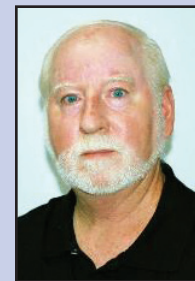


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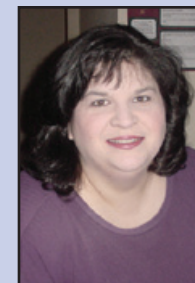
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The 18 Reasons Lyme Treatments Fail: Tick-Borne Infection Medicine for the New Millennium

by Dr. James Schaller, M.D.

My average patient has been to 10-50 physicians before me. Many sincere, hard working health care experts are falling very far behind new Lyme information. I have become very concerned with the quality of "average" Lyme literate care, and I am particularly frustrated by three things:

- 1) Ten years of Lyme treatment is not acceptable. It is a paradigm that should be trashed. It shows massive defects in knowledge and practice. "Cure" treatments often merely lower body loads or may make someone feel better without killing many infectious agents.

For example, a pseudo cure that wastes money and time is the use of hyperbaric oxygen for tick infection treatment (HBOT). To put my money where my mouth is I recently conducted, and funded, a soon to be published study examining the effects of this treatment tool on Lyme, Babesia, Ehrlichia and Bartonella. After 120 treatments at 2.4 atmospheres for 90 minutes each, all participants still had clear and obvious positive findings for all four infections. It failed completely! So advertising that HBOT "kills" Lyme disease is nonsense. I have talked to Dr. Fife in detail and carefully evaluated and posted the HBOT research done by the late Dr. Robert Lombard. So while I love this treatment for many medical problems, it is not a tick infection cure.

- 2) I have published two Babesia textbooks, an Artemisia derivatives text, a two-volume color textbook on Bartonella (the last one is from 1998), and two practical mold toxin books that make infections harder to treat. These are just a sample of the publications I have written on various TBD topics. Why do infectious disease physicians rarely order these progressive medical books while 99% are ordered by patients?

Further, I have repeatedly posted new information based on our research or based on the study of 1500 plus articles, and it was ignored. For example, our blind research study of Babesia Mepron dosing found that 750 mg/teaspoon twice per day, for any duration of time, will virtually always fail and lead to a Babesia relapse. Few physicians have listened to this new research even when firmly reported.

No Lyme literate pope exists in the world. The information known in 2006 is already partly out of date. By definition, a Lyme literate physician must be very aggressive to stay current--the stakes are too high. Yet heavy scrutiny from medical boards inhibits their ability to do so.

This current practice will never allow these heroes to study and read as much as they prefer, when they have to explain to unlearned prosecution lawyers and surgeons on the medical board, why a Babesia or Bartonella co-infection can cause death.

- 3) I have been asked by a number of physicians to share various new findings. Most ask because they are ill themselves. I have asked them to stop treating themselves, and to do an hour consultation with very extensive labs. Almost all have refused. What they could have learned by fixing themselves would have translated into help for their patients; instead they chose to remain ill, and in turn have left their patients without any chance at full cure.

The age of the ten-year "patient" is over. It should never be tolerated again. Traditional and alternative medicine Lyme specialists need to catch up with emerging new 2010 medicine-now!

Reason One

The current treatment dosing for Babesia is flawed. If Babesia is present, Lyme cure

from Heprapro.com, at one dose three times a day -- it fails even after a full year of daily use! This had not been previously tested for Babesia. We have found obvious Babesia after extended artesunate use -- at malaria killing doses.

The flaw in all Babesia treatment is the assumption that one can simply plug in effective malaria dosing as Babesia dosing. This is a serious error. Malaria kills humans fast and has many obvious and extreme blood patterns. Babesia is much harder to see in blood, even with digitally enlarged red blood cells, and while it can cause 200 medical problems, it does not die easily -- it is much harder to fully remove than malaria.

Reason Two

The current testing for Babesia is markedly flawed. Some DNA or PCR tests sent to a respected East Coast lab are covered by insurance but



Dr. James Schaller, a prolific researcher of the many infections that are commonly associated with Lyme disease, has met many children affected by these illnesses. They get better.

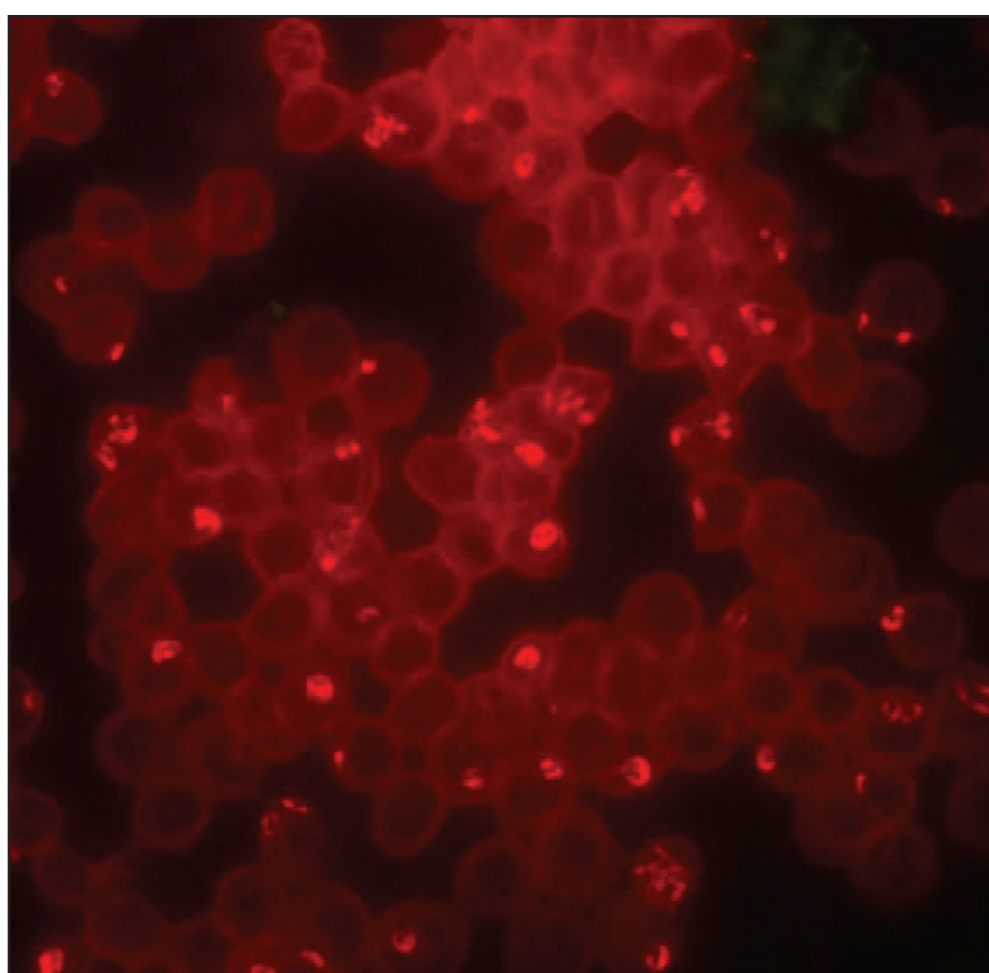
urine or blood samples to show a positive, this is simply silly and unreasonable.

Some patients with immune suppressing Bartonella will not show any lab signs of Babesia when they have Babesia. Why?

- 1) Some infections like Bartonella turn off the production of antibodies. Therefore, antibodies to Babesia microti or Babesia duncani will probably not be positive in some infected patients. The complete removal of Bartonella can result in explosive increases in IgG and IgM for Lyme disease, Babesia, Ehrlichia and Bartonella antibodies in some patients.

- 2) Some patients have very few Babesia protozoa parasites, but they cause serious trouble in the body. Their small numbers are missed in a visual FISH exam or a PCR test.

- 3) A new medical trick can help catch some infections such as Babesia missed by even great labs. The patient is given at least two Babesia killing medications such as Mepron, artesunate at a high useful dose, or Malarone (given for the proguanil). These medications are used for ten days at a dose you and your physician feel is worth the risk, and hopefully will kill a few Babesia parasites. Approximately four weeks later, the patient is tested for antibodies to microti or dun-



A collection of micro rings. These are easily missed in manual blood evaluations. Courtesy of J. Shah, PhD located at 800 832 3200. This glowing probe makes Babesia microti 100x easier to see. Currently, new FISH testing is in development by IGeneX for two entire large sets of various Babesia species and also for common Bartonella human species. Other labs are involved in exciting new Lyme, Babesia and Bartonella diagnostic Genus PCR testing, potentially available Spring/2009.

is impossible. 750 mg/teaspoon twice a day of Mepron is not a Babesia cure, nor is the use of artesunate (Zhang Artemisiae)

require 10 negatives to be considered negative. Some labs are only good at tissue PCR testing. But if you need to do 10

"Treatment Failure" ... pg 2

“Treatment Failures” ...cont’d from pg 1

cani and ECP. If the ECP is increased significantly or the antibodies are positive, one probably has Babesia. Stealthy low volume Babesia is a common problem in tick and flea infection treatment. Talented health care workers commonly miss these red blood cell parasites, but this trick usually causes them to show up and can save someone from years of failed treatment.

Reason Three

Bartonella is simply the most common tick and flea-borne infection in the world. The number of species identified, that show clear uniqueness, has gone from 2 to 32 in a short time. This is based on techniques identical to those used in the Human Genome project. I am not at liberty to release the names of the scientists involved, but their findings are astonishing. For example, Bartonella floating in the blood does not even cause a fever. Any other bacteria floating in blood would kill you in 2 days. So it obviously turns off some components of the immune system. The various tests to measure its presence are complex and multifaceted, e.g., VEGF, IL-6, IL-1b, TNF-a, Bartonella seen on various enlarged blood smears, PCR, Bartonella antibodies, and Bartonella FISH testing (which is in development and likely available in 2009). One can also use the 40 physical exam findings from a two-part color Bartonella book.

Years ago I heard a famous Lyme expert mock the idea of striations being an exam sign of Bartonella. But these are definitely a sign of Bartonella, and the striations and/or stretch marks are often red, burgundy, blue or purple. This means they are filled with blood! Bartonella makes VEGF and this chemical makes and opens blood vessels. Our two-volume full color book shows 40 possible Bartonella body or skin findings.

Reason Four

All routine published Bartonella treatments appear to fail. This knowledge prevents wasting a year or more with ineffective treatments. I have examined many treatments in many inherited patients or self-treating patients. The good news is that there are emerging treatments that do work. Some are listed in my Bartonella textbooks. After looking at chat room discussions, it is clear that some have not been able to understand this issue of treatment and effective treatment options. However, I will save this topic for another article or book.

The bottom line that is not fully appreciated yet is the cure of Lyme is impossible in the presence of a profoundly super immune suppressing bacteria -- Bartonella.

Reason Five

Since Lyme spirochetes can become cysts virtually instantaneously in the presence of threatening antibiotics, it does not make sense to use antibiotics without cyst-busting antibiotics (such as Flagyl),

herbs or essential oils. Cysts can form immediately, and they can also quickly return to active spirochetes in the presence of a safe environment. Using strong antibiotic treatment in tablets, in shots, or in an IV form, makes no sense unless cyst-busting treatments are used at the same time.

One patient I inherited reported that she was given three months of IV antibiotics and at some later time was placed on Flagyl 500 mg. twice a day. I believe the IV antibiotics made vast numbers of Lyme sacks -- cystic forms. When the Flagyl was added, the die-off and the explosion of so many cysts caused her to be delirious for 48 hours. This was not an allergy. Nine months later she was fine on this same dose.

Cyst-busting treatments are for almost every period of treatment and not some "later stage."

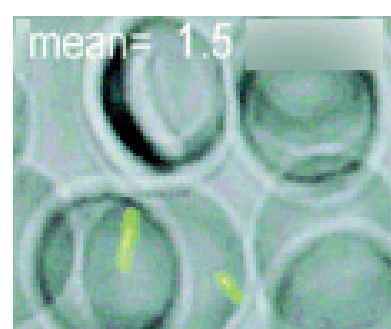
Reason Six

Infections and inflammation decrease insight. This is largely due to an impaired frontal lobe behind your forehead that is involved in self-awareness. Examples of decreased insight are shown in the following situations:

- 1) Some simply feel they are cured when they are only improved. Many avoid my testing to see if they are cured, even if the testing is offered for free.
- 2) Others go to practitioners using trash screen labs that are negative even when Lyme or other parallel tick and flea infections are coming out of their noses.
- 3) Some see physicians who promise to run a Western Blot actually get a junky ELISA test from a lab that has not spent the money for advanced tick disease testing.
- 4) Many physicians and patients do not realize that if you have a +/-, an indeterminate or a positive band at only one of these "bands"-- 18, 23, 25, 31, 34, 39, 83 or 93 -- then you may have Lyme disease.

Reason Seven

Some patients get ill after a flood, large leak or some other water intrusion problem. They feel they are ill only because of mold mycotoxins that form after 36-48 hours of wetness on drywall, insulation, carpeting and other dust or cellulose-filled materials. The EPA reports 30% of USA structures have indoor mold. Some of these indoor molds have war chemicals on their surface. In a revised version of one of my



three co-authored mold books, we will discuss the opening of the tomb of the King of Poland, Casimir IV (King of Poland 1447-92). 12 scientists opened his rotting mold-filled tomb room in 1973. In a few days, four of them were dead! Soon all were dead but two! One survivor had expertise in mold and subsequently found three toxic mold species.

Given the average of 40,000 - 120,000 inhalations per week while residing in a moldy location, it is no wonder some are not easily cured of tick and flea infections. This is why I write books with a master remediator to offer many treatment options, and not merely a 1970's biotoxin binder. The best treatment with any mold problem is a perfect remediation, so I sought out certifications in mold investigation and also mold remediation. It helped me tell the real experts from those who merely had huge pre-formed report templates that were the same for every home or building.

