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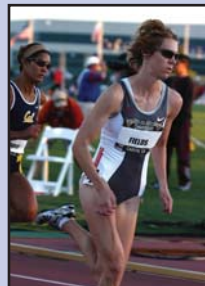
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## Lyme-Induced Autism Conference Focuses on Biofilm and Toxicity

by *Mary Budinger*

Peeking into the secret world of biofilm and shifting through common environmental toxins may hold the keys to understanding the current epidemic of chronic disease.

That was the theme at the third annual Lyme-Induced Autism (LIA) Conference held last month in Scottsdale, AZ. The event serves as a think tank for practitioners and parents on the forefront of the epidemic.

### Biofilm - The Hot Topic

The quest to understand biofilm is changing the paradigm of blood pathology. The conventional wisdom is that blood is sterile because nothing can be cultured from it, but clearly, we have pathogens floating around in blood. "Blood is not sterile. We have to drop that idea," said Dr. Jeff Wulfman of Vermont. "Forty percent of blood samples contain cell wall deficient bacteria. What are the other factors in blood? We are only beginning to understand."

Biofilm is also in the blood, as well as the gut and on the teeth. Biofilm is a self-made protective environment in which microbial populations hide from the body's immune system and anti-microbial therapies. Biofilm allows the bugs to evade surveillance of the immune system and our best attempt to throw antibiotics at them. Biofilm communities can be 1000 times more resistant to antibiotics than free-floating bacteria. Ever tried and failed to knock out candida with the anti-candida diet? Well, candida too hides in the biofilm where it helps the bad guys by stimulating inflammation. The National Institutes of Health estimates that nearly 80 percent of chronic microbial infections are due to biofilm colonies.

Teasing out elements hidden in blood is what Dr. Stephen Fry and his colleagues do at Fry Labs in Scottsdale, Arizona. "I don't think *Borrelia* is the main problem in Lyme disease," Dr. Fry explained. "We only have one picture of it in the thousands of slides that have gone through our lab. There is something else that stains like bacteria, and looks like bacteria, in people who are sick. Many of the people we see have evidence of biofilm. There is more than one

pathogen in biofilm communities, but the microorganism we are mapping now may be the main concern."

Dr. Fry finds that the sicker a person is, the more there will be biofilm communities in the blood sample. "Six years ago, I established Fry Laboratories to begin to identify the DNA of a particular pathogen we see in the biofilm. We looked at the blood from various patients under the microscope and found signs of this particular microorganism in many samples from patients ill with chronic Lyme disease. So far, we have found some unique genes that make up this microorganism; no other entity on earth is known to possess them."

Dr. Fry thinks the day is not far off when we may recognize a single microorganism which hides itself in biofilm, and is responsible for symptoms of Lyme disease, its co-infections, and many other expressions of chronic disease. "As our work progresses, we will be able to further identify the genetic makeup of this pathogen and then develop a reliable test for it," he said. "It may be that we can develop a simple protocol to knock it out."

But if one bug is the cause of Lyme disease, autism, and so much other chronic disease, why do patients get so many different diagnoses and symptoms? "In the biofilm community, there is a soup where many pathogens hide," Dr. Fry said. "For example, just about everybody over the age of 35 will test positive for Epstein-Barr virus, but people usually are not sick from it. Not every bug in the biofilm soup is causing symptoms. We think we've found that one is. And the symptoms may vary based upon a person's genetics, environment, and pathogen genotype."

Dr. Fry's take on biofilms is novel. "I could be barking up the wrong tree, but maybe not. Remember that we used to think stomach ulcers were caused by too much acid production. Then Barry Marshall and Dr. Robin Warren turned medical dogma on its head by proving that a bacterium was the cause. The pair identified the bacterium *H. pylori* and proved how it causes inflammation, then ulcers. Maybe in 10 years we will be smart enough to know that the



*Dr. Fry suspects that inside biofilms are pink elongated microorganisms that may be the causative agent of much chronic disease. He is mapping the genetic components of these microorganisms.*

'auto' in 'autoimmune' actually means pathogen and the whole concept of autoimmunity will change. Chronic inflammation is chronic infection. In autoimmune disease, my model is that there is a chronic infection that cannot be eliminated, thus the immune system is always switched on. The self antibodies are due to apoptosis and death of host cells with host immune response."

Biofilms are also of great interest to Dr. Anju Usman of Illinois. "All of our tough cases, the non responders - they show biofilms when we run their blood at Fry's lab," she explained. "Scientists are finding biofilms in polluted areas of our body - the teeth, mouth, adenoids, sinuses, and intestinal tract. The immune system recognizes a bug by proteins on its outer membrane. What happens when the bugs don't produce outer membrane proteins? Well, these bugs don't." Biofilms act as a unique cloaking device.

Dr. Usman is focused on dismantling the biofilm. "Let's look at what happened when experts tackled the super-bug, MRSA. One of the most effective drugs against MRSA is vancomycin. But they couldn't knock it out because there was a biofilm. However, when they combined the drug with

EDTA, then the chelating agent pulled out the calcium, magnesium, and iron - all elements of biofilm - and dismantled the film."

That raises the question of what supplements and nutrients may inadvertently feed the biofilm. "When trying to kill bugs, if you take calcium, you may not be making headway," Usman said. "Calcium, iron, and magnesium block our efforts to dismantle the biofilm."

Dr. Usman uses EDTA to open up the biofilm. EDTA, ethylenediaminetetraacetic acid, is a chelating agent used to lower one's body burden of heavy metals. Another important resource is iron chelating compounds. "Outer membrane proteins" are easy for drugs to see, but they are not expressed when iron is present. "Our bodies make proteins, transferrin and lactoferrin, which mop up iron and block the ability of biofilm to form," she said. "But pathogenic bacteria secrete iron chelators to snatch up iron and thus compete with the transferrin and lactoferrin for what they need to survive."

To break down biofilm, Dr. Usman also uses enzymes such as serrapeptase, derived from silk worms, and nattokinase which penetrates the GI

*"LIAF" ...cont'd pg 7*

Download Dr. Burrascano's Lyme Protocol FREE at:  
[www.PublicHealthAlert.org](http://www.PublicHealthAlert.org)

# Heart to Heart With My Readers



by Dawn Irons

Can I see a show of hands of those who love medical drama? I prefer my medical dramas to come in the form of Dr. House or Grey's Anatomy rather than my personal medical issues having the potential to make the next plot of a reality show such as Mystery Diagnosis!

Since Christmas I have been having non stop issues with the pseudo tumor cerebri (PTC) and have been rapidly losing my hearing. As we have all experienced and understand all too well, mainstream doctors are very uneducated when it comes to Lyme disease and related illnesses.

In dealing with the PTC, I went back to my neurologist who was willing to do a spinal tap in January to remove the excess fluid off my brain. This brought great relief from the migraines and projectile vomiting that came from the nausea associated with the headaches. Within 3 weeks of the spinal tap, I was back where I had been with the pain and vomiting. I could tell the problem was getting worse.

Shortly after this, I noticed the constant ringing in my ears had returned so I went back to my ENT who has been monitoring the hearing loss. He examined me and said the hearing loss that I was having in my "good ear" needed to be addressed immediately because the longer it went unchecked, it had the potential to become a permanent hearing loss. He said the problem was too much fluid in the cranial space that was putting pressure on the hearing nerves in my head.

I thought, wait a minute! That excess fluid problem is the same thing as the PTC! Could they be related? I quickly explained my history of PTC and asked if this could be the cause of the hear-

ing loss. He said it would be a rare presentation of PTC, but that he had seen it cause hearing loss.

Finally! I felt like we were on the path to solving this problem! The ENT told me to return to the Neurologist as I would need another spinal tap to remove the fluid. In the meantime, the ENT wanted to put me on high-dose diuretics and steroids while we waited on the spinal tap to prevent further hearing loss.

Immediately, a red flag went up for me! Steroids?? That is completely contraindicated for Lyme patients. So I called my LLMD and explained the dilemma I was facing. He warned me of what could happen with steroids but also understood that I was facing the risk of going completely deaf. We spoke about the pros and cons of steroids use in Lyme patients and then he finally asked me the dosing info on the script. The steroid had been prescribed at extremely high doses, such a high dose that I believe it even gave him pause to reconsider the options before me. I chose to forego the steroid option and get back to the Neurologist for the spinal tap.

When I contacted the Neurologist and explained what the EST had said about needing another spinal tap, he flat refused. He said he did not feel comfortable doing another tap so soon after the last one and that he prefers to not do them more than once a year. This is when I knew I was in trouble!

As the fluid pressure increases, so do the headaches, nausea, vertigo and hearing loss. Then the Neurologist further explained that he had been in practice almost 30 years and had NEVER heard of PTC causing hearing loss. I explained that the ENT, who deals with hearing loss all the time, said it was a presentation of PTC, just a rare presentation - but that he had seen it before.

The Neurologist was not convinced. He sent me off to an ophthalmologist because he believed that most people with PTC had visual disturbances. Yet the fact that I had been diagnosed with PTC without question by 2 MRIs and 2 previous spinal taps did not seem to sway his opinion. I have not had visual problems, only hearing problems!

The ophthalmologist confirmed what I already knew. I had perfect vision! He did

several different tests including field of vision and a few more. He said that there was some scar tissue near the optic nerve that shows the eye has been affected by the high fluid pressures, but that it has not been high enough to affect my vision at this point. So I told him what the ENT had said about the PTC in relation to the hearing loss. And as if he was reading off a badly written script, he told me that he had been in ophthalmology for "X" number of years and that he had never seen anyone with a hearing loss presentation, only vision! Imagine that! An ophthalmologist only being familiar with the vision side of PTC presentation!

At this point, I had 4 doctors working with me and refusing to consult with one another! My ENT knew exactly what was going on but the Neurologist and Ophthalmologist refused to accept his expertise in that he had seen and dealt with PTC causing hearing loss before. My LLMD was on board to caution me about the steroid use the ENT wanted me to use. Four doctors and not one of them could agree on any aspect of how to treat me. All the while, my hearing was deteriorating and my migraines were taking over my life.

At a point of exasperation, when I kept insisting that the ENT needed to be respected for his area of expertise, the Ophthalmologist, frustrated too, referred me out to the University of Texas's Southwestern Medical School. He said there was a doctor there who specialized in Neuro-Ophthalmology and had a special interest in PTC as his focus in practice.

I was less than thrilled at the idea of adding a 5th doctor to this existing nightmare! I am so glad that I went! I told this new doctor up front that I had no hope that he could do anything to help me and relayed the story of the ENT, LLMD, Neurologist and the Ophthalmologist. I was awestruck when he did not even flinch when I mentioned Lyme. He had seen it before in PTC patients! He did not seem surprised when my vision was perfect! He did note the scarring on the optic nerve. I told him my main concern was my hearing. He said it is not the most common presentation of PTC, but he has seen cases of PTC where it causes hearing

loss! I thought I had died and gone to Heaven!

I further explained my intolerance to the medications used to treat the PTC and how it would cause me to sleep for days on end and be completely non-functional for taking care of daily life responsibilities. He had heard of that before as well! All the other docs told me that it was strange that I would have that side-effect to the meds and they'd never heard of that before!

