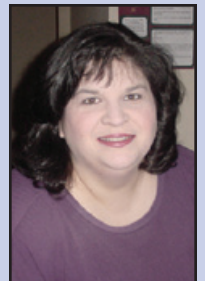


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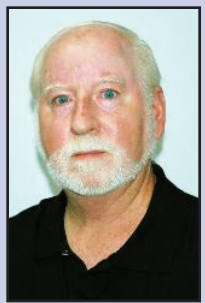
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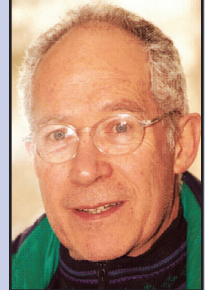
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Total Body Detox®: A Novel Approach to Lowering Total Body Burden

by *Scott Forsgren*

One of the messages that has been made ever so clear to me by my mentors in the field of medicine is that every one of us today living on this planet has a total body burden of infections and toxins that is unsafe. Beyond unsafe, today's environment has created a perfect stage for numerous infections and toxins to take up residence within us and create a reality inconsistent with our desired state of health and wellness.

One of my mentors, Dr. Dietrich Klinghardt, M.D., PhD explains the relationship between the toxins and the infections within us with what he describes as the "Klinghardt Axiom". The axiom states "For each equivalent of stored toxins there is an equal amount of pathogenic microorganisms in the body." Thus the importance of both treating infection and detoxifying simultaneously as part of a well-planned health optimization strategy cannot be understated.

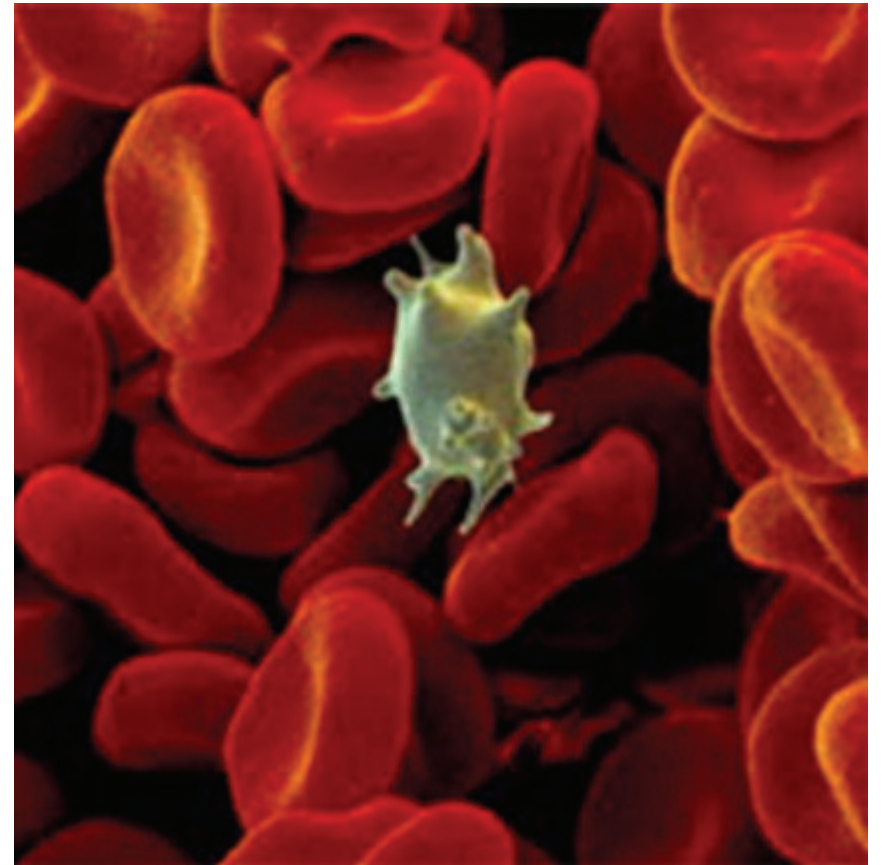
ResultsRNA® has created a program called Total Body Detox®. The program consists of two powerful products that support the body in the elimination infections as well as addressing Toxic Body

Burden®. Advanced Cellular Silver (ACS 200®) and Advanced Cellular Zeolite (ACZ nano®) are used in combination to simultaneously address our total body burden of infections and harmful toxins.

I spoke recently to David Larson, CEO of ResultsRNA® and Dr. Garry Gordon, MD, DO, MD (H), in order to more fully understand how these products work together to offer many health-promoting effects.

Prescription antibiotics are created to address specific infections. One of the many benefits of ACS 200® is that it supports the body's ability to remove a wide variety of harmful organisms. ACS 200® is a much broader spectrum antimicrobial than traditional prescription antibiotic, antifungal, or antiviral preparations.

ACS 200® is a 200 ppm (parts per million) colloidal silver product which helps the body address many different types of pathogens including viruses, bacteria, fungi, and other single-celled organisms such as protozoal parasites. Numerous studies conducted at a major western university have shown the powerful effects of ACS 200® on infections such as



Zeolite cage traveling through bloodstream

Methicillin-resistant
Staphylococcus aureus
(MRSA).

ACS 200® has also been shown to be highly effective against Candida, a common co-factor observed in people with Lyme disease. For those with Lyme disease that may be concurrently dealing with MARCoNS, a nasal biotoxin-producing staph infection, Dr. Gordon suggests that ACS 200® may fully eradicate this harmful infection when

used both orally and as a nasal spray.

Colloidal silver products available over 100 years ago had mild pathogenic kill rates as compared to ACS 200®, an advanced cellular silver. In kill-time studies, ACS 200® was proven to kill MRSA in vitro in less than three minutes. Further, the kill rate was a 7-log kill (99.99999%). Comparing a product that claims to kill 99%

"Detox"...cont'd pg 7

Texas Medical Board Under Fire Unfounded Actions Lead to Multiple Patient Suicides

by *David Noblett*

The clock read close to noontime. My weary eyes had been fixed on the monitor screen of my computer since 6:00 a.m. Going back some 22 months ago, and one-after-the-other I was reading emails I had received from the many patients of Dr. William D. Littlejohn, M.D. of Fort Worth. Likewise, I had been re-reading the many personal letters the patients had mailed me and that were now strewn all over my desk.

Finally, I just couldn't take it anymore as I blurted out loud, "Damn it! I hate and detest you, Texas Medical Board. It is despicable at what you have become. I abhor all the harm you have caused!" Strange how the words rolled so easily off my born-again Christian tongue with not one repenting bone in my body. I meant every word I said. [Throughout the remainder of this article I will be inserting excerpts from the patients' emails and letters I had been reading which caused me to rend the air with my anger toward the TMB.]

"Dr. Littlejohn had my pain under control. Now, the

state medical board (TMB) has made my condition the worst it has been in several years. I have been to the emergency room as my only option for treatment. My marriage is on the rocks due to my pain. I have had thoughts of suicide since my pain has doubled. YES, DEATH IS RELIEF!"
~ a Patient

It all began in November of 2006. That is when the Texas Medical Board "temporarily" suspended the medical license of Dr. William D. Littlejohn, my doctor for the previous 14 years. Doc LJ is a pain physician specializing in treating chronic pain patients (CPPs). CPPs are those who have suffered from a disabling disease or injury. They have been traded off from one doctor to another with every possible and known medical treatment performed on them to cure their affliction or restore their health and eliminate as much pain as possible with little or no success. Finally, having done all they know to do, these doctors give up on them with these parting remarks: *"We have done everything we know to do and there is nothing left that we can do. As far*

as your unbearable and excruciating pain is concerned, learn to live with it."

"I have been having suicidal thoughts because of the pain, depression and no quality of life."

~Doc LJ Patient

As a result of their abandonment by the medical community, typically, these patients regress into invalid and disabled states of existence and are unable to live a somewhat normal and productive life. Men find themselves no longer able to work for a living to support and provide for their families and women can no longer bestow their mothering and wifely skills to their family and home. It is almost impossible for these CPPs to find a pain physician since more of them are getting out of pain medicine than are entering into this medical specialty. They fear the DEA and the TMB stripping them of their medical license and ending their careers or throwing them in prison for prescribing pain medicine to their pain patients. Don't laugh. There are to this very day for-

mer pain physicians serving time in prison for the "criminal act" of treating their CPPs!

You have to understand what is in the mindset of the TMB to know why they have such animosity toward pain physicians and their chronic pain patients. They view pain physicians as "pill pushers" or "drug dealers with a license" and their pain patients as "legal drug addicts".

As an agency made up of mostly, and supposedly, medical professionals representing Texas physicians, it is truly amazing the extent of their total ignorance regarding pain medicine, the pain physician and chronic pain patients!

What the TMB did to Doc LJ, in "temporarily" suspending his license, is a prime example of their attitude and mindset toward pain physicians and their patients. Doc LJ's license was suspended "temporarily" (22 months ago!) based on "one" lone complaint by "one" lone renegade attorney representing "one" lone former patient in a "3 minute" hearing! Shortly after the suspension, both Doc LJ and I presented to the TMB the absolute and irrefutable proof

"TMB"...cont'd pg 12

An Unforgettable Sunday: Sharing the Gift of Life

by Joan Vetter

Only God can take a tragedy and transform it. Organ donation helped bring about a joyous transformation for several families.

A year ago, Cheryl and Art Browning made a heart-wrenching decision without hesitation. Their son Hunter, about to turn 9 in just days, was not going to survive after an accident on their ranch. "Yes" was their unanimous answer to the transplant coordinator at Children's Medical Center when asked about donating Hunter's organs.

Afterwards, they prepared for a funeral. So on July 24, 2007, over 900 family members and friends gathered to celebrate Hunter's birthday as well as his home going celebration. His father and his Uncle David also shared a birthday on that day. They experienced a lifting of the grief as hundreds of helium balloons were released, captured by the wind and quickly disappeared into the sky. Friends and church members surrounded the family with support. People all over were praying for them, sending flowers, and bringing food.

Then the reality of life without Hunter, their blond, blue-eyed dynamo who brought joy wherever he went, settled in. Everywhere they looked there were memories. His ever present smile. The way he excelled at baseball for a boy his size. The way he loved animals and freely gave hugs. His special relationship with his brothers Austin and Matt. The grief was overwhelming.

As the days passed, thoughts turned to those unknown people who had been given Hunter's organs. A few facts here and there emerged. First, Cheryl and Art found out that a 58 year old woman and a 62 year old man received his kidneys. Then came the day they received a letter from Ron Austin, the man who was the grateful recipient of the right kidney. He was a retired school administrator from Arkansas, now living in Allen, TX. He

had been on dialysis since May 2004.

He writes, "I received the call informing me of the availability of a kidney while on dialysis on July 20 about 7:30 p.m. I completed my treatment, drove home to pack and reported to Baylor Dallas just before 11:00 p.m. I had tests off and on all night but immediately after each test I fell peacefully asleep knowing I was in the hands of God and thanking Him for the special gift from your precious child and you."

He also indicated he would like to meet them, but said he would understand if they didn't want to. He ended his letter with "May God bless you and your family in many special ways to confirm your decision to be an organ donor."

Then Cheryl got a call from the woman who received the left kidney. Her name was Lilla Gobin. She is married to a man who is a civil engineer working in Alaska and has two single daughters who have cared for their mother for years. She, also, was extremely grateful and wanted to meet the family.

The Gobin family grieved for Cheryl as Mother's Day was approaching, and decided to send her a gift basket. In it were little boxes shaped like butterflies, which was Cheryl's symbol of hope.

As Art's birthday and the one year anniversary of Hunter's death approached, Cheryl and Art made the decision to plan a celebration with friends and family at their ranch and invite the kidney recipients.

On Sunday, July 20th, Ron and Linda Austin and their son Chip arrived first, giving everyone time to catch up on all the details of their journey thus far. Mysterious feelings of having known each other already emerged as both donor and recipient families shared how they prayed for each other in the days after the transplant. There was indeed a bond forged through pain and mutual love for Hunter.

Then Lilla and Ram

Gobin arrived with their two daughters, Nan and Mandie, carrying a big bouquet of flowers. Ram was supposed to be in Alaska, but he surprised the family and came home for the event. You could tell what tender feelings they all had about Hunter. It was very healing for the Browning family to participate in the joy the gift of life has provided for both of these families.

In addition, their transplant coordinator came with a picture of the 10 year old boy named Gabriel who received Hunter's liver. He is a handsome, dark haired boy – with a smile much like Hunter's. His picture was taken amidst baseballs and soccer balls. He has always wanted to meet the Browning family, so another day of rejoicing is ahead.

Hopefully, soon the identity of the boy who received Hunter's heart will be known. All they were told was that he was an 11 year old twin boy.

Cheryl and Art have developed a deep sense of gratitude for the faithfulness of friends who have walked with them throughout this year. They have been on the receiving end of much comfort, encouragement, and practical help.

In the hospital after the accident Art vowed that Hunter will not be forgotten. Having his organs live on, saving the lives of these individuals, is one way this has been accomplished. Another way is the development of the Hunter Mason Browning Memorial Fund set up at First State Bank of Mesquite. The family plans



Above: Hunter Mason Browning, an organ donor who saved the lives of others, is also the grandson of PHA staff writer Joan Vetter.

Below: The recipients and family members of those who received Hunter's organ donation and gift of life.



