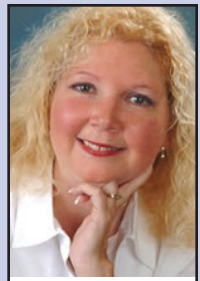


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Obesity: Babesia, Bartonella, Lyme and Mold Toxins Make Real Weight Loss Almost Impossible

by Dr. James Schaller, M.D.

You look in the mirror. You look at the scale. You can no longer fit into your clothing. You are overweight. The only "solutions" presented to you are 50 different flavors of diet and exercise, each promising you results with the earnestness of young newlyweds.

I believe you should stop eating when you cease to enjoy the food in front of you. Exercise helps the obese live longer even if they lose only a few pounds. Yet a massive component of weight gain is the presence of infections, inflammation and biologically made toxins, which profoundly undermine weight loss in possibly tens of millions or more.

I live in an American county that is world renowned for its eternal sunshine and vigor. It also has more plastic surgeons than blades of grass. And when I started to meet individuals who had certain procedures such as a "tummy tuck," and they looked at 12 months like they should at 8 weeks, some patients in my practice became concerned. Some of their doctors asked me my opinion, since they knew I liked medical puzzles.

I was clueless. Why were some who had liposuction, or tummy tucks or even bariatric stomach reduction surgery, not losing weight like they should? Why indeed.

Finally, I met Lisa who had bariatric surgery, lost 125 pounds, and then gained back 90 pounds. Her problem was not diet and exercise! She had four tick and flea-borne infections, and a moldy attic with air being sucked into her small cozy one floor home. After we treated her for these five problems, she began to return to a healthy weight for her size.

Kim was 60 pounds overweight. She had Lyme and Babesia. She was placed on Mepron 2 teaspoons per day and was told after 6 months she was cured of Babesia. She was retested, and her ECP was slightly raised and so I sent her to have two labs run visual exams of her blood. One found Babesia. I had learned by then that 1500 mg of Mepron per day merely lowers body load and does not cure most patients, so we gave her a higher dose. She was also placed on high dose Artesunate, and not merely at an ineffective dose of 3 capsules per day, which may kill Babesia but will not result in a cure. As she lost her Babesia she lost 30-35 pounds.

After trying 10 routine drugs recommended for Bartonella that studies show should work, and yet do not work in my newer 2008 research, she found two products she wanted to pursue and we monitored her closely. Initially the dose did nothing but make her legs larger with non-pitting enlargement. But after a complete heart work-up, and a clean bill of cardiac health and leg blood vessel health, she raised her dose to see if the labs would show a Bartonella reduction. Her leg size decreased and she lost more weight.

Ehrlichia was treated with aggressive doxycycline and after a confirmation she could tolerate it, she was then tried on minocycline. While she did not lose obvious weight her eyes and belly looked less bloated on these antibiotics that were mixed with Ketek.

She had her home remediated in a manner which was simple, and yet fully successful-she had read my two easy books on indoor mold



toxins, *Mold Illness and Mold Remediation Made Simple and When Traditional Medicine Fails*, so she knew most remediations fail, and so she used a top remediator who is also a builder. If you are not a builder, how do you see structural defects? And some remediations requested by lawyers and mold interested health care workers also fail.

Teri read book after book, and article after article, and came to the conclusion mold toxins, which are made as the spore is made, do not impact the body in a simple predictable manner, but act more like a bomb and hit the body 300 different ways. And a few of these ways are through increasing inflammation, turning off anti-inflammation chemicals, and altering all sorts of hormones, including fat cell hormones. Her home remediation did not help her lose much weight. But when she had her entire home HEPA vacuumed by three people from head to toe, she began to lose weight together with some other treatments.

Due to the complex nature of any single person's Lyme treatment, it is essential

to tailor all treatments to each person individually-protocols and guidelines are more fitting for speed medicine. Therefore, I will not discuss the many ways we addressed her Lyme from the very beginning of her care. I found many of the "16 reasons" for Lyme disease treatment failure applied to her. I have made some of them. Some of her Lyme treatments had no effect on her weight and some did. Sometimes a weight gain followed a Herx reaction and sometimes weight was lost with medications that felt invisible inside the body.

In this context anyone who has treatment resistant weight gain really needs to work with someone who is very familiar with all of these sample weight issues. Every health care worker in America probably has ideas on how to lose weight. They exhort you to do x, or take y. But if you have any of the issues mentioned above, they are probably more important than x or y. Please accept my sincere wishes for an increasingly healthy and meaningful year.

"Obesity" ...cont'd pg 2



LEFT: Note the enlarged ankle joint collection, the large size of the top of the foot and also the enlarged side of the foot.



RIGHT: 17 year old with normal eating habits, a good exercise routine and who does not drink alcohol. He has an eccentric protruding belly just inches above his pant line. He is positive for Bartonella and Lyme disease. Treatment for the Lyme had no effect of the belly. I hypothesize it is due to Bartonella.

A Sampling of Obesity Photos from Dr. Schaller's Collection



This is a lawyer with Babesia, Bartonella and Lyme. Patient lost 6 inches with limited dieting and no exercise with newer up to date Babesia dosing-not 2 teaspoons/day of Mepron which typically leads to a relapse. He lost this weight in 7 weeks. He also took aggressive double antibiotic treatment for Lyme disease and Bartonella.

This type of obesity is called "Blown up like a Balloon" obesity in our practice. It is global with perhaps a few modest extra pounds in the belly, rear and thighs, but increased girth all over the body.



This is full body bloating obesity. The patient is positive for Babesia and Bartonella and was given routine treatments which helped, but then all treatments led to relapse. Treatments included 1500 mg of Mepron per day (only two teaspoons), Artesunate (Artemisia) at a useless dose of three/day, high dose Artemisinin, high doses of Zithromax, Biaxin, Levaquin, Minocycline, gentamycin and Rifampin. We have found these treatments generally only lower the body volume of both infections-they do not cure.

This man lost some weight on some of these treatments but it rapidly returned to his very high baseline. We hypothesize both Bartonella and Babesia contributed to his obesity and transient weight loss.



Same patient with massive obesity throughout his entire trunk area, including his back tissues and not just his lower abdomen.



This 35 year old Texas woman has clear Bartonella and also meets CDC criteria for Lyme at a large national lab. Please note the massive non-pitting swelling of her entire lower legs.



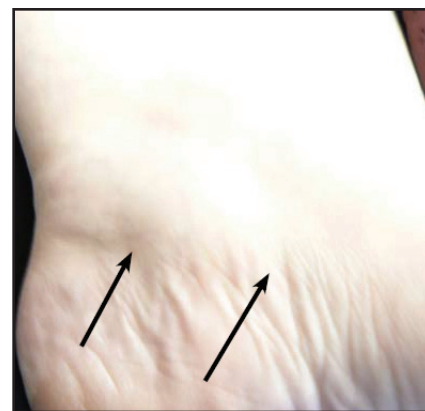
After taking a new Bartonella treatment that quickly clears the blood of visualized Bartonella, her legs significantly decreased in size.



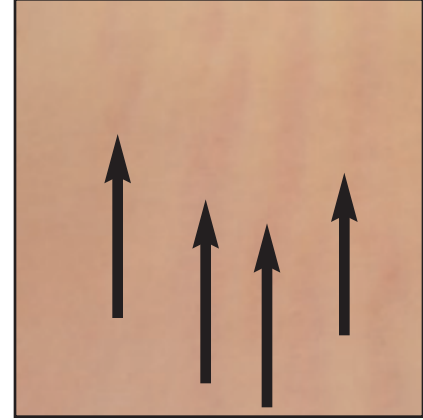
This same woman was told by her cardiologist that her heart Echo was "that of a 25 year old" and her EKG was normal. Her WBCs however had been abnormally high at "16" for years. Two diuretics at full strength had zero impact on this swelling which did not pit. We have found Babesia and Bartonella edema typically does not pit. The cause for this edema or high white blood cell count has never been found, despite consultations with over 15 respected specialists.



White female in her late 30's with markedly enlarged feet and calves with no pitting of the skin when pressed, but they are markedly enlarged. She is only positive for Bartonella at this time. The outlined area is particularly enlarged.



This physician has a long band of large and protruding tissue along the foot joint. He is Bartonella and Lyme disease positive. We believe these foot findings might be related to body obesity, since one merely seems to be a worse case of the same problem.



These are easy to miss Bartonella striations on one side of an obese female who has failed care with two smart Bariatric experts. She has lost weight with aggressive and newly researched Babesia and Bartonella treatments. Lyme treatments worked effectively after this because Lyme cannot be cured with massive Bartonella suppression -- only the Lyme body load can be reduced. Bartonella is far more common than Lyme. It can never be a side topic in LL medical care. Never.



Patient with clear Bartonella who is improving on HH capsules and losing weight after two types of water pills, cardiac medications and diet/exercise failed. HH lowered the size of these entire legs 2 inches after a short modest trial.



Same woman with front view. This was markedly worse and had a higher diameter in the past, before treatment was started by her daughter in the form of the pharmacological herb mix HH, which is designed to kill bacteria of the Bartonella class.

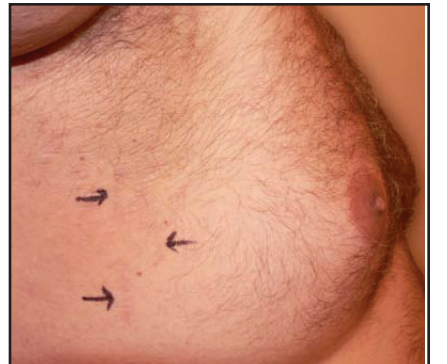


Same woman with sandal removed. See the deep indentation from the sandal. But she has no pitting in any form when you press on her enlarged sections. The tissue does not indent in any way. This is not like routine congestive heart failure enlarged legs, and in fact, her ECHO and other cardiac tests were fully normal. Her leg blood vessel tests were also normal.



Same woman. Note the enlarged ankle joint collection, the large size of the top of the foot and also the enlarged side of the foot.

This was ignored over 8 years during her exams. This has markedly improved with initial Bartonella treatment.



A young man in his late 20's with Bartonella, Lyme disease and Babesia. The later two were treated very aggressively. This huge excess skin and fat on his chest and side is believed to be due to Bartonella or residual Babesia. Another angle shows a drooping upper arm and large fat filled breasts. Black arrows point to acute colored striations or residual white or skin colored residual striations found in some patients with Bartonella.

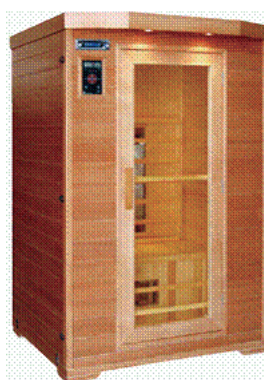
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...And We All Fall Down

by Dawn Irons

As a child, I was always fascinated with the game of lining up dominos in close sequence, and in a pattern, so that when you tipped one domino, you would set off a chain reaction called the “domino effect.” I would spend hours doing this on the kitchen floor.

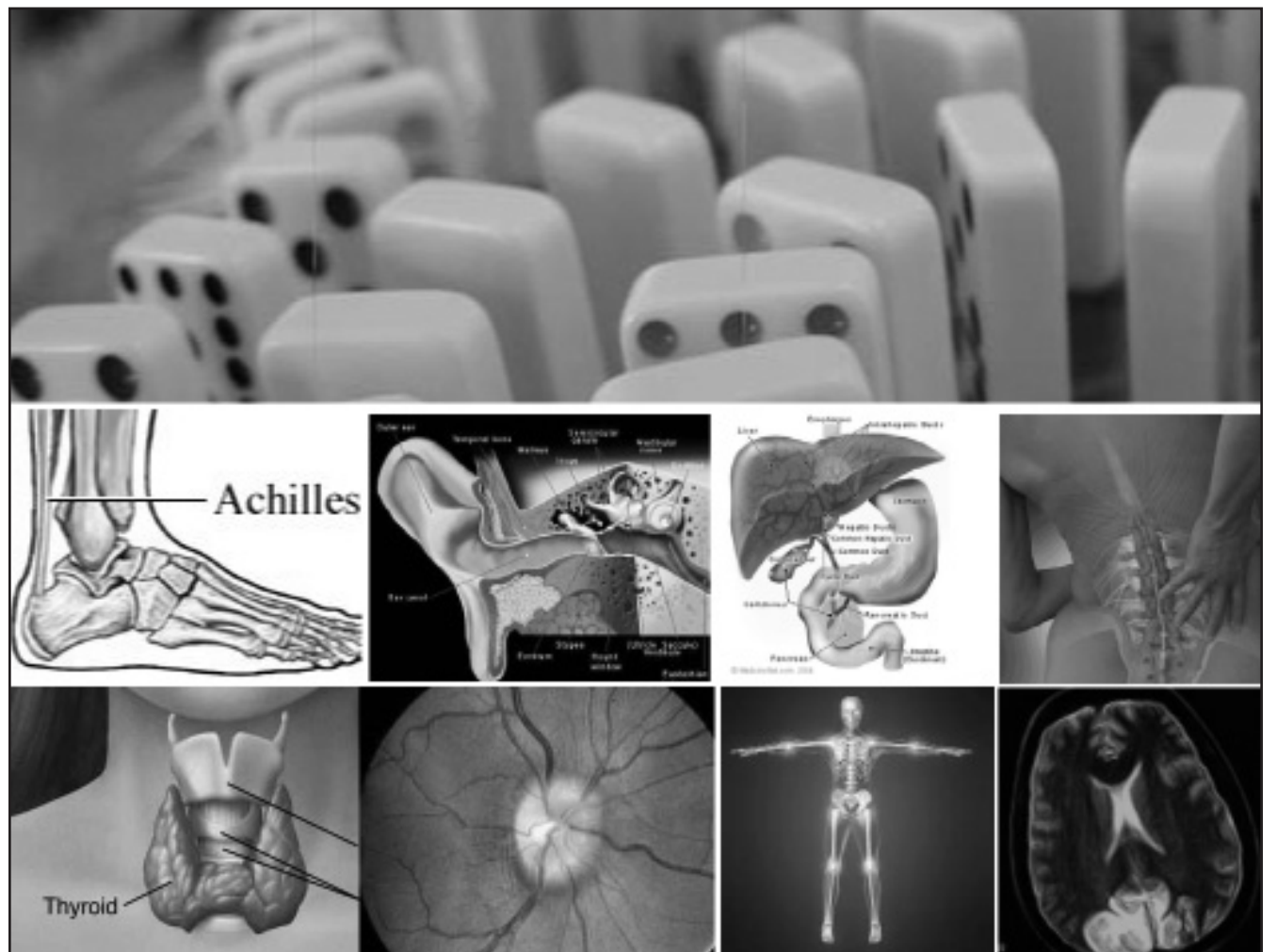
As I became older, more mature and uhhh...cynical, I came to see the same pattern of the “domino effect” in my myriad of health problems.

My latest domino to fall has been my hearing. I visited the audiologist last week and she looked at my previous tests from 5 years ago and then compared them to the test she had done that day. In her opinion I should have been prescribed hearing aids 5 years ago! She showed me the drastic loss of hearing over the last 5 years all graphed out nicely on a chart.

It seems so clinical to discuss the graph and chart, but the frustration of that reality comes to a head when I find myself getting overly irritated because I cannot understand people that are just 2 feet in front of me. I find myself snapping at my family, “Do not speak to me unless you are LOOKING at me! How many times have I told you that?!”

My family thought that I was just being overly sensitive. Quite often I was a bit taken aback at my own short fuse and was convinced I just needed a vacation! I am sure they wish I would have taken one too!

Oh yes...the dominos will fall! It is just not so entertaining at this stage in my life! As I look back on the previous dominos that have taken a tumble, I remember being told that my spine was progressively degenerating, my eyes had swollen optic nerves that could lead to blindness, my joint pain could not be corrected, my brain was swelling, my thyroid was malfunctioning, my liver was not healthy, my muscles and tendons may ultimately land me in a wheel chair, and most recently the audiologist told me my hearing could not be reversed or repaired and that she expected I would end up totally and completely deaf. Now please tell where I can



Lyme disease is a bacterial infection that affects multiple body systems. Patients will typically be bounced from specialist-to-specialist and be given numerous misdiagnoses before ultimately being diagnosed with Lyme disease. This kind of late diagnosis is how patients end up with the chronic form of the disease.

exchange all these dominoes for the FUN kind I had as a child! I don't find these new dominos to my liking...at all!!

I was recently reading a research paper on the multi-systemic symptoms of Lyme disease as confirmed through MANY professional peer-reviewed journals. I ran across another book where a so-called Lyme “expert” said that, “the more widespread and peculiar the symptoms are, the more likely the complaint is psychosomatic.” In other words, this doctor believes that the more multi-systems that are involved, the person is probably just a psych-case and it is really all in their heads!

Of course, that “expert” advice was quoted by a doctor who was part of a committee that chose to use only 400 out of a total of 18,537 published studies, and chose only the 400 that agreed with their “expert”

opinion; all the while ignoring the literature that they did not agree with.