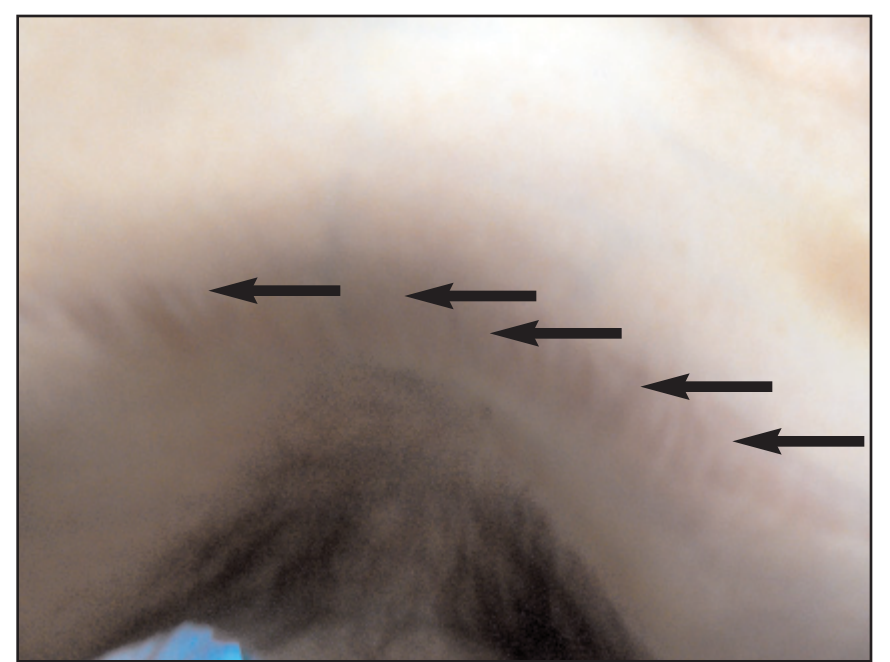
The age of the ten-year "patient" is over. It should never be tolerated. Traditional and alternative medicine Lyme specialists need to catch up with emerging new 2010 medicine-now!

We have also known since the 1880's that dust and high humidity leads to mold and bacteria growth indoors. Their presence makes Lyme disease much more difficult to cure.

Reason Eight

Lyme appears to make many biotoxins. One is patented (Bb Tox1) and the full gene code is fully known. In past years, some LL MD's doubted the presence of Lyme biotoxins. Since this is a patented Lyme biotoxin, this issue is now obviously settled.

Reason Nine



It is sad and pathetic that after we examined vast numbers of patients with very severe Bartonella infections, including patients with only Bartonella, and we found they had 40 unique findings, a few still doubt what is in our large two-part full color textbook. Since Lyme is never cured with this immunosuppressant bacteria that floats in blood without a fever, this makes or breaks a cure. Bartonella also ruins personalities. Here is a "stretch mark" which is an infectious mark from Bartonella in the front shoulder skin of a lean male which has a light reddish color from VEGF. The last time I checked, lean men do not deliver babies from their armpit.

A general physician in Maryland, working among massive deer ticks in his rural location, was smart enough to search for clinical applications of basic and accepted codes for transplant and disease medicine. These patterns can be found with a basic Wikipedia search. With this knowledge, he looked to see if certain patterns existed in his patients. Specifically for our purpose, he found that some had trouble removing Lyme biotoxins. Certain HLA patterns were found among thousands of patients, which appeared to show patients with 15/16--6/5--51 patterns were unable to remove Lyme biotoxins. These HLA numbers have many presentation options, but one respected system is what this general physician settled on (R. Shoemaker).

No one in the world has really mastered how to use this information. Ignoring it is unwise. But perhaps avoiding aggressive and full Lyme treatment may also be unwise. I find that using a toxin-binder and trying to treat Lyme aggressively has never led to irreversible low MSH. Indeed, all patients with seriously low MSH have had it return. But it will never become normal if you use a fair remediator who has no building experience or if Babesia or Bartonella are missed. Bartonella also has biotoxins, but these seem to suppress immunity instead of causing inflammation. I have no idea of their effect on MSH or other anti-inflammatory chemicals.

Reason Ten

Starting doses of all medications should be very low and then raised to high levels with liver-protecting substances. Starting at full dosing in a "medically sensitive"

patient is chemical battery. Massive die-offs can be confused with allergic reactions and can cause panic attacks, shortness of breath, chest pain and severe migraines. This sloppy, one-size-fits all approach, is common in large practices in which a few major "protocols" are routine.

Reason Eleven

"Band-Aids" are often required to save a job, a marriage and to care for children. They are often a normal part of care. Pain, fatigue, depression and anxiety often are increased with the die-off of any of the infections carried in deer ticks, and these cannot be ignored. "Band-Aid" treatments are often useful and helpful. I treat people who run companies, schools, very large families and professional teams. They want to sleep 13 hours per day. The use of natural or synthetic stimulant options is discussed in my book *The Diagnosis and Treatment of Babesia*. Patients do not benefit from sleep in excess of 8 1/2 hours. It may just serve to get them fired!

Reason Twelve

If you have healthcare workers who do not feel comfortable being aggressive with treatment and diagnosis of all the top tick and flea infections, you are at the wrong place. If you feel someone is "experimenting" on you or they are willing, reluctantly, to test you at superior labs or with superior direct and indirect testing, than you are in the wrong class. If your healthcare provider has not spent 1,000 hours learning this complex emerging area of medicine requiring a great deal of study, find someone who is serious about it, and not someone "doing you a favor" by simply running a few tests.

Reason Thirteen

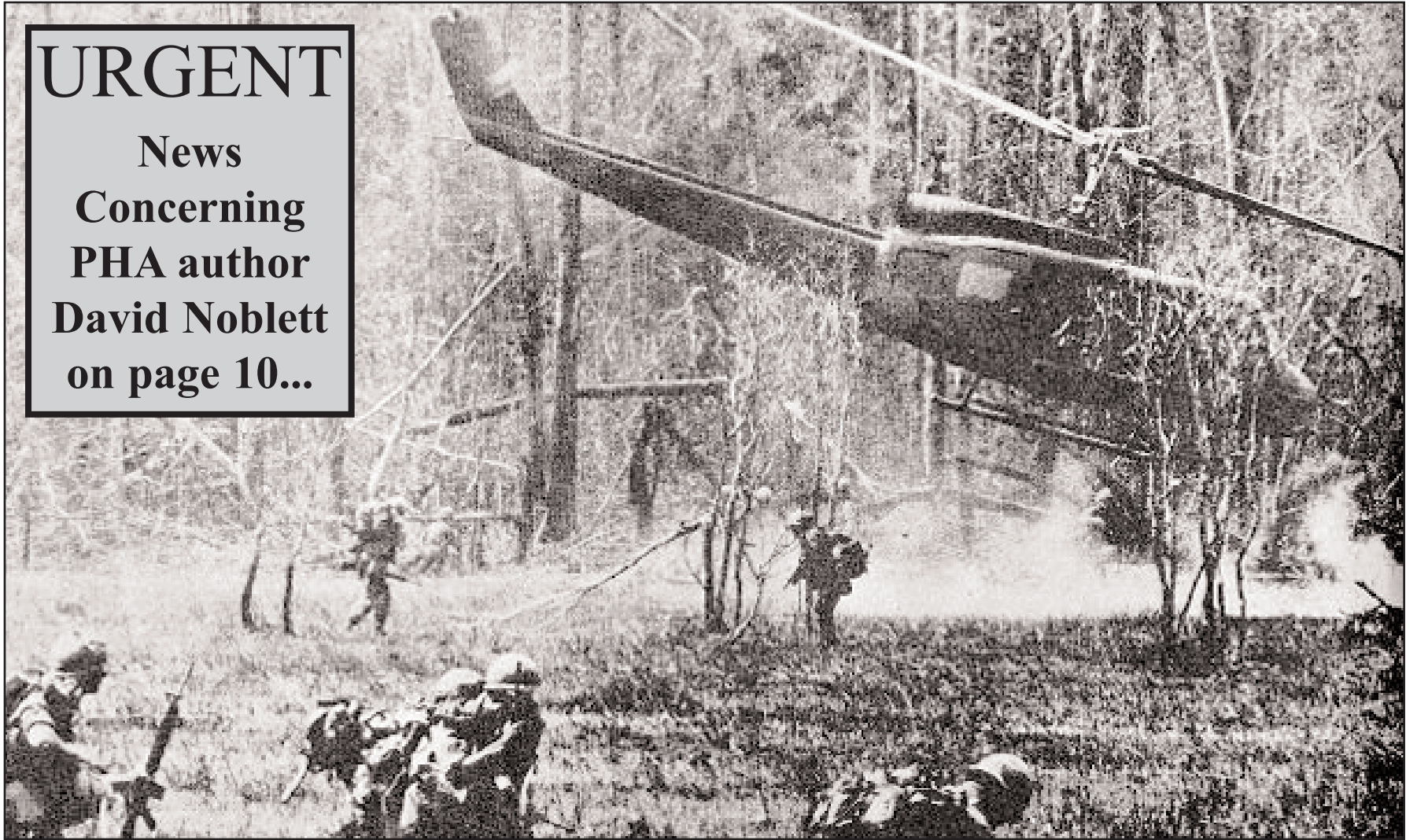
You have been treated for many years. You have done IV, you have taken 40 pills per day, you have tried a wide range of specialized treatments, and now you are fed up with it all. You can generally function now at about 75% of your baseline. You are at the end of your

Reason 3: Images of Bartonella, which is vastly more common than Lyme, and which shuts off parts of immunity. None is in a ring form. We have seen IgG and IgM's of other infections blow up positive after this was killed with new treatments. Lyme is never cured with this immune suppressing bacteria. These are missed approximately 100% of the time by routine large labs. (Source: J. of Exper. Med. 2001; 193:1077 ff.)

Death by Friendly Fire

When the Wounding Comes From the Most Unlikely of Places

URGENT
News
Concerning
PHA author
David Noblett
on page 10...



173rd Airborne Combat Assault

by David Noblett

"Everyone Listen Up! Shut up and listen to me! Freeze right where you stand! The phosphorus is all around us! Stay exactly where you are and don't you dare move even one inch except for Doc who's working on Sparky. Lobsterman, you're just a few feet away from Doc. Watching every step before you move, get over to Doc and lend him a hand! Get your machete and cut off a piece of bamboo for Sparky to bite down on and muffle his screams! Doc, don't even think about touching the phosphorus or trying to put it out! You can't, so don't waste your time! Get your Kbar and cut it out of his leg even if you have to take some meat with it. It's either that or letting it burn straight through his leg. Quick! Give me the radio, Mike! Red leg! Red leg! Red leg! Cease Fire! Cease Fire! I repeat, Cease Fire! This is Sky pilot one alpha. We are ground zero on your incoming rounds. Cease Fire and abort your mission. I repeat, Abort Your Mission! You are bombing your own men! Do you hear me?!"

Death by friendly fire. Casualties by friendly fire. They are mostly rare in war but they, nevertheless, do happen from



Dr. Roberta Kalafut, M.D.
Texas Medical Board
President

time to time. The above incident is based on an actual event that I experienced in Viet Nam. We had just conducted a combat assault (jumping out of helicopters a few feet off the ground inside enemy territory) into a jungled area of the Central Highlands outside of Tuy Hoa. We were on a search and destroy mission to move upon a known NVA and VC base camp with gun emplacements and underground tunnels. As is with typical Army combat SOP, our artillery, based within striking distance from us, would "prep" our enemy target (the camp) prior to our arrival with a huge and unrelenting barrage of artillery shells. This was to inflict as much death and damage as possible to the enemy so we would have the advantage once we actually

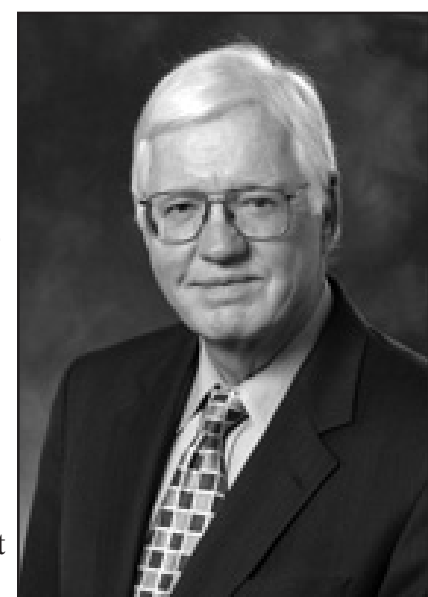
came upon the camp and engaged them in combat. It was as our platoon was moving forward toward the enemy base camp when, by error, a willie peter (white phosphorus) round landed nearby and sprayed the area all around us with hundreds of sizzling white-hot clumps of a blazing burning hell. It is almost impossible to extinguish the flaming phosphorus, as it will continue to burn even under water. That's why it

will burn a hole straight through human flesh unless you cut it out from where it has landed.

Death by friendly fire most recently came to our attention when it was made known that the ex-NFL professional football player, Pat Tillman, who laid aside his lucrative football career to join the military and become one of the elite Army Rangers, was killed in April of 2004 by friendly fire in Afghanistan after being mistaken for the enemy. As tragic as it was, death and casualties by friendly fire is inevitable in every war. The obvious and depressing feeling comes from realizing that you can understand and deal with death and casualties when it comes from your enemy, but not when it comes from your fellow soldiers who are suppose to be on your side. You would think that death by friendly fire, if it is going to happen at all, would only happen in times of war where there are good guys and bad guys, the enemy and the friendly, us and them. At least in this kind of environment, when death by friendly fire happens, we can deal with it. Though unwelcomed and unwanted, we can at least halfway justify it as a rare and sometimes inevitable part of the price of war.

What we can't understand, and what we can't accept, is when our fellow Americans are made to endure and accept death and casualties by friendly fire, in the absence of war, in our civilian society at large. We are blind, fooled and deceived if we think that the military is the only source of death and casualties by friendly fire. There are, in reality, civilian counterparts that can also become the perpetrators of death and casualties by friendly fire upon their fel-

low citizens. These are those entities that have, on the one hand, pretended to be on the side of their fellow citizens and, to make their treasonous crimes even more despicable, may have even sworn an oath of allegiance to this end. One such civilian counterpart (defined as not being a part of or belonging



Dr. Donald Patrick, M.D.
Texas Medical Board
Former Executive Director

to the military) that has proven to be an effective and destructive instrument in the administration of death and casualties (as if by friendly fire) upon its own fellow citizens is the Texas Medical Board whose historical record of destruction is totally antithetical to its own Mission Statement:

"Our mission is to protect and enhance the public's health,

"Friendly Fire" ...cont'd pg 13

Letter to the Editor:

A Response about the Texas Medical Board Problem

Dear Editor:

I have just recently started going to your web site and have been very impressed with what I have learned.

The one article that sticks so clearly in my mind is: **Texas Medical Board under fire.** These are the people to who we look up to, depend on and trust. I now know that these are the people we can least trust.