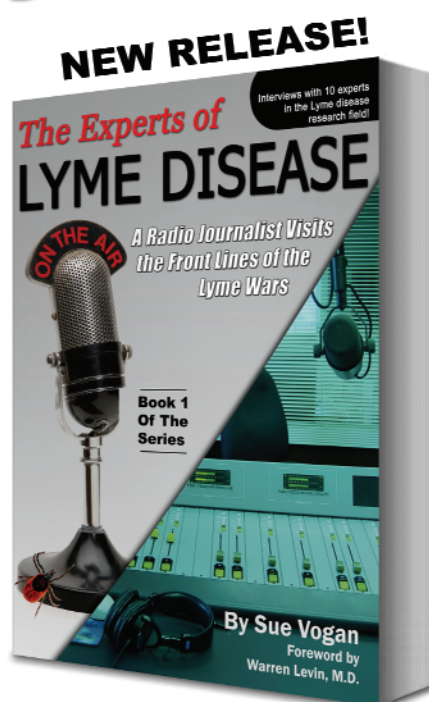
[Editor's Note: Organ donation is a wonderful and lifesaving measure in normal conditions. Lyme disease and Babesia patients should never donate blood or organs as the disease can be transmitted through blood and tissue. The CDC has documented proof of disease transmission via blood and organ donation.]

to use this money to provide scholarships to graduating students or to help children who want to play sports and can't afford it. Donations can be mailed to the Hunter Mason

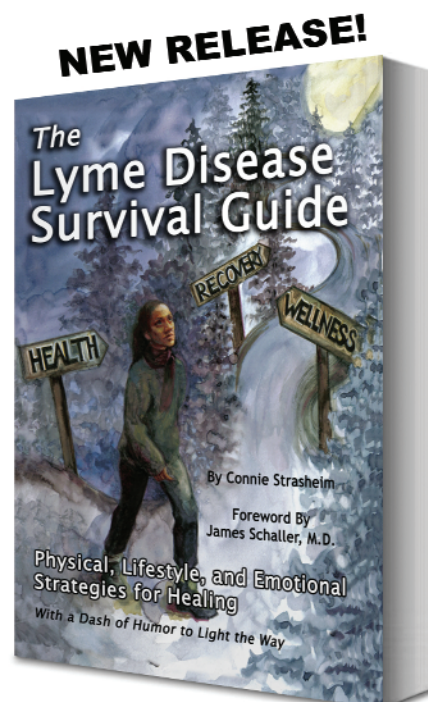
Browning Memorial Fund
c/o First State Bank
917 Military Parkway
Mesquite, Texas 75159.

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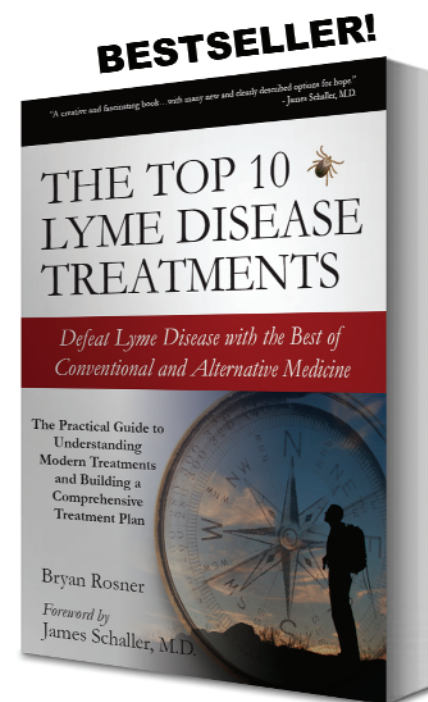
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Government Intervention In the Life of a Family:

The Responsibility of the State vs. The Rights of the Parents

by Dawn Irons

There is a story of significant magnitude unfolding in San Antonio, Texas. The key players in this unfortunate drama, which has all too real consequences, are an infectious disease, a single mother and her Lyme-Autistic son, Child Protective Services, the Texas Medical Board and their policy limiting access to competent care for the disease in Texas.

Having been a social worker who worked for Child Protective Services (CPS), there is no doubt that I saw true and genuine cases of child abuse. But the truth of the matter was that the true cases of abuse were few and far between. In the year that I worked for the Bell County CPS, over 90% of the cases in which abuse was reported and children were removed from the home, the cases were ultimately determined to be "unfounded". Make no mistake, abuse certainly occurred, but not on the part of the parents. When the state comes in and removes a child from the home, and places them into state protective custody while an investigation of abuse is carried out that ultimately proves to be unfounded--- the *charge* of abuse, the *guilt* of the abuse lays completely at the feet of the state. In this scenario, the state of Texas is the abuser of the child. The very organization that the public is expected to trust with the protection and welfare of children is the actual abuser in more than 90% of the cases of reported abuse each year.

I am not a fan of "big government." Government does have its place, but it should be run by the people and for the people, not special interest groups with conflicts of interest and financial gain.

This case in San Antonio tells a tale we are all familiar with. If we have paid any attention to the Dr. Jones saga, the world's leading pediatric Lyme

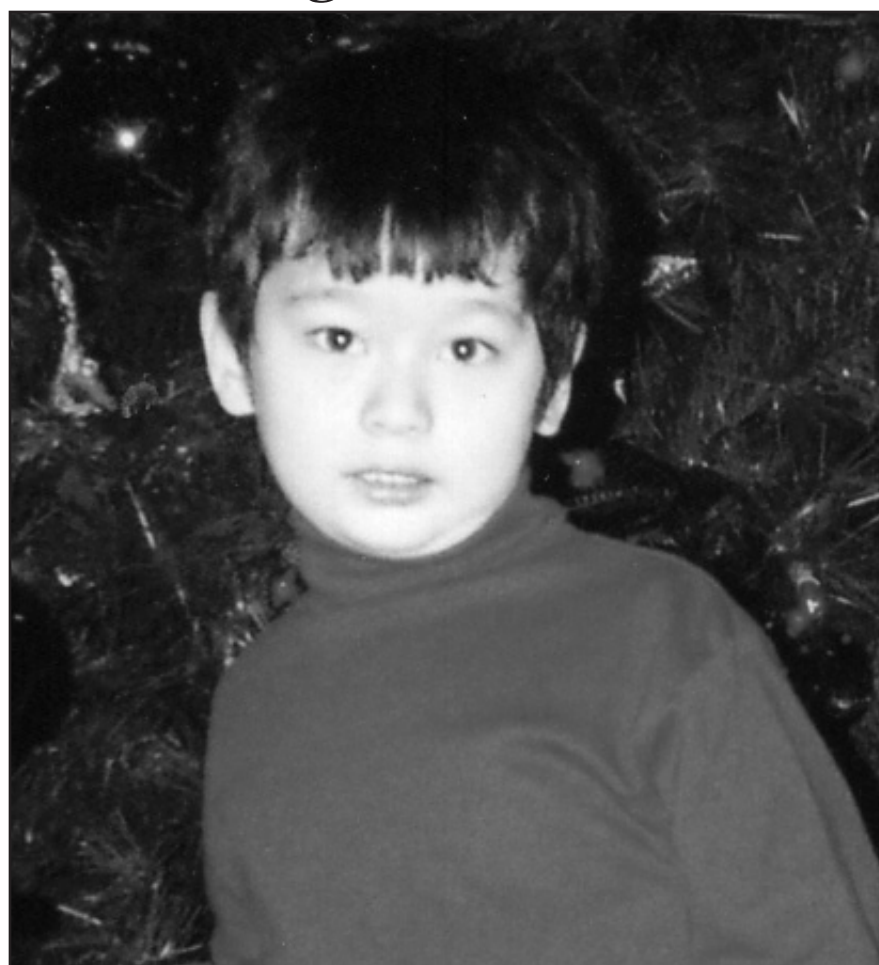
disease specialist who is fighting for his license against his state medical board, this is just the same song, different verse...sounds the same but is a whole lot worse.

Marc is a boy who has been diagnosed with Autism and Lyme disease. His infectious disease (ID) doctor, working from the now infamous 2006 Lyme Disease Guidelines, offered Marc a very limited round of antibiotics. You know the ones...2 weeks of doxy and you're cured! (If it sounds "too good to be true"...it probably is!). The ID doctor then referred Marc and his mother to a pediatric neurologist who, not wanting to believe the previous diagnosis and lab results of 2 different labs that the child could possibly have Lyme in Texas, wanted to do a series of invasive tests that included a liver and lung biopsy, and spinal tap.

As invasive as these tests are, none of them offer great diagnostic ability. Marc already had 2 confirmed positive lab tests for Lyme disease, so his mother declined the invasive procedures on her fragile child. The mother had done her homework on testing and knew that an already low diagnostic probability was further compromised by her child already being on antibiotics. The neurologist was not aware of these facts.

Within days of declining the invasive procedures that could not provide a certain diagnosis, Child Protective Services (CPS) showed up with law enforcement. With no search warrant, with no permission, the CPS case worker and the law enforcement officers made an invasive entry into the home.

The case worker proceeded to do a full body strip search on the terrified child, looking for physical signs of abuse such as bruising. None was found. The chaotic environment of the social worker,



Marc is the focus of a huge battle between the state of Texas and his parents over his medical treatment for his Lyme & Autism.

police, and being strip searched sent Marc into an Autistic frenzied state.

In the midst of this unfolding drama, the social worker looked at Marc's mom and asked her, "What did you do to make your child sick?"

Charges of Munchausen's Syndrome By Proxy and "doctor seeking" were alleged against the mother.

CPS removed the child from the home and placed him with the non-custodial parent. The parents were not in any disagreement over the medical care and decisions regarding Marc, and retreatments were the responsibility of the mother. However, subsequently Marc's father was also charged with medical abuse in a ploy to pit the parents against each other.

Now I don't know about you, but I have BIG problems with this! When the most basic of parental rights, choosing medical care and procedures for their children, is stripped away from parents and it is replaced with the "Nanny State" or it's

government office of child protection services, to super-impose their judgment over the parents' judgment as to what is best for the child, we are heading into an Orwellian big brother state.

CPS has never been known for their good medical judgment. In 1996, a school district in Virginia had a state social worker take a child from their school to a medical visit by a state-funded clinic for a diagnosis of ADHD. The mother and school had had repeated disagreements over putting the child on medications. So the school circumvented the parents by enlisting the use of state social workers who were not school employees to come and take the child off campus.

In the end, the medication that was prescribed and given to the child at school without parental knowledge or consent, cross-reacted with the other medications the child was taking at home and the child died. When the parents took the

"Marc"...cont'd pg 4

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 Gehrig'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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Letter to the Editor

Author Responds to the Review of Her Book

To the Editor:

I would like to respond to the review of *CURE UNKNOWN: INSIDE THE LYME EPIDEMIC*, by Marjorie Tietjen, which twisted my words, misstated my views, and (except for two direct quotes) inaccurately portrayed the information in the book. What you ran was not a review in the usual sense of the word but rather, a platform for the conspiracy-driven agenda of your reviewer. I could go through the "review" line by line but it isn't worth it, instead, I'll just make a few points:

* *CURE UNKNOWN* is a work of journalism. That means that its assertions must be backed by documented, primary source evidence, not wild conjecture and unsubstantiated claims. It also means that while I put the facts out there, I do not act

as judge and jury. Instead, I leave it up to the reader to draw a conclusion. An agenda-driven diatribe would not be journalism.

* Nowhere in *CURE UNKNOWN* do I state, as the review insists, that Lyme disease has been mischaracterized by mainstream science or the government out of ignorance. Instead, as a work of journalism, *CURE UNKNOWN* carefully reconstructs a 33-year course of events that includes ego, hubris, turf battles, bad science, biased science, moneyed interests, and corporate and personal greed. I do not recall citing "ignorance" as the culprit anywhere.

* Regarding the reviewer's beef that I do not focus on conspiracy as the main driver of patient woes, let me say this: The Lyme scene is awash in such theories.

Your review suggests that some amalgam of government and big pharma (or their stand-ins) have created the Lyme organism, which they now conspire to spread so that sick patients can pay ceaselessly for drugs. A credentialed journalist cannot say this kind of thing without incontrovertible, primary source evidence. (If the reviewer has such, you should publish it in PUBLIC HEALTH ALERT.) There are others in the Lyme world that purport some activist leaders are literal government plants, de facto cyborgs created to destabilize the patient movement. Yet others charge that Lyme is part of a Jewish conspiracy --created by Jews (along with the 911 bombings) to take over the world. It goes on and on. Pushing such theories without evidence serves only to rob patients of the credibility they badly need to get funding for a cure and to advo-

cate for their rights.

I am disappointed in PUBLIC HEALTH ALERT for filtering *CURE UNKNOWN* through the prism of the reviewer's Lyme conspiracy swill instead of reading it straight and taking it on its own terms.

Pamela Weintraub,
Senior Editor
Discover Magazine
Author, *Cure Unknown, Inside the Lyme Epidemic*

JEDITOR'S NOTE:
Pam, you are absolutely correct. I apologize that the article was listed as a "review" as opposed to an opinion piece. I look forward to reading the book myself! Please accept my public apology for wrongly classifying the article as a review and not as an opinion piece. I appreciate all your work and research on behalf of the Lyme community. Dawn]

4 Issues You Will Encounter When Leading an Illness Support Group



by Lisa Copen

After planning for your support group for weeks, or even months, it's time for your first meeting. You feel rather organized. You've prepared a proposal to start up a support group which was approved by an organization or church. You've put together a welcome folder for new members and you have scheduled your topic or speakers for coming months.

So, does this mean that your illness support group meeting will run without a hitch?

Unfortunately, despite all of your hard work, there are a few frustrations that you will likely encounter during those first few meetings. They are worth being aware of so that you are prepared in advance.

(1) Few people attend.

How it feels: Disheartening. After putting in so much of your personal time (despite your own illness), it can be very disappointing to feel like dozens of people aren't benefiting from all of your hard work and passion. Recognize that a low turnout is typical and not something to be taken personally. It can be extremely difficult to organize people who are ill to show up at the same place at the same time. One obvious reason is that when they feel ill, they are less likely to leave their home and go socialize with others. Just talking can be physically draining. And when they feel well, the last thing they may want to do is sit around and talk about the days they are in physical pain.

What to do: Hope for the best and prepare for the

few. As a Christian organization, the HopeKeepers small group program founder says, "Although it's disheartening when just a couple of people show up, I know that God created that appointment. When I led a group once, just one person came, but we had the best conversation and she admitted that she was extremely shy and likely would not have even spoken if other people had attended the meeting."