The treatment guidelines that were written by that very committee came under the investigation of the Connecticut Attorney General Richard Blumenthal and was found to have copious amounts of varying conflicts of interest and financial gain.

“If one falls down, his friend can help him up. But pity the man who falls and has no one to help him up!”

Ecclesiastes 4:10

So forgive me if I doubt the “expert” advice from a doctor that settled out of court on an anti-trust investigation to avoid criminal charges.

So for every Lyme patient that was ever bounced from doctor-to-doctor and was told it was all in their head, be comforted in the fact that there were over 18,000 peer-reviewed journal articles that agreed with and proved your claims; but they were quietly swept under the rug for the financial gains of the committee

that wrote the 2006 guidelines for diagnosis and treatment of Lyme disease...all proven to be true by the Connecticut Attorney General.

The research is overwhelmingly CLEAR that Lyme disease will affect multiple body symptoms. Be of good cheer! It really is in your brain, your heart, your joints, your endocrine system, respiratory system, your eyes, your ears, your liver...ad nauseum!

It is my sincere desire, through the outreach and education of the PHA, that I will be able, along with my staff and writers, to offer you hope and encouragement in your journey to wellness.

The dominos may fall, but there is always hope! I have received letters from all across the country (and a few other countries) that have told me the PHA was instrumental in their getting connected to support groups and doctors who could help them reclaim their lives.

Yes, we will all fall down. As the book of Ecclesiastes so beautifully puts it, “If one falls down, his friend can help him up. But pity the man who falls and has no one to help him up!”

pha



Dawn Irons has a bachelors degree in Social Work from the University of Mary Hardin-Baylor in Belton, Texas. Dawn has been involved in medically related social issues for over ten years. She also serves on the board of directors for the Texas Lyme Disease Association.

Dawn and her family live in Texas. All 5 members of her family have been diagnosed with Lyme disease and co-infections.

The PHA is committed to researching and investigating Lyme Disease and other chronic illnesses in the United States. We have joined our forces with local and nationwide support group leaders. These groups include the chronic illnesses of Multiple Sclerosis, Lou Gherig's Disease (ALS), Lupus, Chronic Fatigue, Fibromyalgia, Heart Disease, Cancer and various other illnesses of unknown origins.

PHA seeks to bring information and awareness about these illnesses to the public's attention. We seek to make sure that anyone struggling with these diseases has proper support emotionally, physically, spiritually and medically.

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Patient Advocate Lucy Barnes Outlines Speaking Points to Address Congress

To the Honorable Leaders of the United States of America:

I am contacting you today because I'm afraid if you don't get the Lyme and Tick Borne Disease bills (HR-741 & S-1708) out of the committees where they are currently "stuck" and get them passed this session, we are going to lose more chronically ill patients to treatable, but very serious, infectious diseases.

I respectfully request that you push aside any preconceived notions you have about the Infectious Disease Society of America and the NIH for a moment and listen to what patients with tick borne diseases are facing on a daily basis. They desperately need your help because the situation has gone far past intolerable at this point, it is bordering on criminal. Citizens are counting on you to listen and to help them. I am writing to you on their behalf.

Please note- *If everything were going smoothly in Camp A, Camp B wouldn't be fighting for their lives.*

A Dozen Reasons Why Congress Should Immediately Intervene to Protect the Public's Health

1. The head of the NIH Lyme Disease program (Edward McSweegan) has failed patients, doctors and the US government which hired him to protect the public's health. Among other atrocities, he was removed from his position, demoted and was taken to court for harassing Lyme disease patients and groups. According to a Washington Post article, (NIH Scientist Says He's Paid To Do Nothing, 07-04-2003), after being demoted, "McSweegan said he struggles to fill his eight-hour workdays by reading, exercising and writing fiction. He has self-published a bioterrorism thriller and a science fiction novel." He admitted his duties, for which he received a lucrative salary, consisted of, "arranging coffee for lunches and forwarding messages... the kind of work you would get an intern to do." Rather than being

removed from the scene entirely for his actions or lack thereof, he continued to work closely with the IDSA on the development of their Lyme disease policies which have been highly contested by many across the country. While working with the IDSA and NIH, McSweegan continued his attempts (under the guises of "free speech") to discredit not only Lyme patients, but support groups and doctors. Millions of lives are at stake. My opinion is that patients deserve better.

2. The Infectious Disease Society of America (IDSA), who recently proclaimed itself to be a "pre-eminent authority" in a letter to Congress, when in actuality members don't treat chronic Lyme disease at all, failed to mention they are currently under investigation by the Attorney General for fraud, anti-trust violations, monopolization, and exclusionary conduct directly related to their Lyme Disease Treatment Guidelines. In addition, doctors who don't tow the IDSA line have been targeted and persecuted over the years for stepping out of the restrictive IDSA box and following their oath to, "first do no harm".

3. There is such a condition as chronic Lyme disease, in spite of what the IDSA is currently trying to get you to believe. It has been documented extensively over the years and the IDSA and others have been receiving millions, if not billions, in grant monies to study it. If it didn't exist, the Red Cross wouldn't exclude those with chronic Lyme from donating blood and insurers wouldn't refuse to provide life insurance for those with the disease. Some patients suffering with chronic Lyme have been provided extended treatment. That treatment saves lives. Patients and their families (many now permanently disabled from the original delay in diagnosis and treatment) will NOT go away until they are sure others, especially children, are receiving adequate medical care. In addition, un-biased science, medical literature and clinical trials support antibiotic treatment.

4. The IDSA is so distressed by the possibility that researchers outside their tight-knit group will be allowed to sit at a table and present scientific evidence and recommendations to federal agencies which could prove them wrong, they are willing and continue to fight bills at state and federal levels and forfeit the much-needed \$100,000,000.00 in research funding this bill would provide, just to keep from being exposed.

5. The IDSA is clinging to its own unsubstantiated and unproven theories, which are failing miserably in every direction. Tests miss 75% of people infected; the Lyme vaccine has been withdrawn from the market after prompting multiple law suits; sky-rocketing numbers of new Lyme cases have emerged; and inadequate treatment protocols have left people chronically ill, disabled and dying. They stand behind their failing practices in order to avoid being sued by hundreds if not thousands of people for illegal or immoral acts. By burying the bills in committee, members of Congress are unknowingly helping them conceal the truth, which could be considered aiding and abetting possible felonious acts. Obviously that is not your intention.

6. The IDSA's claim stating, "there are no convincing published scientific data that support the existence of chronic Lyme disease" is true, if you consider only their selected studies based on their own "unreliable" tests and you have financial ties that bind and/or conflicts of interest clouding your vision, as they certainly do. In reality there are thousands of studies the IDSA has ignored or dismissed which have one thing in common, they contradict the IDSA's theories. No patient WANTS to have antibiotic treatment without good reason and solid science backing the protocols; and no doctor wants to prescribe treatment if it is not required to save lives, as the IDSA would have you believe. That deduction is as absurd and preposterous as a person wanting to have

chemotherapy if they didn't need it. Many patients on extended antibiotic treatment wouldn't need to be on that protocol had they not been subjected to the highly unreliable tests which missed their infection initially, or had not been restricted to an IDSA treatment protocol that was arbitrarily set years ago, with no scientific proof it has ever cured anyone. The fact remains, the treatment prescribed to patients via the IDSA guidelines was designed and promoted by them to be "cost-effective". According to Raymond Dattwyler, an IDSA Lyme Guideline author currently under investigation by the Attorney General for possible illegal practices, there were no studies backing the treatment duration recommended by the IDSA guidelines. He stated, "As far as duration of therapy [for Lyme disease], as Janet said, two to four weeks has been the standard, so usually three weeks seems to have been adopted, although I think that is somewhat arbitrary." So much for evidence-based science! (Department of Health and Human Services, Public Health Services, FDA Anti-Infective Drugs Advisory Committee Meeting, 64th Issue, Guidance Documents on Developing Antimicrobial Drugs, Thursday, July 30, 1998)

7. The IDSA often points out that some physicians are using "laboratory tests that are not evidence based and are not regulated by the Food and Drug Administration". The fact is, only tests that are sold on the market need the FDA approval referred to by the IDSA in its letter, such as the tests promoted by their labs (or labs they owned before legal actions ensued). The labs preferred by patients and doctors alike are fully accredited and pass rigorous inspections. They have been approved by Medicare and all necessary regulatory agencies. The problem is the specialty tests and labs the IDSA objects to are superior to their FDA approved tests currently on the market and the superior test results are proving the IDSA theories wrong.

8. The IDSA has a habit of using scare tactics in

an attempt to make their point, stating things such as, "long-term antibiotic therapy may be dangerous, leading to potentially fatal infections in the bloodstream as a result of intravenous treatment." What they fail to mention are quotes by the IDSA authors themselves who have concluded, "B. burgdorferi [Lyme disease bacterium] does not acquire resistance to antibiotics." IDSA members also warn of the probability of complications such as septicemia developing during IV therapy. They fail to mention studies indicating 90% of cancer patient's IV catheters tested showed that infectious organisms had colonized as a result of the catheters and 2% of the patients developed septicemia as a result. Shall we deny cancer patients treatments because the medical procedures or medications involved in their treatment may have associated risks? No. Then why deny Lyme patients the same life-saving treatment?

9. The IDSA contends Lyme disease is not a chronic condition and consists of nothing more than "non-specific symptoms such as muscle and joint pain, fevers, chills, fatigue, and difficulties with concentration or memory loss." However, the FDA, NIH, CDC and others certainly don't agree. For example, the FDA states, "Permanent damage to the joints or the nervous system can develop in patients with chronic late Lyme disease." (FDA. Dept. of Health and Human Services. CDRH Consumer Information. <http://www.fda.gov/cdrh/consumer/lymedisease.html>) The NIH also concluded there is more to chronic Lyme than the IDSA has shared with Congress, including fatalities. "Varying degrees of permanent joint or nervous system damage may develop in patients with late chronic Lyme disease. In rare cases, some individuals may die from Lyme disease and its complications." (NINDS Neurological Complications Of Lyme Disease Information Page. NIH. National Institute of Neurological Disorders and Stroke.

"12 Reasons" ...cont'd pg 18

May be useful for:

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

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6 Action Steps for Churches Who Care About the Chronically Ill



by Lisa Copen

Nearly 1 in 2 people in the United States of America has a chronic condition, which means that if you're not suffering, it's likely someone you love who is silently enduring great hardships.

Oftentimes a chronic illness, such as chronic fatigue syndrome, or chronic pain like migraines or back pain, is undetectable to those around them. It may surprise you to know that, according to the U.S. Census Bureau, approximately 96% of the people who have an illness do not use an assistive device, like a cane or a wheelchair. Pain is nearly always invisible. Those that are ill usually do everything that they can to get to church. They want to be part of the church community and they appear to be healthy. Still, just sitting through the service can be extremely difficult.

I distinctly remember trying to make it through a service. My rheumatoid arthritis was flaring a great deal. I stood up during worship when they announced, "Please stand," but I had to grab onto the pew in front of me just to balance. With knees that need joint replacement and feet that are deformed and breaking down, I nearly laughed as the worship song lyrics were, "I will stand in spite of pain."

Even as I was surrounded by people in a church I loved, I still felt as though no one understood what I was going through—physically or emotionally.

It's no secret that churches feel responsible for the many needs that already must be fulfilled in their church body and when someone shares another need it can be seen as an inconvenience. And these needs are visible ones. So the

question from pastors is often, "If people aren't saying anything about their pain, then that means they are dealing with it fine? Right? We tell them to send in prayer requests or let us know if they need anything and they don't speak up, so evidently they are doing okay with it? Their faith should sustain them during those valleys."

Let's look at some staggering statistics:

* We usually assume the chronically ill are the elderly, but 60% of people who live with illness or daily chronic pain are between the ages of 18 and 64.

* 75% of marriages where one of the spouses has a chronic illness end in divorce

* When you are chronically ill, depression is 15-20% higher than it is for the average person

* Many studies have found that physical illness or uncontrollable physical pain are major factors in up to 70% of suicides.

There is cause for great concern. Despite whether you can see the illnesses that are impacting people's lives or not, your church body has many ailing bodies. And those who are hurting physically are often hurting emotionally and spiritually too. When Jesus speaks of the broken-hearted, I believe the chronically ill are a great portion of those who have fragile spirits.

So, one of the first hurdles to overcome is to find out what people with chronic illness need if they are being vocal about their situation. How do we help them?

1) First, take the time to conduct a survey about the needs people may have that they are not vocalizing, especially if you are a large church where people may be more reluctant to talk about their illnesses (or lack of healing thus far). In a recent Barna group study, it was found that larger churches were the least likely to mention congregational care ministries as a priority (Church Priorities for 2005 Vary Considerably).

Ask, "If a van was provided, would you be able to get to church more easily? Would you listen to church on the internet if you were too ill to attend? Do you feel you can call and

ask for occasional personal assistance (especially if the illness is chronic and not acute)? Do you know who to call? Would you like the worship song lyrics in the bulletin and not just on an overhead? Are the seats comfortable or would you prefer a few rows be saved for you with cushions?" Brainstorm with a group of people who have a chronic illness and ask them for a wish list. Then sit down and prioritize.

2) Start a small group/Bible study for people who cope with illness. Rest Ministries is the largest Christian organization for the chronically ill and they have a program called HopeKeepers. You can find resource materials, group studies, leader support, and books, CDs and more for training. Though a church may assume their current small groups are meeting this needs, people with illness grow weary of talking and praying about their illness week after week with people who don't understand the daily-ness of illness. When there is a place where everyone can "speak the same language" and even laugh at the same tales can be reviving. Even if just two people show up, it can be life-changing for those two. Be a church that recognizes chronic illness is difficult to live with and provide an oasis from it.

3) Ask special guests to come and speak at your church. There are many people who have physical disabilities that go to churches and share their testimony; they will encourage everyone in your church. Allowing them to stand on the stage and share what God has accomplished in their lives, despite physical challenges, demonstrates to the people in your church, especially the chronically ill, that you do recognize their needs. They will feel you care, and perhaps most importantly, that you believe they are still worthy to be used by God. People such as Nick Vujicic, Lisa Copen, Joni Erickson Tada, and many others, minister to the masses, not just those with disabilities.

4) Discuss the possibility of adding a parish nurse to your church staff. The number of parish nurses in United States is estimated to be about 6000,

according to the Marquette University College of Nursing. If your church has a lot of seniors this may be an obvious need and she will help organize the ministries to this group of people. There are a lot of retired nurses who are discovering this kind of ministry engaging and parish nurse certification can be found at most hospitals. The parish nurse position description includes a variety of duties, depending on your church's needs and goals. For example, the role of the parish nurse may include going to homes of church members to monitor high blood pressure or diabetes, organizing health screenings and fairs, starting walking groups, and even assisting with chronic illness and disability ministries. The parish nurse would network closely with the congregational care pastor.

5) Stock up on caring resources that are available for people to borrow. Lots of people with chronic illness are on a fixed-income but they truly want the encouragement. Your church library should carry your many books on living with chronic illness such as "Why Can't I Make People Understand?" or "Beyond Casseroles: 505 Ways to Encourage a Chronically Ill Friend," by Lisa Copen or Joni Erickson Tada's amazing book, "When God Weeps." Purchase a few subscriptions to magazines such as "HopeKeepers", "Guideposts" and even "Fibromyalgia Aware." Don't forget books on tape, audio presentations and large-print materials whenever they are available. Put up flyers or have brochures available about chronic illness or disability ministries. These include Joni and Friend's "Wheels for the World" program or Rest Ministries' annual outreach, "National Invisible Chronic Illness Awareness Week." Recruit a volunteer to assemble binders of information about national ministries and local resources. Also include Christian organizations, magazines and newsletters on topics of interest to Christian seniors, those who live with disabilities and illness, and caregivers.

6) Finally, and perhaps most importantly, keep in mind that people with illness want to help

serve. Not just be served. Proverbs 11:25 says, "He who refreshes others will himself be refreshed." For example, if a woman with a chronic illness explains that she must resign from teaching Sunday school, make sure she knows that she is welcome to serve in other ways when she is ready. Though she no longer is physically able to teach four-year-olds, she may discover that she loves writing notes to people who have just been diagnosed with a chronic illness. A man may discover that he prefers mentoring another man with a chronic illness one-on-one, instead of leading a weekly Bible study. Let people know that you value wounded healers and that your church believes that God comforts us "so that we can comfort those in any trouble with the comfort we ourselves have received from God" (2 Corinthians 1:4).

Roughly twice a month someone shares their broken heart with me because, after much prayerful consideration, they have gone to their pastor to ask him to consider allowing them to start a HopeKeepers small group. The response is "You can minister to others once you are healed." It makes me so saddened to see people who believe they are no longer useful to their church-or God-until they are healed from their illness.