I thought this was America! How dare this board make decisions for people who live with so much pain that they want to die!

I now ask myself, is this America any more or are we living in a country that decides who deserves to have a productive normal life, and who does not! I am appalled that Governor Perry has stepped back and allowed the Texas Medical Board to "temporarily"

suspend a man's medical license for helping so many people that others have turned away, because of an unfounded and resolved issue.

Who gave them the authority to force a doctor to abandon his patients over night, with no one else to turn to?

These are the important things that we need to know about, the things that are hidden from us as if we are children and need to be censored!

Cheers to Mr. Noblett for showing us the truth behind our Medical Board.

Thank you, **Public Health Alert**, finally the truth is being told, and by an America Vet, who can shed the truth and deserves to be heard!

Lisa,
in Texas

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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A Godly Appetite



by Joan Vetter

"And God saw everything that He had made, and indeed it was very good."

Then...God created man.

Then...God gave man his first command. God said man could eat of every tree in the garden except the tree of the knowledge of good and evil.

Then...the serpent (the devil) seduced, and man fell.

So, right out of the starting gate, man rebelled. As it was then, there is still an attraction to that which is forbidden ...unless you have a different mindset.

Adam and Eve could freely eat from the tree of life, but that forbidden tree held an allure.

Why?

Perhaps it is because their focus was on what they didn't have - what was being withheld from them. Today, every day, we have a choice. Do we think about all that we don't have until it becomes magnified in our minds? Or do we choose to think about the Kingdom of God and the life (the tree of life) that God promises us when we choose life? God's Word declares in Deut. 30:15 that, "I have set before you today life and good, death and evil." Then He asks us to choose life that both we and

our descendants may live.

Well, of course, you say, we already have life. Think about what God means when He uses the Word life. We can choose death and still be walking on this earth.

Some people feel that following the Ten Commandments is obedience to God's commands, but there is more.

Jesus came to show us that just following the law is not enough. In fact, He boldly tells his disciples (and us) that he who has seen Him has seen the Father.

So how do we see Jesus now? After all He walked the earth a long time ago.

We see Him in scripture; healing the sick, touching the leper, forgiving the woman caught in adultery, rebuking the religious, but enjoying children. We see Him in the Spirit, as the Holy Spirit teaches us that He is still alive and exists in an

unseen realm.

The Garden of Eden is a precedent for us today. We also have the same choice Adam and Eve were offered. Will we pass that test?

Will we think of ourselves as righteous because we look at that which is good or that which is evil and make our choices? Or will we look at the astonishing claim Jesus made - that no one is good except the Father? Thereby introducing us to awareness that man at his best can never hit the high mark of God's perfection.

Jesus is our example, but more than that - He lives within those who have made Him their Lord to enable them to accept His grace and forgiveness when they have missed the mark.

Today the Tree of Life is also within reach. Will we choose it? The tree is called "wisdom"!

Happy is the man who finds wisdom,
And the man who gains understanding;
For her proceeds are better than the profits of silver,
And her gain than fine gold.
She is more precious than rubies,
And all the things you may desire cannot compare with her.
Length of days is in her right hand,
In her left hand riches and honor.
Her ways are ways of pleasantness,
And all her paths are peace.
She is a TREE OF LIFE to those who take hold of her,
And happy are all who retain her.
Proverbs 3:13-18

pha

When a Friend Has a Chronic Illness: What to Say, How to Help

by Lisa Copen

When a friend hurts, we gather around him or her. When they have surgery, we line up outside their door with meals. We send flowers, cards, and gifts. We provide childcare and, of course, prayers. Gradually he or she heals and is able to return to every day life.

When a friend is diagnosed with a chronic illness, the natural cycle of healing doesn't take place. What do we say? Do we encourage them to remain hopeful? Chronic illness is permanent and often degenerative, requiring a person to change nearly everything about their life. The emotions that accompany these changes are often more difficult to cope with than the pain itself.

What to Say

Be honest. Say "I wish I knew the right thing to say, but I care and I am here if you need me."

Ask her if she'd like you to pray for her and ask what she wants you to pray about. Respect her request. Don't pray for healing if she wants prayer for new medications.

Remind him that coping with life's difficulties is a process and that the length of time is different for everyone. Tell him that he is coping well. Just listen. Let her share her thoughts and feelings with you and don't say, "I understand," if you haven't been there yourself.

Respect where he is with his faith. If you see him struggling, be sensitive to it and don't tell him to snap out of it, that God is still good. Pray for him silently and be patient.

Treat her as though she is still a whole person, despite her limitations. She wants to feel capable and in control. Let her make the plans.

Become somewhat educated on his illness. Ask him if he'd mind answering some of your questions. Remember, just because you've read a book

Respect where he is with his faith...

doesn't mean that you know how he is feeling physically or emotionally.

Don't assume that she copes with things the same way you do. She may gain strength by alone time while being alone depresses you. Let her cope in her own way and don't tell her she is coping in the "wrong" way.

Let him know you are thinking about him. A card or a phone call can make the difference.

What Not to Say

Avoid giving "God balm." If you say "God will heal you" or "all things work together..." she will believe you don't really understand and avoid sharing her feelings with you in the future.

Don't feel compelled to share every "cure" you've

Ask her if she'd like you to pray for her and ask what she wants you to pray about. Respect her request. Don't pray for healing if she wants prayer for new medications.



heard of for his illness. He's constantly bombarded with cures and he needs you to be his refuge from that.

Be aware of the fact that illness is not just a matter of attitude. Don't say, "When are you going to get rid of that cane?" or "Did you know illness is caused by stress?"

Respect her limitations and be sensitive to them. Don't say, "A little walk might do you some good" or "No pain, no gain!" Only she knows her limits and they will likely change from day to day depending on many factors. What she could do yesterday may not be possible today. Don't question that.

How to Help

Offer specific ways that you can assist your friend. Say "I am going to the drug store. Can I pick something up for you?" Look around her home and see where your friend might need some help. Does the shower need scrubbed? The leaves raked? The carpet shampooed? Offer to take care of these things.

Volunteer to pick up some groceries rather than do

the cooking. Many times people with illnesses have restrictive diets, so they may prefer some fresh fruits and vegetables rather than a casserole. Ask what meals he is eating and then freeze some of these for him to have on hand.

Accompany her to places where she may need some assistance. Get your haircut at the same time, or have the oil changed in her car while you are eating lunch. Bring an uplifting personal little gift when you come to visit: some fresh cut roses, a new book, a funny movie, some cookies for the children, a blanket, potpourri to make the house smell good.

Remember that one's spouse and children have needs too and these often concern your friend. Take the children out for awhile so s/he can get some rest. Plan something special for the children, and before you drop them off at the house, pick up a small "something" that will make their parent smile, like some fresh flowers.

Ask your friend what her concerns are and how you can address them. One woman who was ill said that she would like for a friend to make sure

her children made it to Sunday School and church when she couldn't go.

Ask the person's spouse how you can help the family. One spouse was appreciative of gift certificates to the local fast food restaurants so that the children could occasionally have a quick meal and his wife didn't have to worry about making dinner.

pha



Lisa Copen is the founder of Rest Ministries, Inc., a Christian organization that serves people who live with chronic illness or pain. She is the editor of hopekeepers Magazine and author of various books on chronic illness. She has lived with rheumatoid arthritis since 1993.



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Guess What Came to Dinner? Parasites and Your Health

A Book Review by Marjorie Tietjen

Title: *Guess What Came to Dinner? Parasites and Your Health*

Author: Ann Louise Gittleman, M.S., CNS

ISBN: 1 - 58333 - 096 - 8

Do you feel chronically sick and tired? Are you having problems finding a definitive diagnosis? Have you been told by your doctor that your long list of symptoms is all in your head? Anne Louise Gittleman, the author of *Guess What Came to Dinner*, speaks of an epidemic which may be at the root of chronic illness for a vast majority of sufferers. "It is a silent epidemic of which most doctors in this country are not even aware. Yet, according to parasite expert and medical researcher Louis Parrish M.D., at least eight out of ten of his patients have some kind of parasite infection."

Most people, when they think of parasitic infections, automatically picture health problems which only involve the intestinal tract. This is not an accurate representation of the scope of the wide array of the difficulties which can be caused by parasites. Gittleman goes into great detail explaining the health issues which can be caused by these microbial free-loaders. The author even provides comprehensive charts

which include the name of each parasite, the symptoms it causes, the size, how it invades the host, where in the body that it ends up residing, the source of the infection, how it can be diagnosed and what the usual remedy is.

Many of us may wonder why there should be such ignorance surrounding the prevalence of parasitic infections and the symptoms they create. The author sums it up on page 6. "Lack of education is to blame. In the United States, physicians are simply not educated in parasitology and are, therefore, inexperienced in recognizing common clinical symptoms. A doctor's introduction to parasitology may come from a chapter here and there in a microbiology course in medical school. If parasitology itself is taught at all, it is as a specialty in the department of tropical medicine at some universities."

Some folks may feel that I am being a bit too cynical when I speak of what I feel are the reasons for this lack of education in this area. From my experience with the Lyme disease epidemic and the many parasitic and viral co-infections passed to us through ticks and other vectors, I can only conclude that much (not all) of this lack of education is intentional. If one observes the general focus of the medical industrial complex, it will be noticed that

true sources and cures for sickness are not sincerely sought. More profits are obviously made on many symptomatic treatments rather than on prevention or treatments which cure.

Guess What Came to Dinner also informs us of what these parasites love to eat and what foods encourage them to thrive. This is very crucial information to be aware of so that we can create an environment that is inhospitable to their survival. The author also speaks of certain sexual practices which can easily transmit parasitic infections.

Some of the warning signs which can indicate infection are: "constipation, diarrhea, gas and bloating, irritable bowel syndrome, joint and muscle aches and pains, anemia, allergy, skin conditions, granulomas, nervousness, sleep disturbances, teeth grinding, nervousness, chronic fatigue, and immune dysfunction." Gittleman further expands on each of these warning symptoms.

Most of us are aware that a person can contract trichinosis from undercooked pork. However, the author warns us that...."Pork cooked in a microwave is particularly infective; because of uneven heating, microwaves don't always kill the trichinella. The United States Department of

Agriculture recommends that pork cooked in a microwave reach a temperature of 170 degrees F. This is particularly important for the internal parts of the meat."

Gittleman also informs us of the parasitic dangers of other foods and how to safely prepare them. The author includes a helpful section concerning pets, which unfortunately are another major source of parasites.

The traditional method of diagnosing parasitic infections (testing random stool samples) is inaccurate. The author not only goes into detail as to why this is so, but she also discusses what the effective testing methods are and includes a resource section to aid you in finding the labs which conduct this testing.

Treatment protocols (including homeopathic and herbal), diet, detoxification, personal hygiene, food handling, prevention, and travel tips are all subjects included in this comprehensive book. An enormous amount of helpful information is packed into 169 pages.

Reading this book has discouraged me from consuming certain raw foods, such as meat and fish. We have been told by many sources that eating raw foods can be healthy and safe. In the world of nutrition there is often opposing or

conflicting information and we are left to sort through what we think makes the most sense to us. Perhaps taking a middle-of-the-road approach is the best answer. Making sure our meat and fish come from healthy, clean sources can be one way of minimizing parasitic infection. Freezing meat for a period of time can destroy some parasites. But most importantly, as Louise Gittleman mentions, we must keep our immune systems in tip top shape. It is also a good idea to make sure we consume foods rich in probiotics (fermented foods) and supplement with digestive enzymes.

One way to have better oversight of the production and handling of our food is to grow our own or to buy from local farmers.

Even though we live in a modern world with advanced technology and better knowledge of hygiene, parasites are still a problem and are causing untold misery. Much of this misery can be prevented or cured. I highly recommend this book to those who want to better understand this major cause of chronic illness. *pha*

[Editor's note: all editorial content is the opinion of the author and not that of the PHA or its staff members.]

Study Fails To Clear MMR/Autism Link

by Barbara Loe Fisher

As the latest study attempting to disprove a link between vaccination and autism demonstrates: if you really don't want to know the answer, just ask part of the question. When medical researchers take a reductionist approach to investigating vaccine risks, the public can always count on spin doctors to position the conclusions of a narrowly-focused study in a way that appears to totally exonerate vaccines from association with all risks, especially autism.

The most recent paper purporting to clear MMR vaccine from any relationship with the development of regressive autism in previously healthy children was published by researchers at the CDC and Columbia University in the online journal of Public Library of Science. The authors report on a federally-funded initiative to address the hypothesis published in 1998 by Andrew Wakefield, M.D. and others that some children who receive MMR vaccine develop inflammatory bowel disease and regressive autism due to persistent measles virus (MV) infection.