I left this PTC specialists office with an appointment to see a Neuro Surgeon and get ventricular shunts put in my brain that will control the fluid pressure from building up! I am scheduled for surgery in the next 4 weeks.

What does this mean for the PHA? My surgery is supposed to have a 2 week recovery time. Depending on how well I heal and recover, there may not be a PHA put out that month. But do not fear! If you have a subscription, I will just add a month to the end of your subscription so you will receive a full 12 issues for your cost.

For my advertisers, I will invoice you as normal, but if it turns out that we cannot put a paper out that month, then I will hold the funds for the next issue and not send an invoice for that issue but rather just use the funds for the previous paid invoice.

My hope and prayer is that I will recover quickly and the PHA will not miss a beat in how we operate. But I do need to have a backup plan in the event of unforeseen circumstances and delays in recovery.

I am forever grateful for all the letters and words of encouragement that my readers have sent me over the last three years in telling me how much the PHA has made a difference in their lives. It helps to know that on those days I get so discouraged and wonder why I am doing what I am doing.

I appreciate our readers, subscribers, doctors and support groups who go to great efforts to get the PHA out in their communities as a means of Lyme disease awareness!

There should be one more issue if the PHA out before my surgery date. Please keep me in prayer for a quick recovery! I look forward to being back in the saddle again!

pha

## 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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#### Website:

www.publichealthalert.org

#### e-mail:

editor@publichealthalert.org

#### Donations:

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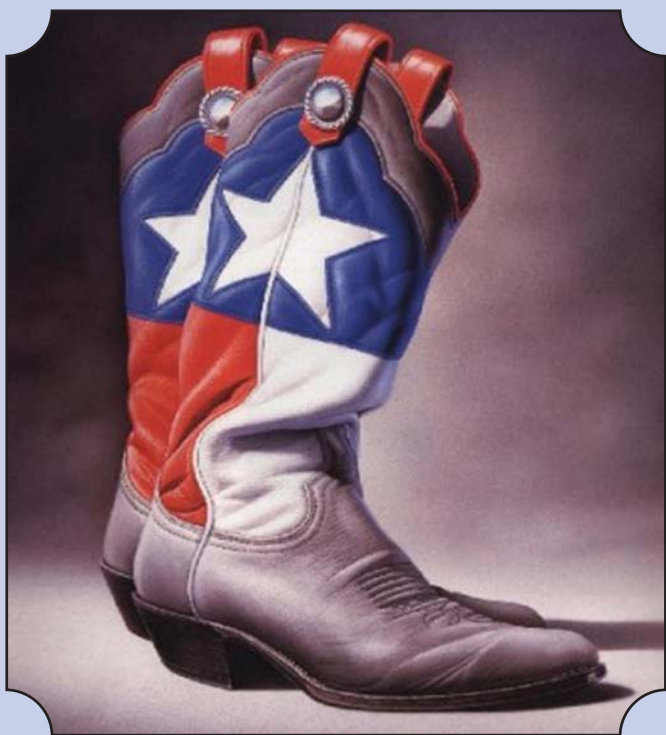
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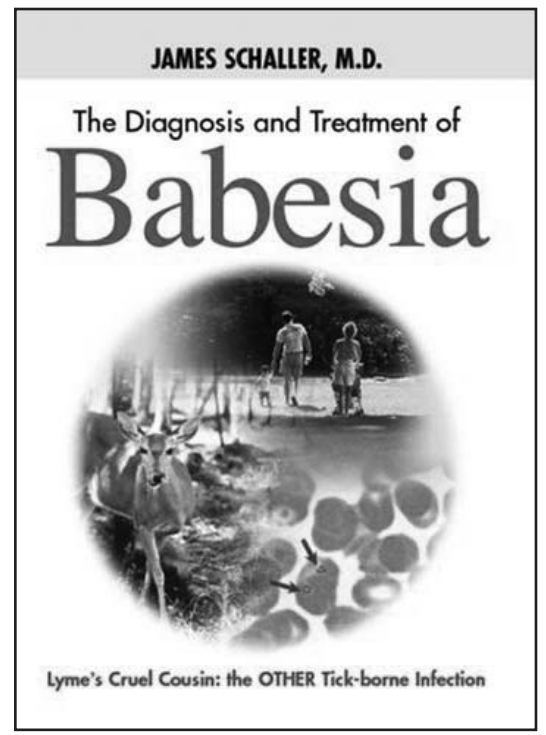
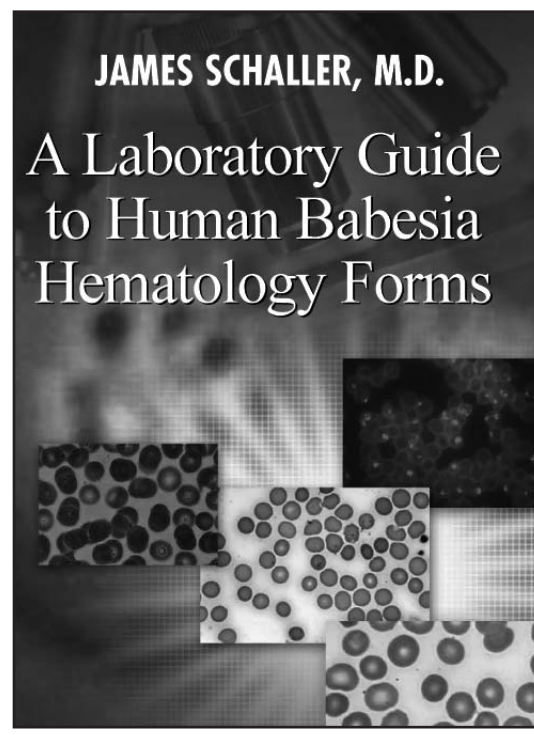
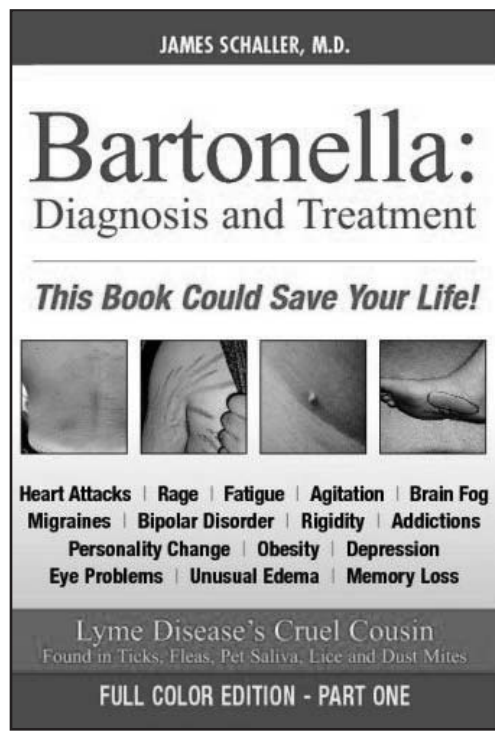
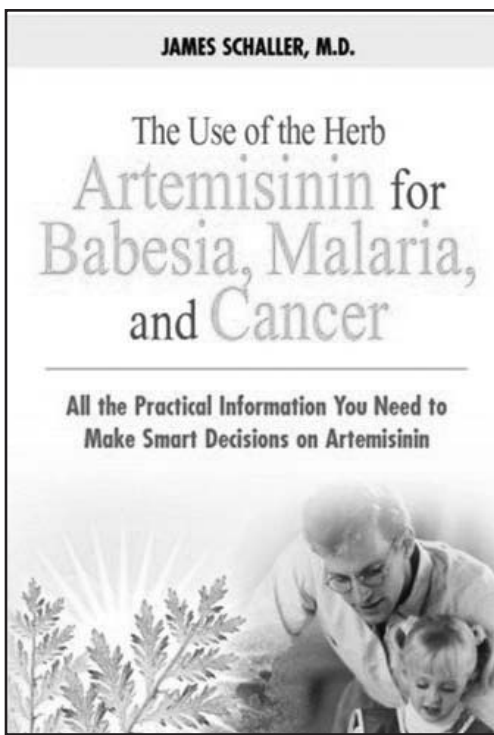
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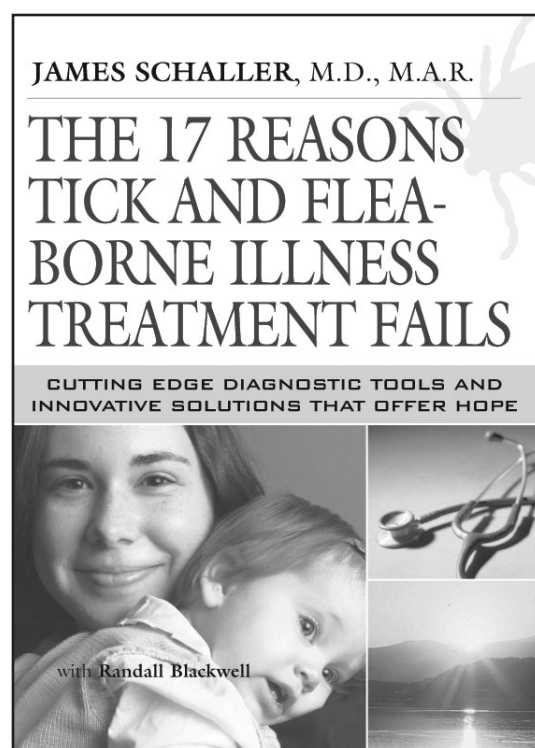
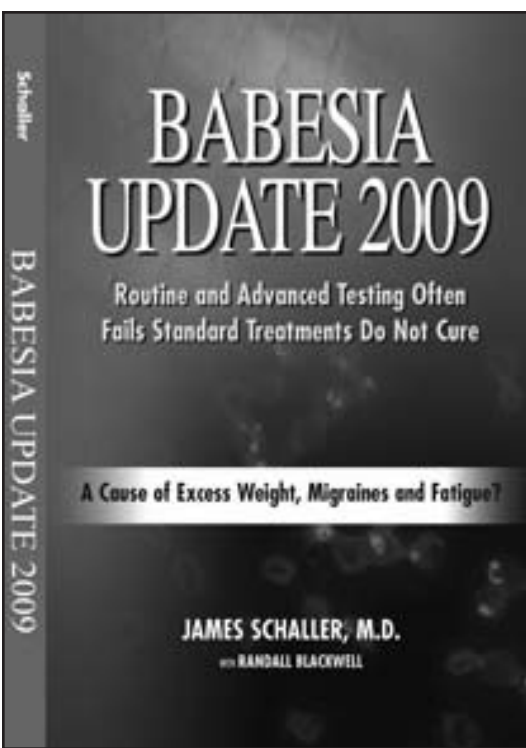
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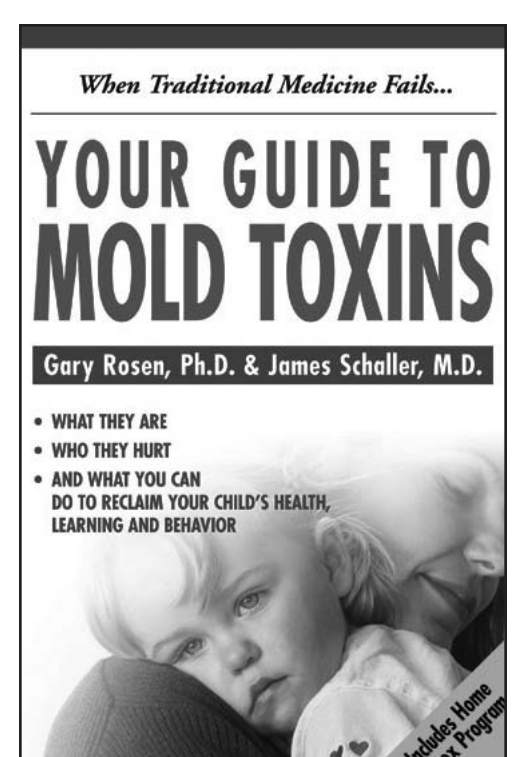
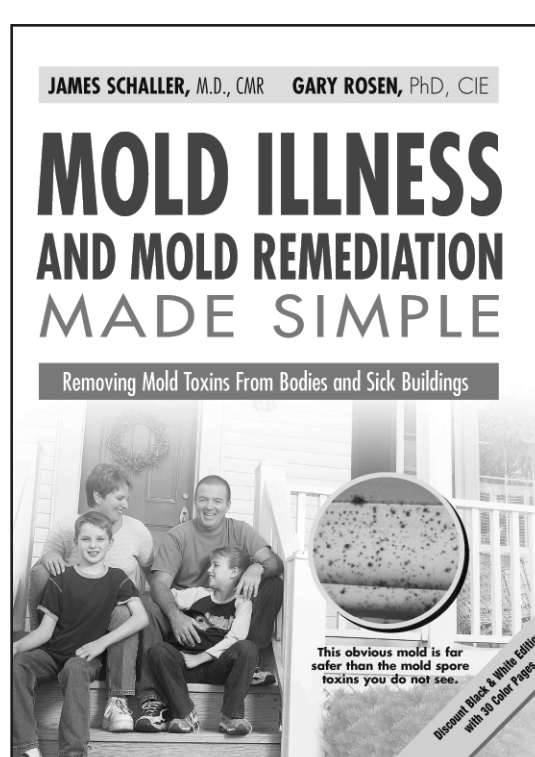
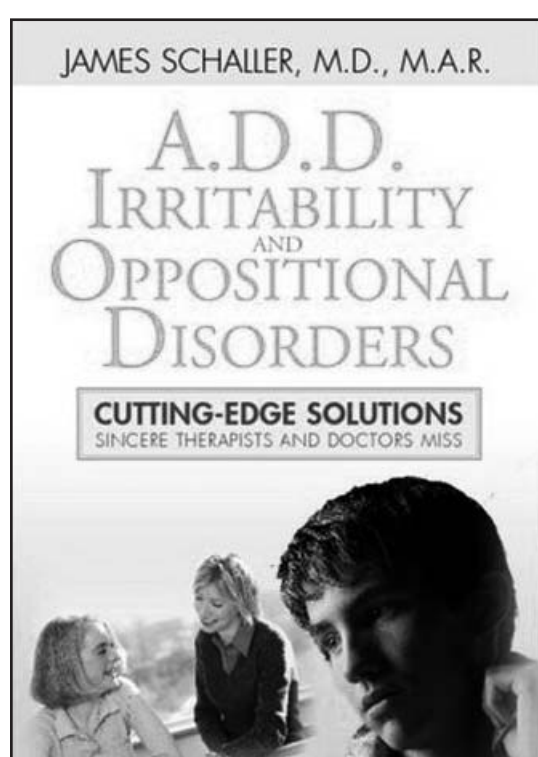
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## Truth or Consequences