In the parable Jesus shares in Luke 14:21, a man asks his friends to come to a great banquet he has prepared. But his friends turn him down. Upset with their lack of graciousness he orders, "Go out quickly into the streets and alleys of the town and bring in the poor, the crippled, the blind and the lame." This is still a directive to us today. Too few of our churches have recognized the needs of the chronically ill in their own church, much less their community. We must focus on providing a place where we offer unconditional hospitality. We need to "go out" into our own pews and ask the chronically ill to help us provide a place of refuge. And then these people will become the comforters, who, with the support of their church, will be able to go out into the community and offer to walk alongside the hurting with understanding.

pha

Yielding to the Potter's Hand

by Dawn Irons

Brokenness...

A place of total surrender
Where I yield my mind, body,
Soul and strength
To my Abba Father
Who is fashioning and molding me
According to His perfect plan.

I place my life without reservation
Into the Potter's hand.
I humble myself in His presence
and willingly receive the skillful
Refining of the chisel in his plan.

For this is but a momentary affliction
That I count but loss,
For the peace which passes understanding
Bears witness with my soul
That this time of refining will bring about
The reflection of His Son in me.

I seek no greater treasure in this world
Than to walk in the wisdom of His counsel
And have His character made
Manifest within me;
That I may comfort others
With the compassion I have known
From the God of all comfort,
Jehova Shalom, my peace.

I surrender my will.
May I remain immovable
In His presence
Until His perfect work is finished in me.

May He find my heart and life
a willing vessel
To be broken and refashioned
By His skillful Potter's hand.



Medical Whistle Blowers Demand Reform

by James J. Murtagh Jr.

American Medicine is at a crossroads. The International Association of Whistleblowers (IAW) spotlighted the incredible danger to the public at its annual meeting May 11- 18, 2008. At the center of the conference were repeated findings that sham peer review is harming patients, and leading to cost increases, decreased quality, and in many cases excess deaths. Peer review is supposed to be the safeguard of the public, but instead has been used to suppress doctors who stand up for their patients.

The IAW teamed up with Government Accountability Project (GAP), led by legal director Tom Devine Esq, and with the Semmelweis society, named after the Hungarian physician Ignaz Semmelweis who revolutionized global health by showing that simple handwashing saves lives.

Victims of "sham" or "bad faith" peer review rarely gain access to any independent due process to challenge this unique form of retaliation, which in many cases results in the end of their careers as physicians. Bad faith peer review against one physician can and does persuade others to remain silent rather than advocate on behalf of patients.

Speakers at the conference urging integrity in medicine, and an end to sham peer reviews included:

* **Patrick Campbell MD**, California internist, who provided evidence to the FBI that led to its successful raid at Tenet's Redding Hospital, where 83% of cardiovascular surgeries were found to be unnecessary. Unfortunately, the Justice Department failed to reward him. Dr. Campbell sued and prevailed through a landmark court of appeal decision.

* **Roland Chalifoux DO**, West Virginia neurosurgeon, President of the Semmelweis Society, who blew the whistle on competitors in Fort Worth, Texas. He was subsequently shammed by the Texas Medical Board which revoked his license under Roberta Kalafut's direction. Kalafut, board president, now faces criminal charges for perjury and illegal retaliation against competitors. Chalifoux has returned to Texas to testify

against her before the Texas House of Representatives.

* **Michael Bennett**, President of the Coalition for Patients' Rights (CPR), who lost his father due to a hospital-acquired infection. He is a nationally recognized patient safety advocate.

* **Shirley Pigott MD**, Texas primary care physician, who exposed a scheme by Blue Cross Blue Shield of Texas to place its physicians in strategic positions of power, such as president of the Texas Academy of Family Physicians, president of the Texas Medical Association, and Chairman of the Texas Medical Board disciplinary committee. She has been retaliated against by the TMB and the Texas Department of Public Safety.

Alan Dershowitz, the Counsel of Record for an amicus brief in a "sham" peer review case, wrote: The goals of the HCQIA and peer review are undermined, not promoted, when qualified physicians are punished and excluded from practice because they have chosen to stand up on behalf of patient safety or against corruption by special interests. When physicians cannot speak out because of fear of dire consequences of a fundamentally unfair, bad faith peer review, an essential prong in the checks and balances integral to a successful health care program will be silenced.

Without accountability and transparency, any process can be exploited for unacceptable hidden agendas. That is what has happened with peer review.

The IAW unanimously adopted the GAP-Semmelweis plan for reform, and urged Congress to explore ways to prevent the misuse of peer review, including:

1. Launch a Government Accountability Office of investigation to assess the vulnerability and extent of hospitals abusing the peer review process to retaliate against physician whistleblowers.

2. Conduct oversight hearings for a public forum on any significant GAO findings. Hundreds of physician whistleblowers whose careers have been ruined because they chose to advocate for patient safety or challenged inadequate care at hospitals are ready and willing to bear witness with first-hand

accounts of their experiences.

3. Amend the HCQIA to help curb abuses of the peer review process. One possibility would be to add an affirmative defense of "whistleblower retaliation" to the HCQIA. A physician could then take this claim to an outside body, which could make a ruling as to whether whistleblower retaliation was a contributing factor in any employment decision. This type of independent review is necessary, and is similar to steps Congress is on the verge of taking to reform the security clearance process for national security employees.

4. Pass H.R. 4047, the Private Sector Whistleblower Protection Streamlining Act of 2007. Introduced by Reps. Lynn Woolsey and Education and Labor Committee Chairman George Miller, this legislation would streamline protections for all private sector employees, and protect physicians who are retaliated against for blowing the whistle on inadequate health care.

5. Pass H.R. 4650, the Congressional Disclosures Act of 2007. The legislation, introduced by Rep. Al Wynn, would give federal workers, contractors, and any other employee of an organization that receive payments from the federal government, including hospitals, access to court when they are prosecuted or otherwise harassed for blowing the whistle directly to Congress.

GAP is also pushing for this expansive definition of employee to be included in congressional efforts to overhaul protections for contractors in H.R. 985, Rep. Waxman's whistleblower legislation, which passed the House in March, and is soon to be reconciled with Senate whistleblower legislation.

Patients, citizens and taxpayers all have a stake in protecting the nation's health system. The inspiration of Ignaz Semmelweis was alive at this expanding annual event.

The joint task force of International Association of Whistleblowers (IAW) urges you to write your congressman, your senator, the media, and your friends to support the goal of a safer, freer American health system.

pha

Whoever is detected in a shameful FRAUD
is ever after not believed
even if they speak the truth.

Phaedrus, Macedonian Inventor and Writer

www.LymeCryme.com

IDSA TIMELINE OF CORRUPTION

In 1992 and 1993, IDSA author Dr. Mark Klempner published two studies in the Journal of Infectious Diseases documenting how Lyme "spirochetes can survive antibiotic treatment through intracellular sequestration within fibroblasts" making them "among the small number of bacteria that can cause chronic infection by localizing within host cells where they remain sequestered from some antimicrobial agents" (1993; 167: 1074-1081).

Or as he stated in the same journal, "The Lyme disease spirochete...can be recovered long after initial infection, even from antibiotic-treated patients, indicating that it resists eradication by host defense mechanisms and antibiotics...several eukaryotic cell types provide the Lyme disease spirochete with a protective environment contributing to its long-term survival." (1992; 166(2):440-4).

Likewise, Dr. Raymond Dattwyler proclaimed in Reviews of Infectious Diseases 1989, 11(6)S6; S1494-8, "Lyme borreliosis is a chronic infectious disease caused by the spirochete *Borrelia burgdorferi*. They [Lyme spirochetes] have been demonstrated in tissues obtained from individuals with high levels of antiborrelial antibodies, a finding that indicates the presence of immunity alone does not guarantee eradication of this organism."

In a New England Journal of Medicine study, Drs. Dattwyler and John Halperin (also of the IDSA) "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."

These "chronic Lyme" patients tested negative on currently-available blood tests: "Although these patients had clinically active disease, none had diagnostic levels of antibodies to *B. burgdorferi* on either a standard enzyme-linked immunosorbent assay or immunofluorescence assay. We conclude that the presence of *chronic Lyme disease* cannot be excluded by the absence of antibodies against *B. burgdorferi* and that a specific T-cell blastogenic response to *B. burgdorferi* is evidence of infection in seronegative patients with clinical indications of chronic Lyme disease."

Dattwyler RJ; Volkman DJ; Luft BJ; Halperin JJ; Thomas J; Golightly MG. Seronegative Lyme disease. Dissociation of specific T- and B-lymphocyte responses to *Borrelia burgdorferi*.

New England Journal of Medicine 1988, 319(22):1441-6 A year earlier these same two researchers reported on "the clinical courses of 5 patients with Lyme disease who developed significant late complications, despite receiving tetracycline early in the course of their illness.

All 5 patients had been treated for erythema chronicum migrans with a course of tetracycline that met or exceeded current recommendations" (Failure of tetracycline therapy in early Lyme disease. Arthritis & Rheumatism 1987, 30:448-450.)

In 1993, Dr. Halperin co-authored an article entitled "Recurrent erythema migrans despite extended antibiotic treatment with minocycline in a patient with persisting *Borrelia burgdorferi* infection" in the Journal of the American Academy of Dermatology, 28:312-4. The title says it all: Even "persisting *Borrelia burgdorferi* infections" can occur, with manifestations as odd as a recurrent bull's-eye rash (erythema migrans).

Or as Dr. Halperin wrote in Neurology in 1992(42):43-50, "In many instances continued infection appears to be essential for symptoms to persist, no matter how small the number of organisms, as antimicrobial therapy is generally followed by clinical improvement."

Or as Gerold Stanek (also of IDSA) put it in the British Journal of Dermatology in 2001, "The relapses she repeatedly suffered despite initially successful antibiotic treatment could be related to the observation that *Borrelia* [the Lyme disease bacteria] may possibly be able to remain dormant in certain tissue compartments, thus escaping bactericidal antibiotic activity" (144(2):387-392).

Or as Allan Steere, guru of IDSA on Lyme, told the American Journal of Medicine in 1995 (88:4A-44S-51S), "Similarly [as in tertiary syphilis or tuberculoid leprosy], the antigenic stimulus in Lyme arthritis would appear to be a small number of live spirochetes, demonstrated here by monoclonal antibodies, which may persist in the synovial lesion for years (p.494)".

Or as Dr. Steere, wrote in the New England Journal of Medicine (1990 Nov 22; 323(21):1438-44), "The likely reason for relapse is failure to eradicate the spirochete... This last article is one of many studies that show continuing symptoms are most likely due to persistence of the spirochete [type of Lyme bacteria]." Indeed, many articles have been published before AND since 1990 demonstrating the possible persistence of Lyme infection in antibiotic-treated patients.

These studies have been written by members of the IDSA Lyme "team" and many other reputable scientists. And they are among the 98% of available literature on Lyme NOT cited in the IDSA's newest treatment guidelines!

www.LymeCryme.com

www.truthaboutlymedisease.com

Q: Did you know that there are about 100 tick-borne disease symptoms?

A: Neither does your doctor.

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truthaboutlymedisease@yahoo.com

Receive caring support

Discuss the newest medical research

Learn to cope in emotions, mind, body & Spirit

Prayer support



Dana Floyd, Moderator

Teen Forums, Christian Forums, General Forums

Bugs: The Natural Way to Keep them at Bay



by Andrea Candee, MH, MSC

Bugs! Do I respect them as part of Nature's miraculous design...yes. Do I like them...not really. Despite daily intake of supplements reputed to be bug deterrents (i.e. garlic, B vitamins), many of us are still sweet meat for the little critters. Acknowledging the skin's ability to absorb substances into the bloodstream (modern medicine's example of this biological fact is the invention of skin patches for delivering pharmaceutical drugs into the body) encourages us to seek out natural alternatives to chemical insect repellants.

Ticks and Lyme Disease

Dogs and cats are often the carriers of Lyme infected ticks. To fully protect one's self and family from being bitten, the family pet must also be protected. A successful program for preventing any tick from attaching itself to your pet includes garlic powder and brewers yeast sprinkled liberally on their food every day (found in a convenient powdered combination in health

food stores) and oil of eucalyptus. The essential oil of eucalyptus, derived from the leaf of the tree, contains naturally occurring chemicals repellent to ticks and fleas. A most effective method is to dip a thin rope into the undiluted oil, wrap it in a bandana and tie it around your pet's neck (fashionable, as well). The rope can be refreshed twice a week or more often, if necessary. The oil is quite potent and should not be applied directly to the skin as it may cause irritation. Mixing 1oz oil of eucalyptus into one pint of water in a spray bottle also enables you to spray your pet's coat on a daily basis. But why save all the good protection for your pets? Before gardening or hiking, scent yourself with "eau de eucalyptus." The oil/water combination can be sprayed on skin and/or clothing before an outdoor excursion, gardening, or romp in the grass. Eucalyptus diluted in a vegetable oil (e.g. almond, sesame, sunflower) can safely be applied to the skin for longer lasting protection.

Mosquitoes and black fly take wing!

Dilute 1oz essential oil of pennyroyal in 16oz vegetable oil to effectively repel mosquitoes. Keep a vial of this dilution with you when headed for a picnic, swing in the hammock or anywhere mosquitoes hang out. Oil of pennyroyal has protected campers in the swamiest of areas by directly applying the dilution to exposed areas of skin. (Note: you may have difficulty locating oil of pennyroyal. It can be purchased from the website below.)

Black flies ruining a relaxing day in the park? Check out the surrounding area for aromatic evergreen trees, break off a branch, mash it with a rock and apply to arms and legs. The released essential oils will repel those bothersome bugs. The essential oil of lavender, which CAN be applied directly on the skin, can also repel black flies.

Don't be the local attraction for stinging insects.

Bees, wasps, and yellow jackets are attracted by sweet smells and bright colors. If you don't want them to think you are a delectable flower to explore, avoid wearing perfumes and scented hair and body care products, as well as brightly colored clothing. Neutral colors such as tan and white are least likely to attract unwelcome visitors. Cover sugary food and drink at picnic sites.

The easiest, most non-invasive way to remove embedded stingers or body parts of insects (splinters and thorns, too!) is to tape on an over-ripe banana peel (pulp side facing skin), overnight. The enzymes in the banana will painlessly draw to the surface any foreign object.

Stopping the itch and swelling.

If you ventured out into the great outdoors without protection and got bitten or stung, safe, non-chemical solutions can prevail. The oil of a vitamin E capsule punctured with a pin and applied to a bee sting can relieve pain and swelling. A juicy slice of onion rubbed on or taped into place will relieve the itch and swelling of

an insect bite.

The common weed, plantain, when mashed with a rock or chewed to break down its capillary walls (only chew if you are certain it has not been chemically treated) and poulticed (affixed) directly on the affected area, pulls out the toxins of an insect sting or bite and relieves swelling. A paste of baking soda and water or mud and water will calm the area. It all depends upon where you are and what's available. Usually, what you need is right at hand. You just need to be able to recognize its healing benefits. Keep in mind that more than one application may be necessary so use what is convenient for the moment and follow up a few more times that day with what seems to provide the most comfort.

House moths, the unwelcome guests.

Those bothersome moths moved right into your clothes closets and food pantry without invitation - or did you unwittingly invite them? Residues of odors and stains on clothing attract moths to your closets. Open bags of cereals, grains and flours are comparable to putting out the welcome mat. The easiest way to deal with the food items is to refrigerate them during summer months. Clean clothing before storing. Additional protection can be provided by placing muslin bags in your closets filled with combinations of dried, aromatic herbs and essential oils such as tansy, peppermint, rosemary, eucalyptus, cedar, sage, thyme, cinnamon and clove.

Keeping houseplants

bug-free.

Infected houseplants often respond well to a strained spray of water blended with a few fresh cloves of garlic. The eucalyptus/water spray described above can also be applied to houseplants.

In centuries past, aromatic herbs were strewn on the floors of homes to repel insects. Instead, branches of herbs can be hung in doorways, arranged creatively in containers or crumbled into potpourris creating pleasant pest-repellent aromas. Essential oils can waft throughout the home in electric or candle diffusers. Cotton balls infused with essential oils can be strategically placed.

Let us peacefully co-exist with the insect world without polluting ourselves and our fragile environment by using Nature's bountiful gifts.

pha

Andrea Candee, MH, MSC, is a master herbalist with a consultation practice in South Salem, NY. She lectures throughout the country for schools and corporate wellness centers about taking charge of your health naturally. Her book, *Gentle Healing for Baby and Child* (Simon & Schuster), was awarded The Seal of Approval by The National Parenting Center. She may be contacted through her website:

www.AndreaCandee.com or by mail at PO Box 171, South Salem, NY 10590.

Andrea Candee has successfully treated Chronic Lyme patients for 15 years with natural remedies.

Cutting-Edge Research in the Fight Against Lyme Disease

National Non-Profit Funds Innovative Research

by Turn the Corner Foundation

Turn the Corner Foundation (TTC) has announced its 2008 grant recipients. These cutting-edge research projects will have a monumental impact in regard to treatment and diagnosis of Lyme disease. All grant recipients' research will support research, education, awareness and innovative treatments for Lyme disease and other tick-borne diseases, which is TTC's mission.

