more progress to be made on behalf of those suffering from debilitating Lyme and co-infections.

I appreciate your consideration of the position I have outlined in support of S. 1708. On behalf of Lyme disease patients, please hear, support and pass S. 1708, to provide an open forum with fair and balanced medical opinions and perspectives through balanced research and the establishment of a tick-borne disease advisory committee as outlined in the Senate Bill 1708.

Sincerely,  
Tina J. Garcia

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## “Candida” ...cont'd from pg 14

well-entrenched, the more powerful prescription anti-fungals may be required.

Another technique that Dr. Levin finds useful is to measure RBC (red blood cell) levels of minerals. If molybdenum is low, it should be supplemented. A waste product of Candida is called "acetylaldehyde". Aldehydes affect neurological, metabolic, endocrine, and immune function. More specifically, with Candida, it is the creation of acetylaldehyde that overload the system. Molybdenum helps to break down the aldehydes produced by the yeasts so that they can be more readily excreted by the body.

Diet is another key to resolving CRC. A diet high in simple sugars nourishes the yeast organisms. A low-carbohydrate, high protein diet should be followed. The diet

should restrict fruit and contain no fruit juices. Yeast in any form should be avoided. This includes fermented foods made with yeast such as wine, beer, vinegar, breads, cakes, pastries, and most cheeses.

Strawberries, blueberries, raspberries, and grapes tend to become moldy and should be avoided. Even small amounts of yeast can trigger yeast allergy symptoms to emerge. Another important aspect of diet when treating yeast-related conditions is the focus on an alkaline diet which may include the incorporation of one of a number of high-quality "Green" drinks.

Not only do the symptoms of Candida Related Complex and Lyme disease have significant overlap, but often, the treatment of Lyme disease contributes to CRC. The refusal of mainstream doc-

tors to consider Candida combined with the use of antibiotics to treat Lyme disease results in the stage being set for the development of CRC.

Anyone that takes more than four weeks of antibiotic therapy and is on the "Standard American Diet", which Dr. Levin refers to as "SAD", is likely to have Candida overgrowth. Ideally, a combination of probiotics and the anti-fungal Nystatin would be considered a protective therapy and given to everyone on antibiotics in order to minimize the risk of a more entrenched systemic fungal infection. Once CRC takes hold, more aggressive therapy is often required.

The more one understands about Candida Related Complex, the better positioned they are to work with their doctor on evaluating whether or not CRC is a part of the overall

symptom picture. In a significant number of cases of people with Lyme disease, CRC plays a key role. A failure to address this likelihood undermines the overall Lyme disease treatment protocol. Successfully addressing CRC often leads to a significant improvement in overall health and wellness. pha

### Resources:

Dr. Levin has several lectures available on CD, including one on Candida. Others include Asthma, Hypoglycemia, Food Allergy, and Intravenous Chelation Therapy. He can be contacted through his web site: [www.warrenmlevinmd.net](http://www.warrenmlevinmd.net) [info@warrenmlevinmd.net](mailto:info@warrenmlevinmd.net)

To find a doctor in your area visit the *American College for the Advancement*

*of Medicine* at [www.acam.org](http://www.acam.org) or *The American Academy of Environmental Medicine* at <http://www.aaem.com>.

*The Yeast Connection For Women: A Medical Breakthrough* by William G. Crook

*The Yeast Connection Handbook* by William G. Crook

*The Yeast Syndrome: How to Help Your Doctor Identify & Treat the Real Cause of Your Yeast-Related Illness* by John P. Trowbridge and Morton Walker

*Coping With Candida Cookbook* by Sally Rockwell

*Marjorie Crandall, PhD* [www.yeastconsulting.com](http://www.yeastconsulting.com)



# I Recommend Researched Nutritionals® for My Patients

...Joseph Burrascano, M.D.



Joseph Burrascano, MD

## The Mitochondrial Component

One of the most common complaints among our patients is lack of energy. I became intrigued with NT Factor Energy™ during a medical conference presentation which showed a 40% reduction in fatigue in eight weeks <sup>(1)</sup>. When I tested my patients on this product, they reported a noticeable improvement in energy. The product's success is due to its ability to deliver a stabilized and absorbable phospholipid complex to promote healthy mitochondrial membrane potential.



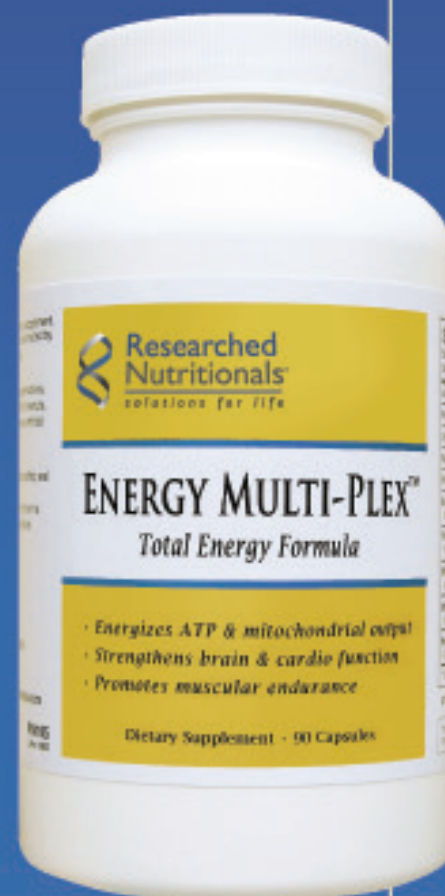
## The Immune Component

Most of our patients' immune systems are very weak. In order to provide the nutritional support for a healthy immune system, I recommend Transfer Factor Multi-Immune™. These folks have put a lot of thought into developing a product which promotes healthy natural killer cell function. The combination of transfer factor and the herbal and nutritional base make this an extremely effective product.



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<sup>(1)</sup>Journal of the American Nutraceutical Association 2003; 6(1); 23-28. Available only through health care professionals.  
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