by Joan Vetter

Last week I planted some bean seeds. The man who handed them to me told me they came from Africa, and the beans would grow about a foot long. I trusted his words, so I planted his seeds. They have already broken through the ground, and even though I've never seen the beans I fully expect very long beans. Because I trusted him, I believe they will grow as he said, but in the unlikely event that they don't, I've not really lost anything.

However, there are many areas where believing something told to us can have negative consequences. For

instance, the Bernie Madoff investment scam. People believed his words, and suffered huge financial losses. Perhaps you can think of some lie you may have bought into. There are always consequences when we believe a lie, some more serious than others.

Recently I heard an attractive, confident woman share about how the words her father planted in her mind almost destroyed her life. She shared that, "Growing up under his roof was a nightmare, literally. EVERY supper table conversation revolved around warnings and dire predictions of calamity. He had a special fear of the Nazi era in Germany (although he was not there) and upon meeting them, would invite any survivor of that holocaust to our home to describe their experiences." His obsession with this dark time in world history and other negative things planted great fear in her as a young girl about her own future, unreasonable as that was. She is now 60 years old, coming to terms with the lies and fearful thoughts, and is finally getting free of the fears he planted in her mind and heart. She shares, "A few years ago, during my quiet time with

the Lord, He very clearly spoke, "Put on your strong shoes and lace them well, I'm taking you to who you are." That was followed by a dream of a little girl sobbing - Jesus held out His hand and said, "I know who you are, I'll take you there."

The Word of God declares we will KNOW the truth and the truth will set us free, but we have a significant part to play in first desiring to walk in the truth. When we do desire this, and begin to pray and study Scripture, we will learn of God's goodness - yet we still must understand the deception of fear. We are to be wise as serpents and innocent as doves, walking in confidence that God will reveal truth in our lives. He desires us to be set free and blessed, living lives that are not tormented by fear.

The dictionary defines *deceive* as, "to lead astray or frustrate usually by underhandedness, imposing a false idea or belief that causes ignorance, bewilderment or helplessness. *Mislead* implies a leading astray that may or may not be intentional. *Delude* implies deceiving so thoroughly as to obscure the truth. *Beguile* stresses the use of charm and

persuasion in deceiving."

Words are usually the vehicles through which deception travels. However, they can also be carriers of blessing and beauty. For instance, let me describe a peaceful garden to you. There are hundreds of red tulips with a border of yellow tulips, an arbor covered with white honeysuckle, and a light green weeping willow tree whose leaves cascade over a pond with sparkling blue-green water. Our imagination can process this picture similar to a photographer developing a picture.

In Proverbs 16:24 we see that pleasant words are like a honeycomb, sweetness to the soul and health to the bones. I take calcium for my bones, but maybe just as important is to practice speaking pleasant words to nourish my soul and my bones. We can't always choose the words spoken to us - but we can choose to reject the words or thoughts that paint a negative picture. For instance, a popular author who has now published hundreds of books asked a publisher at a writer's conference what she could do to improve her manuscript. The shocking response was, "Honey, just throw it out."

Thankfully, she made a choice not to allow those words to color her destiny.

Just days before the closing on our home in Ohio, our realtor called to say, "There has been a glitch - your septic tank didn't pass inspection." My husband was already in Houston and I had a ticket to fly out after the closing. I had a choice: panic or trust. I had just learned a definition for FEAR - False Evidence Appearing Real. I shared that with our realtor and told her somehow I didn't believe it was true. I kept saying to the Lord all day, "I trust You to work this all out." At 5:00 that evening she called back to say, "I'm really not sure how this happened, but the bank didn't require - and didn't even do a septic inspection." Listen as the Lord speaks to each of us: "I put before you life or death - choose life."

Let's choose life in the words we allow into our hearts, choose life in the words we speak, and choose life as we picture our future.

pha

## God's Will for My Life



by Linnette R. Mullin

The storm raged high, threatening to capsize the boat. Scared out of their minds, they cried out to God for mercy. Where was Jesus when they needed Him most? Surely He knew this storm was coming. Frightened, confused, and in great despair, they looked up and saw a ghost. The fear gripping their hearts froze the blood in their veins.

Knowing their terror, Jesus said, "Don't be afraid. It is I and not a ghost." Peter said, "If it's you, Lord, let me come to you on the water." Jesus said, "Come."

With the storm still raging high, Peter stepped out. Keeping his eyes on Jesus, he walked and did not sink. Then, fear set in. Peter took his eyes off Christ and began to sink. Looking up, he cried out, "Lord, save me!" Taking him by the hand, Jesus rescued him and walked him back to the boat.

I am Peter. I walk

through the billows of life and am buffeted on every side. The wind of pride knocks me flat. I look to Jesus and He picks me up. Thunderous uncertainties and confusion deafen my ears. Jesus whispers peace and healing begins. Lightning strikes of fear pierce my heart. Jesus lays hold of my heart and heals me again. The billows of grief, pain, and suffering engulf me and I am drowning. Jesus reaches down, picks me up and carries me.

Is this God's will for me...to live like a cork in the water, bobbing my way through life?

My church's doctrinal statement starts out with this question, "What is the chief end of man?" It then answers, "Man's chief end is to glorify God and enjoy Him forever." The next question is, "HOW do I glorify and enjoy Him?" It answers, "By loving Him and doing what He commands."

But, what does that mean? What does that look like in the midst of a storm-tossed life?

I've spent many hours, days, months...even years trying to find a satisfying answer. What is God's will for my life and how can I fulfill it? One Sunday while zoning in and out of my pastor's sermon, he said something that snatched my attention:

"God's will for you is to obey Him."

Wow! What a simple,

yet profound statement. It pierced my heart and peace flooded my soul. I realized that it's not about a particular calling or occupation. It's not a checklist of do's and don'ts. The heart of the matter is an obedient heart.

Whether it's submitting to a day of pain, keeping to a regimen of medicine, getting necessary rest, encouraging your child to trust God in the midst of illness, hugging a hurting friend, giving words of encouragement, or attending church when able - there are a gazillion ways to obey God. It's taking things as they come...a day, a circumstance, a moment at a time and obeying Him in the midst of it.

Will we have frantic moments? Yes. We are frail humans.

Are we doomed if we cry out "why" and beg Him to remove our suffering? No. Though He submitted to the Father's will and followed through, even Jesus cried out, asking God to remove the cup of the cross from Him.

Are we repulsive to God when it's all we can do to just get through the next moment? No. God's word encourages us to live day to day, moment by moment and to not worry about what tomorrow brings.

When we do falter and sin, we need to remember that there is abundantly more grace in Christ than there is sin in the world. We are to bathe our-

selves in His grace.

We must not shut off our hearts from God. We must not quench the voice and comfort of the Holy Spirit. We must not try to wade through life on our own.

We need to let down our guard and be vulnerable with God. We are to follow Christ's example, cry out to God for help, and allow the Holy Spirit to speak wisdom and comfort to our hearts. He may not take the storms away, but He will carry us through the midst of it.

Jesus said to take up our cross and follow Him. Follow where? Follow Him in obedience no matter what sea-tossed life God places us in.

Does that mean the ill should not seek medical help, the jobless refrain from job-searching, or the parents of a prodigal give up on their child returning? Absolutely not! God commands us to take care of our bodies, tells us that the idle man does not eat, and displays the loving patience of a father waiting for his prodigal to return.

It does mean that we submit each moment of our lives to God. We must trust Him to do what is best for us and watch in wonder as God makes everything beautiful in His time.

As I ponder God's will for my life, I admit that I have to swallow a lot of pride, returning to Him again and again for forgiveness. Why?

Because I don't always want to submit to His will. Life hurts. It isn't easy to live day to day not knowing if tomorrow will be a good day or a day when the waves come crashing in. I want to buck against the pain and sear my heart until I don't hurt anymore. It's tempting at times to walk away from God and never look back.