Under Our Skin

This film is the first feature-length documentary that reveals the untold story of Lyme disease. Under Our Skin investigates the shocking human, medical, and political dimensions of this disease. TTC has entered into this strategic partnership because this film has the potential to reach hundreds of thousands of people and it will further TTC's vision of education and awareness of the physical, emotional, and social effects of Lyme disease.

Cheryl Koopman, Ph.D.
Stanford University, of
Stanford, CA

This research project will focus on treatment studies for various classes of Lyme patients. It is unique because it includes subjects who have a clinical diagnosis of Lyme disease but have tested negative using standard criteria. These types of patients are often excluded from Lyme disease research. This study will determine if these types of patients require treatment approaches different from today's conventions.

This research is critical because Lyme disease is notorious for false negatives, resulting in patients that are told they do not need treatment. In reality, these patients are sick and deserve a treatment approach tailored to their needs.

Eva Sapi, Ph.D.
University of New Haven in
West Haven, CT

One study aims to identify whether or not deer ticks carry nematodes (microscopic worms) in order to develop more focused treatment for patients infected by tick bites. The second study explores *Borrelia burgdorferi*, the bacterial agent of Lyme disease, is capable of forming a complex covering called biofilm and if this biofilm increases its resist-

ance to antibiotic treatment.

Alan MacDonald, M.D.
**St. Catherine of Siena
Medical Center in Smithtown,
NY**

This study will explore if a *Borrelia burgdorferi* infection is the cause of neurodegenerative diseases, such as Alzheimer's disease. It will also seek to discover the role of biofilms in *Borrelia* infections.

Raphael B. Stricker, M.D.
San Francisco, CA

This study focuses on reviewing the effectiveness of IV antibiotic treatment for Lyme disease. In studying various doses given at different intervals, doctors will be able to determine the best course of treatment for patients requiring antibiotics. This study is one of the first analyses of the safety and efficacy of true long-term IV antibiotic therapy for neurologic Lyme disease.

Lyme Literacy Programs for Doctors and Patients, National

TTC also allocates funds for public relations efforts, support groups and educational conferences focused on

Lyme disease, projects that increase awareness and further education of this devastating disease. TTC is proud to continue the **Physicians Training Program**, which provides medical practitioners the opportunity to study with a Lyme-literate health care professional.

Through this experience, participants develop the skills necessary to properly diagnose and treat Lyme disease. **The Lyme Educational Awareness Development Series (LEADS)** was created by TTC to enable community members to host their own educational event on Lyme disease and raise money for a cause that has meaning to them.

Note: Several other grants are pending approval.

Turn the Corner Foundation is a not-for-profit public charity recognized by the IRS under 501 (c) (3). If you are interested in learning more about TTC or applying for a grant, please email your request to info@turnthecorner.org. If you would like to make a donation to TTC to ensure continued funding to these programs, please visit our website at www.turnthecorner.org.

Lyme Disease Quiz

Which of the following is not a symptom of Lyme disease? (check all that apply):

- Flu-like symptoms
- Tingling in the extremities
- Joint and muscle pain
- Headaches
- Heart palpitations
- Fatigue
- Difficulty concentrating
- Stiffness in the neck
- Stiffness in back or jaw
- Bell's palsy (facial paralysis)
- A rash at the site of the bite, often a Bull's eye rash

Answer

All of these symptoms could be a result of a Lyme disease infection. In particular, if you develop flu-like symptoms during the summer or early fall (when your chances of contracting Lyme disease are the highest), visit a doctor who specializes in Lyme disease. You can find a Lyme-literate doctor through TTC. Call 212.580.6262 to find out more.

The percentage of people with Lyme disease who develop the characteristic Bull's eye rash are:

- A) Almost 100%
- B) About 75%
- C) Less than 50%

Answer

C. While the presence of the rash is an indication of Lyme disease, many people do not develop the rash; in fact, research shows that less than one in five people even recall being bitten by a tick.

Pharmaceutical Mistake Leads to Recall of Prominent Antibiotic

SCOTTSDALE, Ariz. - Medicis today announced that the Company is voluntarily recalling lot numbers B080037 (Exp: 12/09) and B080038 (Exp: 12/09) of the antibiotic SOLODYN® (minocycline HCl, USP) Extended Release Tablets, 90 mg, 30-count bottles (NDC 99207-461-30).

Medicis has received a report that one bottle in lot number B080037 contains AZASAN® (azathioprine tablets) 75 mg (NDC 65649-231-51) instead of SOLODYN® (minocycline HCl, USP) Extended Release Tablets, 90 mg. AZASAN® is an immuno-suppressive agent used in transplant patients to prevent kidney rejection and for the treatment of rheumatoid arthritis. Taking AZASAN® instead of SOLODYN® presents a health hazard and safety risk to patients. Side effects associated with the use of AZASAN®, particularly in the elderly, include myelosuppression (decrease in the number of red and white blood cells and platelets), infection, bleeding, chills, nausea, vomiting and diarrhea. Joint and muscle pain are also common side effects. Unanticipated interactions with other drugs may also lead to serious adverse events. SOLODYN® is manufactured by AAIPharma, Inc. under contract to Medicis. The two lots were manufactured during February 2008. The recall is limited to

these lots, and ample supplies of SOLODYN® remain on the market.

Any inquiries related to this recall should be addressed to Stericycle Customer Service at 1-888-656-6381 with representatives available Monday through Friday, 8 a.m. to 11 p.m. EST. For any medical information inquiries or to report an adverse event related to this recall, contact Medicis at 1-800-900-6389 with representatives available 24 hours a day, 7 days a week.

Health care professionals may continue to prescribe the Medicis brand SOLODYN®.

This recall is being conducted in cooperation with the contract manufacturer of the products and with the knowledge of the FDA.

Any adverse reactions experienced with the use of this product, and/or quality problems, also may be reported to the FDA's MedWatch Program by phone at 1-800-FDA-1088, by fax at 1-800-FDA-0178, by mail at MedWatch, FDA, 5600 Fishers Lane, Rockville, MD 20852-9787, or on the MedWatch website at www.fda.gov/medwatch.

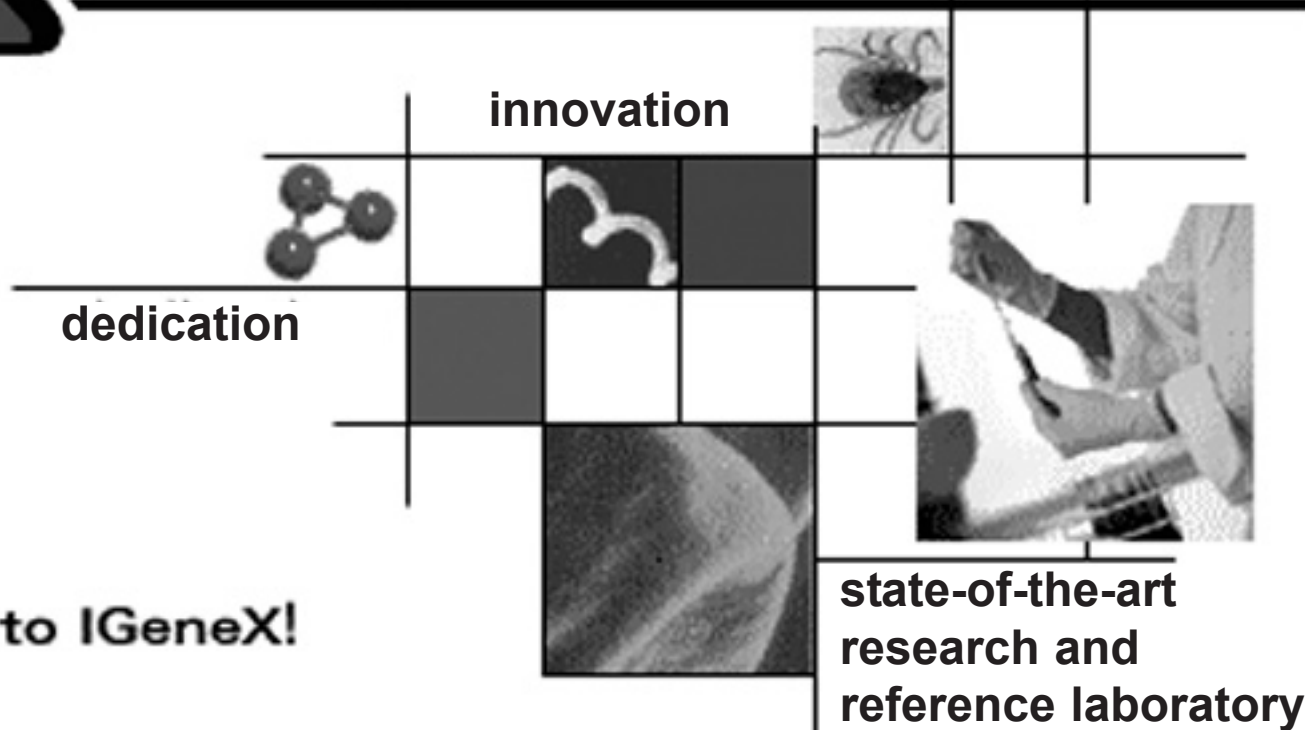
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Thin Bones Seen in Boys With Autism and Autism Spectrum Disorder

by NIH News

Results of an early study suggest that dairy-free diets and unconventional food preferences could put boys with autism and autism spectrum disorder (ASD) at higher than normal risk for thinner, less dense bones when compared to a group of boys the same age who do not have autism.

The study, by researchers from the National Institutes of Health and Cincinnati Children's Hospital Medical Center, was published online in the "Journal of Autism and Developmental Disorders".

The researchers believe that boys with autism and ASD are at risk for poor bone development for a number of reasons. These factors are lack of exercise, a reluctance to eat a varied diet, lack of vitamin D, digestive problems, and diets that exclude casein, a protein found in milk and milk products. Dairy products provide a significant source of calcium and vitamin D. Casein-free diets are a controversial treatment thought by some to lessen the symptoms of autism.

Funding for the study was provided by the NIH's National Institute of Child Health and Human Development and National Center for Research Resources. The research team that conducted the study was led by Mary L. Hediger, Ph.D., a biological anthropologist in NICHD's Division of Epidemiology, Statistics and Prevention Research.

"Our results suggest that children with autism and autism spectrum disorder may be at risk for calcium and vitamin D deficiencies," Dr. Hediger said. "Parents of these children may

wish to include a dietitian in their children's health care team, to ensure that they receive a balanced diet."

Dr. Hediger stressed that the current study results need to be confirmed by larger studies. Until definitive information is available, however, it would be prudent for parents of children with autism and ASD to include a dietitian in their care, particularly if the children's diets do not include dairy products or they are not otherwise eating a balanced diet, she said.

Because girls are much less likely to have autism or ASD than are boys, the researchers were unable to enroll a sufficient number of girls within the short time frame of the study to allow them to draw firm conclusions. Dr. Hediger added that if a girl with autism or ASD is not eating dairy products or eating a balanced diet, it would be prudent for a dietitian to be included in her health care team.

Autism is a complex brain disorder involving communication and social difficulties as well as repetitive behavior or narrow interests. Autism is often grouped with similar disorders, which are often referred to collectively as autism spectrum disorders. The underlying causes of autism and ASD are unclear. There is no cure for the disorders and treatments are limited.

When the boys were enrolled in the study, the researchers asked the boys' parents if the boys were taking over-the-counter or prescription medications, were taking any vitamin or mineral supplements, or were on a restricted diet.

During the study, researchers X-rayed the hands

of 75 boys between the ages of 4 and 8 years old who had been diagnosed with autism or ASD. The researchers then measured the thickness of the bone located between the knuckle of the index finger and the wrist and compared its development to a standardized reference based on a group of boys without autism.

Dr. Hediger said that the research team measured cortical bone thickness. She added that this procedure was done as a substitute for a conventional bone scan, which measures bone density. Bone density is an indication of bones' mineral content. Less dense bones may indicate a risk of bone fracture.

The researchers used the measure of bone thickness because many of the boys were unable to remain still long enough for the conventional scan, which requires individuals to lie immobile for an extended period of time. To successfully complete the bone scan, many of the boys would have required sedation -- a step the researchers were reluctant to take for an early study.

The hand X-ray, Dr. Hediger explained, offers an approximate indication of bone density. She added, however, that because the researchers were unable to use a conventional bone scan, the results of the current study should be confirmed by additional studies using conventional bone scans.

The investigators found that the bones of the boys with autism were growing longer but were not thickening at a normal rate. During normal bone development, material from inside the bone is transferred to the outside of the bone, increasing thickness, while at the same time, the bones are also growing longer.

At 5 or 6 years of age, the bones of the autistic boys were significantly thinner than the bones of boys without autism and the difference in bone thickness became even greater at ages 7 and 8.

The bone thinning was particularly notable because the boys with autism and ASD were heavier than average and would therefore be expected to have thicker bones.

The researchers do not know for certain why the boys had thinner than normal bones. A possible explanation is lack of calcium and vitamin D in their diets. Dr. Hediger explained that a deficiency of these important nutrients in the boys' diets could result from a variety of causes. Many children with autism, she said, have aversions to certain foods. Some will insist on eating the same foods nearly every day, to the exclusion of other foods. So while they may consume enough calories to meet their needs -- or even more calories than they need -- they may lack certain nutrients, like calcium and vitamin D.

Other children with autism may have digestive problems which interfere with the absorption of nutrients. Moreover, many children with autism remain indoors because they require supervision during outdoor activity. Lack of exercise hinders proper bone development, she said. Similarly, if children remain indoors and are not exposed to sunlight, they may not make enough vitamin D, which is needed to process calcium into bones.

The boys in the study who were on a casein-free diet had the thinnest bones. In fact, the 9 boys who were on a casein-free diet had bones that

were 20 percent thinner than normal for children their age. Boys who were not on a casein-free diet showed a 10 percent decrease in bone thickness when compared to boys with normal bone development.

The study authors wrote that bone development of children on casein-free diets should be monitored very carefully. They noted that studies of casein-free diets had not proven the diets to be effective in treating the symptoms of autism or ASD.

Only 9 boys on casein-free diets were available to participate in the study, Dr. Hediger said. When conducting a scientific study, it's easier to obtain statistically valid results by studying a larger number of individuals than with a smaller number of individuals. However, the dramatic difference in the boys' bone thickness when they were either on a casein-free diet or an unrestricted diet and when compared to normally developing bones strongly suggest that the bone thinning the researchers observed was statistically valid.

The researchers recommended that larger studies be conducted to confirm their results.

Until those studies can be conducted, Dr. Hediger offered the following advice: "Our study shows that it couldn't hurt -- and would probably help -- if parents of children with autism or autism spectrum disorder consulted with a dietitian during their children's routine medical care to make sure that their diets are balanced."

pha

The Wetzel Family Story "Invasion of the Body Snatchers"



by Laura Zeller

For the Wetzel family of Germantown, Maryland, it all started 16 years ago on Memorial Day weekend 1992. The Wetzel family spent the weekend camping and hiking. After the weekend trip was over, Susan Wetzel discovered a very painful and large bull's-eye rash on her thigh. On the urging of a friend, she was promptly tested for Lyme disease. Her Lyme test came back negative, so she assumed it must have been a spider bite.

A couple weeks later, Susan came down with a terrible flu. The flu was so bad that she had hallucinations and remembers thinking "I've never

felt pain like this in every cell of my body!" Because the flu came several weeks after she discovered the bulls-eye rash, she never connected her symptoms to infection from a tick bite.

At the time of her initial illness, Susan was nursing her newborn son. She would later learn that she was unknowingly passing tick borne diseases on to her son through her breast milk. Lyme disease can be transmitted from mother to child during pregnancy, and via breastfeeding. Women with known cases of Lyme disease must take aggressive pregnancy safe antibiotics during pregnancy, and are advised not to breastfeed. Susan was in the dark. She had no idea of the magnitude of the family health crisis that was brewing. She kicked up her heels, and went on with her life as usual.

After attending a March on Washington in July of the same year, Susan broke out in a bizarre rash on her thighs. Puzzled, Susan remembers that it appeared to be a cross between boils and shingles....incredibly painful! At the same time, Susan became very fatigued, and began having joint pain in her

knees. Susan also had flu like symptoms whenever she exerted herself. After pushing her infant son around day after day in a stroller, her fatigue was unrelenting. Again, Susan never connected her symptoms to the original rash in May. She just didn't know anything about Lyme disease, or how serious it can become if left untreated.

Months dragged on into years, and Susan was having so many weird symptoms. None of her doctors could figure out why, and attributed her fatigue to the normal "tiredness" of being a busy Mom. Worried, Susan began a very restrictive diet and started taking a large assortment of supplements. The supplements seemed to help Susan's energy, and she felt well enough to move on with her life. Susan gave birth to her fourth child, and seemed to get past that awful phase in her life. Or so she thought.

