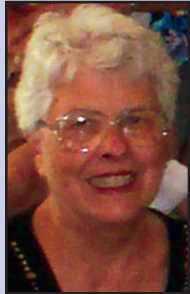


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## Partnering With Patients: A Team Approach

### Meet Murray R. Susser, M.D.(H) - Part One

by Tina J. Garcia

It has been said that there is a silver lining in every dark cloud. I always believed that to be true; however, it wasn't until I was overcome by the dark clouds of Lyme disease that I was able to actually experience this phenomenon. For if I had not contracted a debilitating Lyme infection from a tick bite, I would not have been fortunate enough to meet Dr. Murray Susser and his warm and radiant wife, Phyllis.

I feel greatly blessed through acquiring such cherished friendships in my association with the Lyme community. Dr. Susser has exhibited thoughtful medical care, compassion, generosity and friendship, and it was most memorable for me to peer through his panoramic window of medical experience during this interview. May I present the delightfully comical and impressive Dr. Murray Susser.

**Tina:** So, Dr. Susser, it is said that the journey of a thousand miles begins with the first step. With regard to your journey through medicine, would you please tell us what that first step was for you?

**Dr. Susser:** Yes. I graduated from the University of Pittsburgh Medical School in 1966. I went into family practice and very quickly, within the first year, I realized that medicine didn't work the way I wanted it to. In other words, it wasn't to my satisfaction. I started looking for alternative solutions, because people weren't getting better. I tried a lot of different things, and finally, I stumbled onto Vitamin E. A friend of mine kept bugging me to read a book called Vitamin E for Ailing and Healthy Hearts by Wilfrid E. Shute, M.D. At the time I told my friend, "This is a quack book, but I'll read it if you promise to never ask me about vitamins again."

So, I read the book and Shute talked about treating 30,000 people with Vitamin E and all the great results he had with scar tissue, heart disease, high blood pressure, venous disease and blood clots, impotency and sexual dysfunction and all sorts of various disorders. At first I thought this guy must have been confabulating

or was Baron von Munchausen.

Around that time, a patient came to see me who had suffered with venous disease of her legs for thirty years and had seen many doctors. She had terrible varicose veins that would develop infection and swelling and phlegmasia alba dolans. Phlegmasia means swelling, alba means whitish and dolans means pain. So, she had white, swollen, painful legs. If you just touched them with your finger, she would scream. There is a test, the Richardson test, where you wrap a blood pressure cuff around the leg and inflate the cuff, and note when it becomes painful. Well, when I put the cuff around her leg, she screamed, so I couldn't even puff it up.

So, I asked her about all the ordinary things that could be used and she had used all of them and none of them had worked. Then I remembered Wilfrid Shute had said Vitamin E 800 units a day. So, I sent her to the drug store to get 800 units a day of Vitamin E, and she started doing that. When she came back in three weeks, she was almost cured! I was stunned! When I put the blood pressure cuff around her leg, I ran it up to the top, 300 milliliters of mercury and there was no pain. I was really excited and thought, "This cannot be a coincidence; this is a miracle." The funny thing is, the woman wasn't the least bit surprised and almost not appreciative. She just thought I was doing my job by getting her better.

I followed her for a couple months more and she was virtually cured with 800 units of Vitamin E a day. At the time, 800 units scared me, because I thought it was a high dose. I now sometimes put people on 20,000 units and I've had good results doing that. And I have a patient now who has been getting an epidural injection for spinal pain every two months for years. I started her on 10,000 units of Vitamin E a day and she's worked up to 17,000 units, but she's now gone eleven months without an epidural.

Now Vitamin E doesn't work too well on nerve pain, but does work on bruises, soft tissue pain, sunburn and spider and insect bites very well. It also works for post-accident,



soft-tissue injuries. So, they called me the "Vitamin E King" because I've used so much Vitamin E.

And all this business about Vitamin E being dangerous was the biggest propaganda of all time. It was based on a meta analysis, which is a study in which you take a bunch of lousy studies, put them together in a statistical manner and statistically maneuver it, to show that you compare some parameter with the treatment you're interested in. So, I think the way they did it was with twenty-some studies comparing patient death with the amount of Vitamin E they took. That wasn't only what the study was about; that was the data in the study. They took the seven studies with the highest death rates and found out how much Vitamin E these people were using and they found that these people were using more Vitamin E than the other studies. So, they said that high Vitamin E was related to high death rate. Then they published that study as if it were factual, but it was skewed. You know what Mark Twain said about statistics--that there are three kinds of lies--there are lies, damn lies and there are statistics.

It's just like the Bible; the Devil can quote scripture to suit his purpose. So, anyhow, I got into Vitamin E and that opened the door for me. Then I started to look for more and

more alternatives. And I was very excited. On my regular hospital rounds, I went into the doctors' dining room where I went every day for lunch. I said, "Hey! Look what I found!" And all the doctors told me it was nonsense. They said, "Oh, Susser, you're crazy! It was just coincidence!" But it wasn't coincidence; it was way, way out of the realm of coincidence. They couldn't believe that Vitamin E could be that powerful.

I saw it happen, so I knew it was true. That started me on my odyssey in nutrition. I saw a lot of surprising things happen. I had one guy who was scheduled to have a heart transplant, in the early days of heart transplants, when patients would live for a week afterwards at most. He got mad and walked out of the hospital, because he was waiting for a donor. He came to see me and said, "I don't have long to live. Put me on something, some Valium maybe." I asked him if he wanted to try some Vitamin E. He said, "What've I got to lose?"

So I put him on Vitamin E, and a year later he was playing golf and carrying his clubs without a cart! He never had a heart transplant, never had heart surgery, and he was fine for a long, long time. Then shortly after that, he called with an emergency saying he

"Susser" ...cont'd pg 13

Download Dr. Burrascano's Lyme Protocol FREE at:  
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# A Texas Lyme Mom Testifies of Abuse & Corruption in the Texas Medical Board



by Elizabeth Naugle

[Editor's Note: due to the importance of this story I am foregoing my own article for this issue. I urge all Texans to contact the Governor's office thanking him for his role in helping to make these legislative revisions possible.]

**Preface to TMB & Sunset Testimony**

The electronic version of this public testimony contains "clickable" hyperlinks, so it is recommended that you look for this article on the PHA website in order to have convenient electronic access to all of the valuable reference resources.

I want to explain the reason for placing equal emphasis on Chronic Fatigue Syndrome and Fibromyalgia along with Lyme Disease. This was an intentional diversionary tactic to deflect unwanted attention away from one of our LLMDs who was very worried that my actions might make waves which could splash back on him by causing too much unnecessary focus on Lyme disease.

Dr. David Kocurek provided much of the background information and deserves credit for his part in monitoring the TMB for the last several years. This task could not have been done without his expert help.

At the time that this article is going to press, no bills have been filed yet but we have been assured that new legislation is in the process of being drafted by members of the Sunset Commission.

~ Elizabeth Naugle

**Naugle's Testimony to the Texas Medical Board December 12, 2008**

*Lack of Fair Due Process for*

*Physicians Harms Texas Patients; Need for Transparency to Insure "Good Faith" Peer Review Activities by the Texas Medical Board*

Hello. My name is Elizabeth Naugle. The reason I am here today is that I represent a large interconnected network of patients who suffer from chronic illnesses, such as Chronic Fatigue Syndrome (CFS), Fibromyalgia (FM), chronic Lyme disease (LD), etc. I have served as a lay support leader in this patient support network for the last 15 years. I am also the mother of a now adult child whose illness was not properly diagnosed for over 25 years. She was so ill, in fact, that she missed all four years of high school and had to take the GED to graduate.

As everyone knows, modern mainstream American medicine is first-rate when it comes to acute care and critical care and emergency care, but it does not enjoy such a stellar reputation when it comes to chronic illnesses, especially those conditions which I refer to as "trash basket" diagnoses, namely CFS and FM. These diagnoses have no known cause and no known cure; consequently, these patients are often shuffled off to pain management specialists or to psychiatrists to be managed with palliative controlled substances that have no expected therapeutic benefit.

In our daughter's case, our persistence and tenacity finally paid off, and she has made an amazing recovery after being diagnosed with late-stage, chronic Lyme disease, which is somewhat similar to tertiary (late-stage) syphilis. It is my passionate endeavor, therefore, to see that other Texans who suffer from similar debilitating chronic illnesses are able to obtain the same good quality of health care that she has had, without having to travel outside the state of Texas to find physicians willing to care for them.

Let me begin my remarks by commending the Medical Board for hosting a series of Town Hall meetings in 13 major cities around the state last summer. Thank you also for posting the comments from those meetings on your website.

One comment stood out in particular because it was repeated more often than any

other single comment - namely, the concern about confidentiality surrounding the identity of the complainant and the confidential and vague nature of the complaint itself. These concerns were expressed in 8 of the 13 cities. Other comments made in 7 out of 13 cities expressed concern about the qualifications of anonymous expert reviewers and about the unnecessary confidentiality surrounding their reports.

There had already been extensive discussion of these same concerns about inappropriate confidentiality and about lack of due process for physicians one year ago during the marathon 11.5 hour Appropriations-Regulatory Hearing held on October 23, 2007. Two months later, the Association of American Physicians and Surgeons (AAPS) filed suit against the Texas Medical Board, charging manipulation of anonymous complaints and violation of due process, among other serious charges.

That AAPS lawsuit didn't have to happen. It could have been averted. Two letters to the Texas Sunset Commission which are posted on the AAPS website show that the AAPS had been trying hard for the last several years, since 2004, to work with Texas to bring about fair due process reforms for Texas physicians.

I share the concerns of all of these physicians because I believe that Texas citizens are also being harmed by the lack of transparency in the peer review process. Physicians must feel secure in the fairness of the peer review process if they are to feel free to exercise their own best professional medical judgment in caring for their patients. Otherwise, they are inclined to practice "defensive medicine" instead, thereby diminishing the quality of health care and the variety of treatment options they provide to Texas citizens.

Consequently, TMB's current repressive policies and practices violate the Hippocratic Oath to "do no harm." Texas patients are being harmed, and they suffer the consequences also whenever Texas physicians are too intimidated to agree to care for them appropriately, forcing them to have to travel out of state for care.

Likewise, TMB policies

and practices violate the federal Health Care Quality Improvement Act (HCQIA) by ignoring Sec. 11112, which states: "[A] professional review action must be taken in the reasonable belief that the action was in the furtherance of quality health care."

Therefore, I worry especially about the ability of insurance companies (or their surrogates) to file anonymous or confidential complaints based primarily on the economic motive of cost-control, but not in "good faith" for the sake of improving the quality of health care, as required by federal law. This clandestine practice by insurance companies subverts the true purpose and intent of the federal HCQIA law.

Furthermore, insurance companies' stealth practices of confidential complaints have the intentional consequence of denying Texas patients a choice of treatment options, thereby thwarting the Informed Consent Doctrine of the American Medical Association (AMA).

The federal HCQIA law grants physicians the right to record their hearings and to confront and cross-examine witnesses. These same rights should be incorporated into TMB's ISC hearings in order to conform to the true spirit of due process of the federal HCQIA law. Likewise, physicians should be allowed to challenge the Expert (Peer) Reviewers' qualifications and the validity of their reports during ISC meetings, as guaranteed under the federal HCQIA law. This cannot be done though when the identity of the expert reviewers and the contents of their reports are being withheld from the respondent physicians.