Keep a summary of your lesson plan, even including the topics that were discussed. This way you can easily "replicate" the meeting another time with little preparation. Lastly, consider calling people and, without adding undo pressure, ask them what challenges are preventing them from coming. Is it transportation? Is it the time of day? How could you make it easier for more people to come?

(2) Everyone seems to ignore your lesson plan.

How it feels: As though your ideas aren't interesting or inspiring enough to keep their attention. It can also feel as though no one appreciates all of the time you spent in preparation.

What to do: Allocate flexibility at the first few meetings and let people know that you will add more structure as the group gets more comfortable. Most likely, it's not that people don't like your plans, they are just free from anxiety, excited to be able to share experiences with others who understand chronic illness. By just assembling people together in one room, floodgates of emotions that people have held back for years can break forth. If you've been through it, you know it's pretty much impossible to hold up a book and a lesson plan when a member is in tears over the end of her marriage, for which she blames her illness. Although these situations can happen at any meeting, they may be more frequent at the beginning or with first-time visitors.

Talk openly with the group about your desire to have plenty of time available for

people to share, but that you also want everyone to leave the meeting feeling refreshed.

Regardless of what occurs during the meeting, you will be ending the time together with an inspiring article, scripture, poem, prayer, devotional, etc.

(3) Everyone just complains about everything! Their relationships, the medical professionals, their illness-- the list is never ending.

How it feels: Like you are expected to fix the entire world in an hour or at least listen to every complaint they may have. You will find that people have years of emotions buried in their hearts that have wounded them deeply. Hearing cruel words, having wounded feelings, facing unjust consequences, and even coping with severe medical errors are all normal parts of living with illness. For the group leader, you can be left wondering what to do if you can't fix the problem. You want to show compassion, but need to keep this group on the path of encouragement and support, and not a downward spiral.

What to do: Write up some guidelines, before your first meeting if possible, and include the "venting guidelines." Read "10 Ways to Make Your Illness Support Group Uplifting." One practical tool is to set a timer and allow everyone to have 60 seconds to share their most frustrating experience of the week. Brainstorm about a contest your group could have that would bring some humor to the venting. For example, the person who handled their irksome situation the best or most creatively could win the "Aggravated the Alligator (a rubber alligator) Award" to take home for the week.

Don't forget to include others in the conversation. For example, say, "Jane, some of us can really relate to what you are feeling. Is there someone here who would like to share how she or he has dealt with these emotions?" If you are doing a lesson plan, say, "Since I want to get you all out of here on time, let's move on to ques-

tion six, and if someone has some encouragement for Jane, they can share that with her after our meeting." (Make sure that someone is you if no one else steps forward.)

(4) One person continually dominates the conversation; she takes over the meetings and completely disregards your plans or people who are trying to talk.

How it feels: Infuriating! After all your preparation, it can be annoying to have someone override your entire meeting and take the group down a path that lacks the encouragement you want to provide. You justifiably could be concerned about her impact on the group and how many people she could scare away.

What to do: Set firm boundaries from the beginning. While it's vital that people are encouraged to communicate their frustrations, they are also responsible for respecting others in the group. They need to watch their language, the quantity of time they dominate a conversation, and how they comment on people's treatments or decisions.

Put together some simple guidelines at the beginning that you hand out to new members in a welcome folder. Then, if the person dominating the meetings doesn't get your hints, speak with her privately. You may also want to put her in charge of a certain part of the meeting so she can have a designated time to talk and be in a leadership position. When situations like this occur, people can be gently reminded of the guidelines they received when they first joined the group. It won't feel quite as personal as you correcting their behavior.

Lastly, don't be too hard on yourself. You will learn as you go. Facilitating a support group is often assumed to be a simple undertaking. It's a myth that all one does is announce a meeting, lots of people attend, everyone shares and supports one another, and no personality conflicts arise. That is impossible.

It takes a special person who can communicate with

others effectively. One who can gently guide people in the direction you wish them to go, so that the group grows rather than becomes a complaint session. A leader must be able to offer compassion, but also set boundaries and even diffuse anger. As situations arise, talk to other leaders for ideas and support. Keep in mind that no leader ever feels one-hundred percent capable. A willingness to learn and listen is at the top of the list of leadership qualities.

Instant download of 200 Ways to Encourage a Chronically Ill Friend from "Beyond Casseroles" by Lisa Copen
http://www.restministries.org/res-ezine_ill.htm

"Marc"

...Cont'd from pg 3

school to court to sue for wrongful death and criminal negligence, the court ruled in the school's favor, saying they did only what they felt "was in the best interest of the child."

More recently, CPS has continued to make the evening news with their lapses in medical judgments that seem to consistently end up with DEAD children as the collateral damage. All in the name of... "the best interest of the child." Who's kidding who?

State records show that, "One in three Texas foster children has been diagnosed with mental illness and prescribed mind-altering drugs, including some that the federal government has not approved for juveniles."

The Dallas Morning News reported in August 2008 that, "Many of these drugs are prescribed by doctors who have a financial stake in pharmaceutical companies' success. Dozens of physicians who treat children in state custody supplement their salaries with tens of thousands of dollars in consulting and speakers' fees, and they use drug company grants to fund their research projects."

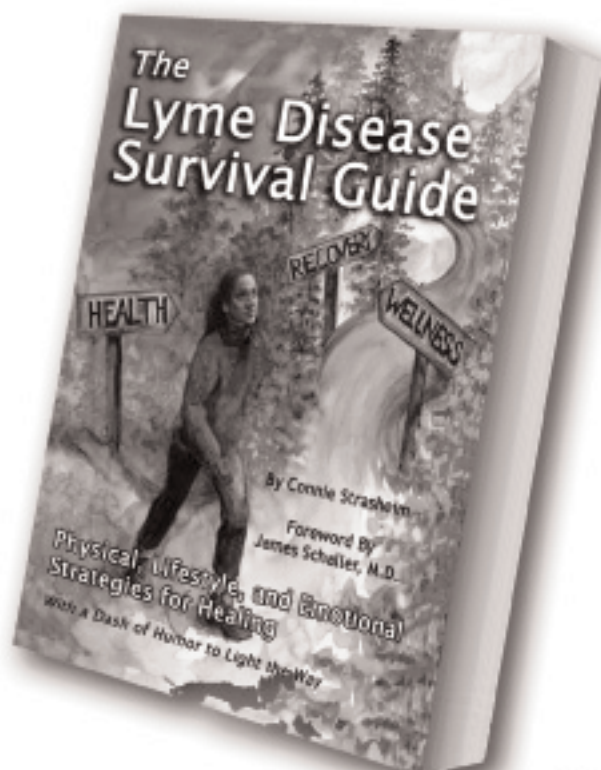
Mikie Garcia died when
"Marc" ...cont'd pg 10

A DISTINCTIVE BOOK

What separates this book from the dozens of other Lyme Disease books on the market?

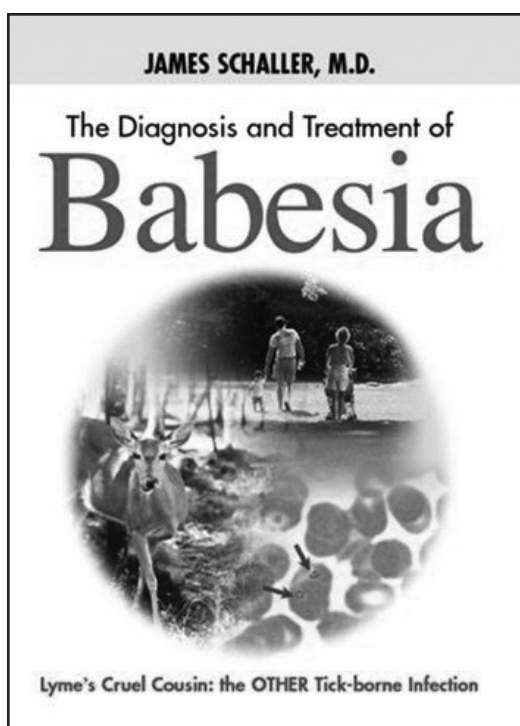
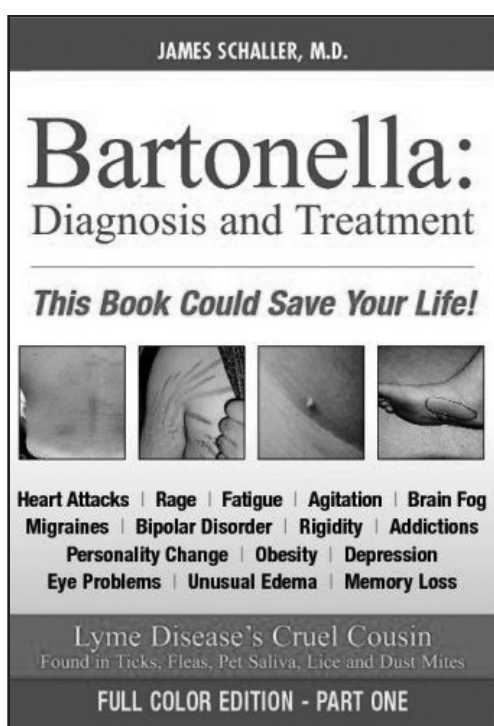
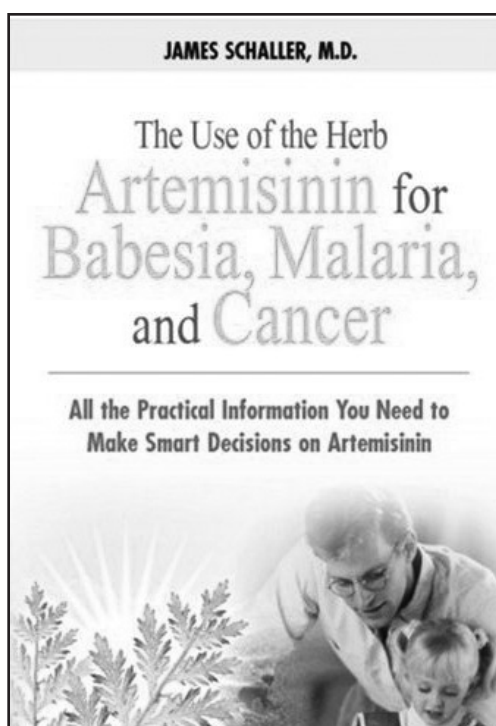
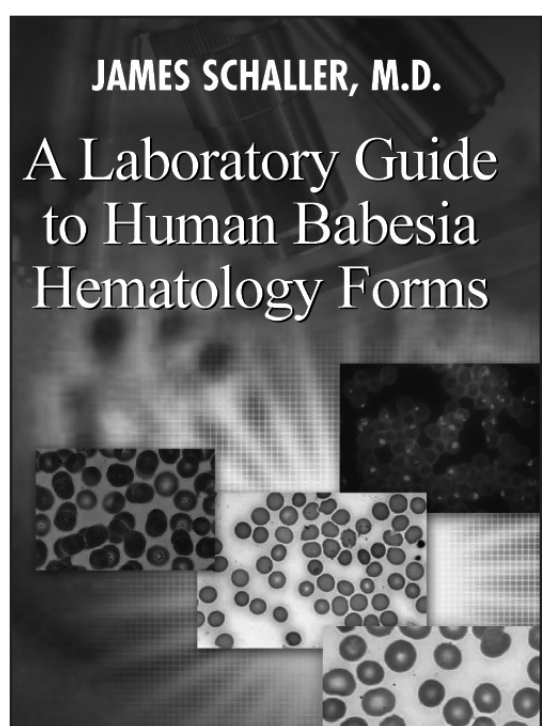
Author Connie Strasheim's piercing insight into not only the physical and medical challenges created by Lyme disease, but also the emotional and lifestyle difficulties experienced by Lyme sufferers. In short, this book provides a complete road map to healing, and includes strategies for healing not only the body, but also the mind and spirit, while providing tips for dealing with the challenging life circumstances created by Lyme disease.

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By Connie Strasheim
Foreword by James Schaller, M.D.



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- Ten commonly used protocols to treat Lyme disease, in both conventional and alternative medicine
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- Guidelines for treating co-infections and heavy metals
- Testing methods, building a protocol, and discerning progress in healing
- How to deal with the day-to-day circumstantial difficulties of Lyme, including those related to diet, finances, relationships, exercise, and work
- Therapies for healing the mind and spirit, including cognitive, nutritional and physiological strategies
- Much more, including sections on spirituality and humorous (but sobering) anecdotes of the author's experience with illness
- According to James Schaller, M.D., "You will feel alive and hopeful as you read this book."