The Wetzel family moved to a farmhouse in Martinsburg, West Virginia, an area loaded with ticks. Susan remembers pulling ticks off her self and her children on a regular basis. As the years went on, Susan began having more and more joint pain, especially in her knees. She thought the pain

was from being pregnant and carrying kids around all the time. Susan had fulltime day care in her home, in addition to her own children, so she felt overwhelmed. Susan also began dealing with depression on a regular basis.

Over the next 7 years, Susan had three more children, unknowingly passing Lyme disease on to all of them. She saw doctor after doctor for what she describes as "weird and scary symptoms." Susan was not used to running out to see so many doctors. In fact, she disliked hospitals so much that she gave birth to most of her 7 children at home.

She felt forced to seek out the cause of her strange symptoms, and that meant more doctors, and more diagnoses. Susan received a whole bunch of different diagnoses, all of which were wrong. For her chronic knee pain, Susan's doctors wanted to perform surgery and "fix her up like new." Susan could barely walk, and her doctors insisted that surgery was the answer, even though they could not provide her with an answer as to why she has the pain and swelling in the first place.

Susan wasn't stupid; she

knew she had to find out why she was having these symptoms, so she refused treatment via surgery. She thought "how do you treat something you don't understand?" It was totally illogical.

At that time, Susan's family was dealing with some huge life changes and traumatizing experiences. The stressful events seemed to be a catalyst for her untreated Lyme disease to rear its ugly head full force. As Susan explains "my Lyme went haywire, and spun out of control!"

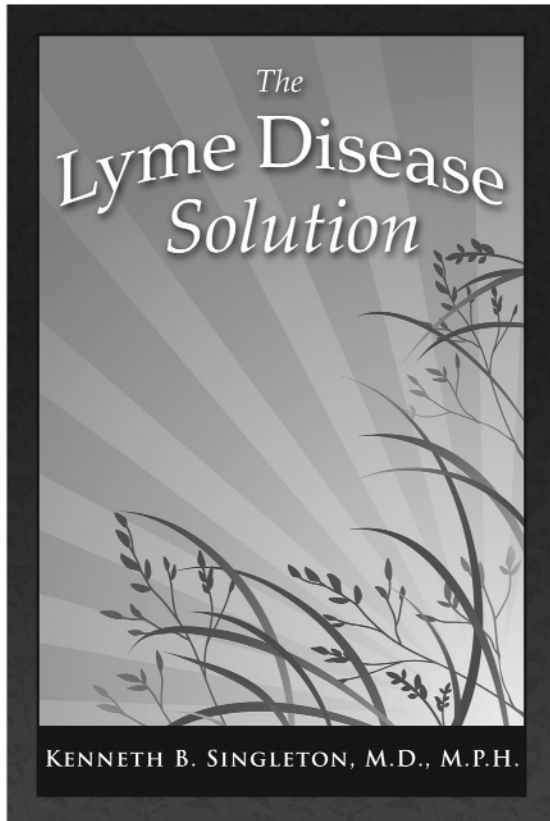
The Wetzels decided to move to rural Gerrardstown, West Virginia, into a 200 year old farmhouse on 114 acres. It was a beautiful new home for the family, but again, it was located in a tick infested area.

Within two months of moving, Susan was admitted to the hospital for four days. She was so sick that she couldn't even move a finger and her heart began to flip flop. Doctors suspected that Susan had strep throat, but couldn't figure out why she had so much pain and weakness all over her body. Susan begged the doctors to figure out what was wrong with her.

"Wetzel" ...cont'd pg 17

The Lyme Disease Solution

The Lyme Disease Solution is an exciting new book from Kenneth B. Singleton, M.D., M.P.H., recognized national Lyme expert, LLMD, and Lyme survivor. At 500 pages, it is destined to be the most comprehensive book on the market today written by an LLMD.



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Marina Andrews

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Military Lyme Disease Support

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

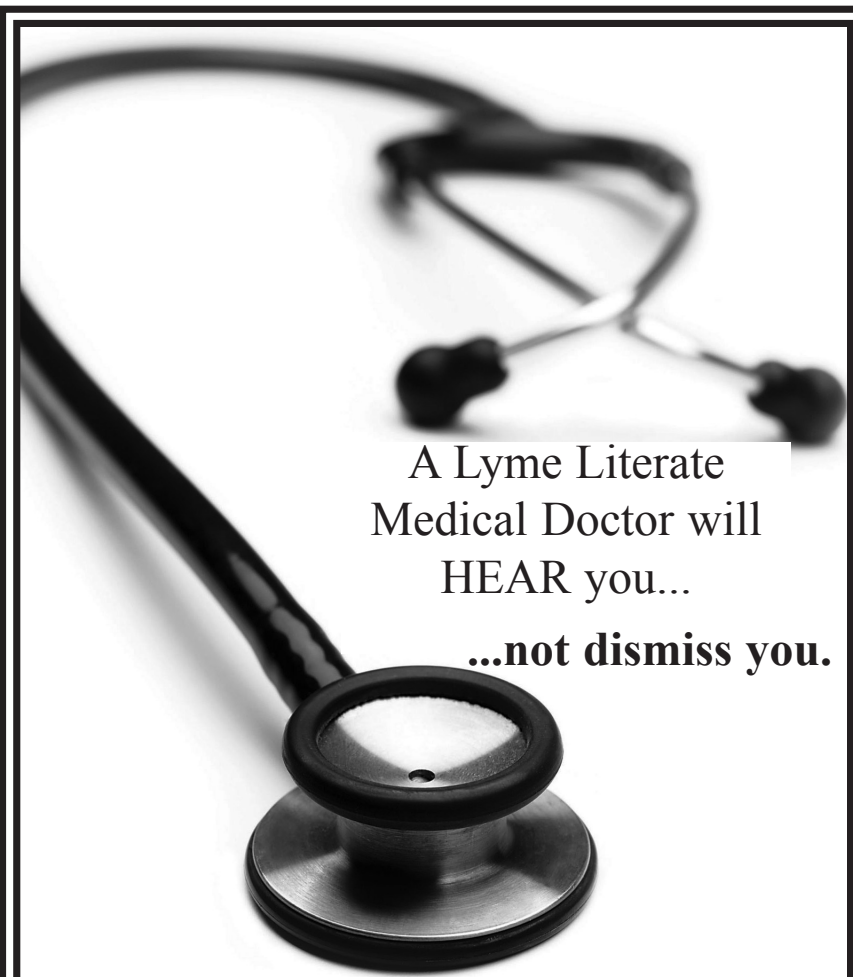
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Irregular menstrual cycles

Cessation of menstrual cycles

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Depression

Ticktoons



by Terri Reiser

Top 10 Tips to Prevent Chronic Lyme Disease

by www.ILADS.org

For those who suffer from chronic Lyme disease, life is never the same again. People with chronic Lyme can have many debilitating symptoms, including severe fatigue, anxiety, headaches, and joint pains. Typically, chronic Lyme patients have a poorer quality of life than patients with diabetes or a heart condition.

The fact is that Lyme is a complex disease that can be very difficult to diagnose. Reliable diagnostic tests are not yet available which leaves many patients, and physicians alike, relying on the so-called "telltale signs" of Lyme disease: discovery of a tick on the skin, a bull's eye rash, and possibly joint pain. However, ILADS research indicates only 50% to 60% of patients typically recall a tick bite; the rash is reported in only 35% to 60% of patients; and joint swelling typically occurs in only 20% to 30% of patients. And given the prevalent use of over-the-counter anti-inflammatory medications such as Ibuprofen, joint inflammation is often masked.

Based on these statistics, a significant number people who contract Lyme disease are misdiagnosed during the early stages of the disease, leading to a chronic form which can prove even more difficult to diagnose and treat. Lyme disease is often referred to as the "great imitator" because it mimics other conditions, often causing patients to suffer a complicated maze of doctors in search of appropriate treatment. ILADS is committed to the prevention of chronic Lyme disease.

The following tips are designed to offer guidance and minimize the risk of contracting chronic Lyme disease.

1. Know that Lyme disease is a nationwide problem

Contrary to popular belief, Lyme disease is not just an "East Coast" problem. In fact, in the last ten years, ticks known to carry Lyme disease have been identified in all 50 states and worldwide. Although the deer tick is considered the traditional source of Lyme Disease, new tick species such as the Lonestar tick and the Western blacklegged tick, have been found to carry *Borrelia burgdorferi*, the corkscrew-shaped bacterium that causes Lyme disease.

Avoiding a tick bite remains the first step in preventing chronic Lyme disease. One needn't have been "hiking in the woods" in order to be bitten by a tick. There can be ticks where ever there is grass or vegetation, and tick bites can happen any time of year. Spraying one's skin with DEET or one's clothes with permethrin-containing insect repellent, wearing long sleeves and long pants, and "tucking pants into socks", continue to be the best ways to avoid ticks attaching to the skin. But don't forget the post-walk body check.

2. Check your tick facts

Ticks can vary in size from a poppyseed-size nymphal tick to the sesame seed-size adult tick. The ticks can carry other infectious agents beside the spirochete that causes Lyme disease, including Ehrlichia, Anaplasma, Babesia, and Bartonella. Lyme disease can sometimes be hard to cure if these other infections are not treated at the same time.

3. Show your doctor every rash

The bull's-eye rash is the most famous, but there are many other types of rashes associated with Lyme disease. In fact, Lyme disease rashes can be mistaken for spider bites or skin infections. Take photos and make sure a medical professional sees the rash before it fades.

4. Don't assume that you can't have Lyme disease if you don't have a rash

Lyme disease is difficult to diagnose without a rash, Bell's palsy, arthritis, or meningitis, but you can still have Lyme and not have any of those signs or symptoms. Many people react differently to the infection and experience fatigue, headaches, irritability, anxiety, crying, sleep disturbance, poor memory and concentration, chest pain, palpitations, lightheadedness, joint pain, numbness and tingling.

5. Do not rely on test results

Currently there is no reliable test to determine if someone has contracted Lyme disease or is cured of it. False positives and false negatives often occur, though false negatives are far more common. In fact, some studies indicate up to 50% of the patients tested for Lyme disease receive false negative results. As a result, the CDC relies on physicians to make a clinical diagnosis based on a patient's symptoms, health history, and exposure risks. Doctors who are experienced in recognizing Lyme disease will treat when symptoms typical of the illness are present, even without a positive test, in an effort to prevent the development of chronic Lyme disease.

6. Be aware of similar conditions

Chronic Lyme disease is called the "great imitator" because it is often misdiagnosed as another condition such as multiple sclerosis, fibromyalgia, chronic fatigue, or anxiety. Misdiagnosis is a common experience for patients with chronic Lyme disease. *Treatments that work for these other illnesses are not appropriate for treating Lyme disease.* Currently, the only effective treatment for Lyme disease is antibiotics. Ask your doctor to carefully evaluate you for

Lyme disease even if your tests are negative.

7. Avoid taking a "Wait and See" approach to treatment

Up to seventy percent of ticks in Lyme-endemic areas are infected with Lyme or other tick-borne diseases. With odds like that, if you have proof or a high suspicion that you've been bitten by a tick, taking a "wait and see" approach to deciding whether to treat the disease has risks. The onset of Lyme disease symptoms can be easily overlooked or mistaken for other illnesses. Once symptoms are more evident the disease may have already entered the central nervous system, and could be hard to cure. This is one case in which an ounce of prevention really is worth a pound of cure.

8. Don't be afraid to get a second opinion

Recognize that opinions on how to diagnose and treat Lyme disease vary widely among physicians. It is worth getting a second or even a third opinion, especially if you are symptomatic and your doctor advises not to treat, or symptoms recur or persist after treatment. Keep in mind that your physician may focus too narrowly on diagnosing and treating a single symptom. For example, a physician may diagnose a pain in your knee as "arthritis", and not see this as just one part of a larger set of symptoms that adds up to a diagnosis of Lyme disease, which requires different treatment.

9. Know your treatment options

Work with your doctor to identify the appropriate treatment option if your symptoms persist. There is more than one type of antibiotic available. Longer treatment is also an option. You should also work with your doctor to make sure

you don't have another condition or coinfection.

10. Expect success

You should expect to get better. You should not accept "watchful waiting" - the practice of stopping antibiotic treatment before you are well and then waiting for symptoms to clear on their own. Some doctors advocate stopping Lyme treatment while the patient is still symptomatic and then hoping that he or she will eventually recover without further treatment. Government trials have identified a number of individuals whose symptoms did not clear when treatment was cut off prematurely. There are doctors who feel your symptoms will clear with further antibiotic treatment. *pha*

Support by Turn the Corner Foundation

Turn the Corner Foundation (TTCF) is dedicated to the support of research, education, awareness and innovative treatments for Lyme disease and other tick-borne diseases. Since its inception, TTCF has organized and supported countless programs that address Lyme disease education, diagnosis and treatment.

About ILADS

ILADS is a nonprofit, international, multidisciplinary medical society, dedicated to the diagnosis and appropriate treatment of Lyme and its associated diseases. ILADS promotes understanding of tick-borne diseases through research and education and strongly supports physicians and other health care professionals dedicated to advancing the standard of care for Lyme. and its associated diseases.

For more information visit the ILADS website at <http://www.ilads.org/>

Book Review

A Husband, A Wife and an Illness: Living Life Beyond Chronic Illness



by *Marjorie Tietjen*

Title: A Husband, A Wife and an Illness: Living Life Beyond Chronic Illness

Authors: Dr. William July and Jamey Lacy July

ISBN: 978-0-595-44726-8

Unfortunately a growing segment of our society is having to deal with the disabling effects of chronic illness. It is

important that we try to understand why this is happening so that we can prevent or lessen the incidence of chronic disease. However, in the meantime we need to learn how to cope with the sometimes extreme difficulties inherent in dealing with chronic illness.

Chronic illness is very often a traumatic and devastating experience for both the patient and their caregivers. In the book "A Husband, A Wife, and an Illness: Living Life Beyond Chronic Illness", the authors share with us their deeply personal experiences in dealing with disability, pain, guilt, other emotions and financial loss. Dr. William July and his wife Jamey wrote this book so that families, friends, caregivers and the patient, could better understand the many issues involved when one suffers from long term disability. The authors stress the fact that chronic illness does not just affect the patient but that it can also drastically affect the care-

giver. William July, PH.D has published several books, one of which is a national bestseller. He also appears regularly on television where he shares his perspectives on the psychology of relationships and other issues. His wife Jamey was very active in the field of health and fitness as a model, instructor, author and lecturer. She has also appeared on television and has been featured in several magazines...including SHAPE and Muscle and Fitness. Together they make a most unique team for presenting a book on coping with chronic illness. I found it very interesting and ironic that the difficult issues they have to cope with on an every day basis directly correlate with their professions. Jamey and William had just about anything they could ever want until Jamey became ill with Chronic Lyme disease and Morgellon's disease. Heavy doses of steroids were prescribed for her which only

made the situation much worse. I'd like to include an excerpt from the back cover of their book. "We were living the American dream. But when illness invaded our lives, it tore those dreams apart and we were thrust into a fight for our survival. In the devastation, we lost our home, our savings, our cars and even our dogs. We lost everything but each other." William and Jamey's book very effectively shows readers how they can turn catastrophe into something positive. They share with us the practical ideas which have worked for them and how illness in the family has helped both of them to define priorities and to grow spiritually. Both William and Jamey are very honest about the emotions they experience...and what one can do to work with these emotions, which affect most chronically ill patients and their caregivers. The book has been divided into two sections. The first part of

the book shares William's perspective as a caregiver. Some of the subjects he covers are the financial problems encountered, creating a "new normal" and how the caregiver needs to attend to their own needs so that they don't fall apart in the process of trying to be everything for everybody. He advises that the caregiver should set personal goals outside of the illness scenario. This helps to maintain sanity and the sense that life can still be "normal" in some ways. Most of us who are sick with a chronic disease have experienced the ignorance and arrogance of many physicians. Of course there are intelligent compassionate doctors but it seems that most of us who have an undefinable or unaccepted chronic disease, have a very difficult time finding doctors who actually look at the facts, listen to the patient and try to discover the root of the problem. Doctors are educated *"Living Life" ... cont'd pg 16*

The ABCs & XYZs of Lyme Disease

The Lyme Medical Cartel

Final Part of a Series of Opinions



by Tina J. Garcia

Oppress- (verb) To keep down by the cruel or unjust use of power or authority; to tyrannize, crush or trample down.

I feel oppressed. I also feel betrayed. I have lost my trust in government and those elected officials who sell their integrity for campaign contributions, and who knows what else. I no longer look to any government health agency, whether federal or state, for advice or information.

I rely upon my own ability to research my health problems and will continue to look to Lyme-treating physicians for truthful answers. For in my past search for diagnosis of, and treatment for Lyme and Erlichia infections, I did not find one doctor, besides my Lyme docs, who had a thought of their own or any inclination to conduct any research on my behalf. The best they could do was defer to the Arizona Department of Health Services (ADHS), a strong arm of the Centers for Disease Control and Prevention (CDC). The best they could do was to parrot false and misleading information disseminated by these deceitful agencies.