The federal HCQIA law encourages "quality of care," but this concept has often been incorrectly translated to mean "standard of care." Standard of care is not synonymous with quality of care. Standard of care is a concept which arises out of malpractice litigation, where standards of care can be openly debated before a jury. Standard of care is a moving target. Standards of care are therefore never absolute; rather, they are subjective and relative, according to the special circumstances of each case. Standards of care depend upon clinical practice "Naugle Testimony" ...cont'd pg 6

## Public Health Alert

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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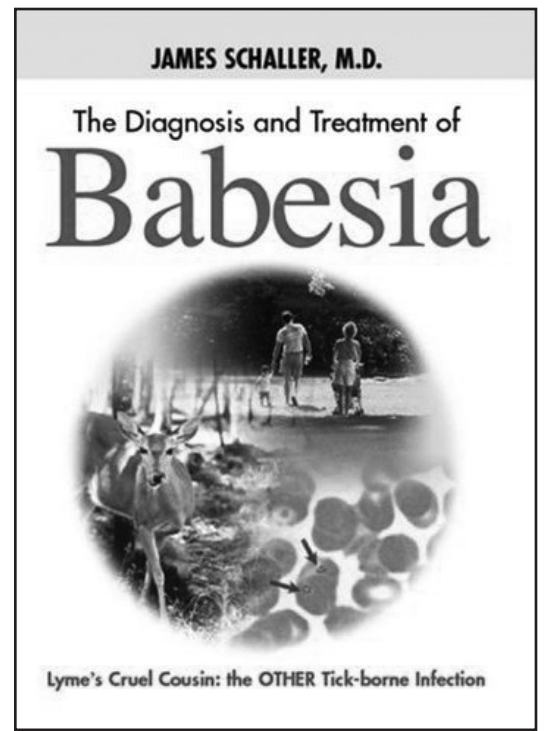
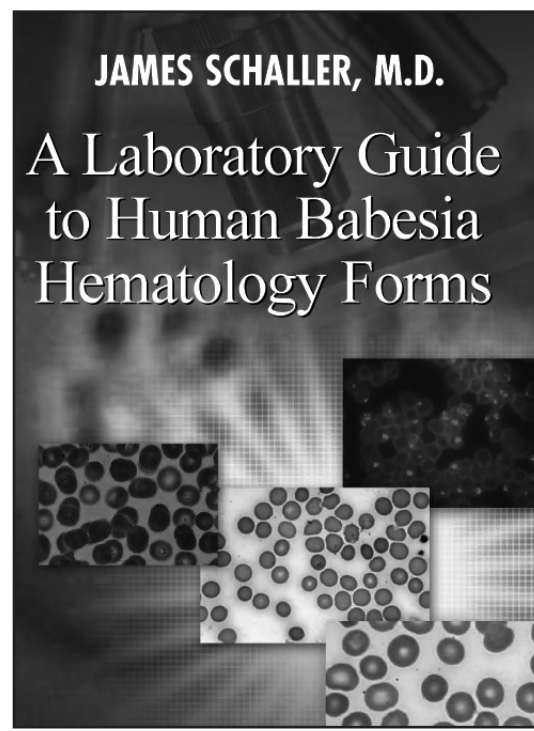
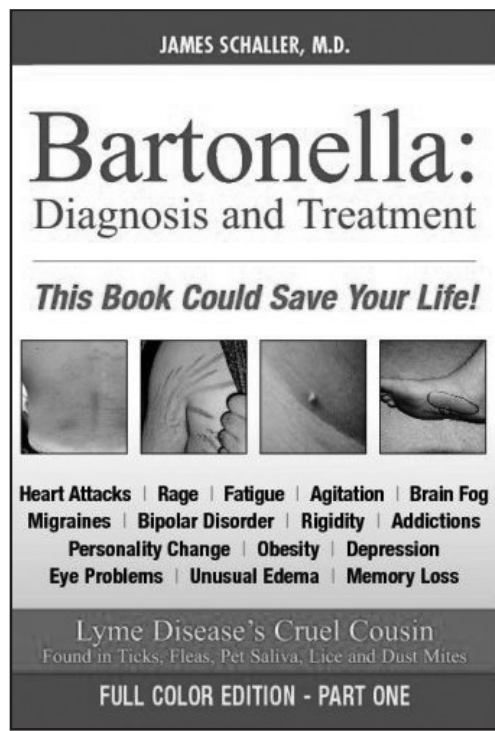
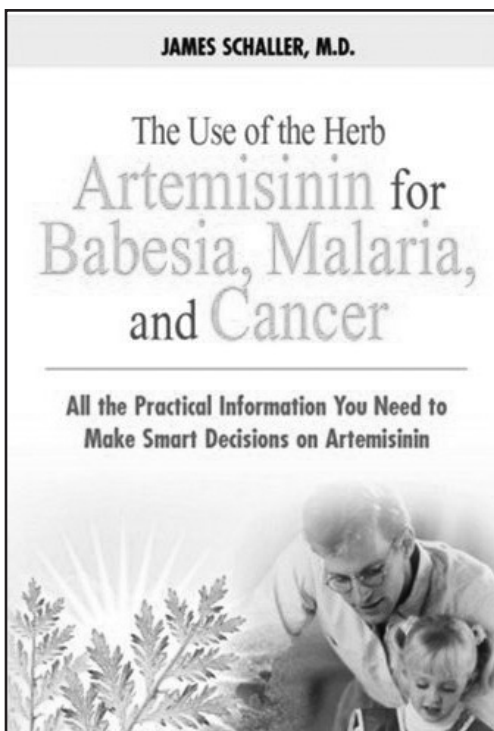


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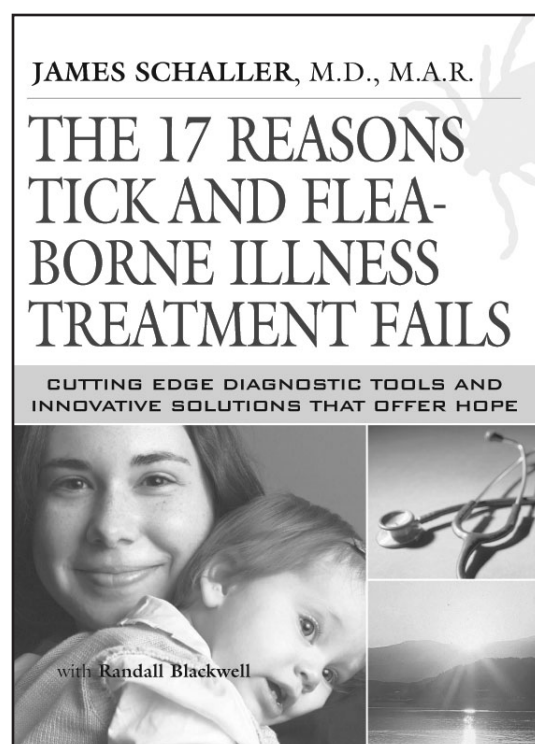
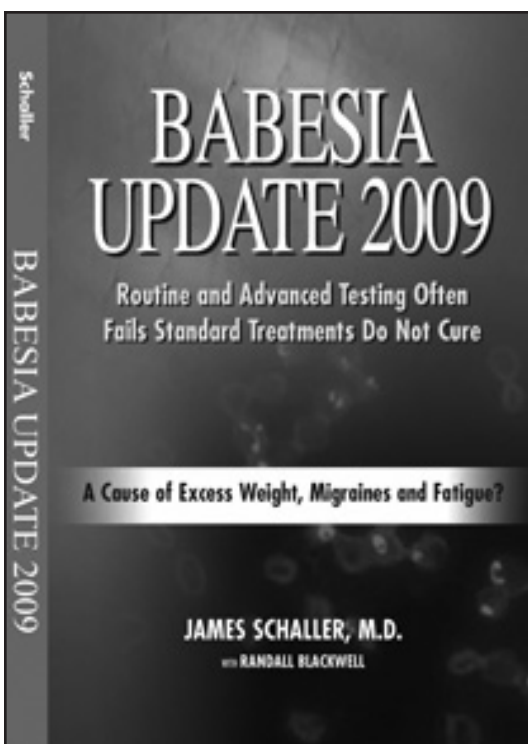
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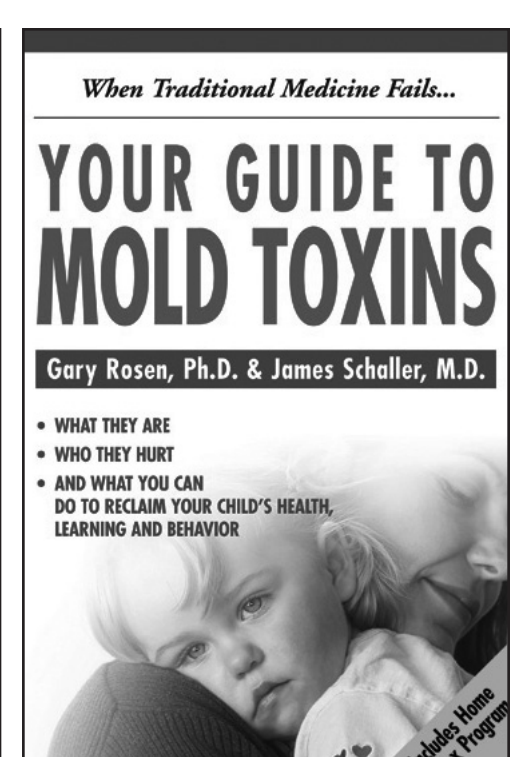
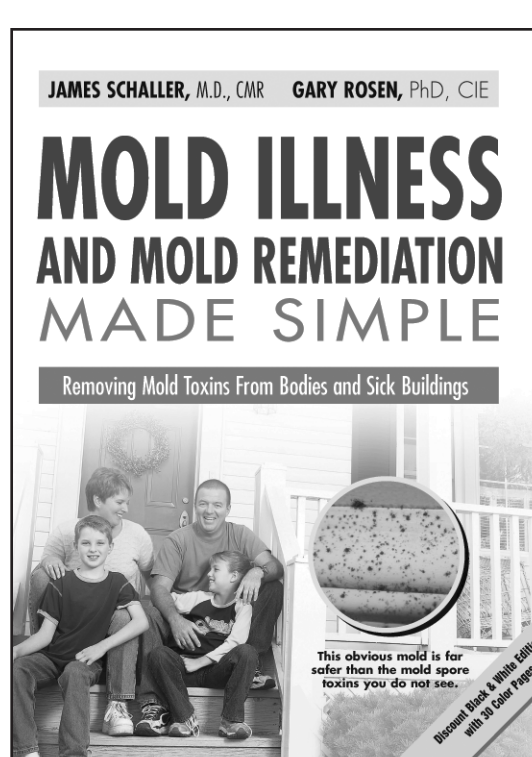
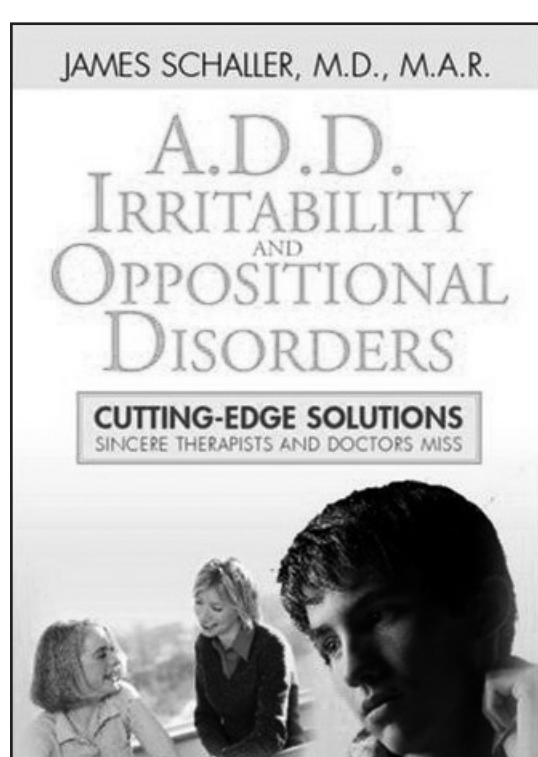
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## Travel Light



by Joan Vetter

The other day I passed a mom walking her two able-looking boys to school. She was carrying both of their backpacks. I had this thought, "She shouldn't be carrying those backpacks - they should be carrying their own." Instantly the

Lord said, "You're carrying some backpacks you need to put down too."