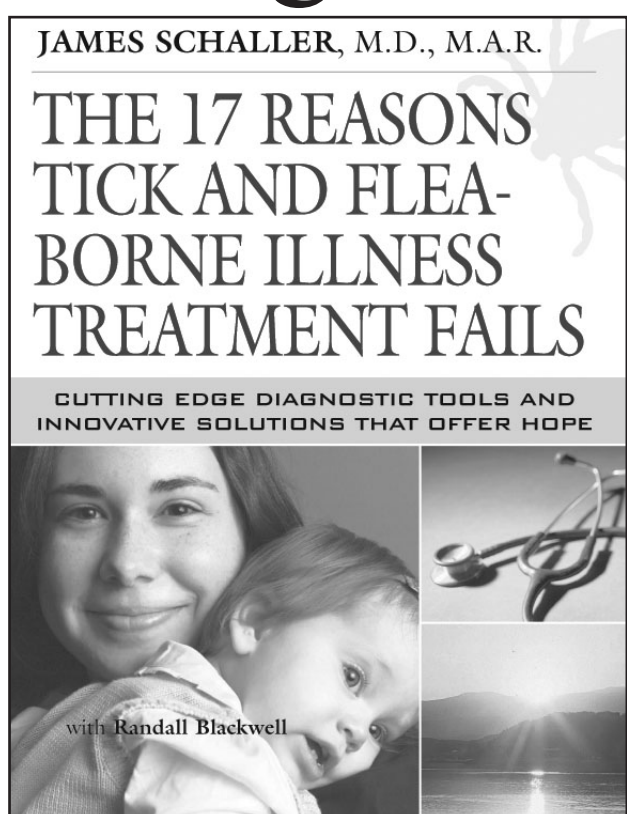


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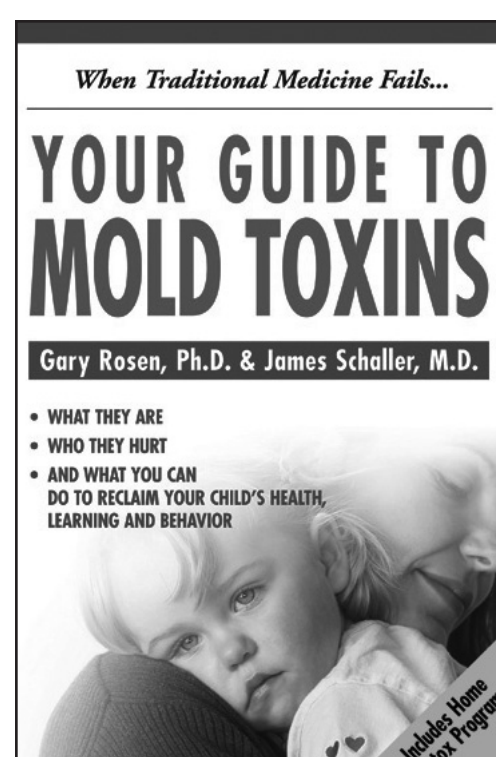
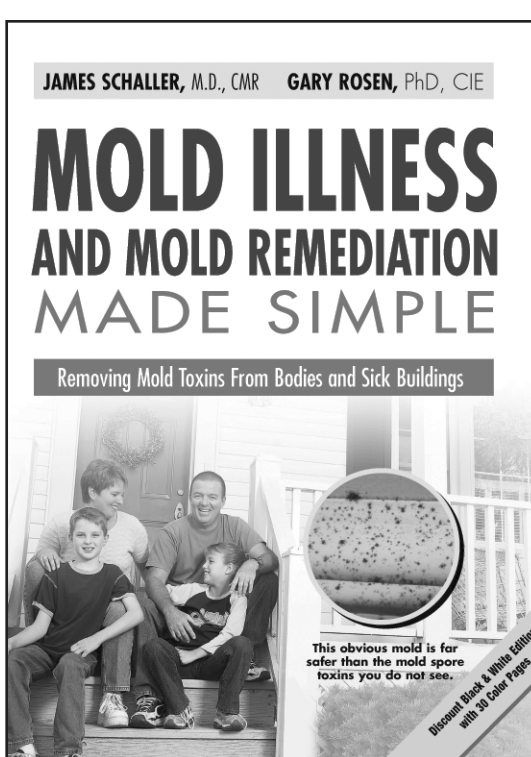
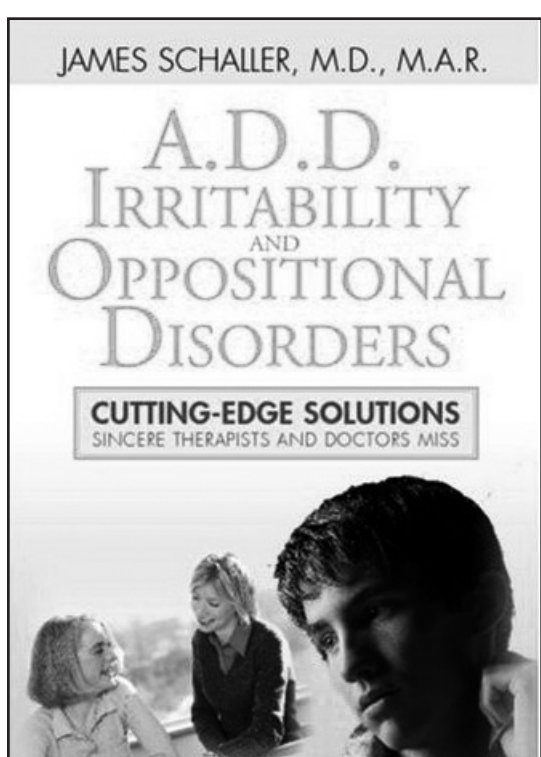
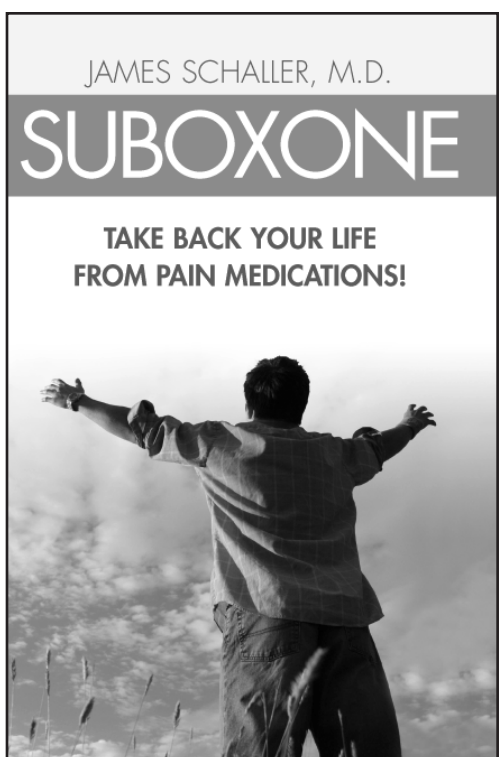
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“Detox” ...cont'd from pg 1

of pathogens with ACS 200®, which has been shown to have a 7-log kill, ACS 200® is 100,000 times more effective. A 6-log kill is generally regarded as a "complete kill" but ACS 200® goes beyond this to a state where essentially everything is dead in three minutes.

When ACS 200® is ingested, the length of time that the product is present to kill infections is significantly increased. In fact, the half-life (length of time it takes for ½ of the product to be removed from the body) is 15 days. Thus, the killing benefits of ACS 200® are ongoing in helping the body to deal with the many harmful microbes that lurk within us.

Dr. Garry Gordon commented, "I am confident that, on the scale of benefit-to-risk ratio, there is nothing available at this time to compete with ACS 200® when attempting to lower total body burden of infection." Dr. Gordon further suggested that the director of their lab has reported that he has never seen a pathogen that ACS 200® did not eradicate at least 99% at room temperature in less than one minute. Dr. Gordon urges people to use the silver after brushing their teeth at night to eliminate the many harmful organisms present there - many of which are still virtually unknown.

For those concerned about the possibility of "blue man syndrome" or argyria, David Larson points out that in the pre-antibiotic era, over 5 million prescriptions were issued for colloidal silver in the United States. There was not a single case of argyria reported. The only reported cases come from different types of silver utilizing unsafe manufacturing processes. Recent reports of argyria reported on "The Today Show" were based on a silver product that was made at home in a manner similar to obtaining a silver brick and using a cheese grater and then drinking a quart every day.

In oral toxicity studies in animals, exposing rats to 5000mg/kg resulted in all of the animals gaining healthy weight and no signs of toxicity were observed. Larson explains that the particle size is a significant factor in whether or not the resulting product has the potential for becoming toxic. In ACS 200®, many different particle sizes are utilized to attack the multiple types of infections which it helps to eliminate.

When we examine our toxic body burden, it becomes readily apparent that we are all exposed to many toxins on a daily basis which are not supportive of optimal health. Babies born today have more than 200 measurable toxins which they receive from their mothers during pregnancy. From the very beginning, our immune systems are impaired by these heavy metals and other toxins. From the first day of our life on this planet, we are the perfect host for numerous health-negating pathogens. Pathogens and toxins lead to inflammatory conditions which further lead to degenerative diseases of all types. It is through a targeted attack on both pathogens and toxins that we once again begin to shift that balance back towards a state of

health and well-being. We cannot effectively address one without also addressing the other.

Dr. Gordon believes that there is a strong relationship between the infections within us and the many toxins that we accumulate during our lives. This idea is expressed in the concept of "Total Body Burden" which defines the synergistic relationship between infections and toxins. Both must be eliminated simultaneously through the use of an effective treatment protocol which maintains a focus on reducing levels of infections and eliminating stores of toxins within each of our bodies.

Further, there is a relationship described between certain organisms and toxins which illustrates these concepts. As an example, to eliminate heavy metals, one must also address the specific infections which may be bound to or highly protective of these heavy metal toxins. Likewise, to eliminate infections, one must aggressively reduce toxic heavy metals. Doing so makes the overall terrain of the body less hospitable to foreign invaders as well as improves our immune response which then enables the body to heal more effectively.

In my April 2008 article in this same publication entitled "Chronic Lyme Disease: Battle Requires Attack on Multiple Fronts", Dr. Gordon discussed the shocking truth about the harmful toxins that we all carry unknowingly within us. The article mentioned an October 2006 experiment with National Geographic science writer David Ewing Duncan, in which a battery of tests was run to evaluate 320 different chemicals.

Of these 320 chemicals, David tested positive for 165 of the 320 chemicals evaluated. The more concerning part of this experiment is that this was a person that was identified as being "healthy and well". Imagine how many toxins exist within those of us that define ourselves as "unwell". Mercury, pesticides, dioxins, phthalates, PCBs, PBDEs, and many other substances are almost universally present in our modern day, industrialized society and therefore in us.

Fortunately, products made with zeolite have a remarkable ability to help rid the body of these harmful toxins. Zeolites are naturally-occurring substances found in volcanic ash. Their crystalline structures act as negatively charged cages which attract positively charged toxins within the body and maintain this bond until the toxins are fully excreted after 5-7 hours. As the cages move through the bloodstream, toxic heavy metals, toxic chemicals, and free radicals are attracted to the negative charge much like a magnet. This ability is called "cation exchange capacity".

Cation exchange is a

measurement of toxin uptake potential. ACZ nano® provides the highest available cation exchange in super-cleansed, nano-sized zeolite crystals which are infused into "wetter-water®". This allows for the highest possible detoxification potential and rapid penetration into the body.

With traditional products that may be used to help remove toxic heavy metals, there is a risk that the metals may not be bound tightly enough with the chelator and



Garry F. Gordon, MD, DO, MD (H) is a co-founder of the American College for Advancement in Medicine

thus can, in some cases, result in a redistribution of toxic heavy metals into areas of the body where those toxins may be more problematic, such as the brain. Once bound with ACZ nano®, the bond cannot be broken and the toxic heavy metals are eliminated through the urine. Of the heavy metals, zeolite has the highest affinity for mercury followed by lead.

Another beauty of zeolite detoxification programs is that they do not create the same level of stress on the kidneys or liver that EDTA, DMPS, or DMSA might. Additionally, with some detoxification options, there is concern over the loss of minerals which occurs. With ACZ nano®, the product has a very low affinity for nutrient metals and also contains calcium, potassium, magnesium, and other nutrients. This eliminates any potential nutrient metal loss by replacing essential nutrients.

With other metal chelators, there is concern about chelating a patient that has amalgam fillings in their mouth. ACZ nano® can be safely used by those with amalgams. In fact, ACZ nano® is reported to be so safe that it can even be used by pregnant mothers, children, or the elderly.

Another compelling aspect of ACZ nano® is that it acts as a free radical scavenger, reducing oxidative damage within the body. Traditional antioxidant therapies work by donating an electron to the free radical. Zeolites work differently in removing free radicals in that they are captured in the zeolite cage itself. When we are toxic with heavy metals, as almost everyone today is, our free radical load is significantly increased. Having a mechanism to reduce both the level of

heavy metals and scavenge free radicals serves as a powerful tool in our health-promoting arsenal.

Beyond the ability of ACZ nano® to remove toxins from the body, it boosts the immune system, enhances the body's metabolic function and nutrient absorption, alkalizes the body, and improves the body's ability to resist disease.

In addition to the antiviral benefits provided by ACS 200®, ACZ nano® itself has been shown to have antiviral effects against enteroviruses and herpes simplex. Combine the antiviral properties of zeolite with the known fact that immune function improves as toxic load decreases and it becomes quickly evident that ACZ nano® provides multiple health benefits. Further, there are even some studies that show that zeolite may have anti-cancer properties by eliminating carcinogens from the body. Studies have found that zeolite has tumor suppressing properties as well. ACZ nano® has been shown to support healthy digestion and nutrient absorption. Even more interesting is the growing evidence that suggests that zeolite is an immune modulator and can increase specific groups of T cells. All of these properties point to an increased overall state of health.

Zeolite powders have been used for at least a thousand years in numerous applications. Zeolite powder was given the residents of Chernobyl to reduce radiation levels. It was also used in the Ukraine and Belarus to bind radioactive materials. They have been used to purify the air in the space shuttle. Zeolites are further known to improve digestive health and promote weight gain in animals in Europe and other countries where hormones and antibiotics are no longer allowed. If J.J. Evans from "Good Times" were here today, he likely would have replaced his catch phrase "Dy-no-mite" with a more modern "Ze-o-lite". Linda Heming, a satisfied user of both products, told me, "I use ACS 200® along with the ACZ nano® in my life-long detoxification program. I like to treat and prevent while eliminating heavy metals from my body. The daily assault we experience from environmental toxins makes taking these two products even more important in my daily regimen to successfully address many different health problems. I carry a bottle of each in my purse everywhere I go."

The therapeutic dose of both products is 10 sprays 4 times a day. Total Body Detox® will support the body in both lowering total body burden of infections and toxins simultaneously. Dr. Gordon suggests that a powerful reduction in total body burden often occurs after one month of treatment. This reduction in body burden allows a shift towards wellness that cannot be attained without a solid focus on lowering one's total body burden. Here's to your health... *pha*

Resources:

ACS 200® and ACZ nano® are available only through a licensed healthcare practitioner. Practitioners can learn more at www.resultsrna.com. A 10ppm, 200ppm, and 100 ppm advanced cellular silver product is available to the general public at www.colloidsilver.com. Total Silver (120 ppm) and Total Zeolite are available at www.solutionsie.com.