The examination by three laboratories of intestinal tissues from 25 autistic children, five of whom developed gastrointestinal (GI) and autistic symptoms after MMR vaccination, confirmed the presence of measles virus RNA in one child with autism and one control case. Even though the study

only included five children who were previously healthy before regressing into autism after MMR vaccination, it is being touted as concrete proof that the MMR vaccine is not in any way involved in the develop-

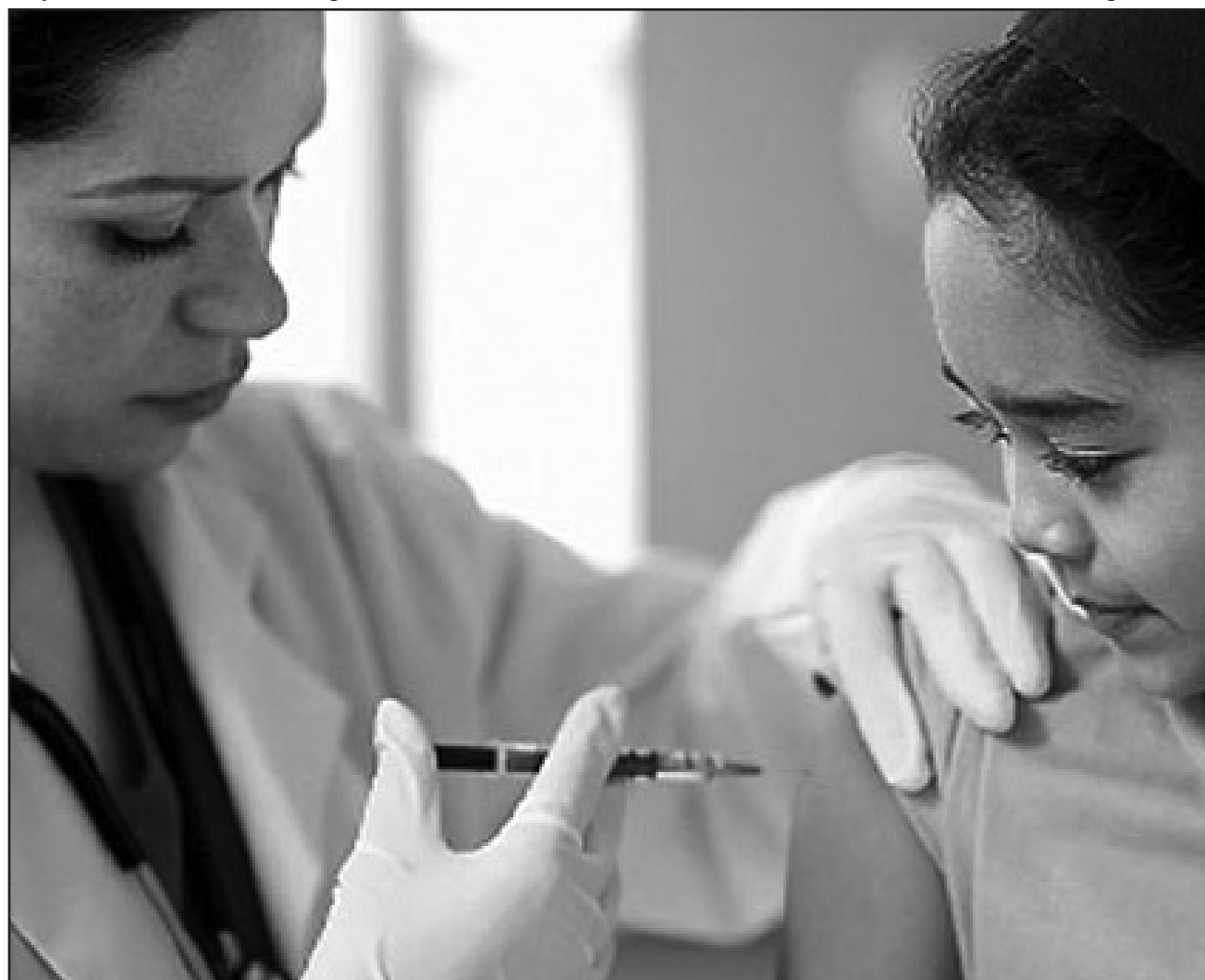
ment of regressive autism in previously healthy children. Nothing could be further from the truth. While Wakefield may have imperfectly described the biological mechanism for development of MMR vaccine-induced autism in 1998 (proposing a persistent measles virus infection in the GI tract that affected the brain), he certainly DID correctly report an

association between receipt of MMR vaccine in previously healthy children and subsequent simultaneous development of serious bowel disease and autism. It was an important clinical observation and call for

measles eradication campaigns worldwide. Thoughtful House, a pediatric care facility and research institute in Austin, Texas founded by Dr. Wakefield, issued a response to

MMR vaccine in regressive autism in children with GI symptoms, welcomed these new findings. Dr. Wakefield was a co-author of the 2002 paper that, unlike yesterday's study, examined children in the majority of whom there was a clear temporal link between MMR exposure and regression. Dr. Wakefield comments, "The search for the 'footprints' of measles virus in the intestine is merited, based upon the previous findings and the intestinal disease that is commonly found in these children. This new study rules out only one possibility - that the measles virus must remain for the long term in the intestine. We need to consider that the MMR vaccine can cause autism as a hit-and-run injury, but not necessarily leave the measles virus behind."

The biological mechanism for MMR vaccine-induced regressive autism - as well as autism that develops in previously healthy children following injection with other vaccines like DPT/DTaP, hepatitis B, varicella zoster, pneumococcal - could well involve an interaction between individual genetic vulnerabilities (autoimmunity, allergy) and the known ability of drugs and vaccines to induce immune-mediated inflammation in the body, especially brain inflammation. The most serious and feared complication of the very first vaccines - smallpox and rabies - is inflammation of the brain (encephalitis/encephalopathy), *"MMR/Autism" ...cont'd pg 14*



ment of regressive autism in previously healthy children.

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further research published in a respected medical journal (The Lancet) but one that Wakefield and his colleagues would pay for dearly. The hypothesis has been furiously denounced for a decade by mandatory vaccination proponents in government, industry, and medical organizations in Europe and the U.S. as they scramble to defend aggressive one-size-fits-all MMR vaccine policies being used in

the study which said in part: "We are pleased to see that this new study provides further confirmation that children with autism suffer from gastrointestinal problems that deserve to be addressed as a priority. Dr. Andrew Wakefield, Executive Director of Thoughtful House Center for Children, whose work has focused on intestinal disease, and on the possible role of

Sex and Lyme Disease

by Robert C. Bransfield, M.D.

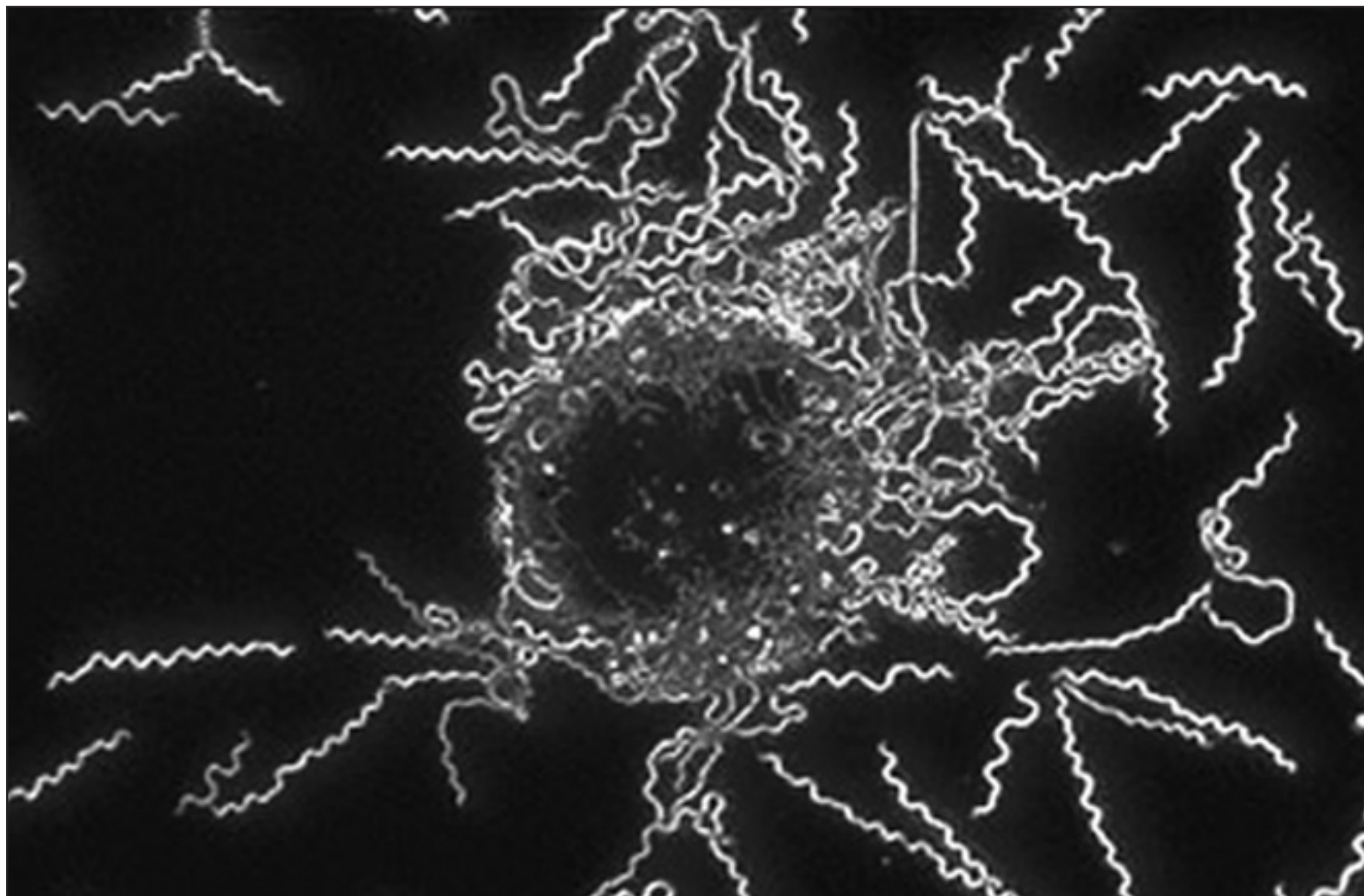
How does chronic Lyme disease affect sexual functioning, and how can it be treated? Lyme can affect sexual functioning by its effect upon the central nervous system, the endocrine system, the autonomic nervous system, the peripheral nervous system, and/or the body.

It is well recognized that *Borrelia burgdorferi* (Bb) causes depression, obsessiveness, panic disorder, and phobias that are functions of the emotional aversive pathways of the brain. However, we can also see dysfunction of the reward pathways as well, which affect capacity for pleasure, feeding, bonding and sex. Since Lyme disease alters the aversive pathways which affect what and who we are repelled from, it is understandable that Lyme can also alter sexual attraction and behavioral patterns as well. With this in mind, I shall begin with some patient accounts and observations.

Sexual arousal:

Most patients report a decline in both libido and overall sexual functioning. Some state that their interest in sex and sexual functioning remain normal while a few report increased libido. One such patient described a greatly increased libido, but was frustrated because the multitudes of chronic Lyme disease symptom made it painful to be touched and/or hugged. Others describe increased libido associated with hypnagogic hallucinations. A patient with this symptom was described in the medical literature two years ago. She displayed sexual obsessions, sexual hallucinations, and a tendency to compulsively masturbate in a dream-like state eighteen hours per day if left undisturbed.*

Some patients develop an obsessive-compulsive disorder with sexual obsessions, compulsions, intrusive images, and vivid dreams following the onset of chronic Lyme disease. Of particular interest, a few patients report a change in the content of sexual imagery. A change to more violent sexual themes is sometimes noted. This, in turn, sometimes alters



The *Borrelia burgdorferi* spirochete is the causative agent of Lyme disease.

sexual behavior.

Could *Borrelia burgdorferi* or other infectious diseases sometimes alter sexual orientation or contribute to gender dysphoria, or altered patterns of sexual arousal? There is evidence that sexual functioning is altered by a number of other parasites, including *Wolbachia*, *Spiroplasma*, *Rickettsia* and *Microsporidia*. When Bb infections begin in childhood, are there some cases where it may have an effect upon sexual development? Is infectious disease one of the many factors that may affect sexual development? When changes in sexual imagery occur in adults, most are upset by the changes, which result in a decline of sexual interest. However, there are times when some individuals act out these fantasies.

**Stein Sara L., MD. Et al, American Journal of Psychiatry 153:4, April 1996, Clinical Case Conference "A 25-Year-Old Woman With Hallucinations, Hyper sexuality, Nightmares, and a Rash."*

Fertility:

Patients complain of infertility with surprising frequency. Is infertility more common in chronic Lyme disease

patients?

Atrophy of genitalia:

A few patients who have been infected for over ten years report atrophy of the genitalia. Males have reported atrophy of the penis and testicles, a change that is reversed by IV antibiotics. Females report lack of vaginal lubrication, painful intercourse, and anorgasmia. One female patient reported atrophy of one breast.

Anesthesia of genitalia:

On occasion, some patients complain of a loss or sensation of the genitalia. I have also seen this symptom in a few chronic fatigue patients.

Orgasm-induced migraine headaches:

Although uncommon, this is sometimes seen in chronic Lyme disease patients.

Lymphocytoma of the nipple:

This has been reported in Europe, but I have never seen such a case in my practice.

Menstrual irregularity:

A common symptom in

about 50% of menstruating patients.

Breast swelling, tenderness, and lactation:

Some patients complain of this symptom.

Premenstrual Syndrome:

There is a significant tendency towards worsening of the chronic Lyme disease symptoms in the premenstrual period.

Besides these symptoms associated with Lyme disease, there are many other symptoms which indirectly affect sexual functioning, i.e. - fatigue, chronic pain, depression, paranoia, hyper-vigilance, mood swings, low frustration tolerance, temper outbursts, apathy, etc. These mood symptoms often alienate their partners. It is no surprise that many chronic Lyme disease patients report marital discord.

Treatment:

A well-planned treatment approach for chronic Lyme disease can help the overall prognosis, thereby possibly helping any of these symptoms. The treatment of

sexual dysfunction is one of the last frontiers in medicine. Three drugs for male erectile dysfunction have been approved for marketing. One was Viagra, developed by Pfizer. Loss of libido and a loss of sexual functioning are treated by a number of methods. Testosterone treatments are sometimes effective for loss of libido in both men and women. Dopamine agonists such as Wellbutrin and Parlodel are also used as treatment modalities.

More interesting than the treatment of sexual dysfunction is the question - can some individuals with abnormal patterns of sexual arousal be treated with antibiotics? *pha*



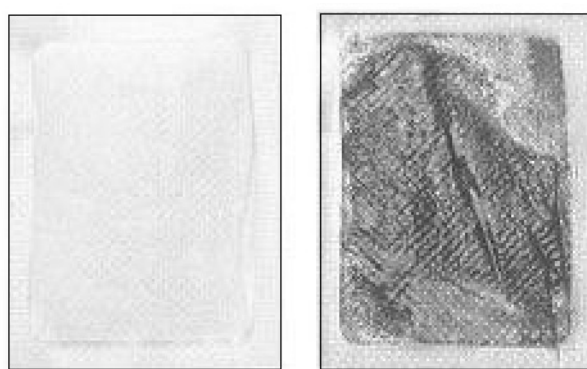
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A Sign of Memory Loss



by Virginia T. Sherr, MD

The sign-display artist and business owner had sought psychiatric help for increasing panic, exhaustion and an atypical lack of initiative. Usually a vivacious, energetic type, he had gotten so he would just sit and stare out the window in the afternoons, doing nothing productive, just ruminating on how he wasn't motivated any more. The more he thought about it, the more it occurred to him that he was abnormal as well as depressed. It wasn't that he felt so totally depressed as much as he just felt desperately overwhelmed by his lack of focus and his readiness to sit and stare at nothing. He tried to analyze it himself. He recalled some childhood trauma and wondered if that had finally caught up with him.