But, in my heart of hearts, I know that life without Jesus is worse than the most horrendous pain I've ever endured. The agony of not being able to feel is more torturous than pain itself. Life without Jesus is not life at all, but a living death - like Lyme disease, only unimaginably worse.

As part of God's will for me, I open my heart to you so that I may share in your suffering. I want to help carry the load you bear. As a teenager, I was inspired by a song which says, "I want to spend my life mending broken people. I want to spend my whole life removing pain. Lord, let my life be a light that shines. I want to spend my whole life mending broken people."

So, if opening up my heart can help carry even one hurting person through the storms of life, I praise God for using my feeble efforts. May He bless and keep you through every storm.

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

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# Athlete Attests Willpower and Maverick Attitude To Her Full Recovery With Chronic Lyme Disease

by Perry Fields, US Track and Field

I've never been as lonely as I was when I had Chronic Lyme Disease. A tick bite in 2003 which went untreated turned into a total nightmare exactly two years later. Lots of people gave up on me.

Lyme cost me four years of my life, two Olympics and thousands of dollars in medical expenses. Now, I'm 30 and I don't know where my twenties went.

That's the bad news. But this story has a happy ending.

I was born with hip dysplasia. Who would have thought I'd become a runner, of all things? I spent my early years trying to get my leg back into place. I'm no stranger to huge obstacles.

But Lyme has been the biggest challenge of my life thus far.

I've fully recovered from Chronic Lyme Disease, for which I'm told that there is no CURE. I believe that there isn't ONE cure, but I DO believe you can fully recover from it. I have the training and racing stats to prove it. I'm now the total underdog to compete again, but that hasn't stopped me. So I've begun my athletic career again after four long years and I just so happen to be in the best shape of my entire life.

Is that a surprise to you? It shouldn't be. Is that a surprise to me? Four years ago I would have been terribly surprised. When you're ill it's hard to have hope. I was so weak and sick that I mentally (on the surface) got rid of any idea of going back to athletics. It was necessary so I could heal. Thinking about my career put stress on me and kept me from focusing on the disease itself.

My goal was just to get normal. I wanted to be able to take care of myself. I wanted to prepare my own meals. I wanted to work.

But...deep...deep...deep down inside there was always this little spark. This little spark I believe was driving my subconscious. This little spark just wouldn't be extinguished. It

remained lit even during the grimmest of times. The spark was the idea that I would fully recover, I would go back to athletics and live my life free from any health issues and then I would tell people about it and help people solve their own health issues.

As an athlete one of my greatest attributes is willpower. Like most athletes, we talk to ourselves A LOT. We tell ourselves it's going to be okay even when we think otherwise.

During my struggle I remember so many times my mind wanted to succumb to negative mental chatter. There were days I thought I was going to die and there was no way to recover from this. I would remain negative for seconds, perhaps minutes and maybe even a hour at the most...then I would pull myself right back out of it. I NEVER stayed hopeless.

Sometimes I would be negative; cussing everything ...at the same time I would be going to try another type of treatment knowing I was on the right track!

Looking back, I wish the 2008-2009 Perry, knew the 2005 Perry. This is why:

In 2003 I was bitten by a tick at the Scottish Highland Games at Grandfather Mountain, North Carolina. I pulled the tick off my neck two days later. I knew nothing about Lyme Disease or any type of tick infection. Growing up in the country I had been bitten by all types of critters, so I didn't see the problem.

Flash forward to 2005. I'm at the "SuperBowl" of Track and Field meets. I'm running the 800m (a VERY difficult race.) I'm expected to win. On the second lap I'm in the perfect position to make my move. The race is only 2 laps on the track. Right as I approach the second lap, something goes horribly wrong. My legs and arms become freezing cold and numb. I slow to a crawl finishing last. I then go and throw up behind the arena but nothing is coming out. I feel toxic.

Now this was the time I knew I was ill, but it was a mystery. I went home to see my

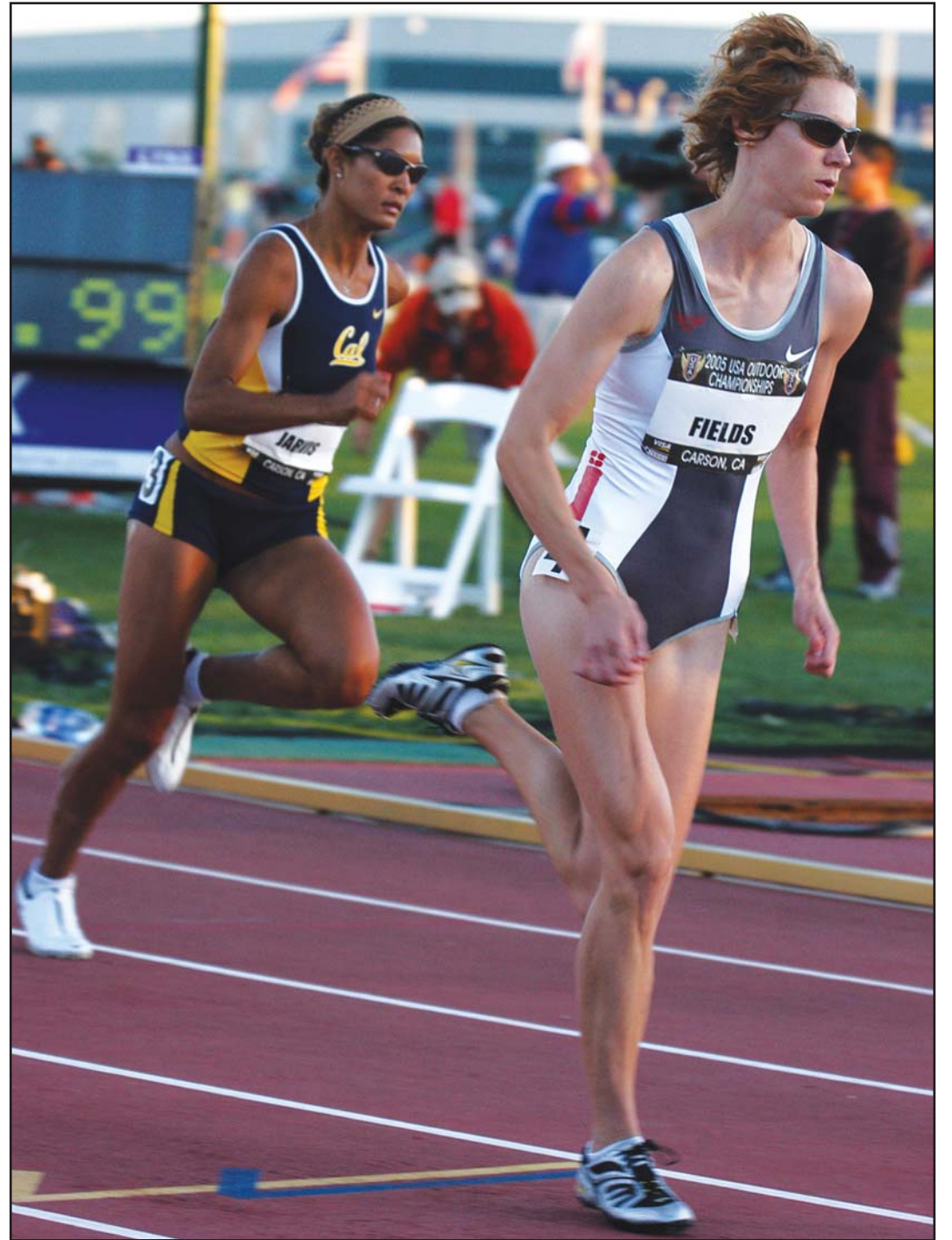
folks in a weakened state. My mother noticed me scratching the back of my neck, where the tick bite had been. It was a bull's eye.

I immediately researched how to treat it. I went to someone who is considered the best Lyme Disease doctor in the Southeast thinking I could quickly knock it out ....Boy, was I wrong. Sitting in the office with HIV patients, I realized the severity of the situation.

During my quest for information, I would go to Lyme forums and chat rooms in the beginning and found the negativity overwhelming. I felt used and abused by getting bitten

by a tick and the problems with our healthcare system, but for my own good and the sake of my own healing, I had to let my anger go and focus on job #1, which was recovering fully. You just can't be angry and expect to get be cured at the same time.

My story about going to lots of different doctors and getting different treatments is probably much like everyone else looking for the cure. I went conventional for less than 6 months and I did the rest unconventionally. What I did was controversial, multi-layered, but it worked. I became a maverick in my approach to beat Lyme and empowered myself with every bit of knowledge I could, not just about Lyme Disease but about all the additional undiscovered health problems that could be suppressing my immune system and keeping me from winning the battle.



What I came away with was a profound understanding that to beat a disease like Lyme Disease, you must understand the web of deficiencies that lead to the breakdown in one's ability to fight Lyme Disease and other pathogens naturally. Too many medical specialists are so focused on treating symptoms, they never step back and look at the big picture. There is always a bigger picture involved with everyone who falls ill, whether it's cancer or autoimmune illness.

I also realized the human body WANTS and DESIRES more than anything to regulate itself. You give it the "right stuff" and it will reward you. Your body wants to FIGHT, so you can't give up on yourself.

So when I say I wish the 2005 Perry knew the 2009 Perry, it's that I had no one to inspire me. I had no one to admire. I had no one who could

tell me everything was going to be okay. Cancer victims have Lance Armstrong. But what about Lyme Disease?

So I had to become my own inspiration. If the 2009 Perry could go and speak to the 2005 Perry, she would say, "Don't worry, keep doing what you're doing, EVERYTHING is going to be just Fine." *pha*

Perry Fields is an outspoken athlete and Lyme Disease educator who speaks candidly from the heart. Fields writes a free newsletter about Lyme Disease treatment and topics, which is available at [www.BeatLymeDisease.com](http://www.BeatLymeDisease.com). She has finished writing a book about her success, which is due out in bookstores this fall. She ran a 4:38 1600m in February of 2009 and has her eyes on the 2010 World Indoor Championships.

"EXPLOSIVE" – Fox News

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## The Invisible Exam: Introducing the Amazing Ocular Scantron!



by *Ginger Savely, DNP*

Telephone medicine is becoming increasingly popular as busy patients and doctors try to fit appointments into their overly-scheduled lives. Patients have asked me why they need to come in to the office for follow-up visits when we can talk just as easily by phone. In fact I do occasionally conduct phone visits with patients who live so far from my office that regular in-person visits would present a financial and physical burden. Furthermore, when patients do come in to see me, they often wonder why it was necessary since I am simply speaking with them face to face rather than performing a physical exam. Why don't I do a physical exam at every office visit? And since I don't, why can't all the visits be by phone?

There are four parts to the classic physical exam - inspection, auscultation (listening to a body part with a stethoscope), palpation (feeling with the hands) and percussion (a tapping skill that is becoming a lost art thanks to the advent of the sonogram). Inspection is the most important diagnostic skill to be mastered in both Eastern and Western medicine. A heightened power of observation is not just something a

detective must master - the diagnostician must excel at this as well.

What you probably don't realize is that your health care provider does a fairly extensive inspection of many of your body systems without you even knowing it. There is a remarkable amount of data gathered as you, the unsuspecting patient, sit across from your health care provider talking and listening.