To further proclaim this message, my attention was drawn to the title of a book I saw at the library that afternoon - "Traveling Light" by Max Lucado. I checked it out, and read the back cover when I got home. He says, "The luggage of life - Haven't you been known to pick up a few bags?" He goes on to describe the bags as "a suitcase of guilt, a trunk of discontent, a backpack of anxiety, and a hanging bag of grief. Add a briefcase of perfectionism, an overnight bag of loneliness, and a duffel bag of fear. No wonder we are so tired at the end of the day." OK, God, I hear you. Now help me to lay down the burdens.

The Word of God states that His burden is light. So how do we begin to bring that into something that works in our lives? It seems like most of us are burdened with many concerns and problems.

I just watched a video on YouTube about Nick Vujicic. Born without limbs, he went through a period of feeling he had no future and despaired of life. However, he is a happy man now. It warmed my heart to see his smile and ability to touch the emotions of the kids he was sharing with. You could see their tears and absolute wonder and respect they demonstrated toward him.

There was no desire in him to evoke pity - just to inspire. He now travels all over the world with his motivational message of living a useful and

significant life regardless of your circumstances. How normal it would be for the people around Nick to feel sorry for him and to expect little from his life. I'm sure he still has days of frustration, but the beauty of his overcoming personality shines through and gives glory to God who promises that we can do all things through Christ.

In contrast, the college football world has just had a front row seat to watch a talented young man named Tim TeBow lead the Florida Gators to a National Championship. He too has a strong faith and is a motivator and leader, giving the Lord glory through his agile sports ability and strong body. With every accolade, including the Heisman trophy award, he boldly declares praise to his

Lord and Savior Jesus Christ.

Let's look in the dictionary at the word "light". It means something that makes vision possible, bright - not dark or intense, having little weight, gentle, easily endurable, or requiring little effort.

Maybe we are making the Christian faith too difficult. We have a God who has come to carry out "backpacks" so to speak, but we often declare with pride, "No thanks, I can do it on my own." Have you ever tried to help someone who just won't let you? It's extremely frustrating.

The Creator of the Universe, the King of Kings, and the all powerful God has come to us and says, "My burden is light." Will we receive it? pha

## When Your Illness is Invisible...

### Understanding the Validation One Seeks



by Lisa Copen

"But you look so good!"

"I can tell you must be feeling better. You look great!"

"I'm so glad you were able to come. Thank goodness you finally are getting some relief."

To a healthy person, none of these comments seem unusual or insincere. Our friends are simply trying to find the right thing to say. Of course, they really do believe that you must be feeling better or you wouldn't be out of bed. Those of us who are ill, however, understand that if we stayed in bed until we felt better, we would never leave the bedroom and we would miss out on life. So we get out of bed. We put our energy into finding some-

thing to wear that doesn't clash too badly; something that looks acceptable, despite the wrinkles. We search for the lipstick that we used last week. We dig through the closet looking for something that resembles a shoe. And we go on. We go out.

#### "But You Look So Good!"

Once we are out and about, people assume that we woke up feeling wonderful, that we jumped out of bed and are without pain. Says Donoghue and Siegel, authors of *Sick and Tired of Feeling Sick and Tired*, "An added difficulty in adjusting to being handicapped with invisible chronic illness (ICI) is the phenomenon of appearing well." Connie, a woman who lives with multiple sclerosis, and her friends are already planning their costumes for Halloween next year. They are going to dress up in "a costume" that portrays how they feel, so finally when people see them they might understand how they feel.

#### Sometimes We Want to Appear Normal

Many chronic illnesses are invisible, causing feelings and frustrations that are different than what a person with a visible condition may experience. "It seems that we all want

to appear normal. We all want to give the impression of strength, health and vigor," shares Camille Lewis, a graduate student at Indiana University who lives with Cushing's syndrome. "I've debated and debated about getting some walking help--a cane or whatever--and the one thing holding me back is my ego. I don't want to appear to be in pain. I want to be normal, even though I'm not."

#### Sometimes We Want People to Acknowledge the Pain

One would believe that pain would be socially understood and somewhat sympathized with. Although people do sympathize with pain, it is under circumstances that we believe are severely painful, such as childbirth, trauma, late stages of cancer, etc. People cannot relate with the chronically ill since the individual is not screaming, crying or grimacing. We, who live with chronic pain, often walk, talk, and function normally (as far as can be seen) so it is assumed that the pain is overstated. Migraines, for example, are often misunderstood as being just a bad headache.

For those who experience them, their whole world comes to a halt until the pain subsides. There is a constant

struggle to try to have people know what we are going through, without seeming to search for sympathy and pity.

Men who live with illnesses such as fibromyalgia may feel self-conscious. Their illness is primarily seen as a women's disease. They appear to be sluggish and unmotivated when they can't do physical tasks. Women are being diagnosed with chronic fatigue syndrome in huge numbers and yet the illness is still called "yuppie flu" and treated with antidepressants. The immense fatigue that one suffers from is rarely recognized or understood by their friends and family around them. A recent Dear Abby column featured a letter written by a woman whose sister had recently committed suicide following her family's denial of her chronic fatigue syndrome diagnosis. When the young lady had told her sister about her diagnosis, the sister had responded with "When you have a husband and a family, then you'll know what chronic fatigue syndrome is!"

#### We want People to Assume it's Just as Bad as it is, but No Worse than it Is

Living with an invisible chronic illness can mean constantly trying to redefine your condition. We can't keep up

with the rest of the world, and yet the world sees no excuse for our lack of participation. Some would argue that having an invisible chronic illness could be a blessing, as one has a choice to tell others or remain an assumed normal person. The disadvantage of this is trying to convince others that the disease is legitimate and painful. Many people think "Aren't you overdoing it... or playing it up a little bit?" People's observations do not conform to their expectations as to what a sick person should look and act like. Therefore, they are quick to become intolerant and suspect that the symptoms are overstated. It is often not only the disease itself that is painful, but also the emotional effects of having the illness discounted, having one's respectability and judgement questioned, and dealing with the criticisms of others. It is extremely necessary for the person with chronic illness to feel that his disease is validated, even by people that he doesn't know. One example of this is "the handicapped parking space confrontation."

#### The Need to Feel Validated

There are over 40 million people who live with chronic illness in the United States, most of the illnesses *"Invisible" ...cont'd pg 14*



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## “Naugle Testimony” ...cont'd from pg 2

guidelines, among other measures, according to a recent article on the AMA website.

Different medical societies may adopt their own clinical practice guidelines and their own varying standards of care. For example, there are two very different sets of clinical diagnostic and treatment guidelines for Lyme disease, which have been adopted by two different medical societies, both of which have been published in peer-reviewed medical journals and both of which have been posted on the National Guideline Clearinghouse website. However, one of these two treatment guidelines, that of the Infectious Disease Society of America (IDSA) has been ruled to be invalid due to violation of federal anti-trust laws because of conflicts of interest and lack of scientific integrity.

Furthermore, HCQIA Sec. 11151 states: *"The term 'health care entity' does not include a professional society (or committee thereof) if, within the previous 5 years, the society has been found by the Federal Trade Commission or any court to have engaged in any anti-competitive practice which had the effect of restricting the practice of licensed health care practitioners."*

In other words, this means that IDSA infectious disease specialists are disqualified by the federal HCQIA law from serving on any peer review panels against Lyme disease specialists for the next 5 years.

The Texas Constitution, Article 16, Section 31 forbids discrimination against different schools of medical thought: "The Legislature may pass laws prescribing the qualifications of practitioners of medicine in this state, and to punish persons for malpractice, but no preference shall ever be given by law to any schools of medicine."

"Schools of medicine" has been settled by the Texas Criminal Court of Appeals to mean "system, means, or method employed or schools of thought accepted by practitioner." (Ex parte Halsted, 182 S.W.2d 479, 1944)

For all of these reasons, therefore, it is imperative that TMB must be very careful

whenever selecting Expert (Peer) Review Panelists to insure that there is no clinical bias on the part of the expert reviewers against any physician who treats chronic Lyme disease patients, especially if the selected reviewers are members of a different medical society.

While I have used Lyme disease as an example, this same basic principle applies to other medical societies, such as the fields of Complementary and Alternative Medicine (CAM) or Holistic Medicine or Environmental Medicine. Also, please be mindful that Sec. 200.1 of your Board Rules guarantees that patients have the right to seek CAM therapies, so please refrain from discriminating against CAM and holistic doctors by selecting expert reviewers who are unfamiliar with or who are biased against these alternative methods of treatment.

Please be careful also how other clauses in the TMB Board Rules and the Medical Practice Act (MPA) are interpreted whenever generalized, vague complaints are filed against doctors, such as: "failure to meet the standard of care"; "non-therapeutic prescribing or treatment"; "providing medically unnecessary services"; "failure to practice consistent with public health and welfare"; "violation of a state or federal law". The charges in this list were all copied from some of the formal complaints reported in the TMB Bulletin, Fall, 2007. These kinds of vague, generalized complaints should be red flags indicating that Article 16, Section 31 of the Texas Constitution and Sec. 200.1 of the Medical Practice Act regarding complementary-alternative medicine (CAM) could perhaps be in jeopardy of being violated.

Please exercise your oversight authority to insure that the expert reviewers are not biased against CAM and that they have sufficient clinical experience with CAM thera-

pies. If not, then it is your duty to discount their negatively biased reports and to give more weight and credibility to the reports of any expert witnesses brought by the respondent physician. To do otherwise is not fulfilling your mission statement to protect the public; rather, it is interfering in the doctor-patient relationship, especially when there is no third party payer involved and when the patient is willing to pay for these CAM services out-of-pocket. Otherwise, Texas patients will be denied the services of these good doctors if TMB prosecutors-persecutors (take your choice) select reviewers or expert witnesses who discriminate unfairly

therapies. Let the marketplace do that. Patients are entitled to a variety of safe treatment options in order to fulfill the AMA's Doctrine of Informed Consent. After all, many of these CAM options are a much safer alternative than the risk of becoming dependent upon controlled substances for their palliative effects in managing chronic symptoms and chronic pain, especially when the cause is unknown and the cure is unknown.

Chapter 160 of the Texas Medical Practice Act (MPA), entitled "Report and Confidentiality Requirements," makes special reference to the federal HCQIA law. Sec. 160.008 of the MPA states that:

"[A] defendant subject to this section may use otherwise confidential information obtained for legitimate internal business and professional purposes, including use in the defendant's own defense." (The context of this clause refers only to peer reviewers who must defend themselves against retaliatory law suits by physicians who were unhappy with the verdict rendered by the peer reviewers.)

Why isn't this same privilege of access to confidential information being extended to physician respondents who are being investigated by TMB so that they can defend themselves

adequately? As my grandmother used to like to say, "What's good for the goose is good for the gander." Therefore, Sec. 178.4 of the TMB Board Rules needs to be amended because the misapplication of the basic concept of confidentiality is being used as a weapon against physicians throughout the entire investigative and prosecutorial process by TMB. Likewise, the Legislature needs to amend Sec. 154.051(c) of the Medical Practice Act to make these two laws consistent with one another.

Furthermore, Sec. 178.2(7) of the Board Rules needs to state clearly that anonymity may apply only to

individual persons who can demonstrate a reasonable need for the protection of anonymity, but not to corporate entities (such as insurance companies). It also needs to state clearly that representatives of corporate entities, partnerships or associations should be required to declare their title or relationship to the corporate entity under penalty of perjury for failing to do so. I'm confident that our astute legislators and TMB staff members will be able to find other clauses that I may have overlooked and that are also in need of attention in order to make these two codes consistent with the goals of due process and transparency.