As his business began to falter and he could see himself and his business moving from the winner to the loser column,

he decided to explore his psyche with me. In the first interview, it became clear that he had a number of physical symptoms for which his doctors had found no explanation. He had been reassured that his sweats, headaches, aches, pains, irritability, insomnia and what he described as mild memory loss were all part of the stress he was experiencing. Because he was a happy man with a wife whom he adored, two sons who were the apples of his eye and a business that was beginning to really take off, he believed that the only stress that could be causing all this must be internal. What did I think?

What I thought of immediately was what I had been dealing with in our aptly named Bucks County, Pennsylvania for several years: cryptic, unrecognized, persistent Lyme disease and/or other deer tick-borne diseases that locally were showing up first as psychological problems. Unlike Lyme, CT, where the infamous causative spirochete caused swollen, inflamed knees, in Pennsylvania the disease very often was first manifested by personality changes. The usual test, the Elisa, was negative but more sophisticated, advanced testing by a research-quality laboratory, revealed strong evidence of Lyme disease and several other tick-borne diseases.

Steve was shocked. His wife was relieved that there was hope for the recovery of his former self. He was soon

under treatment for his infections, but we began to realize that the memory loss was more than a small part of his problem. His withdrawal and sense of lack of ambition had been, in part, a reaction to the fact that Steve could not remember what he was doing from one minute to the next. The resultant effort to keep track of things was exhausting and he constantly felt overwhelmed. As he began to understand the reality of his memory loss, Steve was frightened. Everything he had worked for was about to go down the tube. He tried hard to resurrect the notion that this was just a psychological problem that analyzing would cure. My experience with Lyme patients allowed me to reassure him that this would improve over time as his antibiotic treatment continued. Then I warned him: "At first you have to protect yourself from the bruising that your brain's memory center has been taking. I call this protection the "Post-it Maneuver" because, to survive successfully in this campaign, you will have to plaster your surroundings with notes and reminders. The memory loss can be temporary but the damage from things forgotten can be permanently troublesome." He complied.

Next session, Steven came in laughing. "Well, I took your advice. The job I had yesterday called for a big custom-made sign that needed a sturdy base. Because I know I keep losing things, I decided to tape the brand-new sign I had

brought to the job onto the wall over the site where I was working. That way I couldn't forget it. I finished the sign base, caught my breath and began to look around for the sign. It was nowhere to be found. A sense of panic swept over me. Oh, my God, I'd gone off and left it at home. I called my wife, alerted my craftspeople to the crisis, and sped home cursing my stupidity. No one had a clue to the sign's whereabouts. I searched my other trucks - no sign! In deep despair and confusion, I trudged back to the worksite prepared to tell my client that I could not make his deadline, when what to my wondering eyes should appear? The sign! Big as life and right over where I had been working. Then I remembered where I had made a giant 'Post-it' of it."

Despite his laughter, Steve felt desperate. "How will I know if what you say is true - that my memory will come back?"

"Steve, just wait for a moment of surprise. One day, you will be minding your own business when suddenly you will recall something totally irrelevant and generally unimportant. It will occur as an intrusive thought. An example would be a sudden awareness that you left the toothpaste tube cap off last night. At first, you will think, so what? But then you will do a double-take and say, "I REMEMBERED THAT!!" Steve left looking incredulous.

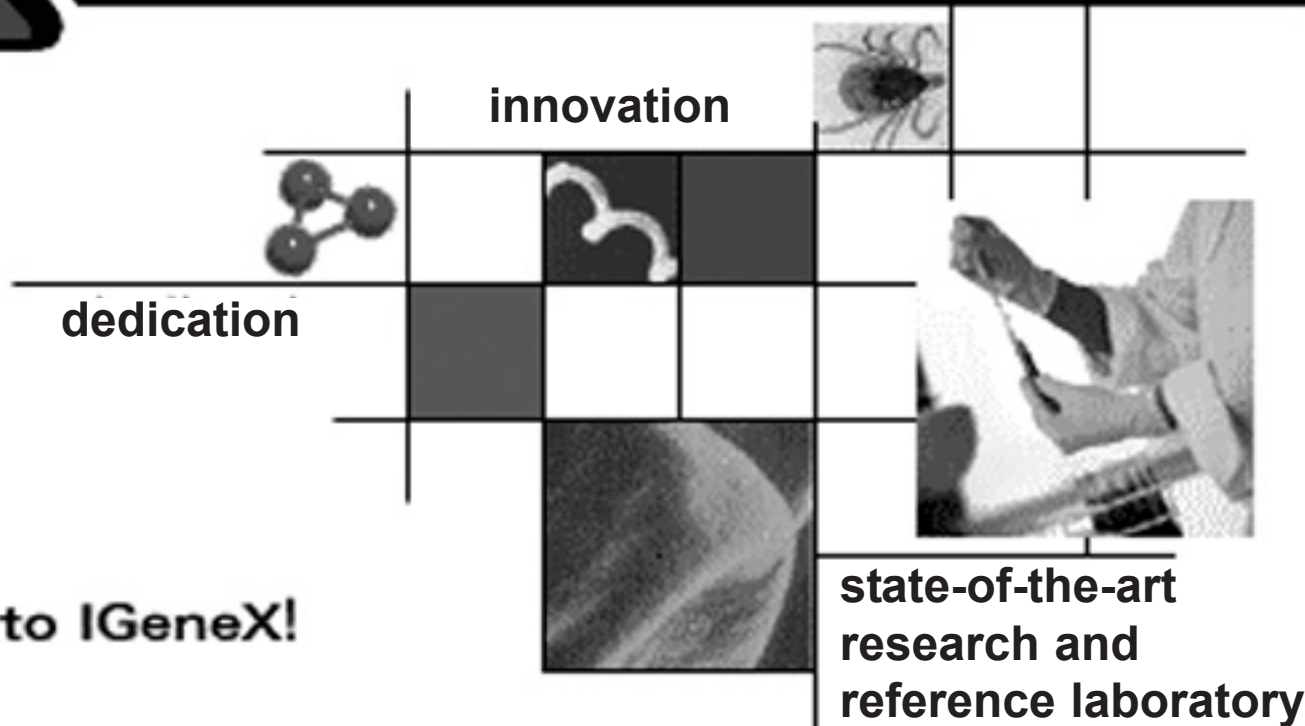
The artist had a terrific

sense of humor so I was not surprised that when he came in several sessions later, he was chuckling as he said, "It happened; it happened just the way you said." I asked his meaning. "You'll never believe this. I was at work when an irrelevant memory intruded, just like you told me it would. I suddenly recalled that I had been the one to invite my friend to dinner!" He looked at me knowingly. "And..?" "Don't you see, it made all the difference. So I called my friend and explained it to him." "I still don't understand." "It happened months before I knew I had Lyme; my wife and I went out to dinner with our closest friends. At the end of the meal, he didn't reach for the check or even offer to split the bill with me. I felt devalued and angry that he'd treat such old friends that way. I've been angry with him ever since 'tho I never said anything to him. As soon as I remembered I had been the one who had asked him to be MY guest, I rushed to the phone and called him and said, "It was MY bill!" He was pretty surprised because he had no memory of the event at all. When I explained it, he thought it was all pretty cool.

And so far as I am concerned, every time I drive by my big billboard, it makes me remember what it is like to forget ... I guess you could call it a sign --- of memory loss!" *pha*



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Dr. James Schaller, M.D.

I hate medical drama. If I want drama I will watch a movie, a sporting event or a TV show. Bartonella has almost 2,000 articles on PubMed, but almost no one realizes it is a major source of depression and suicide, panic attacks and social anxiety, seizures, heart attacks, personality change, pushy behavior, divorce, profound narcissism, eccentric obsessions, irritability, hostility, property destruction, cursing, fatigue, chemical sensitivity, memory trouble, addiction to "take the edge off," attention trouble, autism, impulsive rage, fighting and even manslaughter. It can cause you to have 20 types of injury to every organ of the body, and perhaps over a hundred effects on the brain. In this short article, I am going to focus on the "real world" issues of Bartonella and ignore its effects on your spleen or gizzard.

Blindness is routine in medicine. We look at what we believed 50 years ago in mainstream medicine and shudder. Let me let you in on a "hot" stock tip, or a hot medical tip for a "racehorse" that is already across the finish line. Specifically, I have spent thousands of hours studying Bartonella, and as the author of the most recent two-part color textbook on Bartonella, I shudder more each week as I deal with this infection's new lessons. Bartonella is not a shower rinse, it is a Katrina, and no one understands the levies have been completely destroyed. That is the genius of Bartonella. It destroys lives without causing obvious illness.

This is a bacterium that actually turns off a fever [1] and floats in the blood, turning off parts of human immunity. The entire world is blind to the massive destruction of Bartonella, but that is coming to an end. It helped destroy Napoleon's army and aided in their defeat [2]. And in modern times I feel strongly it is vastly

more common than Lyme, and it is perhaps second only to cold/flu and the 400 million infected with malaria each year.

Currently, the ability of virtually every international lab to detect Bartonella borders on a disaster. Using human genome project techniques, 32 specific unique species have been isolated, yet labs only test for two species. When I reported these 32 species, a so-called "Lyme expert" author and PhD., said I am possibly wrong because she did not find it on her "Google search." If you have this kind of anti-intellectual friend to guide you medically into new areas of cutting-edge medicine, you are simply lost. With such a sage, you have no need for terrorists. She published that medical research pearl with a serious face-"do a Google search."

Some healthcare workers and patients in the Lyme community routinely show signs of Bartonella-type behavior, and it has often hindered unity. Some divisions are weird. Some alienation is weird. It is the Bartonella that causes the weirdness. You do not see such agitation and reactions in asthma, Hepatitis C or COPD groups. I know it is easy to say someone is a "jerk" or "loser", but some of these folks have Bartonella in their head. They are different than the person they were 5, 10 or 20 years ago - stunningly different. They are different in a manner that is not consistent with normal personality changes. I want to discuss this in clear and simple ways below, after a terse word on Bartonella testing.

Patients with certain Bartonella are virtually always labeled negative based on lab testing. One lab recently raised their cut-off for a positive to a very high level, because they seemed to be worried they were getting too many positives. I

bet they were and what they found was still a tiny fraction! Patients with clear and active Bartonella have virtually always come back negative due to poor antibody tests; poor PCR tests and poor manual smear staining techniques [3, 4]. I have yet to meet any healthcare worker in the world who has read at least hundreds of Bartonella articles. Some

A divorce at this stage would just be divorcing a person with bacteria and massive inflammation in the brain. It would be like divorcing your spouse for being irritable due to chemotherapy from cancer.

have read ten articles and feel they are up-to-date! This disease destroys lives and it will not be mastered by ten articles. 99.9% of health care workers have almost a complete lack of meaningful knowledge about Bartonella.

Bartonella Ruins Marriages and Close Relationships

John said he could not stand his wife, Laura. She was loud and every word she said was like a foghorn. She was pushy and always violating his boundaries. She looked at his work emails and called him when he was in serious work meetings. Laura "never had a clue that she was doing things at the wrong time and too intensely."

Laura felt John was always ready to jump down her throat. He was irritable and restless. He had become too much of a drinker, and it scared

her. He sometimes drove in a rushed and scary manner, and often ignored her demands he drive "like a sane person."

Both said the marriage was over and they could not stand each other.

I simply asked a number of questions so I could hear about all the major areas of their lives. And while they were angry with their spouse, both had some small but annoying medical troubles, and both had other people that troubled them. Of course when you live in the same house, the spouse, the parent or the sibling gets it the worst.

I told them I supported the idea of a divorce, but since I was looking at labs that showed clear Bartonella from five types of lab findings, from three different laboratories, that perhaps they should wait until they returned to the old healthy John and Laura, and then divorce that person. A divorce at this stage would just be divorcing a person with bacteria and massive inflammation in the brain. It would be like divorcing your spouse for being irritable due to chemotherapy from cancer.

I suggested this delay in the divorce and they each looked at me like I was nuts. Since I am quite nuts, this did not trouble me at all. It showed me they were in touch with reality. Yet after some more education, and a second review of the labs, both agreed they wanted to give the medical care a serious trial first. They would address the marriage later. I knew they would make it because they had insight. They could see the labs were off. While they did not feel they were deeply ill, they could understand the lab results. They also realized they were not at 100% emotionally and physically. The immense danger with

Bartonella and other tick-borne disease is the loss of insight. It causes many deaths - heart attacks, strokes, cancer, pulmonary embolisms, car deaths and injury, suicide and death by ignoring basic reasonable preventative health care.

Today, this couple talks about being "best friends," having a "pretty reasonable" love life, trying to fight off time bandits that limit their "nice talks" together. They are still fighting just a bit more than they were in the past, but the momentum is dying and their fights last a minute and are resolved in 10 minutes. They look back at the time when they had Bartonella and are stunned and a bit frightened that they almost walked out on their best friend. They do not understand it. They do not know why they were so alienated. Their Bartonella cure has saved their marriage. In a recent phone call, they were discussing relatives they were sending to me for treatment, and as they laughed together on the line, I was deeply moved and I reminded them of our session when we went over their lab results and they were both fed up, and both had already given divorce retainers to the most "vicious" divorce attorneys in town. All of us could not believe the shift and healing between them.

Bartonella "Drunks" and Drug Abusers

Angela was never one to drink until she was 28 years old. She had gone camping in North Carolina and had developed a fever. She went to three "top" infection physicians, and they were not sure of the cause of her low-grade ongoing fever and her new restlessness.

She found her way to a psychiatrist, but one that had recently spent a good deal of time learning "cognitive - behavioral" treatments for anxiety. Since I learned these in the "Bartonella" ...cont'd pg 14

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.

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A Valiant Warrior Until the End

It is with great sadness and grief that I bring the news to you that our co-worker and friend at the PHA, David Noblett, has passed away.

David was in the middle of working on "the story of his life" as he had finally gotten the attention of a mainstream news media outlet in Fort Worth, Texas to take on story of corruption in the Texas medical board. This had been one of David's great dreams and passions... to see the story picked up by mainstream media... and it was happening!

The interviews had taken place, the story was written and all that was left to do was for the reporter to come back and take the photos for the article.

The appointment day had arrived. The reporter called David to verify their meeting time that was to be 45 minutes from the time of the phone call and all was good-to-go. The reporter arrived at David's home and there was no answer to the knocks at the door. The door was open, so the reporter went ahead into the home-- he knew David was expecting him as they had just spoke on the phone.