Here comes the part about the amazing ocular scantron! You thought you were going to read about a new testing device, didn't you? A magical way to examine a patient over the phone or the internet? Or, perhaps a diagnostic wand much like Dr. McCoy used on StarTrek to instantly diagnose his fellow Starfleeters by passing it over their bodies?

Actually, it's far less high tech than that. Without you knowing it, your provider is scanning dozens of data points with his eyes - thus, the "ocular" scantron! The only reason you are not told there is an exam in progress is that your health care provider is multi-tasking in order to save time and allow as much to transpire during your office visit as possible. Let's take a look at some of the important information I gather about my tick-borne disease patients without them even knowing it. Let the scanning begin!

When I call the patient in from the waiting room, I observe the agility with which he arises from his chair. I note his countenance - does he look in pain, depressed, serious, agitated, nervous, happy, relieved

to see me? How is his color - pale, sallow, yellowish, flushed? Are his temples sunken? Is there a "glassy" appearance, redness or yellow tint to the eyes?

How is he dressed? Is he over or underdressed for the temperature of the room? Does he appear dirty or unkept, suggesting problems with self care? Does he smell of body odor, alcohol, cigarette smoke? I watch his gait as he comes

sparse, or unkempt. I can now see the hand and nails and note if there are swollen finger joints, atrophy, bent fingers, or pitting or ridges on the nails.

I review the vital signs that were taken by my office assistant. Is there fever or below-normal body temperature? Is the pulse rapid? Is the blood pressure abnormally high or low? Has there been a change in weight - either a loss or a gain?

There are 12 cranial nerves (CNs) and I do a cursory check on all but one of these (CN 1, smell) while observing the patient as I speak with him. As I listen to the patient talk, I note the ease with which he expresses himself. Are there word-finding problems? Articulation irregularities (CN 5, 7, 10, 12)? Is there a rapid stream-of-consciousness flow of ideas or an organized, focused presentation of concerns? Is the voice newly hoarse or nasal (CN 9 and 10)? Is there even a slight palsy or droop on either side of the face or an uneven smile (CN 7)? Does one eyebrow appear lower than the other or does either eyelid droop (ptosis)(CN 3)?

Are the eyes tracking properly as they move around the room? Do they move in symmetry? Are the pupil sizes asymmetric or abnormally small or large? Is the patient squinting or having difficulty seeing (CN 2, 3, 4 and 6)? Is he having a problem hearing my questions (CN 8)? As he speaks, is he able to turn his head from side to side (CN 11)?

In their training, clini-

cians learn the importance of "pertinent negatives" which are absent findings that are significant to note. For example, if a clinician is evaluating a patient for nausea and vomiting he would want to note the absence of signs of dehydration such as dry lips or flushed skin. However, if he is evaluating the same patient for a sprained ankle, these negative findings would not be relevant. So, often the scanning involves noting what is not there, as your health care provider assimilates assessment data. Every data point, whether present or absent, provides a diagnostic clue. Let the scanning continue....

Are there involuntary movements (myoclonus) in any part of the body? Do movement of the arms and hands during conversation seem fluid and purposeful rather than jerky and random? Is the breathing noisy, rapid, or labored or is it smooth and soft? Does the patient cough during the visit?

Is there puffiness in the face, hands, legs or ankles and if so is it unilateral or bilateral? Does the skin and hair look dry and flaky or oily? Are there sores or rashes on the uncovered area of the skin?

There are probably dozens more subtle signs that your health care provider picks up as he talks with you. So, the next time you have an office visit and think you are not being examined, think again! Hopefully you will not be self-conscious knowing you are under the scrutiny of the amazing ocular scantron! *pha*

*Ginger Savely is a nurse practitioner who uses her amazing ocular scantron on tick-borne disease patients of all ages in her office in San Francisco, CA.*

What you probably don't realize is that your health care provider does a fairly extensive inspection of many of your body systems without you even knowing it. There is a remarkable amount of data gathered as you, the unsuspecting patient, sit across from your health care provider talking and listening.

down the hall. Is there a limp, an imbalance, a shuffle or other unusual gait? Is he using a cane for balance?

As he sits, does he slouch or sit up straight? Is he fidgety or relaxed? I look at the neck to see if there is an obvious enlargement of the thyroid or the lymph nodes. I notice whether the hair looks oily, dry,

## Lyme Disease: An American Problem or Worldwide Plague?

by *Bryan Rosner*

[Excerpted from the 2008 Lyme Disease Annual Report Available from [www.LymeBook.com](http://www.LymeBook.com)]

For some reason, Americans tend to assume that Lyme Disease is isolated to the United States. It is understood that other diseases, such as cancer, diabetes, and hepatitis, are prevalent throughout the world but Lyme Disease is perceived to be an exclusively American disease. The reality is that Lyme Disease is a major problem all around the globe.

Understanding the vast prevalence of this infection is necessary for a proper perspective of the disease. Only when we recognize its true reach, severity, and ability to spread, will we be equipped to properly face Lyme Disease. An accurate understanding of the enormity of Lyme Disease gives patients enough respect for the disease to take it seriously and fight to heal, and gives practitioners and researchers the perspective necessary to allocate much-

needed funds and resources to its study.

Recent research confirms the presence of Lyme Disease on all corners of the globe. Below is a brief summary of current findings.

In England, the British public has been warned by the Health Protection Agency (HPA) to carefully protect themselves from tick bites due to a "sharp rise in the number of the blood-sucking parasites and increased cases of Lyme Disease in Hampshire, Dorset, and Berkshire." The increase in tick population has been blamed on a "particularly wet and mild summer." According to the HPA, "Lyme Disease is a highly infectious disease which is transmitted through tick bites and can lead to blindness, paralysis, and even death if left undiagnosed." Britons are advised to protect themselves by "wearing trousers, using insect repellent and checking their skin for ticks" after visits to the countryside. The HPA also notes that "incidents of Lyme Disease have increased by 90% since 2006 across the

UK, and New Forest, South Downs, Dorset, and Berkshire have now been named as tick hot-spots."

The Department of Molecular Biology at Umeå University, Umeå, Sweden, released a study in 2007 which stated that "The reported geographical distribution of Lyme Disease is constantly increasing in Sweden." The report cites findings which show that birds play a key role in the spread of Lyme Disease due to their long distance dispersal and their role as reservoir hosts for Borrelia. In addition to Lyme Disease in Sweden, Swedish researchers also discovered that sea birds in the Arctic region of Norway carry Ixodes uria ticks infected with Lyme Disease, specifically the Borrelia garinii strain. It has long been known that Borrelia garinii is one of the more common forms of Lyme Disease on the European continent, and this information shows the spread of this strain to new geographical areas.

In collaboration with U.S. Centers for Disease Control (CDC) researchers,

Russian scientists set out to determine which types of bacterial agents are found in the North Western region of Russia. The type of tick examined was Ixodes persulcatus. Researchers discovered the following:

*Altogether, 27.7% of ticks were infected with at least one organism, while the DNA of two or more bacteria was found in 11.8% of ticks tested. The highest average prevalence of Anaplasmataceae (20.8%) was detected in ticks from Arkhangel'sk province, while the prevalence in ticks from Nvgorod province and St. Petersburg, respectively, was 7.3% and 12.2%. Only Ehrlichia muris DNA was identified by DNA sequencing. In comparison, the prevalence of B. burgdorferi DNA was 16.6%, 5.8%, and 24.5% in the respective locations.*

The Russian researchers conclude with this statement: "Since I. persulcatus is so commonly infected with multiple agents that may cause human diseases, exposure to these ticks poses significant risk to human

health in this region."

Researchers in Germany studied the influence of preventative measures on the risk of being bitten by a tick and suffering from Lyme Disease in children attending kindergarten in forested regions of Germany. Fifty-three schools were studied, encompassing 1,707 children. Researchers conclude that "children in forest kindergartens are at a considerable risk of tick bites and Lyme Disease."

In Poland, the Department of Occupational Biohazards investigated the prevalence of Lyme Disease bacteria in ticks collected from wooded areas. 1,813 ticks from six districts were examined by polymerase chain reaction (PCR). Not only did researchers discover that a significant portion of the ticks were infected, they also were surprised to find that many ticks were infected with multiple strains of Lyme Disease bacteria, including Borrelia afzelii, Borrelia garinii, and a new yet-unnamed strain, "Borrelia b.s.1."

"Plague"...cont'd p. 11

“LIAF” ... cont'd from pg 1

tract and gets into the blood where it breaks down fibrin. Biofilm requires formation of fibrin. Probiotics and synbiotics - a combination of pre- and pro-biotics - crowd out bad bacteria, and also help disrupt biofilm along the mucus membrane.

"When the film opens up, we do not know what is under there, and the immune system may not know what is under there, so you might get sick," Usman said. "And it is not always about killing the bugs. It is more important to change the gastrointestinal environment so the bugs don't grow."

**Secrets of the Inner Gut Terrain**

Unquestionably, changes are taking place in the invisible interior of our bodies.

"In the international community, scientists talk about the impact of the chemicals as global warming, yet we do not admit that there is a sea of change also taking place in the human bodies," said Donna

said Dr. Garry Gordon of Arizona. "As the mother creates a fetus, the calcium from the mom is used to make bones in the fetus but the lead is in the bones and it is downloaded too."

Organic farmers can teach us a lot about human health, as Dr. Wulfman discovered. "What shows up when there is poor soil, inadequate water, etc., is infection. The weaker the organism, the more vulnerable it is to a virus, bacteria, parasite - whatever. Whether we are sick or well depends upon how strong we are in relation to the pathogenic load within us. So we need to reconsider our original thoughts about 'infections.' Children on the autistic spectrum are 16 times more likely to have bacterial/viral infections than non-autistic children. I believe 100 percent of the kids on the spectrum have fungal involvement. About 80% show it on the blood smear."

Toxins and infections drastically alter genes, and those alterations, we have now found, are passed down several

genetically modified (GM) foods is to play genetic roulette with your health and the generations who follow you. "Dr. Arpad Pusztai looked at the first GM food, potatoes, and found all kinds of abnormalities," Smith reported. "He was fired from his job and his 20-person research team was disbanded, but his data was subsequently published in Lancet and it clearly shows the process of genetic modification is unstable. The process of insertion and cloning produces unexpected changes in the DNA. The RNA, proteins, phytochemicals and other natural compounds in plants are affected."

A primary concern is that many GM crops have an insecticide spliced into their genetic makeup. That insecticide subsequently sets up housekeeping in our intestines. "GM corn and soy puts a pesticide in the gut and it replicates," Dr. Gordon clarified. "GM foods modify your intestinal flora and that sets the stage for tumors and other problems, we've seen that evidence. No probiotic will overcome it."

The primary source of calories consumed in America today is GM corn syrup. White flour is a strong second. Our bodies see them both as sugar, and people with Lyme, autism, and other chronic diseases absolutely crave it.

"You crave starch and sugar because you don't need much to digest them," said Dr. Toby Watkinson of California. "There is so much mucus in the intestinal tract, you can't get much absorption. Ever pour water on an egg white? It runs right off. Same principal."

For busy parents, it can be a real challenge to break the habit of convenience foods. Too often, parents make the switch to gluten free (GF) foods, but still don't make the switch to the more important nutrient dense foods.