Garry F. Gordon, MD, DO, MD (H) is a co-founder of the *American College for Advancement in Medicine* (ACAM), Founder and President of the *International College of Advanced Longevity* (ICALM), Board Member of International Oxidative Medicine Association (IOMA), and an advisor to the American Board of Clinical Metal Toxicology (ABCMT). Dr. Gordon is an internationally recognized expert in the field of oral and IV chelation as an adjunct therapy for all diseases. Dr. Gordon is also President of Gordon Research Institute and a full-time consultant for Longevity Plus, a nutritional supplement company where he designs supplements used by alternative health practitioners around the world.

For more information, visit : www.gordonresearch.com or www.LongevityPlus.com.

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About the Author:

Scott Forsgren is the founder and editor of BetterHealthGuy.com, a web site dedicated to sharing information regarding his personal, eleven-year battle with chronic Lyme disease. Scott is a frequent contributor to the Public Health Alert. Scott can be reached at Scott@BetterHealthGuy.com.



Disclaimer: The information presented in this article is not intended to serve as medical advice or as a replacement for the involvement of a licensed medical practitioner in personal treatment decisions.

**The First Thing is Insight:
the Reason Millions are Lost**



by Dr. James Schaller, M.D.

If you have an infection or inflammation in your brain, one of the first things you lose is insight into your own personality and subtle body changes. Presently, millions in the USA are ill with Bartonella, Babesia, Lyme, Lyme biotoxins like BbTox1 and indoor mold toxins (perhaps 30% per EPA). Most of these individuals have become different people. They have new entitlement. They have an edge to their personality. They are foggy. They are easily annoyed and alienate others. Any suggestion they might have one of these five common conditions is rejected. Most appear lost forever. Slowly, ever so slowly, they have had a change in their mood, personality, or functioning.

Unfortunately, useless diverse labels will often be given to them, e.g., "too much stress," "a jerk," "fibromyalgia" "bipolar," "a loser," "chronic fatigue," "heavy metal trouble," "work troubles" or "Candida." Even if these have some merit, they are often distractions from the true cause of their troubles. One famous person was diagnosed clearly with Lyme a few years ago, and then some foundation's top physician talked him into believing he had MS. He is lost forever. Another popular physician with many tick bites preaches to others about weight loss, toxic metals and Lyme, when he is profoundly obese, glassy eyed, bizarre and sadistic. He is also lost for good.

Further, the newly discovered 32 species of unique Bartonella will only have optimal testing available in the fall of 2008 or in 2009. And most importantly, it has massive personality and insight impacts that make someone clueless about the person in the mirror.

Bartonella is vastly more common than Lyme and promotes alienation, tensions, severe depression and anxiety. It can also lead to violence, addiction and criminal behavior. Others live with no symptoms for years, but they eventually lose the immune system battle-they get cancer or arthritis from Lyme, or have lower functioning. Bartonella pro-

foundly promotes Lyme disease immune system suppression.

**Get People Treated Now
Before Insight is Lost!**

Patty is the mother of two ill children. She spent some time getting them diagnosed and treated, but while she had positive extensive labs herself for Babesia, Ehrlichia and Lyme, "She wanted to be able to care for her family and did not want to be ill with a herx when her family needed her." Of course, I explained to her we do not do use "protocols" or "guidelines" which assume people are all the same and which objectifies them. In her case, we could have given her very heavy dosing during a 12-36 hour period in which others could care for her family, and offer lower doses the rest of the week to keep the infections from increasing. After two years of avoiding her own treatment, and not having the insight to see she was becoming less functional, she suddenly could barely get out of bed. She was unable to be helped by a number of clinicians. Her children's pediatrician did not treat adults, and she became deeply frustrated after consulting with over a dozen physicians. She wanted to get better yesterday. She had been ill at least five years.

After some time, Patty finally started useful and serious treatment with Mepron dosing for her Babesia that was above the relapse promoting dose of 1500 mg/day. (In blind testing, we found 1500 mg/day was not fully curative in the long-term after rechecking patients one full year with complete and new types of lab testing). She also addressed her other infections and indoor mold exposure that was particularly bad in her car.

She was lost, but after a stamina crash and appeals from her family, she understood she was not herself. Thankfully, Patty is slowly getting better. She is a great person who made the common parental mistake of ignoring herself.

**People Who Only Get
20% at a Time**


Tom was diagnosed with Babesia and Lyme. He did two weeks of treatment for each, even though both infections were probably present for more than 20 years. He felt better after the treatments and felt he was cured. He did not do any testing to confirm he was cured, and in his initial labs his VEGF was very high and his IL-6 was very low--- common signs of Bartonella. Yet he was never tested for Bartonella or Ehrlichia, and the treatments he had would not have killed them if they were present.

His wife was very discouraged about his rigid determination that he was cured, and that he was not infected with things he had never checked. He still had adult onset restlessness and memory trouble, and she felt it was likely due to incomplete treatment. Yet he is a success, because Tom started treatment and admitted that he had an infection. It is highly likely if he does get worse, he will revisit this issue. He is not lost. Do not give up hope.

Lisa was diagnosed with Bartonella and Lyme and took one antibiotic that does not impact Bartonella for 6 weeks. She had strong joint aches, fatigue and a headache on the antibiotic, and so she felt she was getting a die off. When this stopped on the same dose, she felt she was cured.

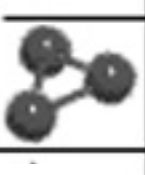
She is acting irritable and entitled. She seems to think people owe her a great deal. Did her brief treatment help her? Sure it did. Was it a cure? Nope. And one hopes that she finishes her program someday, and goes for a home run and not a single. She has partial insight just like Tom. Some insight is better than nothing. And the game is not over with anyone until they are dead. Like baseball, usually after a strikeout, you get to bat again.

"Insight" ...cont'd pg 14




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Eye on Lyme: Evidence Suggests Lyme Disease May Contribute to Macular Degeneration



by Susan T. Williams

Earlier this year, I learned that I am in the beginning stages of macular degeneration. I am only in my 30s, and my ophthalmologist commented that I am the youngest case he has ever seen.

"I have Lyme disease. Could that be causing it?" I asked. "Hmmm," he replied thoughtfully. "Yes, it certainly could." I had known that Lyme often causes vision problems such as "floaters" and uveitis, but the connection to macular degeneration was a new one to me.

While most people associate macular degeneration solely with old age, many patients - such as myself - who are afflicted with Lyme disease and similar chronic infections are learning otherwise.

According to the National Eye Institute, Age-related Macular Degeneration (AMD) is the leading cause of central vision loss among those over 60 years of age. It results from deterioration to the macula, a portion of the retina that is located on the inside back wall of the eye. The macula is much more sensitive than the rest of the retina and is responsible for clear, sharp vision that enables us to see detail and vivid color. Specialized photoreceptor cells in the eye need a constant supply of oxygen and nutrients from a layer of fine blood vessels underneath the retina. These photoreceptors sit on a layer called the retinal pigment epithelium (RPE). This RPE forms a blood-retina barrier that continuously transports nutri-

ents and eliminates damaged and discarded cells. When something causes this "recycling" process to fail, the cells produce deposits of a collagen-like material called drusens. These drusens are like a garbage dump that accumulates due to a lack of antioxidants that clear waste products from the eyes. This "dry" form of macular degeneration accounts for approximately 90% of all cases.

Sometimes the body attempts to make new blood vessels to supply oxygen and nutrients to the dying photoreceptors. However, these new vessels are usually very fragile and have weak walls that tend to bleed into the eye. This "wet" form of macular degeneration accounts for approximately 10% of all cases. Although the wet form is far less common, loss of vision occurs faster so it is essential to get it diagnosed as quickly as possible. Since dry AMD can progress to the more severe wet form, regular checkups are important. Neither form of AMD causes pain.

Risk Factors

Although the main risk factor for AMD is advancing age, nutritional deficiencies and poor digestion and absorption are risk factors as well. For people with Lyme and other similar systemic infections that contribute to such deficiencies, this should be cause for concern. AMD patients are often found to be deficient in essential fatty acids, lutein, zeaxanthin, taurine, antioxidants, bioflavonoids, zinc, selenium, and B complex vitamins.

Macular degeneration can also be caused by free radical damage. Free radicals are highly unstable chemicals that occur normally during metabolism. If antioxidants are unavailable or free radical production is excessive, healthy cells can be damaged. This process tends to be accelerated in those with compromised immune systems.

Other risk factors of AMD include: people who have cataracts, high blood pressure or Type II diabetes, Caucasian ethnicity, family history of AMD, obesity or high fat intake, or being female. Additionally, individuals with blue or light-colored irises may be at higher risk because light-colored eyes allow more light to reach the retina since there is less melanin (pigment) to absorb it.

The Connection to Infection

Although many eye specialists will likely tell you that Lyme and other chronic illnesses do not contribute to your risk for developing AMD, research proves otherwise. Numerous studies cite a connection between inflammatory disease processes and damage or deterioration to the eye.

A 2005 study by the Massachusetts Eye and Ear Infirmary found a high incidence of infection with *C. pneumoniae* bacterium in AMD patients. A similar study by Columbia University Medical Center and the University of Iowa suggests that a common variation in a gene might cause AMD when triggered by inflammation or other immune responses. In 2007, a German Ophthalmology journal reported the case of a 30-year woman infected with *Bartonella henselae*, which presented as maculopathy.

The Macular Degeneration Foundation theorizes that anything that interferes with the macula's blood supply may cause it to malfunction and become diseased. Smoking can reduce this vital blood supply, as can a high-fat, high cholesterol diet. Many patients with chronic illness suffer from hypercoagulation issues of the blood, which may also be a contributing factor. Charles L. Schepens, M.D., and J. Wallace McMeel, M.D., of the Schepens Retina Associates Foundation, discuss this connection on the Foundation's website: "Sometimes, degenerative or hemorrhagic macular

changes are observed in subjects who are either relatively young or who show a total absence of drusen and other signs of early macular degeneration. These patients often display signs of a chronic type of systemic infection. In all such cases, the patient's blood tested positive for such agents as Lyme disease, *Chlamydia pneumoniae*, toxoplasmosis or other infectious agents associated with subretinal neovascularization in younger individuals. Anecdotal evidence indicates that an appropriate oral antibiotic improves both the general condition and the status of the retina." (http://www.schepens.com/macula_degeneration.htm)

Symptoms and Diagnosis

Common symptoms include a gradual loss of ability to see objects clearly; distorted vision (objects appear to be the wrong size or shape, or straight lines appear wavy); trouble discerning colors; a dark or empty area in the center of vision; and slow recovery of vision after exposure to bright light. Often, however, there is little or no loss of vision but an eye-care professional may see drusen deposits in the macula.

The best way to look for signs of the disease is through a regular annual comprehensive dilated eye exam. In addition to a visual acuity test, eye drops are placed in the eyes to enlarge the pupils and provide a better view of the back of the eyes. During this exam, the eye-care professional will use a special magnifying lens to examine the retina and optic nerve for signs of AMD and other eye problems. Additional tests may be performed to learn more about the structure and health of the eye. It may be necessary to take photographs of each macula to compare with future examinations. This will aid in evaluating changes in the degree of damage to the retina.

Advanced AMD can result in legal blindness, leaving an individual unable to drive, write, and read all but

very large type. Unfortunately, central vision damage cannot be restored. However, because AMD does not damage side vision, low vision aids such as special lenses, magnifying glasses, and electronic magnifiers for close work can be prescribed to help make the most of remaining vision. Specialized screen-reading computer software can provide access to word processing, spreadsheets, and e-mail.

Treatment and Prevention

Wet AMD can be treated with laser surgery, photodynamic therapy, and injections into the eye, but none of these is a cure and loss of vision may progress anyway. Actions that may help prevent advanced AMD include not smoking and eating foods rich in antioxidants, zinc, and Vitamins A, C and E.

Current studies are underway to evaluate the effectiveness of the RHEO™ procedure, a process somewhat akin to dialysis, which filters excess levels of macro-proteins and fatty components in the blood that are associated with AMD, such as LDL cholesterol, fibrinogen and alpha-2-macroglobulin.

Many studies are now finding that macular pigment in the retina may help prevent people from advancing to the worst stages of the disease. This yellow pigment is made up of two phytochemicals, lutein and zeaxanthin, powerful antioxidants that are part of the carotenoid family. Foods which are considered good sources of these nutrients include dark green and orange/yellow vegetables and fruits, such as kale, mustard and collard greens, spinach, okra, broccoli, pumpkin, carrots, and squash. Bear in mind that antioxidants are most abundant in raw form and are lost through cooking, canning, drying, and even freezing.

Since many patients with Lyme and other systemic infections have difficulty absorbing enough nutrients "Eye on Lyme" ...cont'd pg 13

ATTENTION: Physicians & Patients

I need your insurance success stories!

I am currently writing a book on the stories of people who have successfully fought battles against insurance companies for Lyme disease treatment. If this is your story, whether you are a patient or physician, please email me!

Thank you in advance,
Kathleen

I am also looking for stories of physicians who have had to battle with their state medical boards.