The reporter found David at his computer, dead. It is suspected that he had a heart attack. 911 was called but it was too late. David was taken to the county medical examiner's office where a full autopsy will be performed. That is standard procedure when someone dies alone with no known cause.

This news has taken us all by surprise and has left us completely broken-hearted. David was a friend to all who knew him. He had a deep love of God and country. He had a passion for justice. This is what fueled his 2 year battle with the Texas Medical Board on behalf of the fraudulent charges that were brought against Dr. William Littlejohn,

"The world is definitely a lesser place without him..."

Dr. William Littlejohn, M.D.

M.D. that led to his "temporary" suspension of his medical license 2 years ago.

In the process of our grief, it has been doubly compounded as we have realized that David had absolutely NO family. There has been no one who can legally "claim" his body at the morgue for burial. Dr. Littlejohn is petitioning the state for permission to give David a funeral, but the law requires, since he is not a "relative" that they wait 30 days to release David's body.

This means that David's friends will be taking on the financial gift of giving him an

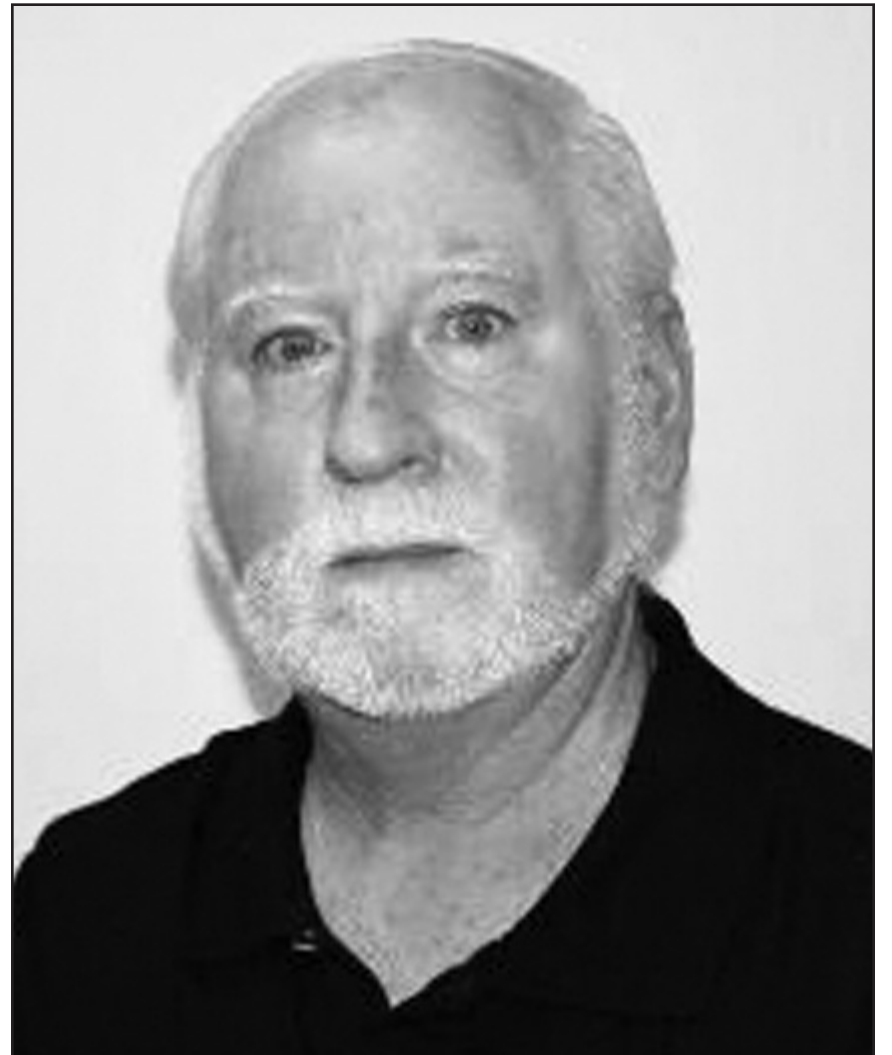
honorable funeral.

Dr. Littlejohn cannot afford the funeral alone as he is in much the same situation as Dr. Charles Ray Jones-- fighting for his license before the state medical board.

David's Veterans benefits do not cover but a small fraction of the burial expense, not even enough to purchase a burial plot. Thought they will provide an American flag to drape his casket and a concrete grave marker for his years of service to our country.

So in an effort to give this true American hero, a decorated war veteran, an honorable funeral and memorial service, the Public Health Alert is setting up an account to collect donations from the public that would be applied towards David's funeral costs.

100% of the money donated to the memorial fund will go to David's funeral and memorial fund. There will be NO administrative fees at all. Send donations to the information below...



David Noblett, PHA staff writer, Texas Medical Board watchdog reporter and President of the Dr. Littlejohn Patient Class Action Group passed away Friday Sept. 26, 2008

The David Noblett Memorial Fund

**C/O Public Health Alert
821 Sansome Drive
Arlington, Texas 76018**

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Welcome to Wisconsin Lyme Woe Wars

It's too late now for help, you see,
What's done is done, just let it be.
"Ssh!" I say, "Don't spread the word!"
Wisconny folks like life absurd.

They can't tell day from night,
And choose to live a plight, a blight.
Lyme disease will kill, you know
'Specially when docs help it grow.

If you ask, they'll tell you, "NO!"
You'll see a rash; It will show!"

(or)

"We treated you for long enough!
We say 'Post-Lyme!' You call it rough!"

Beware! Your test must be read their way
(No matter what you think to say.)
Docs refuse: "What you call Lyme
Just can't be! It's hard to find!"

"We're the doctors! We know best!
Now go home and get some rest.
You don't have Lyme! That isn't true!
Get out!" They yell, "And get a clue!"

~

There is a doc, a small town guy,
Who says he just can't live the lie.
He'll not treat Lyme like others said.
His books are always in the red.

He takes those who cannot pay
And always listens when they say
"I think it's Lyme. Can you help?"
"Yes," he says, and then they yelp--

"No one cared! They wouldn't see--
This thing that's got a hold of me!"
"I know," he'll say, "But I'm here now,
And I won't leave you or allow
You to sink or be called nuts,
My door is open, never shuts."

To you dear Doc, I must confess,
I feel a wing-ed angel bless
My time with you for you believe
We'll take my health and find reprieve.

Doc, you try and try and never stop
Fighting the beast we've got to whop.
We will beat this Lyme together
Cut it off its nasty tether.

"It takes time," you say, I know.
I trust you, you're no average Joe.
You don't know there's none like you,
The rest keep patients sick and blue.

I'm going to try to tell your story,
Give you time to have some glory
Before the day of kangaroo court,
Befalls you like it did Shortt.

You've risked all to make us well,
Now it's time for us to tell.
We're the ones who know, you'll see!
We'll shout the truth! We'll shout our plea:

"Stand up all you politicians!
Time to see which way wind blows.
Save our Doc and make it quick
'Cuz we won't stand for one more trick!"

"We're sick with Lyme and we're tired!
Stop the lies in which you're mired!
Disband the crazy righteous Board!
Stand up for doc's rights toward
Health and help that all must have.
Stop the Board! They make us mad!"

"The complaints we know are bogus
As Doc's lawyer sure can show us!
Board! Admit you judge not knowing
All the lives you end up owing!"

"You do just what you want, we know,
That's how you make the cases flow.
Advisor knows just what to crow,
To deal a doc the final blow."
A doctor willing and sincere
Who treats patients others fear
Has to hear your charges clear
Inside the Board "hearing" here.

You left them out? What do you do?
You think up others that might be true?
So you judge on "record-keeping"
Of the patients Doc keeps seeing?

Speak, all you unbiased docs!
Let's hear again your "records" crocks.
Speak now and don't delay,
How will you crush what Doc will say?

"His patient records are a sin!
And for that we'll do him in!
We judge him being poor of pen
That's really where this case begins."

How dare you say for this we pay
A witch hunt always starts Lyme's fray.
We've seen it with Docs J and J.
It's old hat like yesterday.

You think we don't see puppets?
You're worn by others just like Muppets,
Played by hand to beat the band
The goal to get Lyme doctors canned.

In Canada and Missouri,
Rise up friends to show Lyme fury!
Please tell those who speak for you
Lyme Wars end or they're through!

We'll be there in Capitol foyers
Telling you these Boards are toys
Who stand and sit as smug annoyers--
What say you, Doc? What say your lawyers?

In Lyme War, Doc is but a token.
The mighty Board has since spoken.
Doc is hurt, I think he's chokin'
Back the tears. His heart is broken:

"I'm sad for you, you won't believe
What a troubled web you weave
You'll not let go, Big Dog with Bone,
And see your way to leave me 'lone.

"I don't write lists of symptoms,
I'm the doc who sits and listens.
I hear what patients say to me,
I keep it in my head you see.

"Up there I wade through what they say
And sort it out to find the way
To take away the frightening pain
Other docs would not explain.

"Docs follow like ducks to water,
Dropping Lyme patients to the slaughter.
I've got a gift from my father,
I try to use it, that I oughter'

"Docs like you that came before
Thought little and no more
Of Lyme patients you'd treat but few
And so from that my practice grew.

"Board! You hear oh so little,
Me I'm caught in the middle
Of patients who are sick; you're not!
You dismiss what can't be bought.

"Docs like you who question treatment
Wind up denying patients freedom.
The ones I see must win, not lose,
Why can't you simply let them choose?"

"You judge me and other doctors
With your accusatory discourse
Won't you stop for good of all?
End this war and stand up tall!"

"It's care I give that patients sought
You don't see how they're caught.
In the wrong things you were taught.
But my words here stand for naught.

"I can't stand the wear and tear.
The pressure, it's too much to bear.
Take my license! I don't care!
It's on your heads how patients fare!"

~

We tried and tried
And screamed so loud--
"Refuse to be part of the crowd!
Don't take our Doc who's done us proud!"

Wisconny docs upon the Board
To disagree they'd not afford
Their position high and mighty
In the medical society.

Robbing health and stuffing pockets
Protected from law court dockets.
They know how to decide the case
To cause a caregiver's fall from grace.

Good ol' Doc fought long and hard
To heal those that others barred.
Frazzled mothers, anguished fathers,
He helped heal our sons and daughters.
He'd stand by them to make them well
To stop Lyme-life in hell.

But Doc is gone, such a loss;
His healing ways the State did toss
To the phonies and their cronies
Whose charges were just big balonies.

Funny how the State gets lost
Always looking at the cost
Of tourists and their mighty dollars
Lauded over one who hollers:

"LYME KILLS!
END THE BATTLE
OVER A SERIOUS DISEASE
FOR PATIENTS AND DOCTORS!"

Johanna Lake
Tick City, Wisconsin



“Treatment Failure” ...cont’d from pg 2



Dad has been ill too long and his frontal lobes are impaired. He has terrible insight and rigidity.

treatment rope. This is what happens when someone does not treat you fully and effectively at the beginning of your treatment. You can get treatment fatigue.

Reason Fourteen

The treatment approach that leads to cure is not the same dose that leads to stunning organisms. Cure does not do not merely equal fewer bacteria or "a reduction in body load." For example, using Bicillin once a week with no cyst buster will not kill all your Lyme, nor will it remove cysts. So years after receiving this treatment, your cancer-fighting cells, marked by some as the CD57 level, may be under 90. This is one good test that is quite specific for Lyme disease. (The C3a and C4a test is not specific for Lyme).

Reason Fifteen

Cynical know-it-alls can castrate the work of Lyme experts and convince patients to drop healthcare workers who are helping. They usually use "the money" argument or "the speed of your recovery" argument to cut you off from someone sincerely trying to help you. Tick and flea-borne infections in the bodies and brains of relatives and friends can cause some of them to be outrageously critical, entitled, disrespectful, nasty, insulting, and defamatory, proposing God-like stan-

dards to convince you that a person who is helping you should be dropped.

Reason Sixteen

Two respected scientists, Drs. Sapi and MacDonald, did the first clear work on a Lyme biofilm in early 2008. Organizations with millions in grants and research money have never addressed this issue. We know that many spirochetes have biofilms. Indeed, many spirochetes in your mouth are known to cause a biofilm and plaque.

Why does this matter? I'll give you an example: I have a pool. One day it was filled with some patches of large algae. The manual said some algae varieties make a biofilm that make chlorine and algacides worthless. They suggested a tough industrial large brush. I used it, and watched a clear film float off the top of the algae, and in 30 minutes no algae was visible. This is the power of a biofilm. It makes most antibiotics a joke.

In a textbook I am currently working on, I will address the many options for attacking biofilms. No article or book yet exists that explores the twenty plus ways I would propose to beat a Lyme biofilm. I am deeply concerned with the simplistic nature of the current options. It is believed by some professionals that highly specific enzymes can digest a Lyme biofilm. Yet enzymes are some-

times like keys, and this so-called miracle enzyme may not be the "key" to Lyme's biofilm.

Two of the twenty biofilm treatments we are already exploring include these samples. First, if you look at what kills spirochetes making plaque in your mouth, you will notice that the key ingredients include four essential oils present in products like Listerine.

Further, we have been working with biological chemists who are extracting a wide range of natural chemicals from various botanicals. Some grow bacteria and others kill bacteria but hurt human membranes. Others kill bacteria and are profoundly safe.

Reason Seventeen

Self-treatment is easy to pursue. Many experts are expensive, and you are uncertain of their level of knowledge after reading on the Internet. Some are too narrow. Others are open to virtually everything as they seek out cures.