Dr. Wulfman asks parents to keep a weekly diet history. He presented one diary: GF pancakes 2 times that week, GF cereal 5 times, GF cookies 3 times, GF chicken nuggets 4 times, GF granola/rice bars 8 times, and 2 bananas. "Except for the bananas, there is still no real food in it!" Wulfman advocates complex, living food. "We have a mineral famine going on. There is a nutritional famine. Vitamin D levels are so low that rickets is back."

Dr. Wulfman advocates learning how to simply grow food in our backyards. Mineralize the soil, use heirloom seed varieties. Square Foot Gardening by Mel Bartholomew is a good how-to book. See [www.westonaprice.org](http://www.westonaprice.org) for more on nutrient-dense food.

**Dysfunctional Inner Computer**

The computer runs our automobiles today. So too the human body. Except the human computer - the mind - often is not working right and the bugs are expert at even commandeering even our thoughts.

Parasites love sugar and Dr. Wulfman says the parasites have mind control over us to make us deliver it. "Mice run



Dr. Jeff Wulfman was awarded the "2009 Physicians Excellence Award" from the LIA Foundation and CHOICE at the June conference in Phoenix, AZ

away from cats; that is instinctive. But if infected with toxoplasmosis, the mouse will come right up to the cat. It is amazing what parasites can do."

While the bugs direct our thoughts from the inside, outside forces play havoc with the brain's ability to function properly.

Dr. Watkinson starts new patient relationships by asking if their environment has been checked for electromagnetic fields (EMF). "I have Wi-Fi blocking paint and film in my office," he said. "Our brains are electric. Some people can't compute because of the electrical interference in the environment and we see there is always within their immune system a Th1, Th2, Th3 disruption. EMF makes for a lack of connectivity between different portions of the brain, more so in some people than in others."

See [www.buildingbiology.net](http://www.buildingbiology.net) for materials that block EMF.

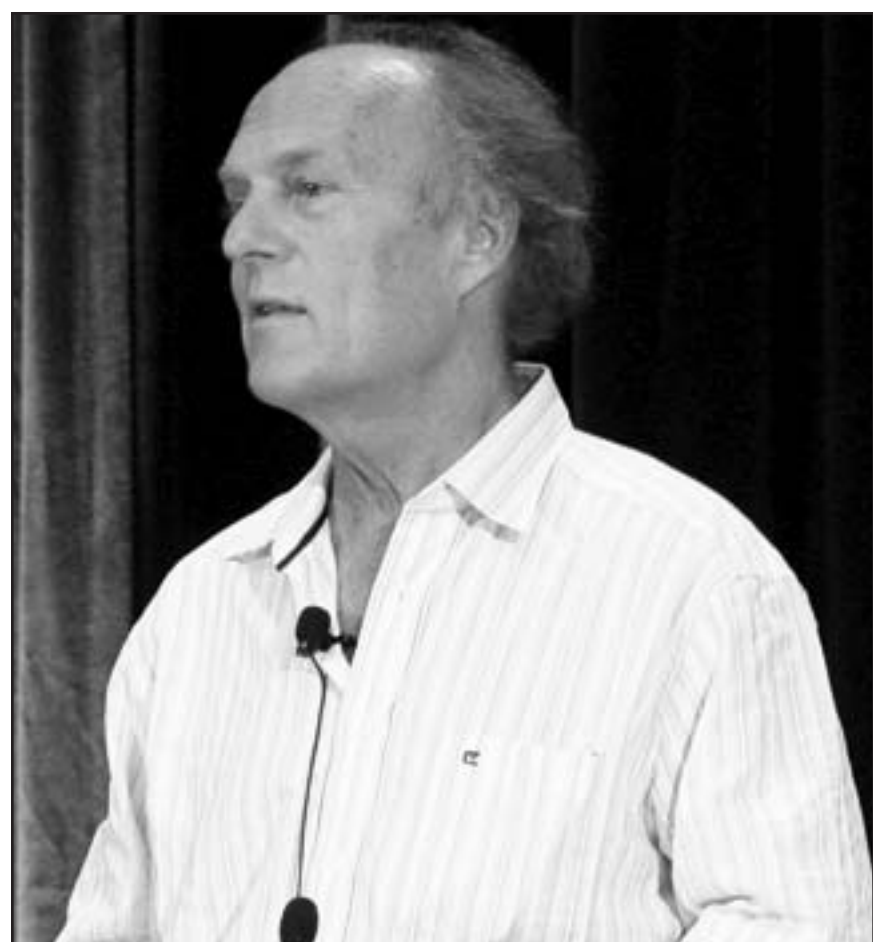
Traditional Chinese Medicine has long taught that the body is electricity. "If you do not have energy, the heart cannot pump," said Dr. Y.M. Chen of Arizona. "It is important that every organ in the body is balanced."

The issue of chaotic energy in our environment - electromog - is gaining greater importance and understanding. Bau biologist Vicki Warren of Tennessee detailed that the

greatest danger to all of us from the man-made energy in our daily environment comes at night, when the body does most of its detoxifying.

"The heart, the brain, and all the cells communicate with electric signals," Warren explained. "When there is a constant pulsing signal as you get from the 'Energy Star' appliances, cell phones, Wi-Fi networks and more, the cells' receptors begin to mimic the frequency of that pulsing signal. Then the DNA within the cell has to interpret that vibration to decide whether it is a communication it understands or it is something foreign. If foreign, then the cell thinks it is under attack and closes its "doors" which means nutrients don't get in, and toxins don't get out. The medical term is oxidative stress. At night when we are sleeping and the organs detoxify, it is essential that the cell membrane be permeable. Live blood cell tests show the biological response. Because the cells are not releasing the toxins, you get a free radical buildup and DNA repair is disrupted. This is the path for the development of tumors associated with cell phone usage. Johnny Cochran and his doctor were convinced cell phone use was the cause of his cancer. Also, melatonin production is suppressed in a high EMF environment. Melatonin is also

“LIAF” ...cont'd pag 14



Dr. Dietrich Klinghardt of Washington spoke in detail about KPU/HPU, a condition which results in the loss of significant amounts of zinc and other important nutrients. KPU has a devastating impact on the immune system as well as leading to the retention of heavy metals. Read the full story in the upcoming December edition of PHA.

Jackson Nakazawa, author of the Autoimmune Epidemic. "We have removed our kids from naturally dirty environments and we are undereducating their immune system. Then we fill their environment with all kinds of chemical agents. Our immune system diseases are going up because our immune system competency is going down."

We know the fetus becomes a dumping ground for the mother's toxins. If mom has mercury fillings, for example, much of the mercury stored in her body will be downloaded to the fetus. Plastics, pesticides, and other toxins are also downloaded. So today's children are polluted at birth and exposed to a daily chemical onslaught from their environment and their food. The amount of metals in our bodies today is thought to be about 20,000 times higher than ancient man. Heavy metals play a role in all manner of disease behavior from chronic inflammation to infections to biofilm. "We know everyone born today has 1000 times more lead in their bones,"

generations. The chemical bisphenol A (BPA) that is in plastic drinking bottles and the lining of cans has been found to cause an epigenic change in mice from lean to obese. A 2003 study out of China on tuberculosis (TB) found cells infected with TB organisms changed 463 new expressions of genes. The emerging field of epigenetics tells us that the level of expression by each gene is influenced by external factors. Also, genetic expression affects the individual now alive and the next several generations to come. Dr. Wulfman asks a telling question: "So, in a genetically susceptible individual, are the gene changes a cause of dysfunction - or a marker of the underlying factors that caused the genetic changes?"

Good question. And what is so much chronic disease doing to the gene pool?

**Our Toxic Diet**

Jeffery Smith, author of Seeds of Deception and Genetic Roulette, warns that to eat



Dr. Joseph Mercola detailed the positive effects of vitamin D. "We are modern day cave men. We don't get exposed to sun. One hundred years ago, sun exposure was much higher and skin cancer rates were much lower. Vitamin D is anti-microbial. It upregulates some 3000 genes that keep you healthy. We need 5000 IU for every 100 lb. I take 6000 - 7000 a day."

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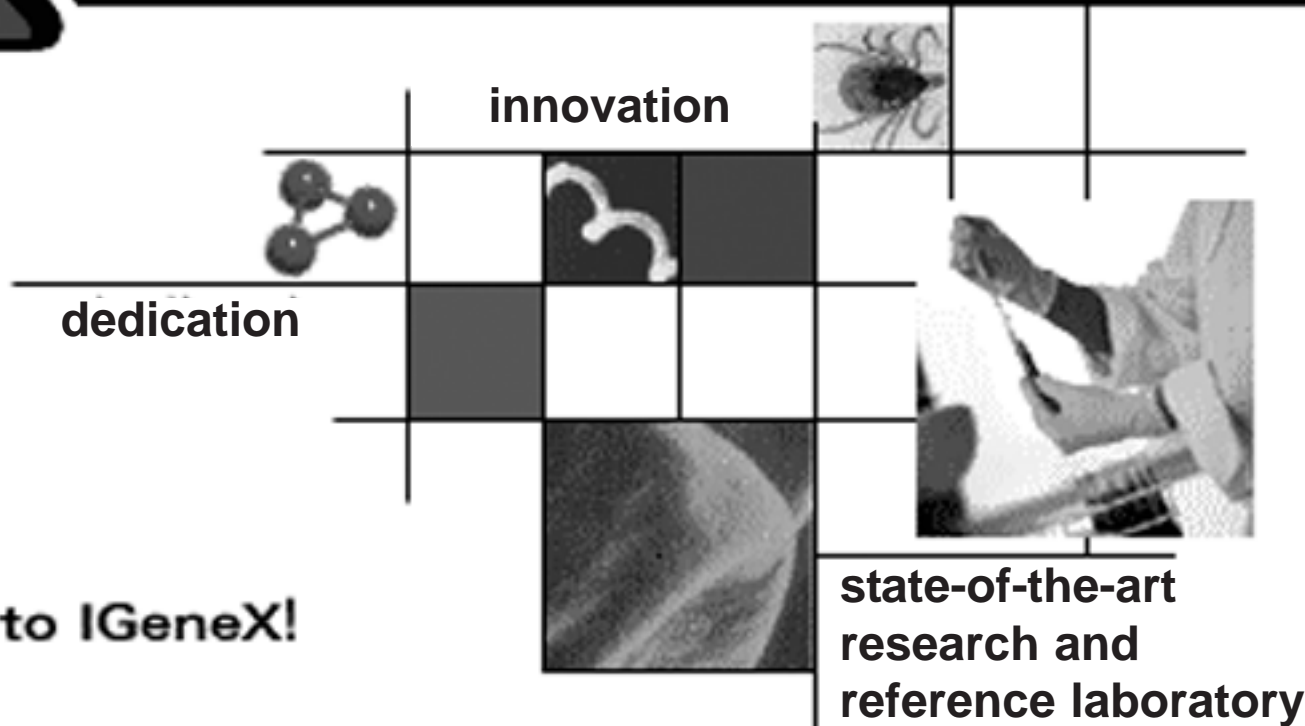
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# The Four-Handled Cup



by Virginia T. Sherr, MD

Joanne looked at me in utter anguish. "I've 'lost it.' You have to help me." My mild attempt at humor - "Lost what exactly?" - did not even rate a thin smile. As it turned out, she was in a state of near panic over a realistic fear of losing her wits.