Unless we create a process that insures transparency and that eliminates the unnecessary confidentiality surrounding the identity of the complainant and that eliminates the vagueness of the complaint itself, then neither the accused physicians nor the public and most especially their satisfied patients will have any way of knowing whether some complaints might have been filed for frivolous or even illegal purposes - e.g., primarily economic purposes of cost-control, or perhaps even anti-competitive purposes - instead of for the sole purpose of furthering quality health care, as required by the federal HCQIA law.

Because the entire investigative and peer review process is shrouded behind a dark "veil of secrecy" - euphemistically called "confidentiality," and reminiscent of Iron Curtain justice with mock trials - there is no way to avoid this kind of deliberate abuse of the system which is so harmful not only to physicians but also to their patients who depend upon them unless we amend the Medical Practice Act and the TMB Board Rules to fix these problems. In fact, some of our statutes and TMB Board Rules appear to be self-contradictory in this regard. The present system is broken, and it is not working well to protect patients' rights of access to CAM treatment modalities or to protect physicians' rights of fair due process.

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

**"The Legislature may pass laws prescribing the qualifications of practitioners of medicine in this state, and to punish persons for malpractice, but no preference shall ever be given by law to any schools of medicine."**

against holistic doctors in their Informal Show Compliance and Informal Settlement Conference (ISC) hearings or their formal State Office of Administrative Hearings (SOAH).

We have already discussed how "standard of care" is a relative and subjective matter. Let's discuss the next two items in that list, "non-therapeutic prescribing or treatment" and "medically unnecessary services." This kind of descriptive terminology arises out of insurance legalese, as a way of denying patients' claims for so-called "unproved" or "experimental" therapies. It is not your role to be the arbiters of the economic validity of CAM

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# A Flood of New Human Babesia Species

## Fixing the Babesia Diagnosis and Treatment Disaster



by Dr. James Schaller, M.D.

Most physicians in 2009 know nothing about Babesia. Even infectious disease physicians know virtually nothing about Babesia. They may know how to handle 2,000 other infections, but the physicians I meet and discuss my research with have no idea what I am

talking about in terms of modern Babesia in North American human patients. It would suggest it is hard for them to master thousands of infections and hundreds of medications. Just treating HIV/AIDS, TB and Hepatitis C requires tremendous years of study and experience.

Now that I have finished my Babesia 2009 Update textbook, a few things are very clear and need a firm statement, since "Lyme-only" treatment failures are far too common.

First, the many Babesia species that infect humans are not tested by any lab in the world. Further, routine Babesia treatments are flawed and must be revised based on my two years of outcome testing, which examined a vast range of treatments. If you are prescribed 1500 mg/day of Mepron,

Malarone (three per day), any dose of artemisinin or Zhang Artemisia at three per day, simply run. These all fail to cure. Period.

It is a shame so many rigid and fixed physicians will not accept the fact they have not read thousands of studies on Babesia, and not done advanced and diverse outcome testing. However, they are certain of the "right" treatment. Their "cures" fail, and the day of simply year after year of IV antibiotics and/or IVIG is flawed and finished. These tools have a use, but are not the best answer for some who are stuck. Some just do not realize their treatments and mindsets are glued to the 1990's, in which one lab has all the answers and one Lyme Pope exists with all the secrets, and Lyme exists in a sterile tick

stomach alone and lonely. If you do not know advanced Bartonella and Babesia medicine, Lyme treatment always fails to cure. In addition, using treatments found in basic infection handbooks or in basic talks leads to fair medical care.

Most physicians are taught almost nothing about Babesia in medical school, residency and most fellowships. In my case, it was only the near death of two children that got my attention, and made me spend thousands of hours studying this tiny red blood cell parasite and other tick and flea-borne infections.

Besides my personal experience, it is more important to ask why anyone should be concerned about Babesia in patients with chronic illnesses. One can only study so much medicine in a year. And many

things cause serious illness. So why make a big deal out of Babesia?

Because I believe Babesia is very common all over North America and most parts of the world. And smart advocates who have been diagnosed with Babesia could also give you many reasons. Most of them would like all their physicians to be very well-read on their blood parasite.

Further, I would suggest the distinctions between epidemic, endemic, super-endemic, non-endemic counties and states are useless in 2010 medicine. Babesia is all over North America. It is also all over the world. And in my patients coming from outside the United States and Canada, it can exist without Lyme disease.

"Human Babesia" ...cont'd pg 12

## Got Fluoride?



by Paul Callahan

It was just a routine visit to a New York City dental clinic for 3-year-old William Kennerly and his mother. He had a cleaning which was followed by a fluoride treatment. After the treatment was finished, William complained of dizziness and a headache. Shortly thereafter, he started sweating and vomiting. He was rushed to Brookdale Ambulatory Pediatric Unit and within two hours he went into a coma. His heart was pumped with adrenaline to revive him, but an hour later he lapsed back into a coma and died. It was determined that William's death was due to fluoride poisoning.

On January 20, 1979, the New York Times reported that the Nassau County toxicologist testified that the amount of fluoride applied to William's teeth was 3 times the amount needed to be fatal. The court found the dentist negligent and awarded damages in the amount of \$750,000. As tragic as 3-year-old William's death was, it is not an isolated case. Keith Kantor of McMinnville Oregon was also killed by fluoride poisoning. He swallowed a 1/2 teaspoon of the fluoride gel that was soaking his teeth during a treatment.

The incidents are too numerous to mention. Over 10,000 calls are made to poison control centers in the United States each year after children have swallowed toothpaste. In April of 1997, the U.S. Food & Drug Administration made it mandatory for toothpaste manufacturers to carry a warning label on all fluoride toothpaste to protect children. Fluoride has a very low molecular weight

and each time you brush your teeth, approximately 0.5 mg. of fluoride is absorbed through the mucus lining of the mouth. According to the Department of Health & Human Services, sodium fluoride is not just used to prevent dental caries. It is also a registered rodenticide and pesticide. That's right, sodium fluoride is a rat poison and roach killer.

### Sodium Fluoride = Rat Poison

You may be asking yourself, how could our government allow this? Well, they allow cigarettes to be sold as long as they carry a health warning. We have all assumed that fluoride was a safe and effective chemical, but have you ever wondered where this cavity fighter comes from? If you are not shocked and outraged yet, you will be. Fluoride is a raw, toxic, hazardous waste byproduct from the aluminum and phosphate fertilizer industries. The U.S.

Environmental Protection Agency classifies fluoride as more toxic than lead and about equal in toxicity to arsenic. EPA scientist Dr. J. William Hirzy et al, recently testified to that fact before a Senate Subcommittee on drinking water safety.

Dr. Dean Burk, Chief Chemist and Founder of the National Cancer Institute has been quoted saying: "Fluoride causes more human cancer and causes it faster than any other chemical." According to Dr. John Yiamouyiannis, also from NCI, fluoride is linked to 10,000 cancer deaths yearly. Fluoridation is also responsible for 40 million cases of arthritis, dental deformity in 8 million children and allergic reactions in 2 million people. The NTP (National Toxicology Program) tests confirmed what the Burke - Yiamouyiannis tests showed - fluoride is carcinogenic.

Fluoride causes bone cancer and increases the rate of oral cancer. Similar studies in New Jersey and more recently at Harvard University confirm these findings.

Dr. Phyllis Mullenix, a neurotoxicologist from Harvard Medical School, was recruited by Forsyth Dental Institute in Boston to conduct studies on the effects of fluoride on the central nervous system. In 1995, she published the results of the research. Her findings determined that fluoride accumulates in the brain and causes behavioral changes such as hyperactivity if exposed prenatally and hypo-activity if exposed postnatal. She also

never been any scientific studies that prove fluoride prevents tooth decay. It's actually quite the contrary. Toronto, a fluoridated city, has a higher decay rate than Vancouver, which has never fluoridated it's water. The same is true for the New York cities of Kingston and Newburgh. After 50 years of gathering statistics, non-fluoridated Kingston has a lower decay rate than fluoridated Newburgh. Therefore, fluoridation is a complete scientific fraud. Adding this pollutant to drinking water has absolutely nothing to do with dental health. It's basically a waste management tool for industries to dilute their toxic waste,

rather than spend millions of dollars to treat and dispose of it properly. Fluoride waste is also contaminated with lead, arsenic, mercury and radium. Is it any wonder why fluoride is a main constituent of the nerve gas Sarin?

Annually, 200 - 500,000 tons of this hazardous waste is being dumped

directly into our drinking water under the guise of a dental health panacea. In my opinion, the scariest part of fluoridation is that by adding this toxin into our water supplies, it is now getting into our food chain. Most foods and beverages are processed with tap water. Kellogg's Fruit Loops are made in Battle Creek, Michigan, where they fluoridate their water. Chemical analysis shows that Fruit Loops have twice the amount of fluoride than the Public Health Service allows in water supplies. Gerber's Berry Punch has over 3 times the recommended level of fluoride. Don't forget, fluoride is used as a pesticide and may be sprayed on the fruits that go into juices. These juices are also commonly grown in soils irrigated with fluoridated water. This may account for the high levels of fluoride in juice.

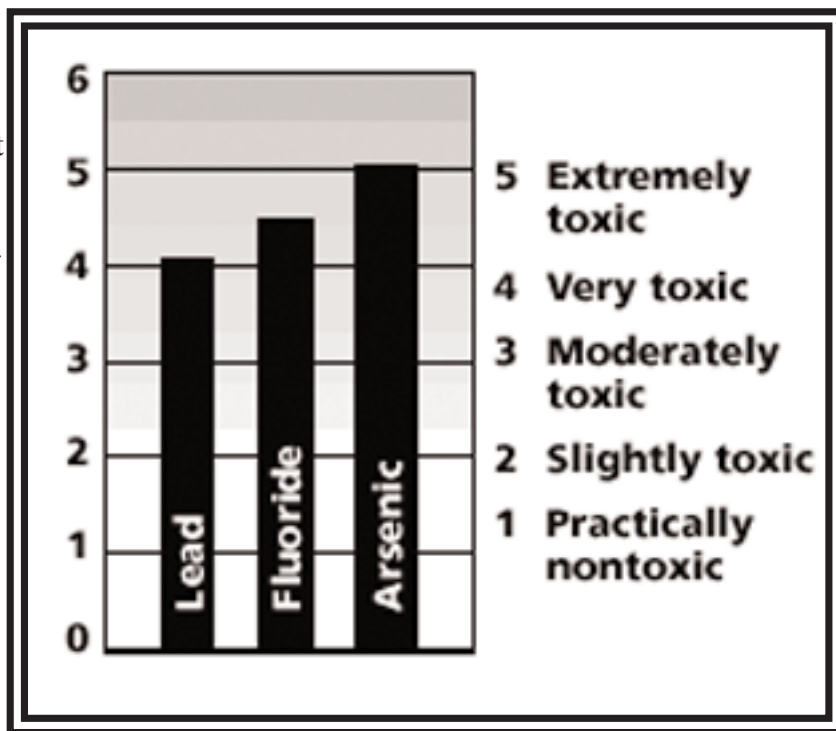
Have you ever seen

someone with opaque white spots on their teeth? This is what's called dental fluorosis. Fluorosis is the first outwardly visible sign of fluoride overdose. This occurs while the teeth are forming. We only excrete 50% of the fluoride we ingest. The remainder builds up in the body and seeks your bones and connective tissue like a magnet to steel. What is being diagnosed as arthritis is often really skeletal fluorosis.

A quote from former fluoride advocate Dr. Hardy Limeback, D.D.S., head of the Department of Preventive Dentistry for the University of Toronto and president of the Canadian Association for Dental Research: "Dentists have absolutely no training in toxicity. Your well intentioned dentist is simply following 50 years of misinformation on fluoride's safety and efficacy from public health and the dental association. Me too, unfortunately, we were wrong. For the past 15 years I had refused to study the toxicology information that was readily available to anyone. Poisoning our children was the furthest thing from my mind."