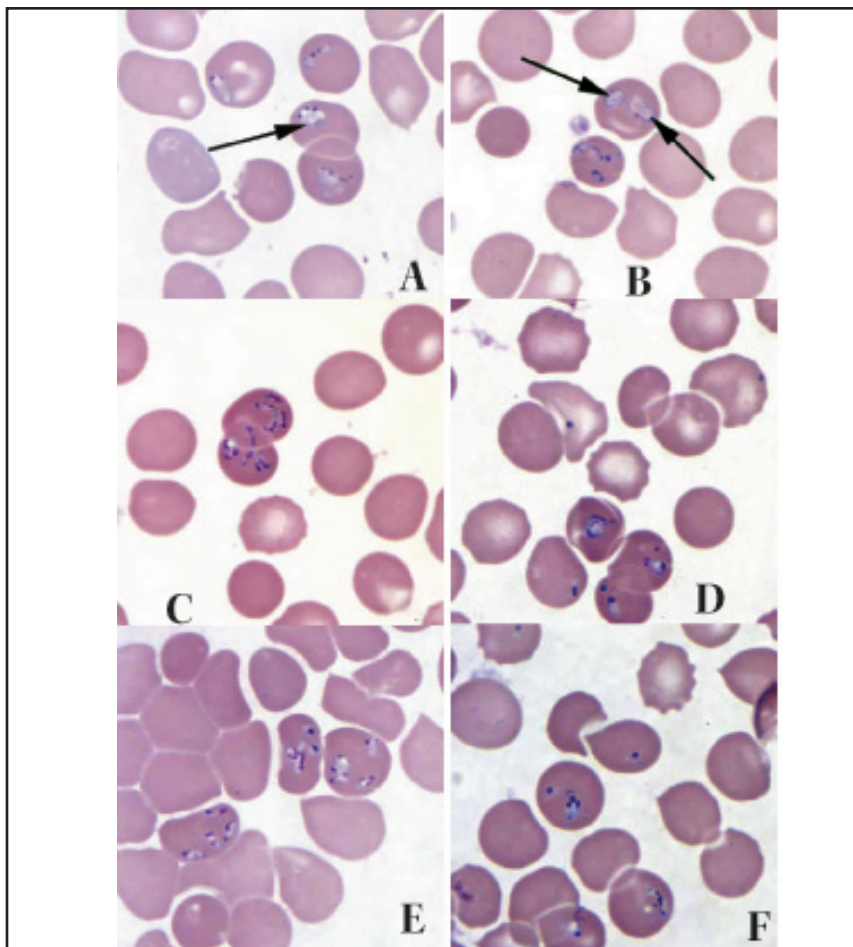
So you get in a medical boat and push yourself out to sea. You read like crazy. You try a, b and c. You read testimonies of hundreds of patients. You try a wide range of non-prescription options. Some

days, weeks or months you feel better. Other weeks, you are not so good. You are upset. You ask yourself, why do I have to do all the work and learning? This is not a good place. People exist who have already explored virtually all of the fifty things you are going to explore in the next ten years. You need a mentor.

Reason Eighteen

Tick and flea-borne infections cause isolation. They ruin relationships due to foggi-ness, poor insight, various addictions, rage, extreme hostility, and refusing to get treatment, and they can sometimes provoke violence. Bartonella is likely the worst cause of these problems, but Lyme and Babesia and their die offs can also increase these problems. Isolation leads to decreased treatment options. It can ultimately lead to divorce and the loss of family relationships and friendships. This, in turn, leads to decreased resources and support while ill. Isolated humans, as Mother Teresa often said, are the poorest beings on earth.

pha



Images of Babesia . We have seen IgG and IgM's of other infections become positive after these were killed with new treatment dosing. Lyme is never cured with this immune system overwhelming parasite. To see 250 sample Babesia images you can view Dr. Schaller's new color book, A Laboratory Guide to Human Babesia Hematology Forms. (Source: CDC Division of Parasitology.)

About the Author:

Dr. Schaller is the author of 27 peer-reviewed journal articles and is one of the most prolific LL MD's in the world.

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

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

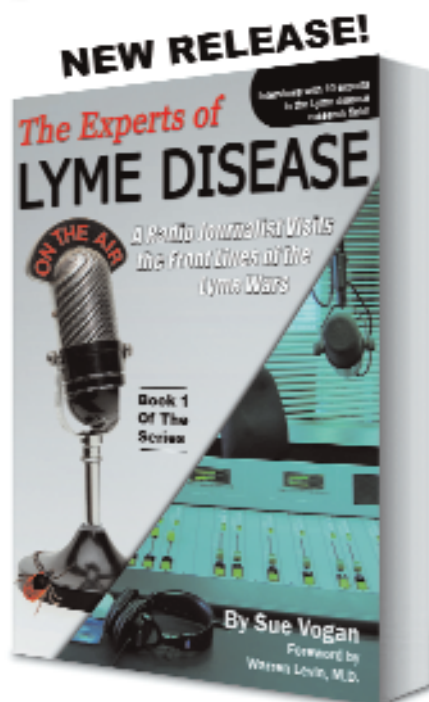
Dr. Schaller's many national and international medical publications in such journals as *JAMA, Medscape,* and some of the largest pediatric journals in the world. He was the first to publish a practical cancer cure which blocks a single enzyme of a deadly blood cancer, which has become a standard treatment internationally. He has also designed wholesale nutritional products and published nutrition and herbal purity and potency research.

Dr. Schaller is a strong advocate for looking at many treatments and illness causes as can be seen from his site: www.PersonalConsult.com. Here he offers over 800 articles in over 10 areas of medicine for free.

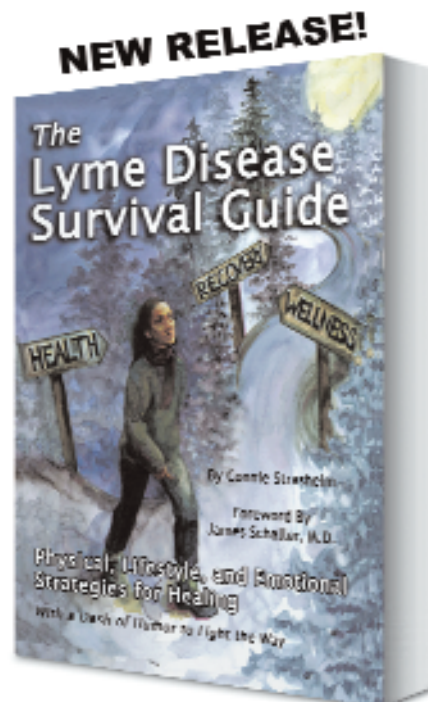
Dr. Schaller offers free brief educational chats which can be arranged on www.personalconsult.com.



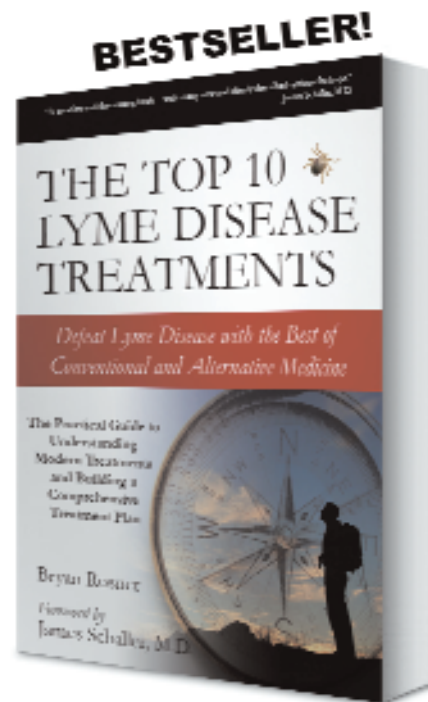
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“Friendly Fire” ...cont'd from pg 3

safety and welfare by establishing and maintaining standards of excellence used in regulating the practice of medicine and ensuring quality health care for the citizens of Texas through licensure, discipline and education.”

I was even further amazed when I read a message from the former TMB Executive Director, Donald W. Patrick, M.D. on the TMB website where he unveiled the new TMB official slogan: **Safeguarding the public through professional accountability.** In his "message" he says, "We arrived at this slogan through the combined efforts of several medical board staff members who brainstormed ideas to get what we do into a very few words."

First of all, were I the executive director of the TMB, the first thing I would do is to eliminate their mission statement completely because of the shame and embarrassment at how they have utterly failed in fulfilling it.

Secondly, it strikes me as being a total waste of time to gather together a bunch of medical board staff members to "brainstorm" to come up with some cute official TMB slogan that, again, like their mission statement is a complete fraud to their actual historical record. Better they get together, and better their time would be spent if they were to "brainstorm" over how they can face up to and correct their failure to fulfill their mission statement and slogan and repair all of the damages and injuries they have perpetrated upon their fellow citizens. They must, either voluntarily or by the force and rule of law, be made to stand before the citizens of the state of Texas and give accountability to the innocent victims of death and casualty inflicted under the guise of and by the so-called friendly fire of the Texas Medical Board. Why is this a justifiable statement? Just follow the trail of those lives that have been injured, broken,

damaged and ruined by the TMB. It speaks for itself.

The TMB was formed for the purpose of and has been given a mandate to "serve" all Texas physicians and citizens in their oversight position. Remember their mission statement? The TMB was to have the attitude of being an advocate and ally for physicians and citizens instead of the adversary and enemy they have become.

There are vivid memories following the aftermath of combat action in Viet Nam and walking through the smoke-filled battlefield to see lifeless corpses and wounded soldiers being treated and readied for dust-off back to the rear for treatment. It seems the TMB has succeeded in creating its own battlefield, complete with dead bodies and wounded physicians and citizens whose lives will never fully recover again.

There isn't enough space here to list all of the casualties resulting from the despicable actions of the TMB. I think the well-known publisher/writer of the Internet based news/blog site *The Provocateur*, Mike Volpe, put it best where he suggested that as the cases of the TMB's atrocities committed against certain physicians are exposed and brought to light that they "...are likely to open up a Pandora's box of corruption throughout the medical system that infects the state of Texas. I have only begun to discover it all..." (*The Provocateur*; dated 5-20-08)

Mike Volpe is not alone in his assessment of the TMB. Throughout the medical community this current Texas Medical Board has developed a national reputation as being one of the very worst state medical boards in the nation. This is a reputation they have brought upon themselves. A couple of thousand years ago the Great Teacher stood before the multitudes to give His famous *Sermon on the Mount*. In His teaching He instructed His listeners on how to discern

between good and evil when He said, "Ye shall know them by their fruits..." (Matt. 7:16a) The fruit of the TMB is obvious: Many good and innocent physicians have lost their practices, their profession and their careers. They have had their license to practice medicine taken away from them without a proven and justifiable cause, robbing them of their profession and the career they have spent decades building. They have been deprived of an income in order to support and provide for their families. They have had their reputations smeared and destroyed beyond repair in the public media with the complicity of the TMB. They have been made to endure hardships through no fault of their own. They have been falsely accused through anonymous complaints that are discovered to be nothing but a pack of lies, and yet still held guilty by the TMB.

Then there are the patients, the good citizens of the state of Texas. They have shown up at their doctor's office for their next scheduled appointment to find the doors locked, the lights out and their doctor gone forever. Overnight and without warning the TMB shuts down an innocent doctor's practice and leaves his victimized patients left standing alone and without their necessary-for-life medical treatment and medications. If a doctor abandons his patients, the TMB will strip him of his license. But when the TMB causes the doctor to commit the FORCED ABANDONMENT of his patients AGAINST HIS WILL, it's all right. Left abandoned by the TMB and without proper medical care, these patients regress into states of becoming invalid and disabled. They become sick and bedridden. They must make regular trips to the local ER as the only place to receive the medical care they once had. They lose their jobs and are no longer able to support and provide for their families. Families split up and marriages are bro-

ken up. Homes are lost and autos are repossessed. These once-productive members of society are now forced to go on welfare in order to survive.

Then finally there comes the ultimate victim caused by the atrocious decisions of the TMB to take away their doctor and necessary-for-life medical care. These would be those who can no longer endure and choose the final solution for their misery: suicide. We know of three patient suicides (2 confirmed and 1 unconfirmed) of one such doctor alone. This is the fruit of the TMB.

I opened this article by speaking of death and casualties by friendly fire. It is one thing when you are fighting alongside your fellow warriors, and in the heat of battle fellow soldiers within your ranks are accidentally and unknowingly made to suffer death or become a casualty by friendly fire. When such a mistake happens, the first thing you do is to call a cease-fire to immediately shut down the source of the problem. Then you begin to treat the wounded and take care of the dead. You learn what caused it and why it was caused. From this you make the necessary corrections to ensure that it will never happen again.

That is how death and casualties by friendly fire are dealt with in the military and, in theory, should be the example and template for our civilian society as well. On the other hand, if you can, imagine this: You are a soldier and going about your business while on patrol with your platoon out in the jungle somewhere. Without warning, you begin receiving incoming artillery rounds exploding all around you. You watch as fellow soldiers fall dead or wounded by the shell fragments. You make radio contact with your rear command headquarters and are shocked to find out that you are receiving friendly fire from your own artillery. You demand an imme-

diate cease-fire and for the artillery to abort their mission to avoid further damage. And yet, to your surprise and frustration, your call for a cease-fire is ignored and the bombs keep coming. You get back on the radio to speak to your rear area command post once again. This time you get no answer, no response to your pleas. You are stunned when you realize your commanders have turned off their radios and have turned a deaf ear and a blind eye to your situation and the bombs keep on coming and more dead and wounded keep on happening. Your higher-ups at the command post have refused to listen to the cries and pleas of their fellow soldiers or to even consider the death and destruction they are causing. As you hunker down trying to protect yourself from the incoming rounds, what would you think? Would you think that this is what we expect from our enemies and not our fellow soldiers? NO! You would think that these people who are trying to destroy us under the guise of being with us **and claiming to be our fellow soldiers ARE WORSE THAN THE ENEMY!!!**

Your worst enemy is not the one you face on the battlefield in the heat of combat. Your worst enemy is the one who has come alongside you, wears your uniform, talks your language, buddies up to you, shares his meals with you and sleeps beside you. Then when you least expect it, on some dark night he sneaks up to your backside and slits your throat from behind. This is why the TMB has become worse than our true enemies. While claiming to be on our side and posing as a fellow soldier, they have roamed around in our midst as a wolf in sheep's clothing and have become as the Benedict Arnold of the medical profession in the state of Texas, reaping death, casualties and destruction within the ranks of those they claim to serve. *pha*

A Lesson in Logic: When Will They Listen?

by Dawn Irons

I've been told for years that Lyme patients in Texas would better be served if we could get veterinarians to treat us! I thought that was just a humorous way to deal with the frustration of the medical controversy surrounding Lyme treatment.... but NOOOOOO!

The verdict is in! The statement is no joke at all--but very scarily true!

Just this morning I received this national tracking map of tick-borne diseases in canines--specifically Lyme disease. This map shows that the prevalence of Lyme among dogs in Texas is the exact same prevalence as it is on the east coast. How can that be? Don't those ticks know that according to the infectious disease doctors in Texas, that we don't have Lyme in Texas? What a conundrum!

But yet, there it is, plain as day-- the surveillance map showing no difference in the rates of Lyme disease among dogs in the most endemic regions of the country as there

are in Texas. NO DIFFERENCE!