LymeBook@bellsouth.net



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

Northern California

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

Colorado

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

Georgia

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

Florida

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

Texas

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

ALS Association DC / MD / VA

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

Great Philadelphia ALS Chapter

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

South Texas Chapter

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

North Texas

http://walk.alsanorthtexas.org/site/PageServer
1231 Greenway Dr., Ste.385
Irving, TX 75038

s.melson@alsanorthtexas.org
972-714-0088
877-714-0088

The ALS Association Upstate New York Chapter

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

315-689-3380
Toll Free for PALS:
1-866-499-PALS

info@alsaupstateny.org

Lyme Disease Support Arizona

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

L.E.A.P. Arizona

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

Arkansas

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

California

Dorothy Leland
website: www.lymedisease.org
contact@lymedisease.org

Colorado

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

Connecticut

www.timeforlyme.org
914-738-2358

Meetings: first Thursday of every month from 7-8:30 p.m. at the Greenwich Town Hall

National Support:

truthaboutlymedisease.com/
Dana Floyd, director
LDA of Iowa
PO Box 86, Story City, IA 515-432-3628
ticktalk2@mchsi.com

Kansas

913-438-LYME
Lymefight@aol.com

Montana

bepickthorn@earthlink.com

North Carolina

Stephanie Tyndall
sdyndall@yahoo.com

South Carolina

Contact Kathleen at (864) 704-2522
greenvillelyme@bellsouth.net

Lyme Disease Support

New Mexico

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

Oklahoma

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

Portland, Oregon

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

TEXAS :

Greater Austin Area Lyme Council.

Teresa Jones
tmomintexas2@yahoo.com

Dallas/Ft Worth

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

Houston

Contact: Teresa Lucher
lucher@sbcglobal.net

League City/ ClearLake & NASA Area

Sandra Mannelli
smannelli@comcast.net

Washington State

Alexis Benkowski
WA-Lyme-owner@yahoogroups.com

WI / IL / MN Regional areas

Contact PJ Langhoff
(920) 349-3855
www.Sewill.org
www.LymeLeague.com (Intl)

Western Wisconsin Lyme Action Group

Marina Andrews
715-857-5953

"Marc"

...cont'd from pg 4

he was 12 while under restraint in Texas foster care. At the time of his death, a toxicology report showed an attention deficit and hyperactivity drug, an antidepressant, a mood stabilizer, and an antipsychotic drug not FDA-approved for use in children in his bloodstream.

And this is the agency we are supposed to trust to oversee the protection of the children? Forgive me if I think PARENTS are far better equipped for the job of making life and death medical decisions regarding their children's health.

If we lose this battle of parental rights over making medical choices on behalf of our children, which right will be the NEXT to go? Educational choices? Discipline choices?

The ONLY reason the state ever has to intervene into the rights of a family is if there is a clear and present danger. This has been recently confirmed in a detailed decision by the Federal 5th Circuit Court of Appeals which has also detailed circumstances and procedure. This case is said to be forcing Texas CPS to revise their entire policy and procedures rules.

Making a choice between two recognized standards of care for medical treatment is NOT a clear and present danger in any shape or form... well, maybe an Orwellian form! Or is that now a Texas form?? *pha*



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Political Climate, Public Health & Problematic New Insurance Legislation



by Kathleen Liporace

A critical aspect in the battle on Lyme disease is that of informing people, physicians and politicians about the seriousness of this illness. It is often misdiagnosed or undiagnosed for extensive periods of time, leaving devastation in its wake.

Here in South Carolina, we have a compassionate governor whom we have provided educational medical material to. In reviewing the scientific evidence presented, he has made informed decisions to declare May as Lyme Disease Awareness Month for both 2007 & 2008.

Each year, a citizen of South Carolina must make a request for the proclamation to be declared. Various individuals have made these efforts over many years and addressed two governors who very much care about their citizens. The governor does not advertise or promote Lyme Disease Awareness Month, other than by making the proclamation, since there are many proclamations for the month of May. This, however, provides the opportunity to the people of South Carolina to bring attention to the disease by their own efforts.

Many ask the mayors of their respective towns and cities to make a similar proclamation. This can bring exposure to the public through press and news coverage. It is a further opportunity to write articles and Op-Eds and to do educational activities that promote Lyme disease awareness among individuals. So, in South Carolina, efforts are at a "grass-roots" level.

As far as the Department of Health and Environmental Control in South Carolina is concerned, they are not. Very little is done on their part to inform the public of the risk of Lyme and tick-borne diseases at all. Most unusually, they do make much ado of nothing in that DHEC does have monthly press releases for updating the public on West Nile Virus. The reported incidence rate for this rare virus is improperly noted to be 0.1 for 2005, yet there were zero cases reported on page 11 of the 2005 Annual Report on Reportable Conditions. Page 19 tells another story, since the county-by-county report shows that there were four cases of West Nile Virus in 2005 for all of South Carolina. In all of this, the focus is off of Lyme and onto a very rare virus. There is no true "position" paper on Lyme disease, but what is available was easily found by using the

search feature on the DHEC website. As well, the South Carolina Department of Health and Environmental Control does little to educate the people of this state on the seriousness or true prevalence of Lyme. In comparing the 2004 DHEC reported cases with a 2004 survey of physicians, there is a serious disconnect with the statistics in this state. 253 cases of Lyme were reported by physicians responding to this latest survey, while DHEC only had 8 confirmed, five probable, and thirteen total cases reported for 2004. Yet somehow there were 22 cases of Lyme reported to the CDC in the same year from South Carolina. The

upstate region totaled 42.5% of all Lyme cases reported for 2004, according to the physician survey. In North Carolina, where the population is roughly double that of South Carolina, their reported cases of Lyme to the North Carolina Department of Health in 2004 totaled 122 people infected. This shows the level of utter confusion at the state level.

In the aftermath of the medical board's unjust persecution of Dr. Jemsek in North Carolina, a chill ran throughout the Carolinas' physician communities. Patients now find it very difficult to obtain a diagnosis, let alone adequate treatment, for a disease that is both highly debilitating and can be fatal.

There is no follow-up in this state (or any other that I know of) for chronic Lyme. So, hundreds of patients remain ill from Lyme and are left unchecked at the state level and at minimum, tens of thousands at the federal level. Somehow this serious oversight needs to be addressed.

In the South Carolina 2005 Annual Report on Reportable Conditions, 11 total cases of Lyme were reported by DHEC on page 10 for 2005, with precious little information on Lyme contained in this volume of 176 pages. However, a shocking truth is revealed if one examines the numbers carefully on a county-by-county basis: these numbers add up to a total of 63 for the state in 2005, as enumerated on page

16. As well, the incidence rate of Lyme is falsely reported as 0.0 in 2005. For Ehrlichia, the incidence rate for 2005 is inaccurately reported as being 0.26, yet the total number of cases reported is also 11. Again, when looking at the county-by-county statistics, the number of Ehrlichia cases actually totals 8 cases on page 15. Someone can't add here (maybe a product of our fine educational system...). We know that Lyme is underreported between 6-12 fold, so sadly, these figures aren't reliable anyway. It would do you well to examine your own state's statistical information for such errors and bring the information to the state's

reported cases of Rocky Mountain spotted fever.

In searching the DHEC database, there is no proper listing of any county being "endemic" for Lyme at all (though many should be classified as such). As well, most curiously, the only year that specifies a death specifically by Lyme is in 2000. Since the year 2001, Lyme mortality by ICD 10 code (A69.2) is lumped into a category spanning ICD 10 codes from A65-A79 and titled as, "OTH. INFECTIONS BY SPIROCHETES CHLAMYDIA OR RICKETTSIA". However, most interestingly, tick-borne spotted fever (A77) is listed separately and not included in the above-noted range in which death by Lyme is hidden.

Many physicians in South Carolina miss the diagnosis of Lyme disease, as they are generally not looking for it. DHEC does not provide anything remotely near adequate information to physicians in this state!

Often people are left with misdiagnosis or a lack of diagnosis altogether. People here are not currently well-educated on the signs and symptoms of Lyme, therefore it is up to those who are knowledgeable about the disease to inform those who are not.

There are groups in South Carolina that are informing others, but still much headway needs to be made. However, now it is an increasingly uphill battle due to some interesting legislation.

Recently, a very dangerous piece of health insurer legislation was passed in this state which allows a medical director of an insurance company the latitude of determining what is medically necessary for a patient (bill H 3192). This is the statement that Governor Sanford ordered to be printed in the journal when the bill was vetoed by him (but later overturned):

"This bill revises several provisions of the Physician Practice Act. Although the majority of the bill serves as a clean up to the statute, I have concerns about sections six and seven. These two sections, which were added the last day of session, state "determination of medical necessity of a decision affecting the diagnosis and/or treatment of a patient is not the practice of medicine."

First, our administration has always respected the relationship between a physician and patient and believes that the act of determining medical necessity falls within the practice of medicine. No one can professionally determine what treatment a patient needs without

having a license to practice medicine. The physician must establish a medical record, examine the patient, make a diagnosis and document the rationale for treatment.

However, this bill steps between the physician and patient relationship. By stating that the determination of medical necessity is not the practice of medicine, this bill allows insurance company medical directors to tell a physician what treatments patients should have - even with no direct connection to or responsibility for the care of the patient.

Additionally, this bill offers no public protection by not requiring a medical director to be licensed to practice medicine in our state and subject to our laws.

Secondly, while patients continue to be faced with ever increasing health insurance costs, a health insurer has a direct financial conflict of interest with regard to the review process - especially in favor of denial of payment. By continuing to deny an ordered medical procedure as "not deemed medically necessary," or "experimental," the insurance company rations health care and undermines the trust placed in physicians by the public.

For these reasons, I am returning H. 3912, R. 417, without my signature."

Now, we in South Carolina are treading on dangerous ground. The amendments to the state law reads as such:

40-47-20, AS AMENDED, RELATING TO THE DEFINITION OF TERMS IN THE LICENSURE AND REGULATION OF PHYSICIANS, INCLUDING THE DEFINITION OF "THE PRACTICE OF MEDICINE," SO AS TO PROVIDE THAT RENDERING A DETERMINATION OF MEDICAL NECESSITY OR A DECISION AFFECTING THE DIAGNOSIS OR TREATMENT OF A PATIENT IS NOT, UNDER CERTAIN CIRCUMSTANCES, THE PRACTICE OF MEDICINE WHEN SUCH DETERMINATION OR DECISION IS A COVERAGE DECISION DENYING HEALTH CARE SERVICES OR COVERAGE FOR A COVERED BENEFIT OR APPROVING A COVERED BENEFIT; AND BY ADDING SECTION 38-59-25 SO AS TO FURTHER SPECIFY THOSE CIRCUMSTANCES UNDER WHICH RENDERING A DETERMINATION OR MAKING A DECISION DENYING OR APPROVING HEALTH CARE SERVICES OR BENEFITS IS NOT THE PRACTICE OF MEDICINE.

Well, isn't that a classic case of the fox guarding the hen-house? Governor Sanford originally vetoed this bill, but it was incredulously overturned in a vote by 2/3 of the state house of representatives and 96 renegade state senators! What were those who we voted into office thinking? Are they under some illusion that they're holding up their oath of office to be for the people? If so, I'm missing something. No doubt insurers will take full advantage of this biased piece of legislation. Suppose it is carried into other states, then look out, because we're all in trouble!

pha

“...while patients continue to be faced with ever increasing health insurance costs, a health insurer has a direct financial conflict of interest with regard to the review process - especially in favor of denial of payment. By continuing to deny an ordered medical procedure as "not deemed medically necessary," or "experimental," the insurance company rations health care and undermines the trust placed in physicians by the public.

For these reasons, I am returning H. 3912, R. 417, without my signature."

~Governor Sanford of South Carolina

...This bill was incredulously overturned in a vote by 2/3 of the state house of representatives and 96 renegade state senators.

attention.

For 2006, 55 cases were reported as confirmed and probable. Interestingly, a mere 22 cases were reported by December of 2007 in the SC CHES system (Carolina's Health Electronic Surveillance System). However, DHEC Epi Notes Winter 2008 reports that there were 27 cases of Lyme reported from January 1, 2007 to November 30th 2007. The South Carolina DHEC can't really seem to land on a solid number and the totals are suspect, especially when compared to the overall high figure of

“TMB” ...cont'd from pg 1

that the complaint was a pack of lies. In her own handwriting, the patient in the complaint confesses that the complaint was obtained by perjury and suborning perjury by the criminal renegade attorney who filed the complaint.

Doc LJ and I presented this written confession and new evidence to the TMB. However, to this day, the TMB has chosen to ignore and not even consider this confession as evidence of the falsehood of the complaint and grant the reinstatement of Doc LJ's license. (Because of space restrictions, I can't give a detailed account of the "temporary" suspension of Doc LJ's license in this article. I can only provide a short summary here. For a full account contact me at sky_pilot@att.net).

"Since the Texas Medical Board took our Dr. Littlejohn from us, my husband does not want to live because of so much pain and because he is unable to support us. I have no choice but now to be sick every day of my life and thinking it's not worth living some days because of the pain that I have. Me and my family are going through hell!"

~Husband and Wife Patients

About the same time when Doc LJ and I presented the TMB with the irrefutable evidence of the handwritten confession, we also presented them a "Demand Letter", based on the matter of life and death, for the immediate emergency reinstatement of his medical license. In his own words, here is a portion of that demand letter to the TMB:

"This is to inform you that because of your unwarranted temporary suspension of my medical license and subsequent **Forced Medical Abandonment** of my chronically ill pain patients have placed them in harm's way at this very moment. I am fearful for my patients, justified by the documentation that I and Mr. David Noblett have received by way of their own personal letters, in which they candidly reveal their sad physical, emotional and mental states since having their regular ongoing medical care taken from them by way of my suspension by the board. Several of my patients have in no uncertain terms stated to me and Mr. Noblett that they are on the verge of committing suicide if they do not "soon" find relief from their constant pain and suffering. Despite every attempt possible, these patients have been unable to find a pain physician, or any other physi-

cian, who is willing to treat them for their chronic pain infirmity. And as a "last option" they are considering the "final solution": suicide. This demands your immediate action. The very lives of some of my patients are at stake! Based on the welfare of my patients I hereby demand the immediate emergency reinstatement of my medical license."