"My entire career was spent running a complicated business office," she began. "It was my responsibility to see that the company ran like a fine Swiss watch. The demands were incredible so I had to handle them by coordinating everything - all the unexpected glitches, mishaps, and misunderstandings. I did it well. I could do many things at the same time: talk on the phone, create directives for the staff, add up a column of figures, and download data on the computer

- never even feeling ruffled. I loved the challenge of it and enjoyed my job. I liked the excitement, but most of all, I enjoyed creating order out of chaos!

"Staff members appreciated my skills, too," Joanne continued. "They had an office party for me once and gave me a gift - a pretty cup, but an odd one. It had four handles and an inscription 'You can handle anything'. Nothing I ever received meant that much to me. Now, I can't even bear to look at it because I felt I had to resign my job due to changes in me. I got so I couldn't multi-task anymore. At first, I just noticed I was having trouble doing more than one thing at a time. Then I got confused at what people said to me, at what I was supposed to be doing or what I had done with even one thing. I couldn't keep straight the decisions that I had made and who I had told about them - even if I remembered having made them.

"When I began to misplace important data and to lose my personal things, I knew I was adding to the disorder, no longer creating order and that double-stressed me. I began to obsess about it day and night. The thoughts of my possibly having disrupted the business and added to the chaos were the worst ideas of all. Those thoughts tortured me. I couldn't

stand it. I conjured up all kinds of terrible disasters that might result from my ineptitude. I could not sleep then either because of these fearful thoughts. Completely exhausted, I resigned from the most ideal, best paying job I could ever have had. But even that did not help! I continued to obsess, thinking the same thoughts over and over again, which still left me unable to sleep. Please do something for me because I am not myself. I am irritable, and I wake up tired because there is something wrong in my head. I am so afraid I am going crazy."

I found myself wishing that I had known Joanne before she resigned her much-loved job. She had no idea that her central nervous system was infected from a nine-year distant, untreated tick bite although careful history taking and my advanced reference laboratory testing for spirochetal DNA showed that to be true.

Luckily, she was able to achieve sound medical improvement with the help of two physicians who specialize in the treatment of Lyme disease. A widely experienced Colmar, Pennsylvania, physician worked with her for a year, treating her with several antibiotics as it became clear to him that these were necessary. Her headaches, confusion, irritability, fatigue, esophageal spasms,

TMJ, muscle pains, restless leg syndrome, and night sweats (all due to tick-carried Lyme disease, ehrlichiosis, and babesiosis infections) abated. She was delighted and grateful.

Joanne's Lyme-magnified obsessive thoughts and tendencies to constantly recheck things in an effort to create outward order as a partial antidote for her inner confusion began to respond to my prescriptions of Zoloft when given in sync with the antibiotics.

Fortunately, the maintenance dose of Zoloft was reducible (often not the case) as she improved physically. Zoloft (sertraline) is an anti-depressant medication frequently used for the treatment of obsessive-compulsive symptoms. When eventually, following a year without needing any antibiotics, her somatic symptoms began to recur, Joanne chose to seek help from a Lyme specialist in Bala Cynwyd, PA because of his well-known work in repairing Lyme-damaged immune systems. He encouraged her efforts in boosting her immune system against infections while continuing her antibiotic and anti-babesiosis medications as needed.

Joanne was triumphant during her last visit to my office. While she had been maintained on Amoxicillin 1000 mg three times daily during her second year of treat-

ment, she and her doctor had been able to discontinue it totally approximately three weeks prior to that session. She enthused, "I have come so far. Now I can do several things at once again. I would suffer all the aches and pains I have ever had in preference to having that mental anguish again. Now, I even have figured out how to deal with the few obsessive symptoms that are left over.

"What happened to me was like a trip to hell! I never want to return there! I'm getting that four-handled cup out of the closet and inviting over old friends from the office. I haven't wanted to see anybody socially for more than 2 years but now I am ready. My husband and I are going to celebrate my escape from Hades with them."

Later, I heard from her sister that the reunion became quite a party what with the 4-handled cup getting a real workout. Apparently those present thoroughly enjoyed toasting the fact that Joanne and her doctors had salvaged what she understandably believed she had lost forever - her own mind.

*Dr. Sherr practices medicine in Pennsylvania.*

*[previously published in The Lyme Times Volume 33].*

# Probiotics - That Actually Work !



by Dr. Jacob Teitelbaum

Although more and more research is showing that healthy, digestion supporting, milk bacteria can be very helpful, getting the right type of Probiotic is critical. Take the wrong type, and you'll just be eating dead bacteria that do you no good at all. Unfortunately, I suspect that this description fits most of the Probiotics/bacteria supplements on the market - and there are many of them! What happens when unhealthy bacteria get a foothold?

Unhealthy bacteria overgrowing in our bowels can cause a host of problems. These can go well beyond digestive problems such as indigestion, gas, bloating, constipation, spastic colon, and diarrhea. In addition, these bowel infections can make toxins and cause a leaky gut, contributing to chronic fatigue, chronic pain, brain fog, and food allergies. Because of this, more and more research is showing how helpful it is to keep an ample supply of healthy "good guy" bacteria in our guts.

You want healthy bacteria living in your gut so that

unhealthy bacteria can't get a foothold. Healthy bacteria live in what is called a "symbiotic relationship" with us - meaning it is beneficial for both sides. We feed them and give them a warm place to live. In exchange, they actually supply us with helpful nutrients and assist in food digestion. Most importantly, however, they act as one of our major defense armies, protecting our bowel borders against any hostile bacteria in our environment. To do this, they have to be healthy and strong when you take the Probiotic supplement, and be able to get through your stomach acid alive so they can defend the borders in your intestines.

Unless Probiotics are either refrigerated or have a special protective "Pearl" coating, they often will not even survive the trip from the factory to your home. Add this to research showing that 99.9% of bacteria will not survive a trip through your stomach acid, and it suggests that taking most Probiotics are a waste of time.

So, where can I find Probiotics that work?

At this point, I recommend sticking with Probiotics that have a special "Pearl" coating. This coating acts like an "armored tank" that feeds and protects your "healthy bacteria soldiers" during their travels after production and while passing through the acids in your stomach. The Pearl then dissolves and releases them safely after they reach your intestines - which is where they do their work. Because of the "Pearl" coating, no refrigeration is needed.

I recommend using either Probiotic Pearls by

Integrative Therapeutics or Acidophilus Pearls by Enzymatic Therapy, which get well over a billion live healthy bacteria per pearl (its closer to 2.4 billion, though the label only claims 1 billion) to the colon where they are needed. To get the same amount of healthy bacteria in 1 pearl to your colon, you'd need to eat around 3 gallons of yogurt! For general maintenance, 1 pearl a day is plenty. For those with active bowel problems, I recommend 2 pearls twice a day for 3-5 months, and then 1 a day for maintenance.

Dr. Teitelbaum is a board certified internist and Medical Director of the national Fibromyalgia and Fatigue Centers, Inc. He is the author of the perennial best-seller From Fatigued to Fantastic!, which has sold over 500,000 copies. The 3rd revised edition from Avery/Penguin Group USA publishes on October 4, 2007.

In Pain Free 1-2-3 (McGraw-Hill, April 2006), Dr. Teitelbaum outlines a step-by-step program that can help anyone identify the source of pain and understand how to alleviate it. Three Steps to Happiness: Healing Through Joy (Deva Press 2003), provides a blueprint for creating and maintaining a natural state of happiness and vitality at any time.

Dr. Teitelbaum lectures to patient, physician and research groups internationally. He is the lead author of groundbreaking "gold standard" research on effective treatment for Chronic Fatigue Syndrome and Fibromyalgia.



# NATIONAL SUPPORT GROUPS

**National Multiple Sclerosis Association:**  
www.nmss.org

## Alabama

3840 Ridgeway Drive  
Birmingham, AL 35209  
Phone: (205) 879-8881  
Phone: 1-800-FIGHT-MS  
Email: alc@nmss.org  
www.nationalmssociety.org/alc

## North California

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

## Colorado

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

## Georgia

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

## Florida

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

## Texas

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

## ALS Association DC / MD / VA

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

## Great Philadelphia ALS Chapter

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

## South Texas Chapter

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

## North Texas

http://walk.alsanorthtexas.org/site/PageServer  
1231 Greenway Dr., Ste.385  
Irving, TX 75038  
s.melson@alsanorthtexas.org  
972-714-0088  
877-714-0088

## The ALS Association Upstate New York Chapter

323 Route 5 West  
P.O. Box 127  
Elbridge, NY 13060  
315-689-3380  
Toll Free for PALS: 1-866-499-PALS  
info@alsaupstateny.org

## Lyme Disease Support Arizona

**Southern Arizona** - Donna Hoch: nanandbo@cox.net  
520-393-1452  
**L.E.A.P. Arizona**  
Tina J. Garcia  
Lyme Education Awareness  
http://www.leaparizona.com  
480-219-6869 Phone

## Arkansas

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

## California

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

## Colorado

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

## Connecticut

www.timeforlyme.org  
914-738-2358

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

## National Support:

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

## Kansas

913-438-LYME  
Lymefight@aol.com

## Montana

bepickthorn@earthlink.com

## North Carolina

Stephanie Tyndall  
sdtyndall@yahoo.com

## South Carolina

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

## Lyme Disease Support

### New Mexico

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

### Oklahoma

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

### Portland, Oregon

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

### TEXAS :

**Greater Austin Area Lyme Council.** Teresa Jones  
tmomintexas2@yahoo.com

### Dallas/Ft Worth

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

### Houston

Contact: Teresa Lucher  
lucher@sbcglobal.net

### League City/ ClearLake & NASA Area

Sandra Mannelli  
smannelli@comcast.net

### Washington State

Alexis Benkowski  
WA-Lyme-owner@yahoogroups.com

### WI / IL / MN Regional areas

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

### Western Wisconsin Lyme Action Group

Marina Andrews  
715-857-5953

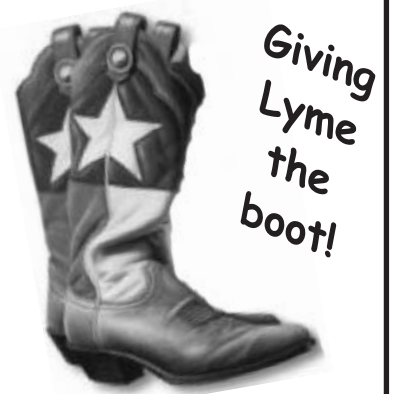


## Military Lyme Disease Support

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/>

## Texas Lyme Disease Association



[www.txlda.org](http://www.txlda.org)

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“Plague” ...cont'd from pg 6

A Portuguese University, in a study of climate change, discovered that warmer and increasingly variable weather may result in an increased incidence of vector-borne diseases, including malaria, schistosomiasis, leishmaniasis, Lyme Disease, and Mediterranean spotted fever.