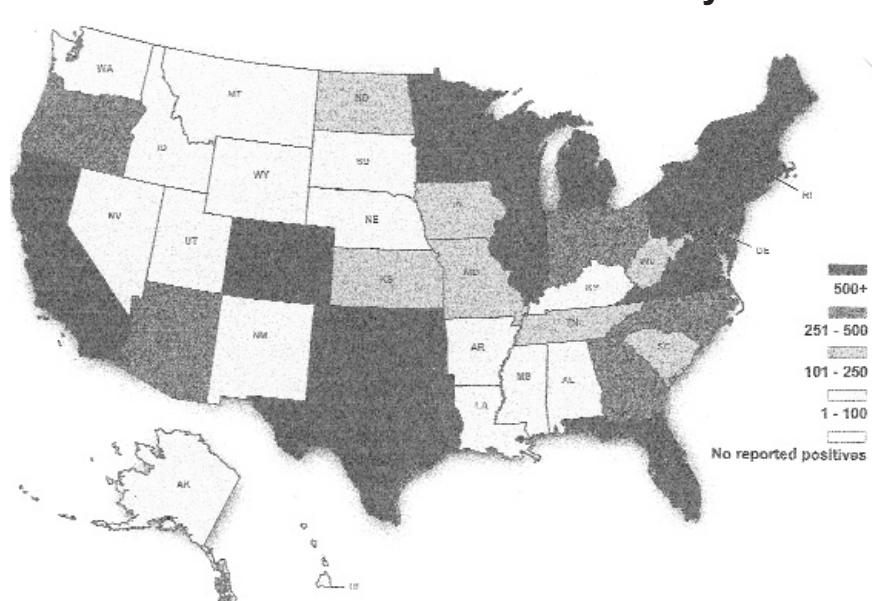
Now does it not stand to reason that dogs live where people live? In a disease that is known to be carried by both animals and people, and we have veterinarians with surveillance information such as this showing overwhelming proof that Lyme is in Texas, how is it that we cannot get our general medical professional on board--in spite of the fact that our own state department of health and all of our major universities have proven the existence of *borrelia burgdorferi* in Texas?

There is a huge problem when our dogs can get better health care for Lyme disease in Texas than our children can! I'm just saying....!!

Maybe it is time we start a new poster-child campaign in response to this new and staggering information regarding canine Lyme disease surveillance.

Let me know what you think! *pha*

The Cold Hard Facts on Canine Lyme



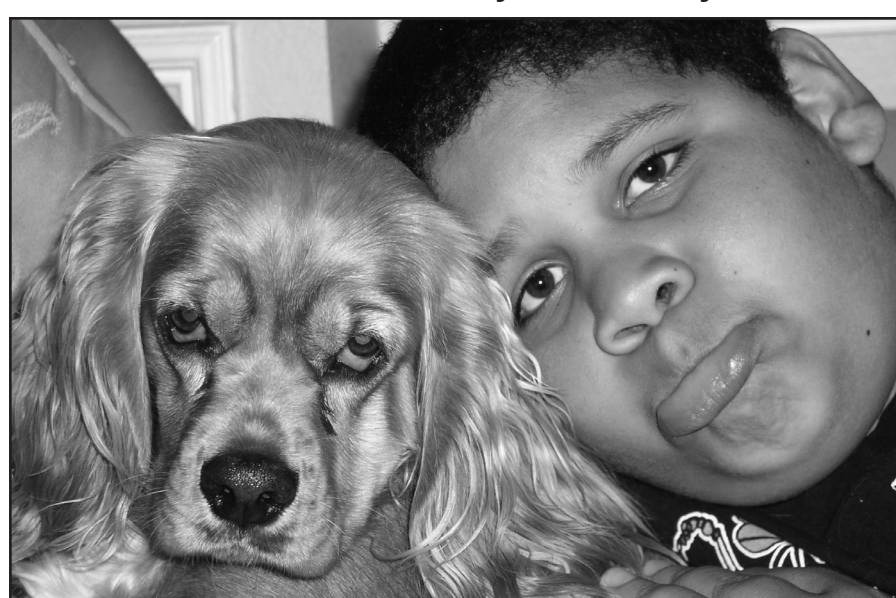
One of these two has Lyme disease ...but which one?

It is the child.

In Texas, the DOG will get far better and more comprehensive medical treatment for Lyme disease than the child.

This child travels out of state for Lyme treatment.

The Unfortunate Reality of Human Lyme



“Bartonella” ... cont'd from pg 9

80's, I was confused why she was not offered medications when his treatments were not significantly helping her.

She dropped him and simply started drinking wine. She had wine with her late afternoon "wind down." She had wine with her kid's dinner. She had wine with her dinner. She had wine with her husband when he came home late. Four drinks will dissolve a brain and that was certainly happening to Angela.

But what worried her husband was she left their little toddler alone at times when she had been drinking. She became forgetful and more distracted. Her toddler eventually died in her pool. She was in the other room and was not really drunk, but not fully alert either.

Soon after the death of her son, she was found to be Bartonella positive. It became clear she was having major brain fog with even one drink. Angela realized she could not drink. She joined AA and dedicated herself to her faith and sought forgiveness.

Angela is now very passionate about mental functioning. She will simply tell you that you are foggy and ask what is wrong. And she will run down a series of possible causes. She has helped a number of folks catch medical problems like Bartonella. One of her friends, who was a very aggressive driver, was found to have both Bartonella and Lyme, and now is doing much better with treatment. He had a few very close calls where he could have been seriously hurt or killed another driver due to his agitated or impulsive driving.

Phil was a hunter in New Jersey. He caught Bartonella and slowly became

irritable and anxious. Cocaine and heroin made him feel "right." He had a family history of drug abuse and so he figured it was just his genetics. When he was found to have Bartonella, he was given Suboxone (See my Suboxone textbook) and he was off the heroin in 3 days. He had to use other medications while he was treated very aggressively for Bartonella and other medical troubles. Now he is off all illegal drugs, and he has no anxiety and feels content - "like I did years ago." I feel the Bartonella caused his need to use destructive substances. Agitation, reactivity, panic attacks and serious insomnia can often be from Bartonella.

Bartonella Aggression and "Hot Heads"

Sean told me he would walk around "bad neighborhoods" at night, dying for a fight. If no one bothered him, he would go into a bar and pick a fight. He did not care if he was hurt. He was simply filled with a fire inside. He had to blow to release it. Sean also lost his job because of disrespectful hostile comments to his boss. He was diagnosed with two forms of Babesia, along with Lyme and Bartonella.

Michele was not one to use bad language. In fact, as a pastor's wife and a passionate Christian, she had not cursed in years. But she went up to Martha's Vineyard and, after that trip to see some friends, she was clearly different. She had "a flu" after her fourth day, and was never quite right "emotionally" after that time. She needed antidepressants at very high dosages to keep from crying. She had Bartonella, and

when that was treated she was weaned off the antidepressants over five months. Michele is very patient again. She is back caring for those living as single mothers and those who have incurable fatal diseases - two areas she feels a strong desire to serve.

Bartonella Suicide and Violence

A priest went for a long series of walks in the Texas countryside while visiting a fellow clergyman. He loved the outdoors and he loved nature. Father Paul was treasured by his parishioners. He had served them with integrity and immense love for many years. Soon after his Texas trip, his mood took a profound dive. He developed a combined profound depression with agitation. He went to his family doctor and then to three psychiatrists. Over three years he became worse and worse. A short treatment with a brain stimulation treatment helped him for 2 weeks, but soon he was depressed and agitated again. Then one day he took his life.

Some time after his death, a pathology sample was sent for DNA evaluation. He had Bartonella. Unfortunately for this tortured fine man, no one ever considered this as the cause for his suffering and the reason his mood treatments had failed. I strongly hope his suffering will teach others that, when routine treatments do not work, consider tick and flea-borne infections.

Mike explained to me that he could not understand why he had harmed his girlfriend. She was only mildly annoying, and he committed

aggravated assault and hurt her severely. He had lab testing for his mood troubles and some unusual rashes three weeks before his assault on his girlfriend. He had many physical exam findings of Bartonella and he had lab testing showing he had Bartonella.

Unfortunately for him, the legal system usually functions at a 9th grade science level, and no one was ever going to consider a simple case of mere "cat scratch fever" as the cause for his eccentric aggression. Mike had adopted two stray kittens months before his assault. They slept in his bed. The odds they carried Bartonella were very high.

Ignoring Bartonella is serious. It is time to put this infection front and center, and to also realize it is impossible to cure Lyme disease with a powerful immune suppressing bacteria possibly floating throughout all your capillaries and deepest tissues.

pha



Dr. James Schaller, M.D. is the author of 27 peer-reviewed journal articles and 25 books, including many tick infection books. Visit his website: www.personalconsult.com

References

- 1) Lappin MR, Breitschwerdt E, Brewer M, Hawley J, Hegarty B, Radecki S. Prevalence of Bartonella species antibodies and Bartonella species DNA in the blood of cats with and without fever. J Feline Med Surg. 2008 Aug 27. [Epub ahead of print] Accessed September 21, 2008.
- 2) Raoult D, Dutour O, Houhamdi L, Jankauskas R, Fournier PE, Ardagna Y, Drancourt M, Signoli M, La VD, Macia Y, Aboudharam G. Evidence for louse-transmitted diseases in soldiers of Napoleon's Grand Army in Vilnius. J Infect Dis. 2006;193:112-20. Epub 2005 Nov 18. Accessed July 10, 2007. no ll.
- 3) Vermeulen MJ, Diederens BM, Verbakel H, Peeters MF. Low sensitivity of Bartonella henselae PCR in serum samples of patients with cat-scratch disease lymphadenitis. J Med Microbiol. 2008;57:1049-50.
- 4) Herremans M, Bakker J, Vermeulen MJ, Schellekens JF, Koopmans MP. Evaluation of an in-house cat scratch disease IgM ELISA to detect Bartonella henselae in a routine laboratory setting. Eur J Clin Microbiol Infect Dis. 2008 Aug 5. [Epub ahead of print]. Accessed September 21, 2008.

“MMR/Autism Link” ...cont'd from pg 6

which can be mild or severe with a constellation of acute symptoms that are subtle (deep sleep with difficulty arousing) to dramatic (convulsions, high-pitched screaming).

Mild to severe brain inflammation can lead to permanent brain dysfunction in at least one-third or more of all who experience it. The residual effects of brain inflammation can vary from learning disabilities and ADHD/ADD to medication-resistant seizure disorders, autistic behaviors and mental retardation.

In 1998, officials of the federal Vaccine Injury Compensation Program (VICP) published a review of vaccine injury and death claims submitted to the VICP involving the measles vaccine either alone or

in combination (such as MMR). They analyzed the medical records of 48 children ages 10 to 49 months who either had died or suffered mental regression and retardation, chronic seizures, motor and sensory deficits and movement disorders following receipt of measles-containing vaccines. The authors concluded that "The onset of neurologic signs or symptoms occurred with a nonrandom, statistically significant distribution of cases on days 8 and 9" and "This clustering suggests that a causal relationship between measles vaccine and encephalopathy may exist as a rare complication of measles immunization."

Immune-mediated chronic inflammation of the brain, gastrointestinal tract and

other parts of the body in previously healthy children following receipt of MMR and other vaccines may not be as rare as CDC officials would have the public believe.

Researchers have found evidence of chronic inflammation in the brains of patients with autism, particularly in the cerebellum. Brains of those suffering with autism have been observed to be in "a chronic state of specific cytokine activity." The suggested biological mechanisms for the observed brain inflammation included chronic disease or an external environmental source. In addition, there is a good possibility that genetic predisposition to immune system dysfunction (autoimmunity, allergy) may be a key to development of regres-

sive autism following vaccination in some children.

The recent study out of the CDC and Columbia University is not good enough evidence to disprove the autism-MMR link first reported by Wakefield and others in 1998. The scope of the most recent investigation was far too narrow and enlightened pediatricians and informed parents know it. As autism advocate Rick Rollens and national autism groups have pointed out, more methodologically sound research must be done before the public jury questioning MMR vaccine safety will stand down. A good start would be a prospective case controlled study comparing immune and brain function of highly vaccinated children to that of unvac-

inated children for a period of at least ten years, which has been requested by parents of vaccine-injured children for several decades.

For a comprehensive summary of the decade-long persecution that Andrew Wakefield has endured at the hands of individuals with major financial conflicts of interest with government and industry, visit the Cryshame website at <http://www.cryshame.net/> maintained in Great Britain. A new essay by British journalist Martin Walker entitled "An Interest in Conflict" examines the tactics used by those determined to punish Wakefield for daring to publish an hypothesis discussing the association between vaccines and autism.

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THE POISON PLUM
By Les Roberts

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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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.

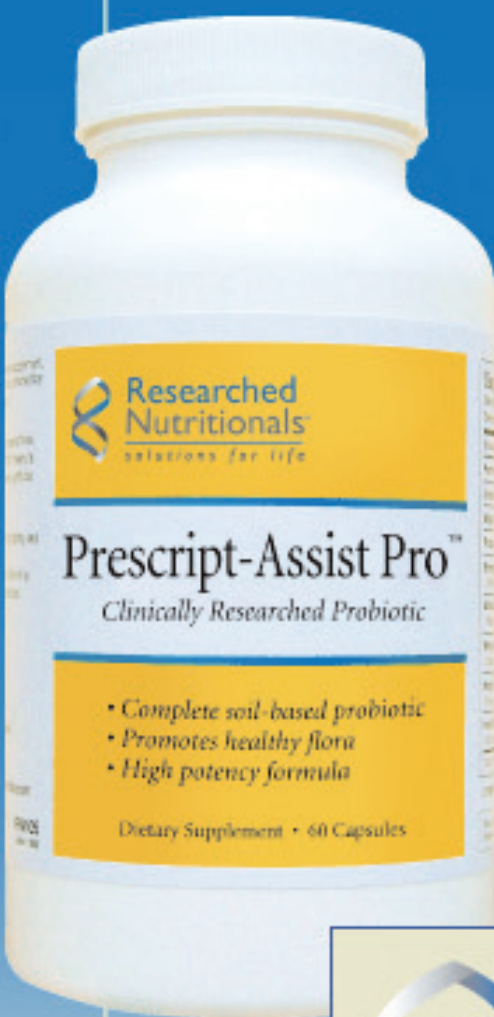


The Immune Component

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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