I wrote to the ADHS in 2005 requesting copies of all test results of *Borrelia burgdorferi* in ticks and animal vectors in the state of Arizona. The ADHS responded in writing stating that the test results were negative. I again asked them for copies of the test results or the summaries that former ADHS Chief of Infectious Diseases Dr. Victorio Vaz had informed me existed. I was told by Dr. Vaz that the test results were "discarded because they were negative." Craig Levy, ADHS Vector-borne and Zoonotic Diseases Program Manager, told me the test results had been shredded

because ten years had passed.

After nearly three years of searching, I finally found evidence that the Arizona Department of Health Services lied to me in writing by stating that the tick testing results were negative. In fact, I found published research co-authored by Craig Levy in which he established an Arizona county as endemic and *Ixodes pacificus* (western black-legged ticks) as testing positive for *Borrelia burgdorferi* by IFA. His research demonstrated a four percent (4%) infection rate in *Ixodes pacificus* ticks in the Hualapai Mountains south of Kingman, Arizona.

These positive test results were published sixteen years ago in 1992. Even if IFA is considered preliminary evidence, the ADHS Vector-borne and Zoonotic Diseases Program Manager has failed to conduct additional confirmatory testing (according to his correspondence to me). Craig Levy never mentioned to me, either verbally or in writing, anything about his research in which he demonstrated the existence of Bb in ticks in Arizona.

The ADHS has been disseminating false information to physicians, residents of and visitors to Arizona that there is no Lyme disease in Arizona. This false information was responsible for delaying my treatment at least two years, according to my medical records from three Arizona physicians, who stated in my records that there is no Lyme disease in Arizona. I hold the Arizona Department of Health Services and its supervisor, the CDC, directly responsible for the disability I have incurred in my life due to chronic Lyme infection. I also hold the Infectious Diseases Society of America (IDSA) responsible due to the false information they disseminate to physicians, legislators and the media through their website, biased treatment guidelines, biased published research and press releases.

How can a community of debilitated patients stand up against such high-level public corruption? This is an extremely difficult task. The corruption and infiltration goes all the way to the top within the Lyme disease program at the National Institutes of Health. The Lyme Medical Cartel controls the decisions relating to Lyme disease diagnosis and treatment

that are made at the NIH, CDC, IDSA, ADHS and through CDC directives to every state health department in this country. Three members of the Lyme Cartel hold directorship positions in biowarfare labs. It's time for every citizen in this country to read between the lines. *Borrelia burgdorferi* is a debilitating bioweapon that has been unleashed in this country, and nothing is being done about it. Why? Because the CDC has this bioweapon under its direct control.

How do we make sure that justice is served? I ponder these questions daily and live with constant frustration from being stepped on by the big boots worn by the NIH, CDC, IDSA and the ADHS. I'm thoroughly fed up with their orchestrated corruption. The reason I am so frustrated is that I have a very keen, or rather intense, sense of justice. I know it is important to fight for my rights and for the rights of others, and I will continue to take advantage of any and all legal means to do so, as long as I am able.

In my opinion, it is normal for a Lyme crime victim to exhibit healthy anger toward one's oppressors. Am I worried about appearing outraged or hysterical? Am I afraid of what people might say about me when I protest with a bullhorn? Do I care if some consider me a lone wolf or a loose cannon because I utilize my right to free speech according to the United States Republic's Constitution? Do you think my life with chronic Lyme infection is enjoyable? The answer to all of these questions is an emphatic "NO!"

My life consists of daily pain, fatigue and now hoarseness and uncontrollable coughing and choking. What will tomorrow bring? If you are a patient suffering from any type of chronic infection, you understand what I mean. Each week brings a new debilitating symptom. Just when I think I'm pulling out of the quicksand, I sink to even greater depths. I am fighting for my very life. That's why I am sitting in front of my computer, pounding away at the keyboard, expressing my frustration and anger at a group of drug and vaccine lords who have robbed me of my health and joy with my husband and family.

Yes, I could choose to ignore the Lyme War. I could

just watch television or read a novel. However, it is my choice to speak my mind. And speaking one's mind, asking questions and filming such encounters on camera in the United States in 2008 is proving to be a dangerous endeavor; for many who are speaking the truth against various cartels, are being arrested and their films are being confiscated by the authorities.

I admire greatly the efforts of advocates who have coordinated protests against the Lyme Cartel, whose members are the drug and vaccine lords who are oppressing us. For many years, the Lyme patient community has held peaceful protests, testified at hearings and watched while inquisitions of their treating Lyme physicians were carried out by authoritative inquisitors who conduct witch hunts and mock trials on behalf of the Lyme Medical Cartel.

Are Lyme patients alone in this struggle? No we are not. There are chronic fatigue illness patients, myalgic encephalitis patients, autistic patients, Gulf War illness patients and Morgellons patients. Our numbers are great and I encourage all of us to recognize that, although our illnesses vary, we are all being oppressed by a Medical Cartel that controls the parameters of our infectious diseases the same way they controlled the parameters of the Tuskegee Study of Syphilis for 40 long years! We must unite, as sick as we are, and join forces to fight this orchestrated corruption that is sentencing all of us to LIFE IN PRISON FOR THE CHRONICALLY ILL!!

I extend gratitude to Connecticut Attorney General Richard Blumenthal and his Assistant Attorneys General for their perseverance in the antitrust investigation they conducted into the monopolistic ventures of the Infectious Diseases Society of America and their Lyme disease treatment guideline committee members. Many individuals provided valuable input and I gratefully acknowledge their contributions as well. The AG's investigation confirmed conflicts of interest that involve associations with pharmaceutical companies, consulting arrangements with insurance companies and interests in Lyme disease diagnostic tests and other patents. Such con-

duct is unacceptable and it is my opinion that any physician who chooses to utilize biased treatment guidelines authored by such a corrupt organization should be avoided like the plague.

Since the Agreement was signed between the Connecticut Attorney General and the Infectious Diseases Society of America, Lyme disease patients and their physicians continue to bear the brunt of harsh criticism from IDSA President Donald Poretz and NIH Lyme Program Manager/American Lyme Disease Foundation Executive Director Phil Baker. (The American Lyme Disease Foundation is made up of members of the Lyme Medical Cartel.) I have no doubt that the IDSA has every intention of skewing the review panel again. Unfortunately, the IDSA has authority to choose the chairman of the panel and choose the panel members. The same IDSA committee who failed to abide by their own conflicts of interest policy with their previous guideline committee will participate in overseeing the new review. Doesn't that explain their overly confident and arrogant press releases?

For many years, Americans have looked at third world countries with disdain for the manner in which their governments have abused their people. We no longer need to look overseas to witness such atrocities, for as Lyme patients and Lyme-treating physicians we are experiencing oppressive tyranny right here in the United States.

I am infected with a debilitating biowarfare weapon and a coordinated effort exists to deny treatment that helps me. The United States government paid for the research at Plum Island years ago that led to the initial outbreak and it is paying for continued research of this bioweapon in biowarfare labs across the country. These Lyme disease biowarfare research programs are directed by members of the Lyme Medical Cartel. We the People need to wake up! I am convinced we have been hijacked and are part of a bioweapons experiment modeled after the Tuskegee Study!

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

(part 3)



by Kathleen Liporace

This decision in favor of Phil holds promise for those who suffer from chronic Lyme disease. It attests to the authenticity of Lyme, and it underscores the necessity of long-term treatment for chronic Lyme disease. That's important because many insurers now limit treatment to 30 days, resulting in extensive out-of-pocket costs for the continued, long-term treatment of this multi-systemic condition.

Phil was found to be a believable claimant by all Workers' Compensation decision makers. The Commissioner found Wood to be a "credible" individual. The Full Commission "found Mr. Wood to be very credible and it is respectfully submitted that his testimony should be accorded the same high level of credibility by this Honorable Appellate Panel."

Despite the overwhelming evidence that supports the case for chronic Lyme disease, there exists a misguided controversy about Lyme due to many health insurers and the "elite" Lyme disease guideline writing members of the Infectious Disease Society of America (herein referred to as the IDSA). Insurers are concerned about the bottom line of money as is clearly confirmed by Phil's case and ongoing struggles by this claimant. Insurer's interest is for profits rather than patients. They push for guidelines, not for better treatment of patients, but solely to manage the cost of patient care. Insurers are supposed to uphold the doctrine of utmost good faith and yet they are the worst offenders of that pivotal legal doctrine as evidenced in Mr. Wood's legal ordeal to obtain coverage for the disease he

contracted while working in the field as a timber buyer. Insurance companies need to be held accountable, by legal action and or legislation that prevent them from denying coverage to patients like Phil Wood who dearly need it. Unfortunately, treating physicians and Lyme patients end up in a position of detrimental reliance with insurers all too often. Physicians need to make a living and Lyme patients need to be able to access affordable, knowledgeable healthcare that is paid for until the patient's health is indemnified. Proof exists which clearly shows that insurers are slowly picking off Lyme literate physicians by instigating bogus actions through medical boards. This predatory practice must stop. For insurers, it is easier to pick off one physician, thereby removing hundreds of patients from their balance sheets. It is a cold, calculated move on the part of insurers that have been left unchecked. Insurers have gone as far as threatening physicians to cease treating Lyme patients.

Insurance companies are aided and abetted by the Infectious Disease Society of America. This organization, as well, does not represent the interests or health of Lyme patients. Their guideline writers have stated conflicts of interest. Some of the IDSA member conflicts of interest are: holding patents on fragments of the bacteria, developing substandard Lyme test kits and performing insurance reviews that deny patients the care that they need. As well, informed consent is also ignored by the IDSA camp that endorses short courses of treatment, when there are two sets of treatment guidelines in the National Guideline Clearinghouse. Notably, as of yet there is no reliable test in existence that assures any patient of being cured after the IDSA's recommended 30 day course of antibiotics.

To date, there exists a sizeable quantity of information on chronic Lyme disease and some of the initial peer-reviewed information on chronic Lyme was written by those IDSA "elite" who now oppose their own prior scientific findings. This definitely raises a red flag! Lyme disease is a

health crisis that is ignored. As a result, many are suffering due to an epidemic of ignorance that is rampant in the medical community. An example of this ignorance is that during the course of Phil's legal battle to obtain coverage for Lyme, he was sent by the Defendants to an Infectious Disease physician in Charleston who thought that Phil didn't have Lyme disease. Nor did this doctor believe that Lyme disease even exists in the State of South Carolina. The Defendant's physician was ignorant of even how to interpret a Western Blot Lyme test and was not familiar with even the Centers of Disease Control (herein referred to as CDC) surveillance criteria. This doctor diagnosed Phil with a sleep disorder instead and suggested he get a shot in the foot. Sadly, ignorance travels faster than knowledge.

There are three individuals of the 14 member IDSA guideline writing committee who were also on the nine member panel who wrote the American Academy of Neurology Lyme guidelines. The three common guideline writers are John. J. Halperin, Eugene Shapiro and Gary Wormser. There are no listed conflicts of interest for these men in the American Academy of Neurology (herein referred to as the AAN) Lyme guidelines as those that were disclosed in the IDSA guidelines. There are 8,000 members in the IDSA; however the AAN has 20,000 members. This then gives the IDSA's guidelines an appearance of legitimacy. As a result, these harmful guidelines have been disseminated to 28,000 doctors respectively. Often these physicians take guidelines as gospel truth, without independently, logically examining the claims and interests of the writers. In the final analysis, the conclusions of these writers simply don't make sense in light of the considerable information available on the chronic nature of Lyme disease.

It is notable that the IDSA comes off as being concerned about patient health and not exposing them to needless antibiotics, and thus producing "super bugs". However, the argument doesn't fly when teenagers can have access to years of antibiotics for ACNE

and that cattle are routinely given feed that contains antibiotics. So, why are Lyme patients routinely denied coverage for needed antibiotics as seen so clearly in Phil Wood's case? Why are Lyme literate doctors being persecuted for doing right?

The IDSA would like everyone to believe the fallacy that Lyme disease is hard to catch and easy to cure. Unfortunately, the opposite is true. Even the CDC notes that Lyme is underreported by ten-fold annually, so it's certainly not hard to catch. As well, the longer it takes to get diagnosed, the harder the disease is to cure, because it doesn't just circulate in the blood-stream. It has an affinity for collagen and sequesters itself in tissue to evade detection and eradication. *Borrelia burgdorferi*, the causative agent of Lyme disease, is quite a sophisticated bacteria with a chromosome (macromolecule) that has 21 plasmids (DNA molecules distinct from the chromosomal DNA and able to replicate autonomously). As well, the bacteria also has 132 genes, compared to syphilis, which only has 22. This is a formidable disease that is not easily cured unless discovered speedily after the initial infection. We are dealing with an under-reported epidemic!

The few, brave, knowledgeable physicians who recognize the numerous manifestations of Lyme, find themselves harassed by insurance companies who hold the purse strings to the profits of their practices. Some have stopped treating Lyme disease, not because they don't know the truth about the chronic nature of the disease, but based on economics and a need to provide for their own families. Other doctors who have continued to stand against insurer tyranny, have been brought before medical boards on trumped up charges and end up losing their licenses or being severely censured for doing what they were taught to do, which is simply to heal the sick. This is a travesty of justice, because it is the very absence of justice to those brave and compassionate doctors. They care for a population of very ill individuals who are often maligned due to a lack of true understanding about the

multi-systemic complications of this disease. One such patient whose deposition was taken on behalf of Phil Wood had noted after reading a symptom list for Lyme disease, she had 59 of the 60 symptoms listed!

Patients such as Phil Wood are suffering due to insurers adopting the IDSA guidelines as the only standard of care that they care to recognize. Patients are being defrauded by their own insurers! As a result, Wood's benefits have been further reduced by Liberty Mutual, medical bills remain unpaid, as well as the cost of prescriptions. This is an outrageous conclusion and "settlement" to this case!

People need to realize that Lyme does exist in South Carolina, as it also exists in the remainder of the 50 states. There are a few hundred cases of chronic Lyme disease in the upstate of South Carolina alone, not to mention the thousands across the nation.

Accurate information needs to be widely disseminated to doctors, citizens, industries of every kind and of course politicians. There exists a very real and present need to educate physicians, the general public and government officials about the signs and dangers of Lyme disease so that it can be detected and healed in its earliest and most treatable stage.

It is of utmost importance that advocacy is undertaken with speed and diligence, as the IDSA vigilantly continues, unabated to mow down any attempt on the part of states and the nation to enact meaningful Lyme legislation. This question of their vigilance arises: What does the IDSA stand to lose if proper legislation were in place to bring justice to the many who suffer with Lyme? The answer is likely, a loss of credibility and exposure of their decades of misdeeds in seeking to bury the truth about Lyme disease.

If you would like your chronic illness related legal cases highlighted in an upcoming article, please contact the author at (864) 704-2522 or e-mail at greenwilllyme@bellsouth.net.

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Difficulties in Obtaining Social Security Disability Benefits



by Josephine Gottesman
jgoesq@optonline.net

I am an attorney who has practiced disability law for over seventeen (17) years. This article will focus on the difficulties involved in obtaining Social Security disability or SSI benefits for individuals who are unable to engage in full-time employment due to impairments such as Lyme Disease, Fibromyalgia, Chronic Fatigue Syndrome, Lupus, and other "soft" illnesses.

These illnesses are termed "soft" because, for many individuals, the most disabling aspects of such afflictions are unable to be objectively demonstrated. That is, the symptomatology can seldom, if ever, be demonstrated by CT scans, MRIs, X-rays, etc. Because of this, the Social Security Administration ("SSA") is reluctant to grant disability benefits to people who are unable to work due to these illnesses. Note also that these same difficulties are encountered when one attempts to obtain long-term disability benefits or a disability pension from an employer.

Some frequent issues which arise in attempting to obtain disability benefits for people who suffer from these illnesses are: lack of medical documentation; objective vs. subjective evidence; credibility of the Claimant; testimony of "experts" against the Claimant; and duration of the illness. I will treat each of these subjects separately.

For many who suffer from these illnesses, the prospect of ongoing professional medical attention seems to be

useless. Once the diagnosis is made, many people believe that there is nothing to do but go along, day by day, doing the best you can, without resorting to a revolving cast of mainstream medical professionals who seem to be unable to do anything definitive. Or, many people resort to alternative remedies and practitioners out of desperation. Yet, SSA requires that a Claimant's impairments be documented by "medically acceptable" evidence.

For a disability claimant, the way to handle this is to have a mainstream doctor with whom you can "check in" on an as-needed basis, or at least once every three months, who is willing to document your complaints in detail. The doctor may or may not prescribe specific medications or actions to take, and you may or may not follow his/her directions, but your signs and symptoms will be documented. Additionally, if there are any objective medical tests available that can assist in documenting

your illness (e.g., blood tests, trigger point tests, neuro-psychological or other cognitive examinations) you should make sure to undergo these tests, even if the best they can do is to rule out other similar illnesses. There is no harm in being treated by an alternative practitioner, and such treatment should still be documented, as it is a useful adjunct to more mainstream treatment.