~Demand Letter to TMB
Feb. 25, 2007

Normally, when the lives of a physician's patients are at stake, it is enough to justify the TMB to institute the emergency reinstatement of his license to continue to treat his "at-risk" patients while and until the allegations in the complaint are dealt with. And yet, true to their historical and despicable nature, the TMB completely disregarded, ignored and refused to answer or respond to this Demand Letter. They totally ignored a physician's plea that was a matter of life and death to many of his patients whose very lives were at stake, as well as excerpts from patients' letters considering suicide.

"Somebody better reinstate his license as soon as possible. Get this fixed before someone gets hurt or dies as a result of patient killing family or him self."

~Wife of Patient

"I am tired of suffering from not having Dr. Littlejohn's services. I am contemplating suicide simply from not being able to deal with all the pain."

~Patient

"I had thought of eating a bullet and taking the easy coward way out. Had I not pawned a 44-40 saddle rifle some time before, chances are I might have used it."

~Patient

"In doing this, the TMB has put me in the most suffering state of illness and sickness I have ever been. I WISH I WAS DEAD! I think it's not worth living some days. My family and I are going through hell because of the Medical

Board."

~Patient

"I am fighting thoughts of suicide and giving up on life because of the severe pain. ...missed 5 weeks of work ...unable to walk, work and live a normal life. I am now separated from my wife and lost my 165K home...in financial distress. I do not know how much longer I can make it. To be in my situation, I wish this on no one-- not even the devil himself."

~Patient



Dr. William D. Littlejohn, M.D.

So what has been the outcome from the TMB's turning a deaf ear to Dr. Littlejohn's impassioned plea for his "matter of life and death" patients or the patients' cries to the TMB for a little compassion to receive their life-saving medical care? And, lastly, what about the TMB's stubborn-as-a-mule refusal to grant an emergency reinstatement of Doc LJ's license so he may treat his "at risk" patients? So far, three suicides of Dr. Littlejohn's chronic pain patients! (2 confirmed--1 unconfirmed in Illinois). These are only the cases that we have been made aware of. We have no idea what is the true total amount of suicides from the over 300 chronic pain patients that were under his care.

In a recent conversation with Dr. Littlejohn, we discussed his *Demand Letter*, his life and death plea for his patients who were in harm's way and those patients who have taken their lives as the "final solution."

"The TMB proved the predictability of suicides being a consequence of the abrupt temporary suspension of my

license. The February 25, 2007 date indicates I warned the board of potential suicides before the two confirmed cases in June 2007 and July 2008. [I'm uncertain of the date and validity of the unconfirmed suicide that may have occurred in Illinois.]

"Dr. Patrick, TMB Executive Director, and the Texas Medical Board cannot claim they were not forewarned of the potential for suicides as both you (David) and I put the TMB and Governor Perry on notice many weeks prior to the first tragic suicide. I agree there may be more suicides among my chronic pain patients that we are not aware of.

"Neither the TMB nor the Governor express an interest in the lives and welfare of chronic and intractable pain patients. The TMB cannot use ignorance as a defense. In particular, Dr. Kalafut, TMB President, the proximate cause of the TMB board action against me, claims to be board certified in Pain Management, so she certainly can't use ignorance as an excuse. But the entire TMB has no concern for chronic pain patients and the prevailing attitude is disdain for those who should just 'suck it up and accept it'. And they

look at pain doctors with a jaundiced eye."

Finally, I want to tell you about one of Doc LJ's patients in particular. His name is Ben D. Before his disability, Ben had been a military veteran and seasoned law enforcement officer. He was also an important and passionate member of our DOC LJ-PCAG (Dr. Littlejohn-Patient Class Action Group) [For more details contact sky_pilot@att.net] made up of Doc LJ patients working together to get his license reinstated. He joined me with Doc LJ as we attended the TMB Town Hall meeting in Fort Worth on July 1, 2008. Ben stood to address the TMB regarding the atrocities they had committed against Doc LJ's chronic pain patients' as well as his own personal unbearable and excruciating pain. The TMB turned a deaf ear to his cries. Ben knew the TMB didn't listen to a word he said. It was Ben's emails I had been reading that caused me to shout out, "I hate and detest you, Texas Medical Board!" Let me share with you a few excerpts from some of Ben's emails:

"There are days in this

house that we do not eat. After paying utilities, the last doctor I saw, and medicine, there wasn't any money for food. The State offered me \$8.00 (eight-dollars) a month in food stamps. [And this, a veteran and former law enforcement officer!] My current doctor told me straight out that, after what has happened to Doc LJ, he is afraid of the DEA and the TMB. He has already cut my meds by 45% and wants to cut that back because he is afraid. After pleading and begging, he agreed not to cut them. Once again, I'm going to be in trouble trying to find meds."

"Normally I go months without any chest pains, but this was like getting hit in the chest with a sledgehammer and someone choking me at the same time. This is the second time this week. I know this is because I don't have my meds and it's putting extra stress on my heart. It's 3am and I'm wide-awake. I never sleep, I pass out from exhaustion. I'll stand with you as long as the good Lord will let me."

"I am really stressed out. Every day it gets harder to go on. I talked to a friend of mine who is an attorney and asked him to help my wife dispose of my valuables if I don't make it through this. I don't want her to get cheated on the price of 'MY GUNS'. All of us have our breaking points and I have reached mine. I pray to God every day to help me continue on, that I can't go on without His help. But I feel like He doesn't hear me. Pray for me. God may hear your prayers...Ben"

"My guns". I couldn't take my eyes off those words. "My guns"...the means and method Ben used a few short days after the TMB Town Hall meeting as the last option and final solution to end his miserably painful life, which cries and pleading the TMB turned a deaf ear towards.

In our conversation, Dr. Littlejohn ended with these words, "I pray there will be no more deaths but have little hope there will not be as time goes by and their chronic suffering goes unrelenting and unrelieved."

To this I say, "One thing is clear and sure, Doc. Every day that passes as the TMB maintains a deaf ear to the pleas of pain physicians and the cries of their suffering CPPs and continues to hold your license hostage---when it comes to your suffering CPPs and suicides---sadly, we can only expect more.

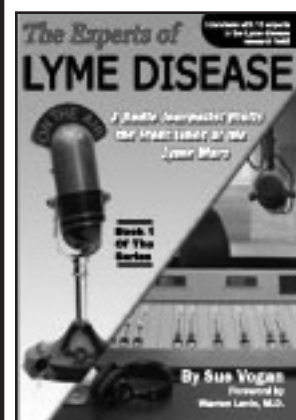
pha



The Poison Plum is a gripping, chilling novel exposing the rampaging epidemic of Lyme disease now sweeping across America and the disease's connection, if any, to the government's top-secret biological research laboratory at Plum Island, New York.

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In Short Order with Sue Vogon

The ONLY Radio Program that is dedicated to the latest news and developments concerning Lyme Disease.

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Mondays 9PM EST/ 8 PM Central Time

IDSA Seeking New Lyme Disease Panel to Review Guidelines that are Under Scrutiny

by Attorney General Blumenthal

The Infectious Diseases Society of America (IDSA) is seeking physicians and scientists to volunteer to serve on a review panel to determine whether the Society's 2006 practice guidelines on Lyme disease should be revised or updated.

IDSA has entered into an agreement with the Attorney General of Connecticut ending his antitrust investigation of the Society's Lyme disease guidelines. Under the agreement, the guidelines remain in effect; but IDSA is agreeing to an extra step: a one-time special review of the literature to determine whether the 2006 Lyme disease guidelines should be revised or updated. The timing of this review is consistent with the usual practice of reviewing published IDSA guidelines for changes every few years, but is distinctive in that the review will be conducted by an independent panel.

To that end, a panel of eight to 12 physicians and scientists will be assembled to review and critically appraise the literature on Lyme disease. The panel will also consider data and other information sub-

mitted to IDSA and will hold a public hearing where individuals may present data to the panel for consideration. At the conclusion of this process, the review panel will evaluate whether each of the recommendations in the 2006 guidelines is supported by the scientific evidence and will make a recommendation to IDSA as to whether its 2006 guidelines should be revised or updated. Any proposed recommendations shall require a supermajority of 75 percent or more of the total voting members of the panel.

Medical ethicist Howard Brody, MD, PhD, of the University of Texas Medical Branch, Institute for the Medical Humanities has been jointly selected by the Office of the Attorney General and IDSA and will serve as an ombudsman who will screen applicants for potential conflicts of interest.

The following must be completed, submitted, and received by October 1, 2008: Application, Curriculum Vitae (CV), Notarized Conflict of Interest Disclosure Form.* Interested individuals

should carefully review the following selection criteria and time commitment requirements before submitting their application materials.

*Conflict of Interest Disclosure form must be completed online, downloaded, signed by a notary public, and mailed directly to IDSA.

Selection Criteria

The Chair and members of the Panel must meet the following criteria:

* must be a clinician or scientist

*must not have served on any Lyme guideline panel

*must be free of conflicts of interest as determined by the ombudsman

*must be experienced in the review and interpretation of the medical/scientific literature

* must have knowledge of Lyme disease and/or other infectious diseases as evidenced by clinical experience and/or research experience.

In addition, the Chair

must meet the following requirements:

*must be trained in infectious diseases

*must be without any beneficial or financial interest related to Lyme disease as determined by the ombudsman

*must have knowledge of Lyme disease but need not be an expert

*must not have previously published a particular viewpoint on Lyme disease

*must have the ability to complete tasks in a timely manner, consider varying points of view, and bring groups of individuals to consensus.

Time Commitment

It is estimated that the review process will take eight - 12 months. Over this period, members of the review panel will be expected to participate in several one- to two-hour conference calls and attend at least one, two-day, in-person meeting that will include the

public hearing. Panel members will be required to critically review the literature on Lyme disease. It is estimated that this and any necessary e-mail exchanges will take 10-15 hours per month or two-four hours per week.

If you meet the above mentioned criteria, please complete the following steps:

PLEASE NOTE - Although you may complete these forms in any order, your application will NOT be considered if you have not submitted all materials by October 1, 2008.

STEP 1. Complete and submit the online application at the IDSA website:

www.idsociety.org

STEP 2. Submit your CV. Following submission of the application, you will receive an e-mail prompting you to reply, attaching your CV.

STEP 3. Complete, print, sign, have notarized the Conflict of Interest Disclosure Form and mail it to IDSA . (PDF, 1.5 MB may take a few minutes to download).

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“Eye on Lyme” ...cont'd from pg 9

from food, they should consider taking extra supplements.

Nutritional Supplementation

The National Eye Institute's Age Related Eye Disease Study (AREDS) found that taking a specific high dose formulation of antioxidants and zinc significantly reduces the risk of advanced AMD. The specific daily amounts used by researchers were 500 milligrams of vitamin C, 400 IU of vitamin E, 15 milligrams of beta carotene (often labeled as 25,000 IU of vitamin A), 80 milligrams of zinc oxide, and 2 milligrams of cupric oxide.

A second AREDS study is currently underway, which includes the addition of lutein, zeaxanthin, and omega-3 fatty acids. Researchers note that subjects in the original AREDS trial were less likely to

progress to advanced AMD when they had high dietary levels of lutein and zeaxanthin. A 2005 study published in *Developments in Ophthalmology* reported that the two carotenoids may serve as antioxidants and filters for damaging blue light. Those who consumed at least two servings of fish a week were less likely to develop advanced AMD as well. Omega-3 fatty acids in the AREDS2 formulation will include both DHA and EPA, naturally found in fish oils. Researchers hope these modifications will further reduce progression of AMD in patients.

The National Eye Institute notes that these high levels of antioxidants are difficult to achieve from daily diet and regular multi-vitamins alone. Specially-formulated vitamin supplements can be

purchased over-the-counter without a prescription. Some examples of available products include I-Caps by Alcon Labs, and PreserVision or OcuVite, both by Bausch & Lomb.

While no recommended daily allowance currently exists for lutein, a study conducted by Dr. Johanna Seddon of Harvard University, published in the *Journal of the American Medical Association*, found a high correlation of macular degeneration prevention at levels of 6 mg per day. A sublingual spray is available for individuals with absorption difficulties. Lutein is lipid-soluble, so it is best absorbed when taken with small amounts of fat during a meal.

Nutritional Approaches

"Conventional medical therapies don't help much with

macular degeneration, which makes nutritional approaches look all the more appealing," explained James 'Jim' Duke, Ph.D., a renowned ethnobotanist and prolific author. "Quite a few foods and herbs might help."

Dr. Duke's book *"The Green Pharmacy Herbal Handbook"* specifically mentions some of these helpful foods and herbs, explains why each is potentially useful, and even offers suggestions on how to consume them (steep as a tea, take as a tincture, etc). His recommendations include Bilberry, dark green leafy vegetables, Ginkgo, Peanut, Clove, and Wolfberry. The section about macular degeneration from Dr. Duke's book can be found at <http://www.mothenature.com/library/bookshelf/books/41/82.cfm>, although this is

an excellent reference manual that many readers will likely want to own.

Additionally, Dr. Duke brought his *"Father Nature's Pharmacy"* database online at the USDA for public use. The database catalogs the best food sources for antioxidants such as lutein, and the Multiple Activity Menu query lists the particular phytochemicals in various foods and herbs. The database can be accessed free of charge at <http://www.ars-grin.gov/duke>.

While macular degeneration can be a very significant issue, there are methods available to help inhibit its progress. Anyone who suffers from Lyme disease or any other chronic infection should seriously consider utilizing these methods in order to prevent the onset or advancement of macular degeneration. pha

Lyme Briefing for Congress on September 24 We Need Your Help!!

Our community has an historic opportunity to brief Congress on Lyme disease. With the help of Senators Dodd and Lieberman, the National Capital Lyme and Tick-Borne Disease Association has a luncheon briefing scheduled in the Senate Russell Office Building on September 24. All members of Congress are invited. Speakers will feature Andy Wilson, director of Under Our Skin, and Pamela Weintraub, author of *Cure Unknown: Inside the Lyme Epidemic*. Clips from *Under Our Skin* will be shown.