So, who do you believe? The 1,600 scientists, toxicologists, chemists, engineers and lawyers at the U.S. Environmental Protection Agency, who specialize in drinking water safety, who evaluate the cancer data and other adverse health effects and unanimously oppose fluoride... Or do you believe the American Dental Association that has been endorsing fluoride for decades and making millions of dollars in return? C'mon America, how much proof do you need? This is your wake up call.

pha



concluded that fluoride may be diminishing IQ in children. Studies in New Zealand and China confirm Dr. Mullenix's findings. The study from China showed a 5 - 19 point IQ deficit in the children from fluoridated communities as opposed to the children in non-fluoridated areas. In 1998, Roger Masters, a Dartmouth College professor and Myron Coplan, a retired chemical engineer from Natick, Mass., gathered statistical evidence indicating that adolescents who lived in fluoridated areas had higher rates of violent crime. Researchers have also linked fluoride to attention deficit disorder (ADD), hypothyroidism, sudden infant death syndrome, autism and Alzheimer's disease.

The truth of the matter is that there has never been any safety testing performed on the fluorides added to the public water supplies. There have also

### Additional Resources:

**Fluoride Videos:**  
www.NewEnglandWellness.com

**Fluoride Studies/Scientific Literature:**  
www.slweb.org/bibliography

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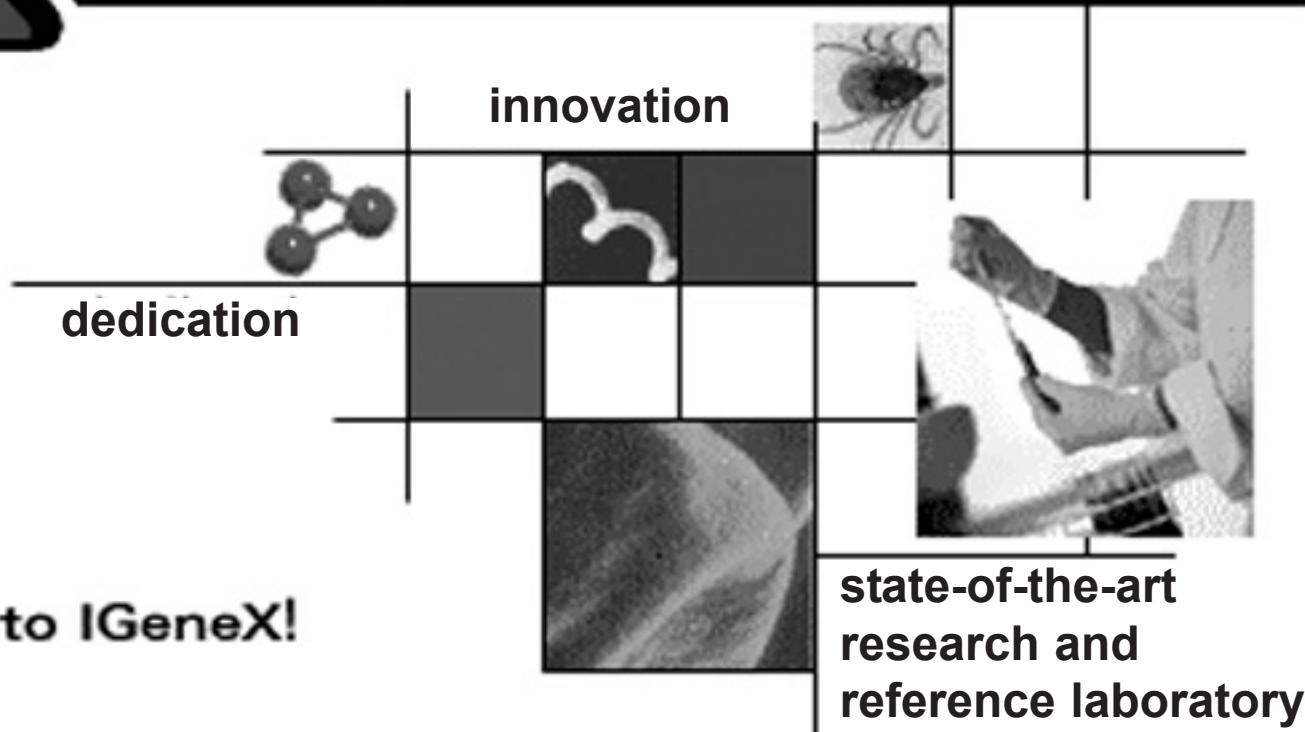
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“Naugle Testimony” ... cont'd from pg 6

Sunshine and transparency will go a long way in discouraging frivolous or illegal complaints against physicians which are not made in "good faith," as required by the federal HCQIA law, for the sole purpose of furthering quality health care. Sunshine and transparency will also help to guarantee the integrity of the expert (peer) review process. As I see it, this the only real way to engender public trust and confidence in the Texas Medical Board - and not simply by hosting Town Hall meetings as some kind of PR stunt to allow physicians to vent their frustrations and genuine concerns, which are then politely ignored and quickly forgotten.

It has been three months since the last of those Town Hall meetings ended in mid-September. Today, you voted on 31 revisions to the TMB Board Rules, all proposed since that time, but I haven't seen any revisions proposed yet which reflect the genuine concerns about due process expressed by physicians who attended those Town Hall meetings or who attended and testified at the House Appropriations Hearing held last year on October 23, 2007. (See hyperlink, above.)

I have taken the time and trouble, therefore, to do a computerized search of the TMB Board Rules and also of the Texas Medical Practice Act for every single usage of the terms "confidential" and "anonymous" and "due process" and "standard of care," and I have identified several spots in these two codes which need to be revised in order to guarantee transparency and fair due process for physicians. I urge you to do the same exercise and then to work cooperatively with the Legislature to amend the TMB Board Rules and the Medical Practice Act accordingly in order to enhance the right of Texas citizens to seek complementary and alternative therapies as guaranteed under Sec. 200.1 of the TMB Board Rules and to protect the due process rights of those physicians who belong to alternative schools of medical thought.

Thank you for your consideration of my concerns. I will be sharing them with the Sunset Review Advisory Commission when they meet next week.  
www.sunset.state.tx.us/

**Testimony of Elizabeth Naugle to Sunset Advisory Commission December 15, 2008**

Ref: Texas Medical Board (TMB) - Failure to fulfill legislative directive regarding fair enforcement of the Medical Practice Act

The Performance Study Self-Evaluation Report by the Texas Medical Board (TMB) fails to address one of the two important directives given to TMB in 2007 by the 80th Legislature, namely the "fair and effective enforcement of the Medical Practice Act."

In spite of a marathon 11.5 hour hearing before the House Appropriations-Regulatory Committee last year on October 23, 2007 when many physicians traveled to Austin to give testimony about the unfairness of the TMB

investigative and enforcement process and in spite of 13 Town Hall Meetings in major cities around Texas this last summer when approximately 450 physicians showed up to complain about these same problems of unfairness, TMB still did not get the message.

In Dallas, one participant representing patients stated, "The Board is harming patients because they can't get the care they need because doctors are afraid." Another Dallas area citizen stated, "Doctors practice in a defensible [sic] manner, not what is best for the patient."

At the TMB board meeting this last Friday, TMB passed 30 revisions to their Board Rules in the Administrative Code, but none of those revisions addressed this basic problem of unfairness raised repeatedly in the Town Hall Meetings this last summer and in the Appropriations/Regulatory Hearing held last year. TMB just doesn't "get it."

Therefore, TMB needs your continued direction and guidance and your legislative authority to help them in revising their Board Rules, plus one spot in the Medical Practice Act under which TMB operates, in order to insure fairness for physicians and in order to insure quality health care for Texas citizens whom they serve.

I represent a large interconnected network of patients with chronic illnesses, such as Chronic Fatigue Syndrome, Fibromyalgia and chronic Lyme disease, having served as a patient support leader in this network for the last 15 years. Many of our patients must travel out of state to find Lyme-literate physicians to care for them because the TMB has discouraged these physicians from practicing in Texas. A story in the Austin-American Statesman two years ago illustrates the extent of this problem when a Lyme-literate nurse practitioner was forced to leave Texas because not one physician within the required 60 mile radius of Austin was willing to sponsor her for fear of jeopardizing his own license to practice medicine, thanks to TMB's unfair and repressive policies and practices.

Likewise, I doubt that any of you know about or still recall the series of "Senate Hearings on Lyme Disease" chaired by Sen. Chris Harris back in the spring of 2000 when this same problem of patients' lack of access to Lyme-literate physicians because of harassment and intimidation by TMB was discussed at great length.

We had hoped then that our efforts in traveling to give testimony at those Senate Hearings back in the spring of 2000 would have made a difference in how Texas Lyme doctors were treated by TMB in the future so that Texas residents would have access to diagnosis and treatment without having to leave the state of Texas to find doctors to care for them. Little did any of us know at the time, probably not even Sen. Harris himself, that TMB's unfair practices are actually codified - i.e., part of the TMB's written policy in the TMB Board

Rules. (22 TAC, Part 9, Chap. 161-200)

I have taken the time and trouble, therefore, to do a computerized search of both the TMB Board Rules and also of the Medical Practice Act (TOC, Title 3, Subtitle B, Chap. 151-165), looking for every single usage of the terms "confidential" and "anonymous" and "due process" and "standard of care." I have found several spots that need your attention in both of these two codes in order to insure that TMB will operate in the future in a manner that is fair to Texas physicians for benefit of Texas citizens whom they serve. I urge this committee to perform the same computerized search exercise that I did and then to fix our statutes so that the TMB will gain the respect and trust that it deserves among Texas physicians and Texas citizens.

I also want to remind you of the law suit pending against the TMB which was filed last year on December 20, 2007 by the Association of American Physicians and Surgeons (AAPS). That AAPS law suit didn't have to happen. That lawsuit could have been averted. It could have been averted if the Sunset Commission had taken seriously these problems of unfairness by TMB and lack of due process for Texas physicians four years ago, back in 2004, when the AAPS sent two letters to the Sunset Commission which are still posted on the AAPS website. If the Sunset Commission had recognized the need to revise the statutes back in 2004, most likely the AAPS law suit against TMB never would have been filed three years later.

On Friday of last week, I gave testimony to the TMB about the need for fair due process for physicians and about the need to follow Article 16, Section 31 of our Texas Constitution and to comply with the provisions for fair due process of the federal Health Care Quality Improvement Act. A written copy of my TMB testimony is attached together with this testimony to the Sunset Commission today.

If TMB would stop pur-

suing unjust complaints against physicians who practice Complementary and Alternative Medicine, which is guaranteed protection under our statutes and our Texas Constitution, then TMB could save a lot of the agency's human resources of time and money, not only for the agency itself but also for the good physicians whom TMB is forcing into bankruptcy in order to defend themselves against unjust complaints by fighting back through the lengthy appeals processes.

TMB's Self-Evaluation Report states on page 13 that TMB missed its target rate of 18% for achieving disciplinary action, falling short by 4%. Of the 14% of physicians who did sign agreements, many of them have stated openly that they felt coerced into doing so in order to avoid the personal costs of appealing their unfair verdicts through SOAH meetings.

My written testimony to TMB explains this problem in much more careful detail. Please read my TMB testimony (or ask your staff aides to read it for you and to advise you about its contents) because my testimony is a little bit more complicated than what I have time to explain to you here today.

All I'm really asking for today is that you not accept TMB's Self-Evaluation Performance Study because it is incomplete and flawed. TMB is in need of your continued guidance and your authority to help with important legislative reforms.

Sen. Armbruster, who is now the legislative aide to Gov. Perry, spoke to TMB at their board meeting this last Friday and explained that Texas is a pay-as-you-go state and that we no longer have the luxury of a budget surplus because of Hurricanes Ike and Dolly and that all state agencies must be mindful of budgetary restraint.