For many people who suffer from these "soft" illnesses, the mental or emotional aspects or symptoms are more uncomfortable than the physical. Yet many Claimants either cannot afford, or are reluctant to use, ongoing psychotherapy as a way to deal with their illness. Thus, despite the great usefulness of a mental health

diagnosis in supporting a claim of disability, many Claimants do not have access to such documentation.

The reason such documentation is important is that a mental health diagnosis cuts across all occupational levels and titles. Thus, if you have a clearly documented mental or emotional impairment, it does not matter how much education or experience you have. You can be determined to be disabled based solely on your mental health diagnosis, even if you are in good physical condition.

Unfortunately, many Claimants with these impairments "look healthy." To the

corroborate your story, or to add a different perspective. It does not matter who the person is, and sometimes it is even better to have more than one person appear to testify in your case. The person must know you well and must be able to tell the Judge how you have functioned in the past and contrast it with how you function presently.

Additionally, one of the most effective pieces of evidence you can produce is a contemporaneous diary. This is a notebook or pad in which you make frequent entries about how you are feeling and what you are doing on any particular day. It is written with an

emphasis on your limitations and your mental state during your illness or during bouts of exacerbation of your illness. Its worth is that it is written in an ongoing manner at the same time as the feelings or symptoms are occurring.

At your hearing, a so-called "Medical Expert" may be called to testify. The stated purpose of SSA producing such a witness is so that the Judge can question him/her on those aspects of your illness which prevent you from working. The real purpose is so that the

Judge can gather additional ammunition against you if needed. The same for "Vocational Experts," who can tell the Judge which of thousands of jobs you can theoretically hold given your limitations. It makes no difference if an employer would never hire you, and it makes no difference if the job, as stated in the nearly 20-year old Dictionary of Occupational Titles, is obsolete as described. The "job" is a theoretical construct. If you could theoretically do it, you are not disabled.

Unfortunately, if an expert witness is called to testify against you, you will almost certainly need the services of an attorney who is able to cross-examine the witness.

Your Notice of Hearing should

state whether an expert has been retained to testify against you. If you find that there is an expert who will testify at your hearing, you are urged to ask the Judge for an adjournment so that you may obtain an attorney. As most Judges do not like surprises, and because SSA pays the expert to come to the hearing, it is best if you ask for an adjournment the minute you know that an expert will appear. If you are not sure, you can call the hearing office and ask about whether an expert has been assigned to your case. If there is one, you can ask at that time for an adjournment.

SSA requires that the successful Claimant be actually disabled for at least 12 months, or be expected to be disabled for at least twelve months. For many Claimants who must leave a job or who get fired because of severe problems performing on the job, their financial situations force them to apply for disability benefits before too much time passes. Benefit denials in such cases occur many times because SSA believes that the Claimant will get well enough to be able to return to work in less than twelve months.

It cannot be stressed enough that you must appeal a claim denial, not start a new claim. If you start a new claim rather than appeal, you will lose all of the retroactive benefits that have accumulated since you started the initial claim. In addition, if you have appealed to the hearing level and lost, and you start a new claim instead of appealing the hearing decision, you may lose the second claim simply because a Judge has already decided the issue of your disability in the first hearing, and it then becomes legally binding.

The Social Security disability process is a complicated and time-consuming one. When you are not feeling well, it becomes particularly onerous. This article's purpose has been to alert the reader to some of the more difficult issues involved in maintaining a claim for Social Security disability or SSI benefits, and to assist the reader in dealing with them.



Administrative Law Judge who makes the decision on your claim, who may see you for 30 minutes in an artificial setting, you appear to be fine. Many times you are able to perform activities of daily living with some exceptions. If the Judge does not ask about the exceptions, that aspect of your illness is not recorded or considered. The Judge is allowed to make findings of credibility, which means that he or she is allowed to state in the decision that you are either a credible witness or not. Such findings of credibility are not easily overturned if your claim must be appealed.

Here is where it is useful to have a "lay witness" (someone who is not appearing as an expert in your case). Such lay witnesses can be used to

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“Living Life” ... cont'd from pg 12

mainly by the drug companies and or universities, many of which are funded by the drug companies. So naturally the trend in treatment would be to NOT find the cause of the problem and treat it but to perhaps instead keep the problem simmering so that the patient would require many symptomatic treatments. If a patient is cured, he is no longer a customer....of the doctor or of the drug companies. This whole situation can be very frustrating for the patient and the caregiver. William includes a chapter dealing with this very difficult dilemma and offers some helpful guidelines on how to navigate through these shark infested waters of the modern day medical system.

Each chapter includes Action Plans, Questions to Consider and Journal Ideas. This book is very validating for patient and caregiver but at the same time it offers real life solutions and even spiritual inspiration. It is written with a deep sense of love, compassion and hope.

Jamey's section of the book deals mainly with the perspective of the patient. She helps the reader find ways to survive the critical stages of illness. She talks about recognizing your mental and physical pain so that one can confront it and work through it...but yet Jamey and William both caution us not to dwell on or live in the quagmire of chronic illness. Jamey speaks about suffering and how we can lessen it's effects. Some of the ways we can do this are through forgiveness and compassion...for ourselves and for others who may not understand what we are going through. Compassion, forgiveness, attitude, etc, may not sound like very tangible solutions but they can be very powerful tools in making chronic illness more bearable and at the same time aid in our spiritual growth. It is also brought out in the book that positive emotions, such as gratitude and humor, are potent healers. Our emotions definitely effect our physical being.

Jamey very gently shares her experiences and ideas on prayer. Prayer has the potential to heal us physically, mentally and spiritually. Here is one of my favorite quotes from the book.

"The truth is, no matter what affliction, trouble, or iniquity, you may be battling, God's Loving Presence is there for each of us - no matter what. All we have to do is ask and we eventually realize that Divine Love never leaves us, but sometimes our pain and despair can block out our reception. It is as though our spiritual antennas aren't receiving or are being blocked by static in the form of pain, fatigue, and so on. However, if we keep searching for that clear station that channels the voice of God's Love, the static will abate, and this is when we really feel the amazing effects of healing and hope flowing through us."

I want to thank William and Jamey for writing such a helpful book. There is definitely an urgent need for this type of compassionate and practical information.... coming from first hand experience. I am

including some questions I had for William and Jamey, along with their responses.

I would like to ask both of you, Jamey and William, as to whether you feel that in some way your experiences were a gift, to enable you to acquire greater empathy and insight in order to help others? Do you feel that your journey has promoted personal growth and does it amaze you that both of you are being challenged in the very areas of your expertise?

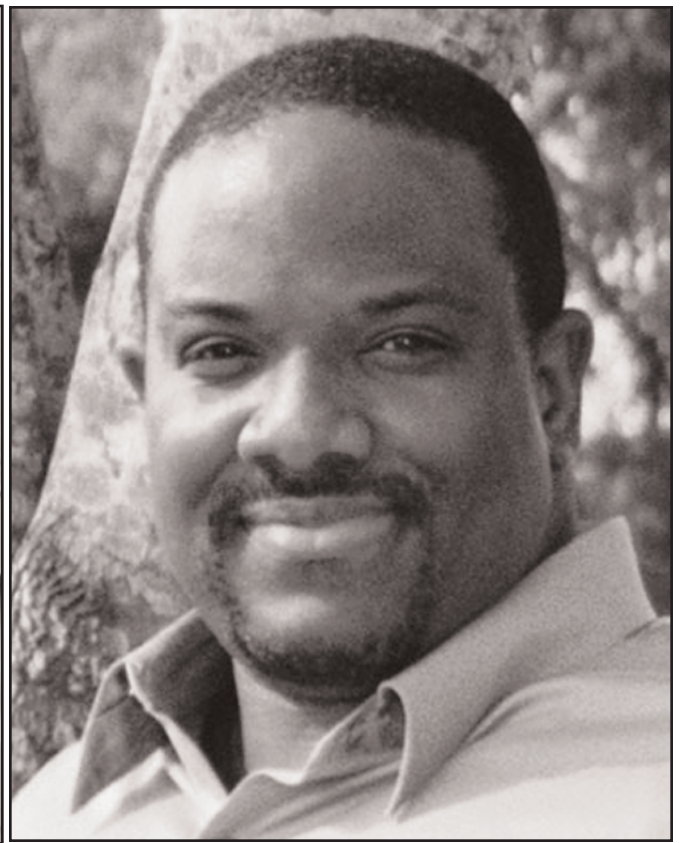
William: That's a very insightful question. Yes, I feel I have become much more empathetic by having this experience. When I'm talking to a person with a chronic illness or a couple, I can FEEL where they are instead of only hearing them. But also, I recognize that though we have an experience in common with millions of others, each person's story is unique and each person/couple is experiencing something unique. But with the common threads that run through all of our stories, that's where we find the empathy to help each other.

Facing chronic illness is not time to reinvent the wheel. I want to share what I've learned in this experience by using my gifts. Being a best-selling relationship author, having a doctorate in psychology, and being accustomed to working in the media, presented me with a unique opportunity to bring this message to the millions who need it. The whole idea started when I was struggling personally to deal with the situation, yet, I couldn't find a book out there that addressed the plight of couples. So, reluctantly, at first, I set out to write the book I wanted to read but couldn't find.

Jamey: I do not believe in "life accidents" and feel certain that all we go through gives us opportunities to either learn, grow and become better/stronger or, to weaken and allow circumstances to get the best of us. I've always been a compassionate person, someone who gravitates toward caring, giving, mentoring, etc and these tendencies have been very visible in my personal and professional lives. But the extreme challenges and losses I've (we've) experienced from the illness and bad medicine, etc., have just made me more aware and more inspired to encourage others in similar situations.

When I look back at it all, I think that there is an obvious irony of sorts in the fact that I was a professional in an arena where health, physical fitness and strength, and overall wellness were the products or results of my work. Now, through the limitations that illness and the effects of terrible side effects from dangerous medicine have created, I've found myself on the flip side of things. But this is also very likely to be part of the Divine Plan as it makes our story/experience that much more intriguing.

Fatiguing chronic illnesses often strike the Type A personality. Many patients have told me that they used to be very active and were able to handle everything at once.



Jamey Lacy-July and her husband Dr. William July are living life with a positive attitude despite chronic illness. They have deep insight into for caregivers and people living with long-term illnesses.

Jamey, do you feel that over stressing the body with very heavy exercise or being in a constant state of "rush" can lower the body's immunity to disease? You mention in the book that your illness may be teaching you to be a Human Being instead of a Human "Doing". In my case Lyme disease has definitely changed my perspective on things, causing me to slow down and pace myself, which allows me to savor life more fully. Do you have any comments concerning this?

Jamey : I have no doubt that stress suppresses the immune system and makes the body more vulnerable for illness (and so many studies are now verifying this). I think that in today's society with so many pressures on everyone to meet high standards (in our finances, careers, physical appearances, etc.), that everyone is vulnerable. Because of my knowledge professionally, in fields of fitness and nutrition, I was always blessed to know to approach exercise in balance so that it enhanced my health, as opposed to being harmful. I've always tried to impress that upon clients and people attending my workshops/lectures. So for me, exercise has been a life-saver. William has often said, if I were not in such good shape prior to contracting this disease that I'd never have survived these last five years and I agree. There were certainly times in the midst of owning and operating a personal training center and raising a daughter, who also was busy in school and dance, that rushing and busyness left its effect on me. As my health worsened, by necessity I was forced to give up much of my time at work as well as personal family activities.

When illness gets us down and drains our energy, we have to find a place of peace in the "not doing" and in that, is a great opening for spiritual healing and emotional strength. In these moments I've grown tremendously in these areas (but I also believe that we can grow in these areas without the extreme challenges of illness!). In other words you don't have to get sick to get better!

Do either of you have any thoughts as to why so many in the world are experiencing such an increase in disease? Could our struggles be part of a spiritual awaken-

ing process?

William: It is my hope we are experiencing an awakening as a world. Things such as the oil crises, wars, famine, and new diseases, can threaten to wipe out humanity or they can serve as a signal for us to make changes in all aspects of our existence. If I were only looking at it from an existential point of view, I'd say we were doomed. But, my spiritual perspective tells me we are in a renaissance of humanity. The question is, how long will it take us to make the changes we need and what price will we have to pay to come to that realization?

Jamey: I see from a writer, researcher and long time wellness professional, that years (decades) of people generally abusing/neglecting their bodies and their environment has begun to take it's toll. When I was researching for my first book (about silicone implants) I had the opportunity to interview hundreds of doctors and researchers as well as patients. Many of the studies I reviewed indicated that immune related illnesses had sky rocketed over the past 50 to 60 years. Much of this was attributed to poor health habits (diet, lack of exercise) and stress but a significant portion also was connected to the toxicity in our foods, water, air, etc. When you think of it, the entire 20th century was devoted to the "external" material/physical growth/gain through technology, etc. and the quest was not made in consciences, or should I say, conscious matter, thereby leaving toxic leftovers along the way. In comparison, very little attention was devoted to our "inner" selves or spiritual awareness and growth. So we are now paying the price and I think our saving grace or solution is to turn our attention to the internal in order to find a balance and see things from a spiritual perspective not just a physical one... and, to begin to revere the resources in this world that God has blessed us with.

Are there any thoughts you would like to add that you didn't include in the book or are there any aspects you would like to reemphasize?

William: I would like to again point out to both couples and individuals that it's important to have a life beyond the illness. The illness will attempt to trap you into not only the physical cycle, but also

the psychological jail it can become. Every day, try to do at least one small thing that is joyful and for pleasure. It can be as simple as sitting outside and watching the clouds roll by. I spent many a night doing that when I was frustrated. Sometimes it's watching a ball game on television. Or, I even play video games. One has to have moments of joy and hope in order to cope.

Jamey : One thing that we didn't say overtly or specifically is that life will throw us curve balls and sometimes they slam right into us. It's in those moments or experiences that we are left with two choices; get bitter and give up trying or, get better and do whatever helps each day, to strive toward recovery and embark on a healing path. The other thing is, that when a family/couple are bombarded with illness, it is vital to keep in mind that we are our best advocate (we cannot rely solely on physicians or others for our recovery) and may typically realize that we must maintain a vigilant quest for healing solutions. Never ever give up because a medical practitioner tells you that he/she cannot help you or because they don't have an answer. I believe with all of my being that our loving Creator provides the means for our healing, but it may be a long road and many bumps along the way before we find the healing that we are seeking.

Although Jamey's chronic illnesses are diagnosed as Lyme disease and Morgellon's, this fact is not mentioned in the book. I thought this was a wise move by the authors because their book is geared towards anyone with chronic illness...not just those of a specific diagnosis. Anyone dealing with long-term health problems will find this book to be both helpful and comforting. I highly recommend this book to patients and caregivers. I also would suggest that this book be shared with family and friends, to help them better understand how to interact with their loved ones who are struggling with chronic infirmities.

To purchase their book, to listen to their story and to find out more about Dr. William July, you can visit their websites at : www.couplesfacingillness.com and www.williamjuly.com.

pha

“Wetzel”... cont'd from pg 9

The hospital staff treated Susan like she might be crazy, and needed a break from raising 7 children. They thought she just needed to go home to her kids, and everything would be fine. Susan explains "wouldn't any Mom rather be home with her kids than in the hospital? It made no sense, I was sick, and desperate to find out what was doing this to me!" The doctors treating Susan didn't understand that she was truly afraid she was dying and she had some sort of mystery illness. Susan was discharged without an explanation, and left feeling worse off than when she arrived.

Around the same time that Susan was feeling so sick, she realized that some of her kids were not healthy either. Although they were all young, her children had been complaining of leg pain and weakness, tummy aches, and migraines. Susan knew something was terribly wrong because she had eliminated any and all possible allergy issues. Her children ate healthy and took supplements. The Pediatrician said it was growing pains. Susan knew that was a joke! She was raising enough children to know better than that! Mystified, Susan's children all seemed to be suffering in some fashion, some vague, some more severe. Neglected by the doctors, and confused by the situation, Susan and her family decided to just "cope" and try their best to be happy.

The Wetzels did their best to survive, but as time went on, this mysterious syndrome appeared to be affecting the entire family all at the same time. Susan's three year old was having terrible tummy aches. Susan remembers "he looked as though he was dying. He was so weak and gaunt looking, we all felt so lost, especially when all his tests came out negative." Around the same time, Susan's eight year old who had severe ADHD and symptoms of autism was having belly aches too. Susan's five year old was also severely ADHD and also

autistic. The young boy could not read, or control his sound effects that came rolling out at the most unusual times. Many of her children were displaying volatile behavior, and acting extremely explosive as well.

Susan remembers "this all went on for a few years as I got more and more ill. It just seemed like a long and painful day that never seemed to end. We just tried to survive each day. I had so many symptoms by this time. One thing piled on top of another. My hands and arms were so numb and painful

beating hard and fast, or it would flip flop. I could no longer drive because my night vision was horrible. In fact, I couldn't handle the flicker of the TV, or flashing lights. It set me into horrible anxiety attacks. I could no longer talk without hesitation between words. I just couldn't find the right words. I couldn't read to my kids anymore. I just couldn't make sense of the words, I was confused and in a constant fog. I had severe motion sensitivities. If I was rocked in a rocking chair it felt like I was

her she was crazy and that she needed to see a psychiatrist.