How you can help:

INVITE your Senators and

Congressmen:

Find your members at <http://www.congress.org> by zip code.

Telephone, email, write a letter, or best of all, schedule to meet with them in person in their home district office.

Ask them to attend the briefing. If they cannot attend, request they send their senior staff. Congressmen are the most responsive to requests from their own constituents.

Your voice is vital to success! Attached is a point paper to aid you in your discussion.

DONATE:

Sponsors are needed to provide the book *Cure*

Unknown and the full-length DVD of *Under Our Skin* to all 535 members of Congress.

You can even include a personal note to your own congressman! Make a tax-deductible donation and submit your personal message at <http://www.NatCapLyme.org/congressbriefing> Or you can send your donation and note to NatCapLyme by mail to our PO Box.

NO DONATION IS TOO SMALL!

Why it's important:

It has been over fifteen years since the US Congress has investigated Lyme disease,

its diagnosis, treatment, and the issues surrounding its late-stage form. Every two years a new congress is formed. Lyme disease bills have been introduced repeatedly, but none has resulted in action. We wish to raise awareness and request a new congressional hearing so that our legislators can facilitate unbiased research. To quote Pam Weintraub in *Cure Unknown*, "...if we are ever to unravel the mysteries of Lyme disease and find a cure, it is science—pure and unadulterated—that will lead us home."

The release of the documentary film *Under and Skin* the book *Cure Unknown* present the Lyme community with an unprecedented opportunity

to educate our federal elected officials about the disease and the incredible toll it takes in human suffering.

Let's all work together toward this important goal that will benefit everyone affected by Lyme and Tick-Borne disease.

Links:

<http://www.underourskin.com/>

Cure Unknown: The Lyme Epidemic <http://www.cureunknown.com>

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“Insight” ...cont'd from pg 8

People Who Never Have Insight

John felt he never had any tick-borne infections. He had camped or visited states like the Carolinas, New Jersey, Wisconsin, Texas and New York with large tick numbers, but refused to consider the possibility he had a tick-borne infection.

He was functional, but not as functional as 10 years earlier. John was foggy, forgot things and had trouble with loud sounds. He was also slightly moody and reactive, overweight, and could not handle stress as well as in the past. I had sent him articles, checklists, books and emails, to encourage him to get full and complete testing, and not just a cheap junk ELISA from a huge national lab. I considered him lost forever.

But I was wrong about John.

What I now realize is that some are on the five and ten year plan. Part of this "plan" is that they know you care for them and that the relationship is not dependent on whether they get testing for tick infections. So I occasionally and respectfully remind them of the possibility of tick infections -- if they have a cold that lasts too long, or if they have excess fatigue. Further, if they start to see changes in their cognition or personality, I might share a comment 2x/year -- most of the time I shut my mouth.

Using this approach, in the last 9 months I have seen individuals who I had written off as gone forever, and as having the insight of newts, make real progress in being tested and treated fully.

Not everyone will have time to reach out to folks who put up huge walls. But look around at the people in your life and some might be those with tiny holes in their walls who are ill, and in five or ten years will seek treatment. Only you know who those select people are in your circle of loved ones, friends and acquaintances.

A Few Thoughts on 2009 Tick Infection Testing and Insight

One article in the Mayo Proceedings has recently said, since testing is unreliable, Lyme is often a clinical diagnosis. If this is true, patients with poor insight are in deep trouble. Why? If they are finally willing to be tested, people with poor insight typically go for inexpensive and incompetent labs with no tick or flea-borne infection expertise, and then get consultations with physicians with a similar lack of serious study and experience on these topics.

While I believe direct and indirect lab testing performed at different labs allows you to find all major tick infections, some specialized testing is not covered by insurance. Further, as I shall discuss in one of my two new upcoming Babesia books, sometimes you have to use Babesia-killing medications to provoke a positive antibody reaction. If this is not done, patients will see a negative result and believe all is fine.

Yet low levels of Babesia red blood cell parasites are routinely missed, even by exceptional laboratories and exceptional pathologists, so killing a few Babesia may be needed to find an increased ECP level and to also find positive antibodies to Babesia -- though no lab currently can test for all human forms. (Two labs are on the verge of advanced new testing to catch virtually all Babesia forms that infect humans).

Further, all patients with possible Bartonella, based on tick or flea exposure, should be examined for the 40 physical exam findings in my two-part color Bartonella textbook and, if able, with the following labs: VEGF, IL-1b, IL-4, IL-6, IL-8, IL-10, IFN-g and TNF-a. Also, a manual smear of blood should be sent to at least two labs that have demonstrated a solid ability to see both Bartonella and Babesia on a blood smear.

In this context, I recommend all patients with a new willingness to be tested get a manual blood smear with two stains which shows two different areas under the microscope -- this is available from Fry Clinical Labs for \$350.00. Other laboratories might offer this option in the future, but none will do yet. Ask Fry Labs

for the "Schaller double stain option for 350.00." If it is not clearly asked for on your requisition, you will get one field and one stain.

I am publishing a serious blood smear color picture book in just two weeks. It has over 250 pages, and as many blood images, and shows how to recognize color images of Babesia and Bartonella. This is the first book of its kind in human history, partly because it has taken until 2008 to assemble vast numbers of unique and published Babesia forms. I wrote it because most Babesia examined under the microscope is missed. And once one can identify various Babesia forms, identifying Bartonella is also much easier.

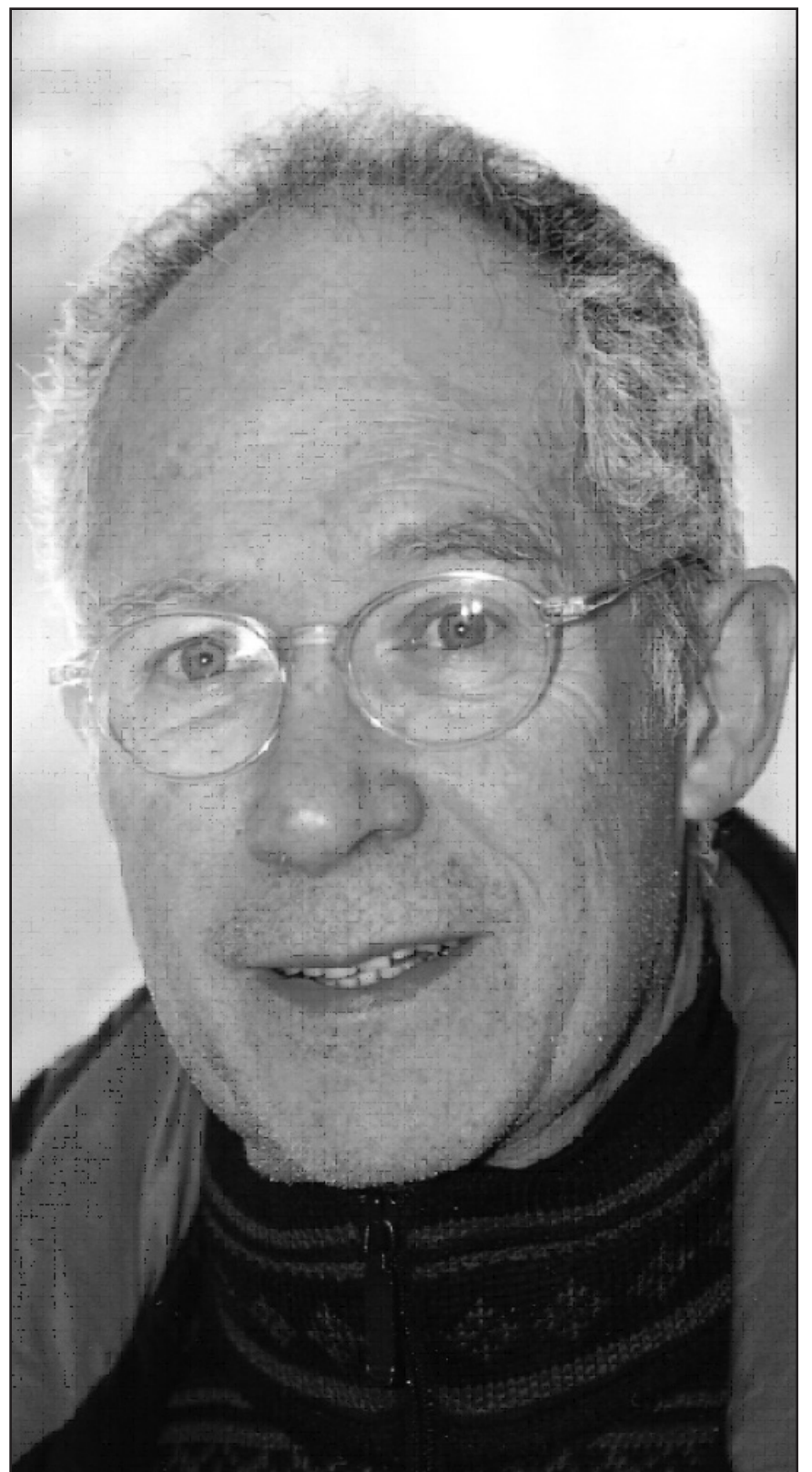
About the Author:

Dr. Schaller is one of the most prolific LL MD's in the world. He has published 25 books in 5 languages. His 27 peer-reviewed papers cover 10 areas of medicine found in top national and international medical journals.

He treats patients from all over the world. His cutting-edge writings include textbooks on Babesia, Bartonella, Pathology Imaging of Tick and Flea-borne infections, artemisinin, Artemisia, artesunate, pain/addiction care with Suboxone, indoor mold toxins, out of control youth, ADD, ODD and many other topics.

He has over 20 web sites. The main web site offers over 1,000 free articles at www.personalconsult.com. It also offers nine free books.

He offers non-patient phone consultations to anyone looking for a fresh look at their treatment. He is currently preparing two additional books on Babesia, and also the much anticipated, *The 17 Reasons Tick and Flea-Borne Illness Treatment Fails*, which has been delayed due to the need to add significant and extensive new advanced information.



Levin Accepts Chair with National Autism Association

The National Autism Association announces the appointment of Warren M. Levin, MD, FACP, FFAFP (ret), FACN, FAAEM as Chairman for Bio-Medical Education of its new Northern Virginia-Fairfax Chapter.

Dr. Levin is a graduate of Jefferson Medical School in Philadelphia, PA and opened the first Alternative Medical Center in NYC in 1974.

Dr. Levin's Complementary Alternative Medical practice in Vienna, Virginia is committed to furthering the advancement of preventive studies, therapy, and research of individuals with autism and other related disorders. Specifically, Dr. Levin has dedicated his 30-year career to developing treatment protocols for diseases like attention disorders, learning disabilities, asthma, Lyme disease, heavy metal toxicities, chemical sensi-

activities, food allergies, nutritional deficiencies, Candida and parasites - all of which can contribute to the common problem.

Dr. Levin, through his work with the chapter, aspires to further public understanding of the complexities of the many facets of The Autistic Spectrum Disorders in order to adopt more effective strategies for prevention, identification, and treatment. The Chapter anticipates the community will experience better outcomes and recovery through cooperative engagements with Dr. Levin and parents, educators and researchers.

The Chapter will host its official opening ceremony September 6, 2008 from 2-4 pm at 1934 Old Gallows Road, Suite 350, Vienna, VA. 22182. For more information you may contact the Chapter at Admin@NAA-NOVA.org or at 703.652.7682.

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Joseph Burrascano, MD

The Mitochondrial Component

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

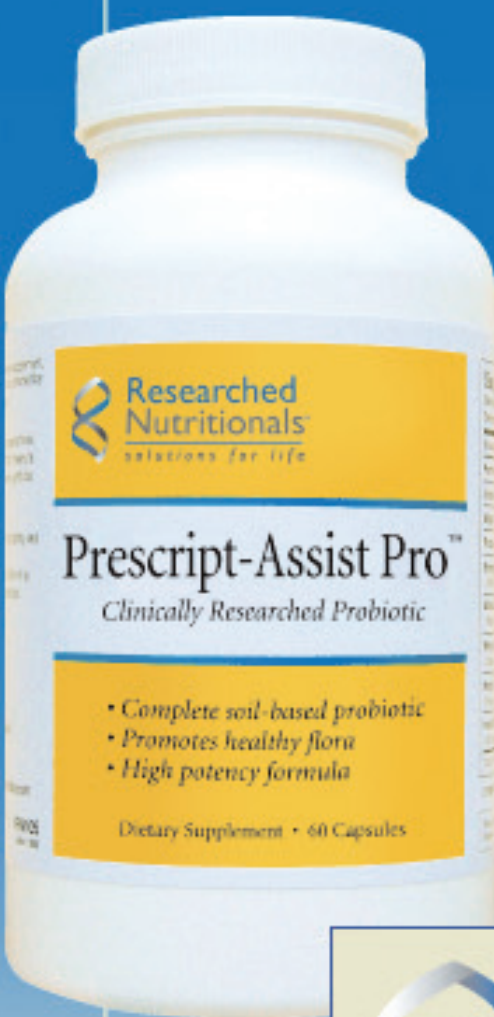


The Immune Component

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


Adrenal Component

I believe that we also need to address adrenal fatigue. Energy Multi-Plex™ includes fourteen researched nutrients to support adrenal health, including D-Ribose, Panax Ginseng, Acetyl-L-Carnitine, Alpha Lipoic Acid, Pyruvic Acid, 7 Keto DHEA, CoQ10, Methylcobalamin and L-Taurine. Patients like the convenience of this comprehensive formula versus taking three or four different products. Plus it saves them money.



The Gut Component

Prescript-Assist Pro™ is clearly a step above what has been generally available, and I highly recommend it. If you do not have enough good gut flora, then you may not only develop GI upset and bad flora overgrowth, but you may also develop food allergies and other ugly stuff. There is nothing more important than a good probiotic. This product was developed to assist you if you are taking antibiotics – Prescript-Assist Pro™.



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