There are two ways that legislative oversight and legislative reform of the Texas Administrative Code and the Texas Occupations Act, under which TMB operates, could help to save our state budget some money. First, TMB could save money by ceasing to

investigate and prosecute doctors for practicing Complementary and Alternative Medicine (CAM), as I have already discussed.

Second, if TMB would stop forcing Lyme-literate physicians out of Texas, then chronic Lyme patients would have a chance to recover their health and not have to continue to be (or eventually become) dependent upon disability welfare stipends and Medicare or Medicaid services. These citizens deserve a chance to become contributing members of society once again by regaining their health and returning to their jobs and careers, but only if they can gain access to effective treatment for chronic Lyme disease without having to travel outside of Texas to do so.

TMB needs your guidance through legislative reforms to help TMB fulfill its mission statement of protecting citizens, including protecting citizens' access to Complementary and Alternative treatment modalities, instead of interfering in the doctor patient relationship by harassing and intimidating CAM physicians and Lyme-literate physicians.

Thank you for your consideration of my concerns and for the opportunity to be here today.

**Addendum to Sunset Testimony by Elizabeth Naugle December 16, 2008**

Chairman Carl Isett announced at the Sunset Commission meeting on Monday, December 15, 2008 that we may extend our remarks following the meeting if we learn something new or think of something we omitted from our previous testimony.

I did not try to put the following comment into my original testimony because it was too complicated to explain so I omitted it, but after the Sunset hearing I sense that you might be able to understand the need to consider it. Sec. 182.5 of the TMB Board Rules (22 TAC, Part 9) states:

§182.5. Expert Panel.  
(a) Physicians may be appoint

“Naugle” ...cont'd pg 14



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Elbridge, NY 13060  
315-689-3380  
Toll Free for PALS: 1-866-499-PALS  
info@alsaupstateny.org

**Lyme Disease Support Arizona**  
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520-393-1452  
**L.E.A.P. Arizona**  
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http://www.leaparizona.com  
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**California**  
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**Colorado**  
Mary Parker  
303-447-1602  
milehightick@yahoo.com  
**Connecticut**  
www.timeforlyme.org  
914-738-2358

Meetings: first Thursday of every month from 7-8:30 p.m. at the Greenwich Town Hall  
**National Support:**  
truthaboutlymedisease.com/  
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Contact PJ Langhoff  
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**Western Wisconsin Lyme Action Group**  
Marina Andrews  
715-857-5953



## Military Lyme Disease Support

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

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

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## Ticktoons



"OH GOODY! IT'S THE LUMPNER FAMILY REUNION SWEET!!"

by Terri Reiser



# Snake Oil & the Miracle Cure

by Blake A. Will

Quacks are people who sell false cures, and they are getting more sophisticated, often using the internet. Here are some sure-fire ways to spot one.

I am on my soap box today because it infuriates me to see people looking to profit off poor, sick and hopeful Lyme patients.

Now don't get me wrong-- I like, use, and support many alternative therapies, including light works, herbal supplements, chiropractic, prayer and positive thinking and more. I also don't believe that I know it all or have all the answers- especially for the treatment of Lyme disease.

I want to share how we can use our better judgment and be aware of how to spot a classic snake oil deal or miracle cure. We don't want to end up wasting time, energy, money and, most of all, a slice of hope that one day we will all be well if we just try this new "cure".

Times have changed but the process has remained the same for a hundred years. When the economy is as bad as it is now, the production of snake oil and miracle cures greatly increase. The internet makes the traveling snake oil show that much easier to prey on potential victims.

I think it's an appropriate time to repeat the old story of the traveling medicine show.

## How it all Started

Joseph Myers from Pugnacity, Nebraska, was an enterprising man. One day in the late 1880s, he was helping some Native American Indians to harvest their medicine plant. They told him that they made a tonic from the plant to treat bee stings, rattlesnake bites and mad-dog bites, infected wounds and fevers... in fact, just about any malady.

Myers started making his own tonic from the plant and added liberal measures of "white man's whisky". He eventually hit the traveling circuit as he traveled west and began selling it as a miracle cure-for-all. He became known as the 'snake oil salesman'. Since then, the term 'snake oil' has become a catch-word for a bogus treatment.

These days, Myers is long since dead and the recipe for his snake oil has been lost. No one seems to have patented the title for use in a promotional campaign for a health product (surprise, surprise).

But his spirit lives on - even here in the USA in the 21st Century. We still have our fair share of snake oil salesmen. They surface in obscure magazines or newspaper ads, direct mail, late-night television shows and increasingly on the internet, selling bogus cures to vulnerable people. The internet has been a favorite of these people as they can hide behind their wild claims on a computer screen-- in fact, many have a few, dozens or hundreds of web sites to hawk there wares.

## What do they sell?

There are quack cures for just about everything. They can take the form of pills or skin lotions, nutritional supplements, juices, or often bizarre physical devices and medical modalities.

This is not to say that all 'alternative' products are bogus or that all conventional medicine is better or even strongly backed by scientific evidence. In the case of quackery, the actual product isn't as important as the message and the intent of the promoter.

What these promoters are selling is hope, and often an illusion or feeling of wellbeing. And they do it all for a quick buck.

The promoter tends to be charismatic and positive, slick or smooth, projecting an aura of confidence and health. Been sick...done that - now I can help cure you. These promoters survive and thrive because of people's ignorance and disillusionment with medical science and the current status quo of care.

They're also aided by the fact that many conditions are self-limiting and improve with time anyway. So a person can take their treatment, get better and believe it's because of that treatment and then spread a positive message about it.

They also benefit from the so-called placebo effect - when we take a remedy that we expect is going to work, it sometimes does. This can be

because of the positive expectations we have for the remedy.

These products are often given good media coverage in infomercial programs on radio, television and web sites that are looking for a quick sale. This is regardless of whether the reseller even knows what the product is used for.

Today the fastest growing sales medium is the internet. Snake oil sales are on the increase on the internet. Snake oil salesmen can make it appear that there are many people that agree how great their product is or how great the company is to work with.

You will spot these schemes by seeing the same person making incredible claims for a cure or relief, then coming back to defend their words against others that may not agree. Often these people use their manipulation skills to stay off others that don't agree with their viewpoint. The snake oil salesman will tell you those people are "off base", "unfounded", or that they just "don't get it" and are not informed. They tend to dismiss people's objections as if they just don't know what they're talking about. They will continue to bring up how good or well they feel and how others feel after using the product.

Here is a word to the wise about successful medical and health products: They work without hype and fancy buzzwords. There is no drama or big story involved. They are sold by ethical people or companies.

## Who Buys It?

Snake oil salesmen, for over 100 years, have targeted the same groups of vulnerable people:

\* Those with an incurable condition (especially cancer and AIDS) who are often desperate for a cure and willing to try just about anything.

\* Those who are suffering from a degenerative disease for which conventional medical treatment only gives partial relief--arthritis, for instance.

\* Health-conscious people who are worried that they may fall ill from some environmental or nutritional toxin, so they're willing to try 'natural supplements' or body 'purifiers'.

\* People who are depressed, tired, or anxious,

and willing to try something that promises to pep them up or give them energy.

\* People who are insecure about their body image and who feel they have nothing to lose by trying hair restoratives, erection treatments, wrinkle removers or male enhancement products.

AND, OF COURSE, SICK LYME DISEASE PATIENTS WHO COULD FIT INTO ALL OF THESE CATEGORIES. THIS MAKES US AN IDEAL TARGET MARKET.

The promoters can't rely on the medical establishment to prescribe or recommend their products, nor can they often use existing retail stores or distribution channels---- so they market via mail order, a toll free number, multi-level marketing, or the internet. They will invariably use one or more of the following advertising techniques.

## Testimonials

The promoters of these products don't have the endorsement of recognized medical institutions so they rely on testimonials from 'ordinary people' who are often fictitious. The promoters think that because it comes from the mouth of another person, you'll think it must be true.

## The language sounds scientific but really has no basis in science

They use quasi-science to try and impress you. They promise to 'detoxify' your body, balance its chemistry, release its 'nerve energy', 'bring it in harmony with nature', or to correct supposed 'weaknesses' of various organs. These terms don't mean anything, but they sound as if there is some sort of scientific process going on. (There isn't.)

They accuse conventional medical authorities of trying to suppress them or better yet "it's a secret" and they can't let anyone else know... Because the scientific community regards them as hucksters, they have to invent reasons to allay your suspicions. They invent conspiracy theories. The promoters might claim that universities and pharmaceutical companies are trying to suppress the treatment out of professional jealousy or for fear of

losing profits.

Sometimes they use foreign universities or physicians to promote their claims: if it's from another country, it must be good.

I am not talking about Lyme Literate Medical Doctors here.

LLMDs, contrary to popular myth, do not make a lot of money compared to their peers. In fact, if you are a physician, there are 100 simple and sleazy ways to make a lot more money--- with a lot less hassle, stress and responsibility than being a LLMD.

## It Cures everything

Just like Myers' snake oil, the remedy/product is effective against a wide range of ailments (which are often unrelated to each other). So it cures arthritis, stomach ulcers, depression, hardening of the arteries, tones up the muscles, brings the bathroom tiles up a treat, adds an oriental flavor to a stir fry ... all while adding essential and natural pain relief!

## Isn't it illegal?

In the U.S. there are laws in place to protect consumers from dodgy goods and services--and these include health products. Under the Fair Trade Practices Act it's illegal for a business to make false and misleading statements about products and services or to sell goods that don't fulfill the promises made about them.

It is also illegal to make claims about medical devices and products that can not be proven.

The Airborne products (invented by a teacher) said it helps prevent the common cold. They were sued and had to pay a \$25M fine. They are admitting no wrong-doing but will remove that label claim from their boxes.

Every year the Consumer Protection Agency, which enforces these laws, investigates and prosecutes promoters of schemes. For instance, over the past two years, the agency has investigated and prosecuted clinics that advertise hair removal treatments, cures for impotence, creams that claim to reduce cellulite, and bogus treatments for "Snake Oil" ...cont'd pg 14

# Discover

# Lyme

# The Top

# Disease

# 10

# Treatments

[www.Lyme-Disease-Treatment.com](http://www.Lyme-Disease-Treatment.com)



## “Human Babesia” ...cont'd from page 7

So please note the following, despite very poor testing, which misses the vast majority of positively infected humans:

a. In Mexico, right over the USA border, 38% of people tested had *Babesia canis*. Humans are not generally expected to have this dog species.<sup>1</sup>

b. In Africa, 54% of males tested were found to be positive for *Babesia*.<sup>2</sup>

c. *Babesia* is an "extensive zoonosis" or an extensive disease passed from any type of animal to humans.<sup>3</sup> How many of the 100 known *Babesia* species can cross over to humans?

d. Studies in areas with high deer tick populations had high rates of *Babesia microti* (between 3.3-21%).<sup>4</sup> Deer numbers are exploding.

e. *Babesia duncani*, which was originally called WA-1, because the first obvious and very ill patient was found in Washington state, was found to be present in 3.5-16%, based on blood antibody testing. *Duncani* is now found in patients from all over North America. This type of testing can fail if the common antibody suppressing bacteria *Bartonella* is present.<sup>5</sup>

f. The discovery of new forms or species infecting humans or dogs, which live in very close contact with people, is a serious concern, and some experts worry about the frequency of *Babesia* animal species "jumping." Why? Perhaps because the ideal home now seems to be a single home with some rustic fields, wild grasses and woods-so, basically, the "perfect home" has small mammals that can carry deer ticks easily and routinely into a backyard.