Amazingly, the doctor at the walk in clinic was educated and experienced in tick borne disease. She knew that Susan had many of the classic Lyme disease symptoms. Eventually, Susan was diagnosed with chronic Lyme disease and much to her relief, she began treatment immediately. Susan went home, and got on the internet. She started reading about Lyme disease and soon realized that her entire family was experiencing a massive invasion of

traits whatsoever. All of her children are active and moving forward with their lives now. Although there are still times when they feel some symptoms, the Wetzel family is getting better every day. Susan explains "this disease has taken so much from our family. Yet, the Lord has guided us and our faith is stronger than ever. I know we will survive it and live full lives in spite of Lyme! It continues to be a huge part of our lives. The financial cost has been and continues to be huge. Even without the antibiotic cost that most chronic Lyme patients have, we have a ton of supplements and alternatives that cost an awful lot for a family of nine. My husband is seeking a new career due to the physical demands of his current career. He no longer has the strength to keep up physically. And he can't stop to get well. He just has to keep working, and try to juggle his health, home, and career as best he can."

Susan is an active member in the Lyme community now. It is heartbreaking for her to talk with so many people on a weekly basis that are so sick and have yet to be diagnosed. Susan believes it is a sin that so many doctors are so uneducated about Lyme disease and tick borne co-infections. Susan started her own small support group in the panhandle of West Virginia to help other people like her. She hears the same story time and time again. Susan is working hard to educate others, and pass out information about Lyme disease and Lyme literate MD's. Susan's goal is to empower people to help themselves since there are so few people out there to help all of us. She also wants to emphasize to everyone who is sick and suffering that there is hope! In closing, Susan remarks "a few years ago I never would have dreamed I'd have a full life again. But I do. I want to pass on that hope to other Lyme disease patients still in the midst of all the pain." *pha*



I could hardly eat with them or write. They said it was carpal tunnel syndrome; I had trouble breathing, as though I wasn't getting enough air. I had episodes where I would wake up with spots on my face that were severely swollen and painful for no apparent reason. I was choking all the time. Even at night on my own spit. I could barely walk anymore. I sometimes needed help just to walk to the bathroom. My legs and body were just so weak. Every cell in my body hurt ALL the time. At night and in the morning were the worst. My joints were swollen and terribly painful. My heart began

falling off a cliff. Everything from sound to noise to smells was exaggerated to incredible levels. My emotions as well were off the charts, and I cried all the time. I simply couldn't function at all anymore."

Desperate, Susan's husband Scott, who was sick himself, took her to a walk in clinic one day because he really thought Susan was dying. By this time, Susan had refused to see another doctor. The Wetzels had no insurance, and every diagnostic test, doctor visit and travel only made things worse financially and emotionally. Susan was fed up with all doctors because they always told

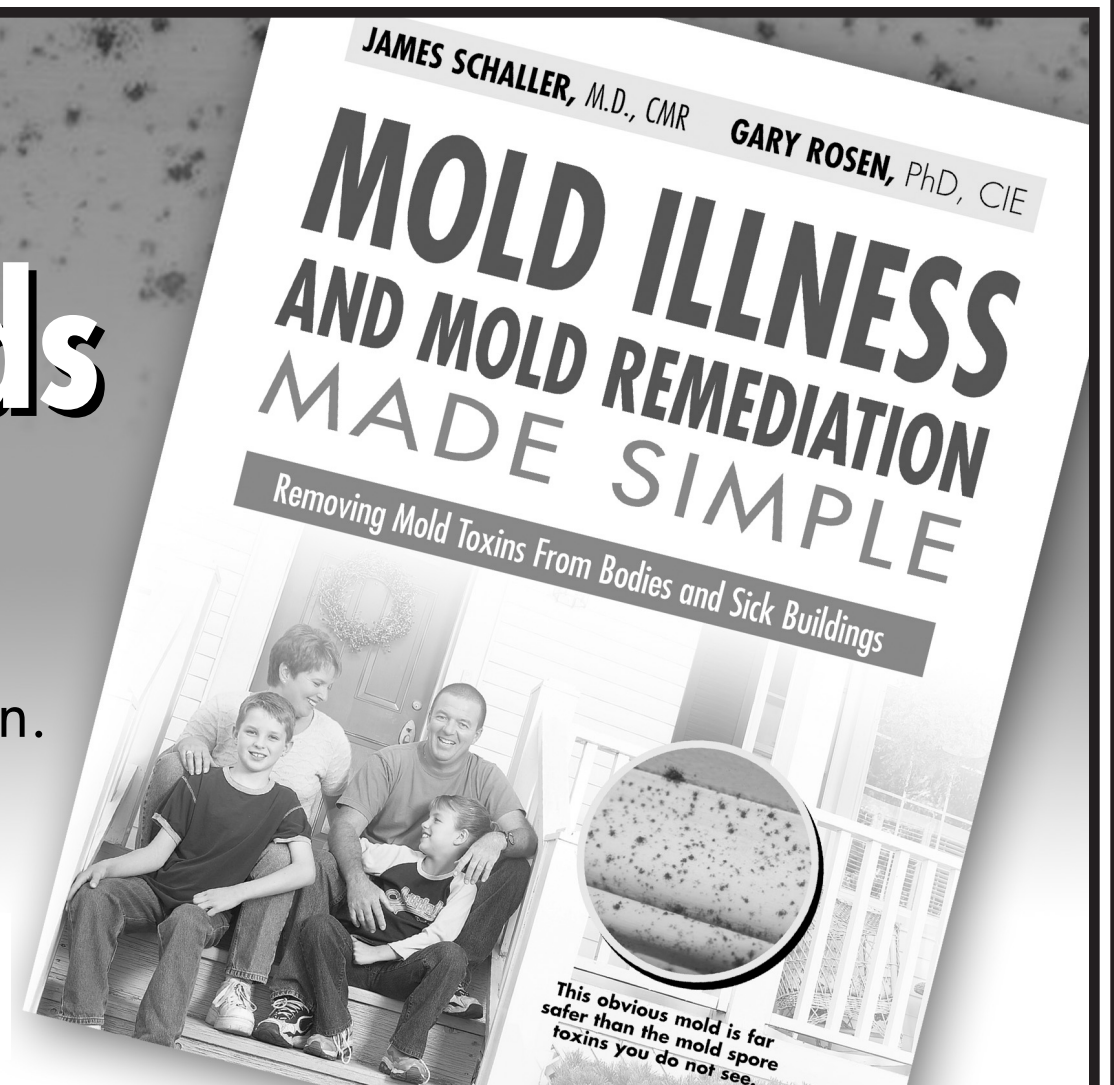
the body snatchers. And after realizing the extent of the invasion, and how poor the testing for tick-borne diseases is, she concluded that her entire family was probably infected. Susan's research on the internet helped her discover many treatment alternatives and they all began the long treatment road to recovery.

Three years later, Susan is fully functioning again. She doesn't have the daily pain and suffering that she had for so many years. Her kids are tremendously improved. After Lyme disease treatment, her two autistic sons now display very little to no autistic

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The average temperature for the end of June in Indian Wells is 87 degrees, so bring your shorts! Each of the 480 guest rooms have a private balcony or patio with breathtaking panoramic views of the mountain-studded skyline. We have negotiated special room rates of just \$125/night before taxes and hotel fees. Check out the resort and schedule your stay at: <http://grandchampions.hyatt.com/groupbooking/champ2008lymi> to schedule your room at the special discounted rate.

Speakers

Steve Harris, M.D. - Lyme Disease, Considerations in Diagnosis and Management

Garry Gordon, M.D. - The Use of Oral Chelators, Fiber, Zeolite and Silver to lower total body burden of mercury, pathogens and toxins.

Aristo Vojdani, PhD - Clinical Neuro-Immunology: Immune Dysfunction Pathways to Neurologic Disorders in ASD and Lyme Disease.

Josh Berry, N.D. - Botanical, Nutritional and Homeopathic treatment of Lyme Disease.

Stephen Harrold Buhner - Healing Lyme: Natural Healing and Prevention of Lyme Borreliosis and its Coinfections - physicians training

William Lee Cowden, M.D. - Quantum Physical Testing and Treatment of Autistic Children

Jeff Wulfman, MD - The Big Picture: How Lyme Borreliosis, Chronic Infections, Toxins and Other Factors Relate to the Autism Epidemic.

Leo Shea III, PhD and **Judith Leventhal, PhD** - Neuropsychological Features in Children with Tick Borne Illnesses Diagnosed with Autism Spectrum Disorders and/or ADHD.

Stephen Buhner - Healing Lyme: Natural Healing and Prevention of Lyme Borreliosis and its Coinfections

Amy Derksen, ND - Non-Antibiotic Lyme Protocols for Kids.

Tamara Mariea, CCN - "EMR" How Electromagnetic Radiation affects an individuals ability to successfully detoxify and how "EMR" plays a synergistic role in the etiology of Autism Spectrum Disorders.

Garry Gordon, MD - The End of Lyme is Near!

Christie Dames - Insider Secrets: Healing Insights Through the Eyes of Your Child

Brooke Landau - Overcoming Health Challenges for a more Meaningful Life.

Nicola McFadzean, ND - Preventing Lyme Disease and Autism: Preconception and Pregnancy Health Care.

Allan Sosin, MD - Oral and Intravenous Nutritional Therapies in Autism

Richard Horowitz, MD - Meditation, Mind Training and Medicine: The Path of Inner Peace

Cindy Griffin, DSH-P, DIHom., HD (R.Hom.) and **Lindyl Lanham** - The Homeopath's Perspective: Insights on Autism and Lyme Disease

Kazuko Grace-Curtin and **Dennis, O'Dell, MD** - Genetic Predispositions for Immune and Detoxification Dysfunction in Lyme Disease and Autism

Toby Watkinson, DC - What the Phage Do We Know?: Microbe Management- How we may be able to put them to work for our benefit.

Andrea Lalama - BT Toxin: An Autism Theory and What a Mother Did About It

Dietrich Klinghardt, MD - The 5 Levels of Health and the Treatment of Lyme Induced Symptoms in Autism.

Richard Horowitz, MD - Herbs, Hormones and Heavy Metals

For More Information:

<http://www.liafoundation.org/>

"12 Reasons" ...cont'd from pg 4

<http://www.ninds.nih.gov/disorders/lyme/lyme.htm>) CDC studies have documented the following: "Chronic Lyme disease involves abnormalities in either the skin, the joints, or the nervous system. Abnormalities in the skin are rare, but include localized swelling especially in the ear lobe, arm pit, and nipple areas, and thinning of the skin on hands and feet [ACA presentation]... Chronic Lyme disease infection of the nervous system most often produces pain in arms or legs, along with weakness and/or numbness in the affected limbs. These problems are caused by Lyme disease infection of the spinal cord. With infection of the brain, a number of other problems can occur. These include headaches, severe fatigue, impaired vision, double vision, hearing impairment, facial paralysis, and difficulties with memory and thinking." Notice these government agencies all refer to "chronic Lyme disease", something the IDSA insists doesn't exist in its letter to you.

10. If the IDSA's theory were true (it isn't) about antibiotics being able to help patients ONLY because of an "anti-inflammatory effect" they possess, then so be it. The IDSA would still lose their argument that patients should be denied antibiotic treatment on that basis too. Evidence from basic science and clinical

research support the conclusion that when an antibiotic is not utilized for its bacterial effects, it may still be a safe and effective agent for the treatment of conditions such as prostatitis, chronic sinusitis, acne, staphylococcal exotoxins, rosacea, inflammatory bowel disease, rheumatoid arthritis, Crohn's disease, lung cancer, neutrophilic dermatoses, asthma, periodontal disease, ulcerative colitis and other inflammatory diseases such as dermatitis herpetiformis, Wegener's granulomatosis, leukocytoclastic vasculitis, Fox-Fordyce disease, bullous lupus erythematosus, vitiligo, discoid lupus erythematosus, pyoderma gangrenosum, pustular psoriasis, scleroderma, and ankylosing spondylitis, to name a few. The use of antibiotics for many conditions has gained acceptance and has been deemed relatively safe, according to multiple sources. For example, one study reported, "In conclusion, there do not seem to be theoretical or demonstrated disadvantages in terms of ethical or pharmacological considerations of using "immunostimulating" antibiotics." (MARIE-THE'RE'SE LABRO* INSERM U 479, Faculte' Xavier Bichat, 75018 Paris, France.) The following antibiotics have been used strictly for their "anti-inflammatory" affects for the conditions listed above- Tetracyclines,

Minocyclines, Gentamycin, Doxycycline, quinolones (Cipro and many more), perfloracin, Erythromycin, macrolide antibiotics (roxithromycin, erythromycin, azithromycin [Zithromax]), Clarithromycin, Amoxicillin (Imacillin), Bactrim (trimethoprim-sulfamethoxazole), metronidazole (Flagyl), Cephalexin, penicillin G, chloramphenicol, streptomycin, and Clindamycin. Yet, the IDSA recommends against the use of all of these antibiotics for Lyme (many which have been used successfully in the past on numerous patients), except of course, for the least expensive drug on the list, Doxycycline, and even that drug is limited to a short, "cost-effective", and as already pointed out by Dattwyler (IDSA), an arbitrarily set course.

11. The IDSA guideline authors have not only refused to recommend antibiotics necessary to successfully address bacterial infections, they have further restricted access to any treatment by recommending against the use of all alternative therapies, including such common items as over-the-counter supplements (i.e. vitamins, etc) to improve a chronically ill patient's overall health. At this point patients are worried the next thing that will be denied them by the IDSA will be the very air they breathe.

12. The actions of the IDSA panel members, since the

investigation was launched by the Attorney General into their alleged illegal practices, are telling. Several IDSA members have gone to other organizations (American Academy of Neurology and New England Journal of Medicine) and sat on their panels to promulgate "cookie cutter" treatment guidelines, which they now present as "independent corroboration" of the IDSA guidelines. Several members of the IDSA panel sat on the AAN panel, including the chairman of each panel. In addition, several authors of the NEJM guidelines also were on the IDSA panel. The IDSA's suggestion that the advisory committee, provided for in the bill, exclude the participation of certain people, namely patients and the community physicians who treat them, is a continuation of its exclusionary tactics. The IDSA has virtually controlled research in Lyme disease for the past 30 years with no improvement in the patient's quality of life. Enough is enough.

For years the IDSA guideline authors have aggressively fought the inclusion of anyone into their small circle who wasn't of the same like pocket book. Their actions over the years, and here today, are highly questionable to say the least. Reasonable people must ask themselves, why would IDSA members continu-

ously and aggressively lobby against bills, at both the state and federal levels, that would provide for more research funding (which they would be entitled to receive through grants also)? Isn't that similar to cutting off your nose to spite your face? Why would they exclude evidence, facts and important details from Congress? Why would they rather let the shameful situation facing people across the country continue unchecked than welcome assistance (both financial and scientific) with open arms? What's going on here?

Please realize if this bill isn't passed and the federal advisory committee isn't assembled immediately, it could be decades before any progress is made. I respectfully request your consideration of the circumstances in question and ask that you immediately bring the Lyme and Tick-Borne Disease Act up for a hearing to further shed light on the current abuses outlined above. We can't afford to wait. Millions of lives are at stake. People with tick borne diseases are not only fighting a bacterial infection, they are fighting a war that only you have the power to stop. Please do!

Sincerely,
Lucy Barnes, Director
Lyme Disease Education and Support Groups of America
AfterTheBite@toad.net pha

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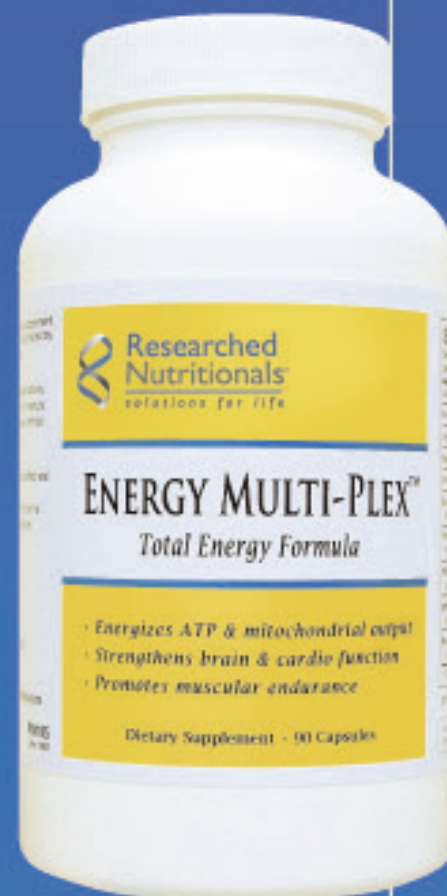


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