In one study by Miodrag Ristic and others, *Babesia* was found in a woman. It had a single membrane. Its ultra structural features were similar to those described for *Babesia rodhaini*, which infects rodents such as mice and gerbils. Indirect fluorescent-antibody tests performed showed that this strain was serologically related to, but not identical with, *Babesia canis*, which is primarily a dog *Babesia*. A capillary tube-agglutination test, with an antigen prepared from blood of a dog infected with *B. canis*, detected antibody in serum of infected monkeys and of the patient.<sup>6</sup>

g. The discovery of new forms or species is often only due to a confusing death. Examples would be the death of a man from MO-1, and the death of a standard poodle from *Babesia gibsoni* that was not supposed to be in North

America.<sup>7</sup> (MO-1 stands for the first patient found with this new strain in Missouri).

h. MO-1 *Babesia* is not limited to one area in the US, but is all over North America.<sup>8</sup>

i. *Babesia* EU-1 is just one of many forms that infect humans, and it is likely that many other species in Europe living close to man also infect humans.<sup>9</sup>

j. *Babesia* species can have massive variation. For example, the "American" form of *Babesia*, the *microti* species, has many clear human variations that may respond to treatment differently and may need different testing. Some variants include Kobe-type, Hobetsu-type and the U.S.-type.<sup>10</sup>

k. Patients with certain *Babesia* visualized on a manual blood smear were sent to large national laboratories for yet another manual blood smear exam. Some of these had unique presentations that might mean they are new human *Babesia* species. The large lab never reported finding any protozoa. Even when asked to "look for malaria-like protozoa," they still have never reported a case. Many possible reasons exist for this problem but are discussed in my *Babesia* 2009 Textbook. My only point here is that *Babesia* is more common than blood parasite smears report.<sup>11</sup>

l. In Europe, it seems that if anyone has *Babesia*, which they miss routinely, they are told they have *Babesia divergens*. However, a series of patients were found to have a *Babesia* species that was genetically "clustered" with *B. odocoilei*, a parasite of white-tailed deer.<sup>12</sup>

m. It is accepted that *Babesia bovis* can infect humans, but no major lab tests for it in humans.<sup>13</sup>

n. In Korea, a new human species has been found. The *Babesia* parasite is being named "KO1," due to its uniqueness. In the patient's blood, it mainly appeared as paired pyriforms and ring forms. Maltese cross forms were not seen, and the parasite showed morphological features consistent with those of the genus *Babesia sensu stricto*. The sequence of the 18S rRNA gene of KO1 was closely related to that of *Babesia* species isolated from sheep in China (similarity, 98%).<sup>14</sup>

o. *Babesia divergens* is a well-known "European" *Babesia*. It is not tested in USA labs. I guess they assume we never travel outside the USA, and that it is not here. A *Babesia* species that is "99.8% similar" to *divergens* is in



***Babesia* under the microscope**

Massachusetts, Missouri and Kentucky.<sup>15</sup>

p. *Babesia equi* infects humans. This is old news. So where are the labs to test humans?<sup>16</sup>

Some wise and helpful authors publishing many years ago seem to feel their high infection numbers might be wrong, because in areas with modest deer tick numbers or areas with expected low *Babesia duncani* numbers, the *Babesia microti* and the *Babesia duncani* positive results were still very high. I respectfully appeal to these brilliant researchers that they were right, and should not back away from their initial review of high infection frequencies. If anything, the many species that infect humans and their variants are producing low positive results.

*Babesia* is all over the world. People also migrate from one country to others. Many visit other continents. This allows them to catch *Babesia* species which are almost always missed. The local lab does not even offer you a poor quality test, because it only checks for one species. These "foreign" species can be passed in the womb after a relocation or vacation, and would often be unable to be diagnosed in future children.

Further, I am confident, based on our research, that the variation in tick-born infections between states in the United States is markedly exaggerated. While variation certainly does exist, I do not trust routine labs who have not invested money into advanced modern testing.

For example, the fact that a genus *Babesia* PCR test does not exist at most large national labs is stunning. At least one has been invented as of November 2008. And when about 100 blind samples of patients with Lyme and at least 50% with *Babesia* were tested, all patients were reported as negative for Lyme. Yet eight patients were discovered to be *Babesia* positive (Fry Clinical Labs). Perhaps repeated testing on the same patient might make it more sensitive, along with working with researchers outside the CDC. Currently, most tests only allow clinicians generally to test for one to two species—a genus test is a fine idea. Modifications are clearly planned at this time. **Finally, *Babesia* medications might increase positive genus findings.**

Therefore, while I find more *Babesia* in New Jersey and New York than in Florida, I find it in most states. The veterinary research now reports Lyme disease is in every state, and human lab results and study are also starting to show *Babesia* and new *Babesia* species are dispersed all over the Northern Hemisphere, not merely limited to the locations they are discovered. So for example, while *Babesia duncani* was initially found in California and Washington, as of 2009, many clinicians have found it throughout the USA and Canada.

In the same way, the potentially fatal *Babesia* species MO-1 is now known to be all over the United States. I have been told learned clinicians

have now found it outside its initial "range." My appeal is that this *Babesia* frequency is like the discovery of pine trees. Some states have more than others, but they are in all states.

[References to footnotes are available on the PHA website with the text version of the article.]

pha

### About the Author

Dr. Schaller has published more books on tick-borne infections than perhaps anyone in modern history. He is also the author of over 27 peer-reviewed articles in many leading pediatric and medical journals. He is a recent author of infection textbook entries on Lyme, *Babesia* and *Bartonella*, and he has published tick-borne disease articles in journals like *Medscape*. His primary website is [www.personalconsult.com](http://www.personalconsult.com). Dr. Schaller treats children and adults from all over the world. He also is the co-author of three books on indoor mold.

Dr. Schaller is the author of over 20 books including: *The Diagnosis and Treatment of Babesia*, *The Diagnosis and Treatment of Bartonella*, a *Babesia* 2009 Update, *Mold Illness and Mold Remediation Made Simple*, *The Complete Guide to Artemisinin*, *When Traditional Medicine Fails*, *100 Solutions to Out of Control Youth*, and *Suboxone-Pain Treatment with Addiction Relief*.

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“Susser” ... cont'd from pg 1

had stomach pain. It was the day after Thanksgiving and he said he ate too much turkey. I thought it may have been his heart, so I put him in coronary care. He insisted that it was his stomach, but I didn't want to take any chances with him.

So I had Brian Kennedy, my cardiology friend, see him. Kennedy said, "This is an amazing case. This guy was supposed to have a heart transplant. He should have been dead a long time ago." I said, "Well, Brian, what do you think of vitamin E?" And he walked away. And he was a good friend. But he couldn't see the possibility that Vitamin E could have done this.

**Tina:** It's really hard for some doctors to "cross over" isn't it?

**Dr. Susser:** Well, it wasn't too hard for me. A lot of doctors see it and they don't believe it. They're afraid to think outside the box.

Remember, I was a jet fighter pilot -- now we're talking fear.

**Tina:** Is it something one picks up in medical school that causes this denial?

**Dr. Susser:** I think it has to do with the way we're brought up. I had a lonely upbringing. My father was estranged and had a bad accident when I was younger and my mother was busy working and taking care of the family. She was too busy to pay much attention to me. I was the youngest of five. Nobody paid much attention to me, and I had to grow up on my own. I didn't have a lot of dogma telling me how to live in the world. So, I had to learn everything myself. I had a good brain, I always made good grades, I had a good memory and I could learn quickly.

I grew up in a very smart family. So, I did things in my own way. It's not a big leap of faith for me to see something that's not in the conventional box. So, what I wound up doing, which was really most interesting and satisfying to me, was to treat people who slipped through the cracks of conventional medicine.

First I learned about Vitamin E and then I read Linus Pauling on Vitamin C. I saw the miracles with Vitamin C, too. I read Adele Davis who was a great nutritional guru who wrote some great books around that time. I got her on the phone and she was excited to hear from an M.D. who was interested in nutritional medicine. I went to a convention in San Francisco, where I met her, and she became my mentor. I started using vitamins according to what she wrote in her books and I learned about other nutritionists around the country, such as Carlton Fredericks, whom I could call.

These great nutritionists were all marginalized by conventional medicine. They were all considered quacks and attacked in various ways by the media. I kept a low profile and just did my nutritional stuff, and then I went to a meeting and learned about hypoglycemia from Harold Harper and Carlton Fredericks.

Conventional docs thought that hypoglycemia was another non-disease, a notion. Hypoglycemia is very real.

**Tina:** Was there testing for it at the time?

**Dr. Susser:** It was hard to test; it was a clinical diagnosis. You can do a glucose tolerance test and find hypoglycemia, but it's a miserable test. The conventional docs wouldn't agree to it, though. Hypoglycemia was defined as having blood sugar below 40, but your average blood sugar was 65 to 115. Now they've made it 65 to 99, which means that the American Diabetic Association can get more people called diabetic. They keep lowering the levels. For instance, blood pressure of 140 was considered borderline. Now, 120 over 80 is considered normal and 121 is now considered pre-hypertensive, so they can give hypertensive drugs much sooner.

Anyhow, I started learning about hypoglycemia. The normal hypoglycemic level of 65 is way too low; the normal should not be less than 90 or 85.

They call 65 the low normal and they call 40 hypoglycemia. So, what is it if it's between 40 and 65? I was at an affair at the medical school and I saw Dr. Fielding, who was our Chief Endocrinologist and my endocrinology professor while I was in medical school. So, I said, "Dr. Fielding, I have a question about blood sugars. If 65 is the low normal and 40 is hypoglycemia, what is 50?" And he answered, "Borderline." You mean that whole realm from 40 to 65 is borderline and 70 is normal?

So, it was considered a non-disease and never treated. In fact, the New England Journal of Medicine published an editorial on the epidemic of a non-disease called hypoglycemia. It's really a form of malnutrition and has to do with all sorts of problems including depression, anxiety, confusion--and obesity is very much related to hypoglycemia. So I went from disease to disease just like that. Then I learned about chelation and treated vascular disease with intravenous chelation and became experienced and successful doing that. This helped a lot of people and I had a lot of success with patients using chelation.

**Tina:** I had a primary care physician once who refused to consult with my Lyme doctor, because my Lyme doctor used chelation. The PCP surprised me by telling me that he signed a promise or statement when he finished medical school that he would never use chelation. I thought that was outrageous.

**Dr. Susser:** Chelation wasn't that popular when I graduated, but that's almost violating something in the Constitution. I think that's an unconstitutional thing to do. I can't imagine a medical school would do that.

Chelation means metal-binding. It was originally used, and is still used, for heavy metal poisoning. However, in

conventional medical wisdom, chelation is only used for heavy duty metal poisonings. That would mean a lethal amount from a laboratory or an industrial accident, or if a child gets into a bucket of paint or eats paint chips, or someone swallows mercury. The chelators used would be EDTA or BAL, which is a mercury chelating agent.

These chelators bind lead, cadmium, mercury, tin, silver and nickel. The most toxic metals we deal with are mercury, lead and cadmium. It's interesting that mercury wasn't even discovered as a

which are heavily loaded with it. Silver amalgam fillings in teeth are fifty percent mercury and we're getting a lot of mercury from those. Many dentists are stopping this practice, but the American Dental Association has managed to keep them legal and is still saying that silver-mercury amalgams are a valid thing to do. There are some countries now which are banning these amalgams, especially in pregnant women and children. I think Sweden, Finland, Germany and other parts of the world are starting to ban mercury fillings in certain populations, but there

is a lot of legality involved in all of that. Mercury also comes from the fumes of power plants that burn coal and other fossil fuels. So, if you're near a power plant that's spewing out smoke, it's probably pretty polluted. There are silver-mercury batteries and mercury switches in our walls and lights. We've gotten rid of mercury thermometers, so that helps. The heavy metal picture is probably, overall, getting better. However, chelation is something that can be a real deterrent to accumulating these metals.

**Tina:** I've heard that chelation works on plaque in arteries.

**Dr. Susser:** As a doctor who uses chelation, I legally can't say that chelation works on arteries. I can tell you that my experience is that chelation takes cadmium and lead out of the arterial wall, and cadmium and lead, and mercury to some extent, are known to block the action of nitric oxide. Nitric oxide opens arteries and is blocked by these heavy metals. Therefore, logically, you would think that by blocking the nitric oxide, your arteries would tend to clamp down, spasm, close up and cause damage. Nitric oxide is a natural substance in our bodies that is made in large part from arginine, which is an amino acid. So, taking amino acids is a good way to open up your arteries. We've found that arginine is very helpful in high blood pressure, because high blood pressure will result from lack of nitric oxide.

Chelation is really wonderful in many ways. It cleans out these toxic elements in your body. It may be hard not to eat tuna fish, swordfish, halibut, king mackerel and even orange roughly is pretty high in mercury. This is interesting; you know, the safest fish you can eat is wild salmon, because it has beautiful oils and it has almost no mercury because it eats krill. Krill does not accumulate mercury. Whereas, farm salmon eat small fish and small fish have mercury in them. The more fish they eat, the more mercury they accumulate. This is called biomagnification. So, farm salmon biomagnify the mercury like any other big fish.

If you don't study it, it's hard to know what's safe to eat. I still love tuna sushi and I know when I'm eating the mercury it's not good for me, but I

take a lot of oral chelators, such as EDTA and DMSA. Now, oral is not as good as intravenous chelation, because all the oral chelators have to go through the liver where they use up most of their chelation by taking toxic metals out of the liver. That's very good for you, but it doesn't help the muscles or your other organs very much. If you take the oral chelation long enough, maybe years or decades, and get your liver completely cleaned out, then you start getting the other parts of your body. These heavy metals have a long half-life in the body. Lead, cadmium and mercury probably have a half-life of between twenty and twenty-five years. That means that, if you have twice as much lead in your body as you're supposed to have and if you don't do anything to get rid of it, it will take your body twenty years or more to get it down to the ideal level. That is, so long as you don't add any more.

**Tina:** How do you integrate all this knowledge in your approach to patients?

My current practice is using all the elements that I've used over the years and I've found that the disease that is the most damaging, the most prevalent that slips through the cracks of conventional medicine the most, is Lyme disease. Lyme disease is rampant in the east and it is becoming more and more prevalent in the west. It was discovered in Lyme, Connecticut; that's where the name came from, where they first described the disease in this country. It's a tick-borne disease--that's what it's famous for.

These are Ixodes ticks which bite this certain kind of deer that are common on the east coast. These deer are often infected with Lyme and other bacteria that can be carried by ticks. So, there's Lyme and the co-infections. The co-infections are Babesiosis, Erlichiosis, Bartonella, Brucellosis, mycobacteria, and of course, ticks carry the rickettsial diseases like Rocky Mountain Spotted Fever. So, there are a lot of things you can get from a tick bite, and some ticks will carry two and three different bugs when they bite you. They used to say that one tick out of a hundred would carry Lyme, but now they're saying one tick out of two will carry the disease.

If you get a tick bite, there's a high likelihood of getting Lyme disease. If you do get a tick bite, get the head of the tick out with a little pair of tweezers. Some people say you can cook it out of there, but that doesn't work. A good thing to do is to save the tick, freeze it or put it in formaldehyde and have it tested. In the meantime, I would take antibiotics for three to four weeks and maybe longer, just in case, because the likelihood of infection is too high.

[Don't miss Part Two of this interview in the next issue of the PHA.] *pha*

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toxin until about twenty years ago. When I used to do hair analysis and I'd find high mercury, I would wonder what that would mean. No one seemed to know. Then Hal Huggins did some important work with mercury in his dentistry practice in Colorado, and he came up with some of the first discoveries of low-level mercury as a poison.

The poisonous level we're talking about is several orders of magnitude below the laboratory and industrial poisoning. It's a low-grade, insidious poisoning that poisons our arteries, our brains and our endocrine and immune systems.

**Tina:** Which is really important in our day and age, right? Aren't we being bombarded with these toxic metals?

**Dr. Susser:** Well, improvements have been made, such as removing lead from paint, gasoline, solder and pipes. We used to have a lot of exposure to lead, but we've decreased it enormously. It is still too much, though. Mercury has been a major problem, but they're decreasing that. Except now all the new light bulbs will have mercury in them and that's going to cause a mess. There is still lead in some of our water pipes, and there are other industrial sources as well. Breathing gasoline fumes and getting gasoline on your skin can cause exposure to lead, also.

A big source of mercury is fish like tuna and swordfish,



## “Snake Oil Salesman” ...cont'd from pg 11

chronic fatigue syndrome.

### Follow your intuition

Don't wait to be caught by these shady operators. It's up to you, the consumer, to spot them and stay clear. Don't buy any health product or service unless you think there is sound or scientific evidence. Get personal references from people you know and trust. Otherwise, be prepared to take the risk that you might be wasting your money.

### What should I do?

Rule of thumb - if it sounds too good to be true, it probably is. If you're not sure about a particular health product or service, try the following advice:

1. Talk to your LLMD or another health professional about it
2. Use tips on how to evaluate information from our story
3. Ask your friends and family what they think

### What to do if you think you are being scammed:

1. You can call or write to your State Attorney General's Offices - they all have staff that review and investigate product claims and false advertising. Often though, these investigations come too late for the hundreds or thousands of people who've already bought the products and been duped.
2. Check your state's Medical Licensing Board to see if practitioners hold current licenses and if there have been

any disciplinary actions taken. Many states have this information online.

3. Contact your local Better Business Bureau to see if the promoter or product has been investigated. You'll be doing others a favor by alerting the agency to the existence of these promoters. Angie's List is an internet service where customers rate local and national products and services. There is a fee involved for this service [www.angieslist.com](http://www.angieslist.com).

Let's not let the snake oil salesmen of 2009 make their

profits by preying off of sick people with Lyme disease, people with hope, and people that want to get better.

Be smart and ask people you trust. When a great cure or true relief is found for Lyme disease we will not find it on an obscure web site, a self-promoting post on a Lyme discussion board, in a multi-level marketing program, or an infomercial.

*pha*

## “Naugle Testimony” ... cont'd from pg 9

ed to the Expert Panel as follows:

(1) Composition. The Expert Panel shall be composed of physicians approved by the board to act as Expert Physician Reviewers.

(2) Qualifications. To be eligible to serve on the Expert Panel, a physician must meet the following criteria:

(A) licensed to practice medicine in Texas

Please delete the words "in Texas ." The state of Florida allows any licensed physician to serve in this role. S/He does not have to be licensed in Florida to do so. I can envision special circumstances when there might not be a Texas physician who has sufficient clinical experience to serve in this capacity because TMB has already succeeded in running almost all of the qualified Lyme specialists or Complementary and Alternative (CAM) physi-

cians out of Texas .

Thus, it would be advantageous to be able to import such an expert from outside the state in order to insure a fair evaluation of the respondent physician. It is important to select reviewers and expert witnesses from similar schools of medical thought (and not just from the same "medical board specialty") whenever considering so-called "standard of care" issues since, as I have already explained in my testimony to the TMB which is attached to my Sunset testimony, different medical societies and different schools of medical thought adhere to different standards of care. These different schools of medical thought are protected by our Texas Constitution, Article 16, Section 31 and also by statute, Chapter 200 of the TMB Board Rules.

I made a similar request during the TMB Board Meeting on Friday, December 15, but Mari Robinson, JD countered

that we can't do that because it is "statutory." I don't know if she was bluffing about it or if there is some clause in the Occupations Code that needs to be fixed also because I'm not sure what statute she had in mind. Please consult with her, and if the Occupations Code needs to be revised so that the two codes are compatible, then please do so. Ms. Robinson might have been referring to Sec. 154.058 of the Medical Practice Act, found in the Occupations Code. If so, then TMB cannot amend the Occupations Code themselves because the only code that TMB has the authority to revise is the TMB Board Rules, found in the Administrative Code. Remember, as I explained in my accompanying Testimony to the TMB, "*standard of care*" is not synonymous with "*quality of care*."

A good resource person for you to consult in helping to find these contradictory rules in

our statutes would be the attorney, Tim Weitz, who was invited to testify by Chairman Fred Brown at the House Appropriations-Regulatory Hearing on October 23, 2007.

Mr. Weitz has had experience working as an attorney for TMB during the 1990s. There is a link to his biographical information on his law firm's webpage.

His testimony can be found on pages 160-172 of the unofficial transcript of that meeting which is posted on the AAPS website, but the transcriptionist misspelled his name as "Whites."

I suspect that there are probably other equally qualified attorneys who represent physician defendants and who are familiar with our statutes. They could also offer good suggestions about improving the fairness of due process for our physicians by pointing out sections or clauses in the statutes that need to be amended so that

they are not contradictory with one another. These attorneys would probably be willing to volunteer their services if invited to participate in the process as "stakeholders."

Be aware that the time for completing the prosecution of a physician who has been "targeted" by TMB can last several years because of the lengthy appeals process. By then, a physician who has been unable to practice medicine because his license has been suspended indefinitely or because he has been dropped by Blue Cross Blue Shield is already in bankruptcy, so he cannot afford to take advantage of the civil appeals process through our courts, outside the purview of TMB. I'm not sure how this problem can be fixed, but I would like for you to be aware of it, in hopes that you can find a way to do something about it.

*pha*

## “Invisible” ...cont'd from pg 4

invisible. Oftentimes, illnesses make it difficult for the person to walk far and so handicapped placards are issued to them. The placard holders are often confronted by accusatory looks, stares, notes left on their windshield and even approached and questioned about their obvious lack of wheelchair. For those who have experienced any one of these situations, it can be a humiliating and frustrating situ-

ation. None of us feel as though we should have to justify our illness to anyone, and yet we are so angered by their obvious ignorance and their belief that we are abusing the "privilege" (that we wish we weren't applicable to receive). Although they are complete strangers, we still have a desire for their understanding and validation.

### What to do?

So what do we do with these frustrations and the lack of understanding that we may sometimes feel that other people have? David Biebel, author of *If God Is So Good Why Do I Hurt So Bad?* writes in his book, "Because God is now here, I am not an only child. I have a friend, closer than a brother, who understand the path I walk because He has walked it too. His heart beats

with mine. His heart breaks with mine. His hands reach out, through their own pain, to touch my aching soul and let me know that someday it will all become clear-but for now to keep on walking, like He did and like others have before me" (p. 72).

*pha*

Get a free download of 200 ways to reach out to someone who is hurting from Beyond Caseroles: 505 Ways to Encourage a Chronically Ill Friend when you sign up for hopenotes, a monthly ezine. Author of this article, Lisa Copen is also the founder of Rest Ministries and National Invisible Illness Awareness Week.



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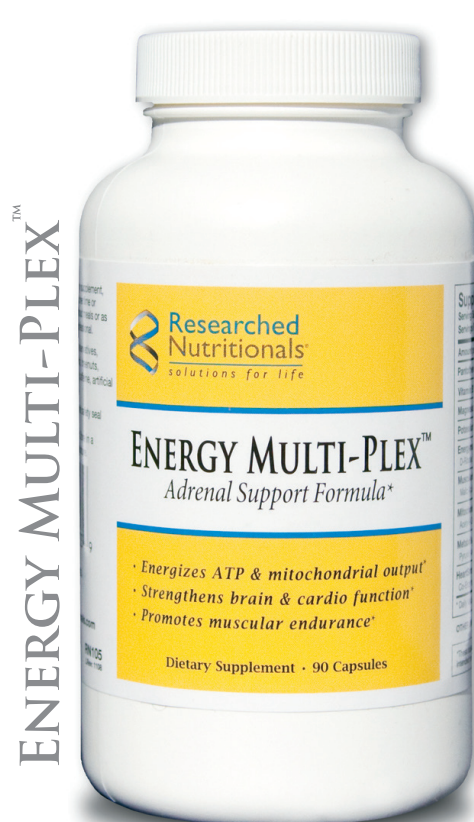


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