A fascinating new report from the microbiology department at Raigmore Hospital in Scotland states that at least nine different strains of Borrelia have been documented in Scotland, including Borrelia afzelii and Borrelia sensu stricto. Additionally, a report appeared on September 15, 2007, in the *North Scotland Press and Journal*, entitled "Bloodsucking Ticks Blamed as Lethal Lyme Disease Cases Soar." This newspaper article not only documents the dramatic increase of Lyme Disease cases in Scotland, it also provides evidence that Lyme Disease can be fatal if not treated adequately. The article uses the word "rocketed" to describe the dramatic increase in cases over the past decade. Dr. Ken Oates of Health Protection Scotland observes that "There has been a genuine rise. Nobody can really say why. I would guess a summer like this which is warm and wet provides favorable conditions. Up to one in five ticks can carry Lyme Disease in Scotland."

As far away as Croatia, researchers are finding Lyme Disease. Amazingly, 3,317 cases were reported from 1987 to 2003 in Croatia. Northwestern Croatia showed the highest incidence. According to a report published by the Department of Public Health, "the clinical picture of Lyme Borreliosis in Croatia is dominated by erythema migrans, followed by neurological manifestations."

In Switzerland, according to researchers, "the incidence of tick-borne encephalitis has been clearly increasing since 2004, and this is caused mostly by Lyme Disease."

In Italy, 24 cases of Lyme Disease were documented over the last year. Keep in mind, the actual number of cases is probably much higher due to inadequate testing and diagnosis.

And let us not forget

Canada. The Canadian Center for Disease Control states that "the black-legged tick, Ixodes scapularis, has a wide geographical distribution in Ontario, Canada, with a detected range extending at least as far north as the 50th parallel, and four out of five regions of Ontario affected." Additionally, "The Lyme Disease spirochete was detected in 12.9% of I. scapularis adult ticks."

Also according to Canadian authorities, "characterization of B. burgdorferi in Canada displays a connecting link to common strains of Lyme Disease found in the northeastern United States."

According to the Vector-Borne Disease Laboratory in British Columbia, "In 1994, British Columbia was declared an endemic region for Lyme Borreliosis." In Alberta, Lyme Disease has been found to be common in rabbit ticks. The Department of Medicine at McGill University, Montreal, notes in a recent report that "Lyme Disease is an expanding community health issue."

The poor recognition of Lyme Disease by the medical establishment is not a phenomena limited to the United States: On September 17, 2007, CBS News Canada reported the story of approximately 100 Lyme Disease sufferers who gathered on Parliament Hill in Canada to get the attention of Canadian physicians. The aim of the gathering was to get better testing for the disease and more federal money devoted to research-many in the group say they were misdiagnosed by their physicians.

Amazingly, according to the CBS report, "Lyme Disease is not a nationally reportable disease in Canada, according to the Public Health Agency of Canada (PHAC), meaning there are no statistics available on its prevalence." Yet, although not reportable, CBS goes on to state that "Borrelia burgdorferi is predominantly found in parts of British Columbia, southern and eastern Ontario, southeastern Manitoba, and parts of Nova Scotia." Try to figure out that contradiction: nNot

reportable yet found practically everywhere.

The CBS article concludes with the story of a Canadian professor who, after suspecting Lyme Disease, was forced to travel to the United States and pay more than \$15,000 out-of-pocket for treatment. Now, with unrelenting persecution of Lyme doctors in the United States, appropriate Lyme Disease treatment may be harder and harder to find...anywhere in the world.

The research identifying Lyme Disease in Canada goes on and on, with over 83

point in their life.

The same article in *Afriqu' Echos Magazine* also quotes the French Institute of Research and Development (the IRD): "Lyme Disease is the most frequent bacterial disease in Africa, but it is also an affliction that is completely unknown to health professionals." The IRD evaluated a rural African area of Dakar and found that "Lyme Borreliosis was the most frequent reason for dispensary consultations after Malaria." The article in *Afriqu' Echos Magazine* further states that:

*"Researchers also discovered that this disease caused recurrent fever in the long term which could result in serious meningoencephalitis, which was sometimes fatal-symptoms exactly similar to those of malaria. The disease is thus systematically confused with malaria, which explains, of course, why there has been so much failure in terms of treatment since treatment for malaria is not effective against Borreliosis. Only tetracycline antibiotics produce results. Diagnosis is also made difficult by the*

*problem of detecting Borrelia crocidurae [note this new strain of Lyme Disease], the bacteria responsible for the disease. It is not detectable in the blood except during attacks of fever, and laboratory examinations are rarely possible in tropical Africa, in particular in rural areas."*

Imagine the complexity now in Africa of untangling the diagnosis and treatment of two diseases which have similar symptoms but which health care practitioners are not trained to differentiate: Lyme Disease and Malaria, which are both presently ravaging Africa.

South America is not immune either. Chile, Brazil, Argentina, Costa Rica, and other countries have reported isolated, although increasing, incidences of the Lyme Disease infection. Numerous studies document Lyme Disease in South America.

The above information only scratches the surface. Many more pages would be

needed to report all the available studies and articles. When discussing cases of Lyme Disease throughout the world, it should not surprise you that U.S. borders do not contain the disease. After all, when crossing the border from the United States to Canada or Mexico, what are you really doing? You are leaving a political system, a leadership organization, a human-invented method for categorizing land. What you are doing is nothing more than crossing over from one imaginary boundary to another. In actuality, in terms of the physical environment, borders between countries are insignificant and hold no ecological significance. And so it is with Lyme Disease.

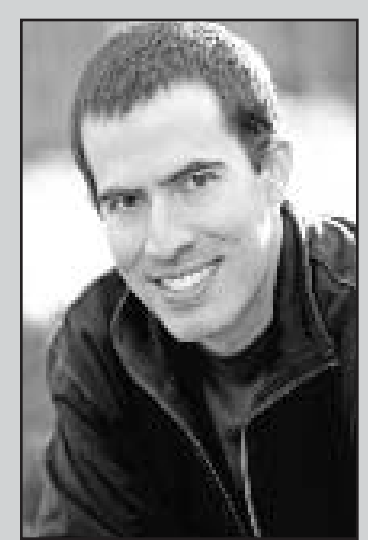
As you can see, the problem of Lyme Disease knows no borders. It knows no nationalities, no races, and no political systems. As a virulent bacterial infection, Lyme Disease simply spreads, and spreads, and spreads, and, if something isn't done, the worldwide cases of Lyme Disease will do nothing but continue to increase. *pha*

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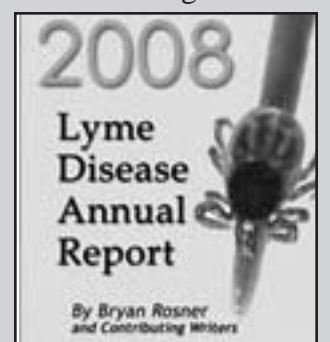
official, published studies on Lyme Disease in Canada. The Canadian Lyme Disease Association can be visited at [www.canlyme.org](http://www.canlyme.org).

What about Africa? A report published in Africa notes that "Lyme Disease is now the most common vector-borne disease in Europe and North America, but there is also evidence that the disease is in Africa as well." Researchers found various strains of Borrelia in ticks located in Tunisia and Morocco, including the strains B. garinii, B. burgdorferi ss, and B lusitaniae. More than 40 published studies have been released chronicling Lyme Disease in Africa.

On September 24, 2007, *Afriqu' Echos Magazine*, one of the larger news magazines in Africa, reported on a team of researchers who, from 1990 to 2003, studied the disease in Dielmo, a Senegalese village. They found that over 11% of Africans in the village have suffered from Borreliosis at one



Bryan Rosner is an author and health care journalist focusing his efforts on researching Lyme disease and related co-infections. He has written 4 books on these subjects. To learn more about his educational books and DVDs visit [www.lymebook.com](http://www.lymebook.com) or call (530) 541-7200 to request a catalog.



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# Swine Flu Vaccine: Will We Have A Choice?



by Barbara Loe Fisher

The summer will be over before we know it and it will be time for the school year to begin. This fall, many parents are wondering what will happen to their children when they enter the schools. Some public health doctors want to turn schools into vaccination clinics where children will be the first to be injected with experimental swine flu vaccines.

## Less Than 50,000 Swine Flu Cases Worldwide

Every day we are being warned by doctors at the World Health Organization and the U.S. Centers for Disease Control to worry a lot about the H1N1 influenza A virus, which was first identified in Mexico in April 2009 and is being called the new swine flu. As of June 15, 2009, the World Health Organization states that 76 countries have reported more than 35,000 cases, including 163 deaths. 108 of those deaths have occurred in Mexico.

We are being told that nearly 18,000 Americans have gotten sick from the new swine flu virus, with about 5 percent being hospitalized and 45 dying. It looks like people who are in poor health to begin with are at greater risk of having complications and dying from the new swine flu, which has symptoms just like regular

influenza. This is not surprising because people in poor health are always at greater risk of having complications and dying from infectious disease.

## Most Flu-Like Illness Not True Influenza

What a lot of people don't know is that true type A or type B influenza only causes about 20 percent of all flu-like symptoms that people experience during any given flu season. 80 percent of all flu-like illness in a normal flu season is NOT caused by the type A and B strains of influenza contained in annual flu shots. And vaccine acquired immunity is temporary, while immunity gained after recovering from influenza is longer lasting.

## 1968 Flu Pandemic Killed 34,000 Americans

The new type A H1N1 influenza virus public health doctors say is making people sick around the world is an unusual combination of human, bird and pig viruses. Nobody seems to know exactly how this new virus was created and why it suddenly emerged from Mexico in mid-April - or if it will behave like past pandemic influenza viruses that caused 68,000 American deaths in 1957 and killed 34,000 Americans in 1968. (The CDC states that 36,000 Americans die from influenza complications annually, with most of those deaths occurring in the elderly and those in poor health). Influenza pandemics usually start with mild symptoms and progress to more severe symptoms before populations acquire immunity to the virus and it dies out.

## Older Americans May Have Antibodies Against Swine Flu

The good news about the new swine flu going around is that there are signs that those of us born before 1957, may be

naturally protected and at LOWER risk of being infected. Why? Because we recovered from influenza caused by similar influenza strains that circulated in past decades and have long-lasting antibodies that help us resist infection. So the aging baby boomers have something to be happy about.

## Vaccinated Children Don't Have Natural Antibodies

But will health officials allow our children and grandchildren to get those same kind of natural protective antibodies to type A and B influenza, including this new swine flu? It doesn't look like it. First, doctors in America have been insisting for the past few years that every child from six months old to age 18 must get an annual flu shot. Second, there are now calls by U.S. health officials to give American children the first doses of experimental swine flu vaccines in the school setting.

## WHO Declares Phase 6 Alert; Public Health Doctors Exercise EUA

This is because the response by doctors at the World Health Organization, who immediately went into high gear within days of identifying the new swine flu virus emerging out of Mexico, was to declare a public health emergency. Now, they have increased the pandemic flu fear alert to Phase 6, which is the equivalent of the U.S. Homeland Security's Code Red warning of an imminent terrorist attack. Doctors at the Centers for Disease Control, who followed the lead of the World Health Organization, have done the same and are exercising unprecedented power that Congress handed over to them after 9-11.

## Fast Tracking of Experimental Vaccines With Novel Adjuvants

Whenever the CDC declares a public health emergency, that declaration allows the Food and Drug Administration to permit emergency use authorization for drug companies to fast-track creation of experimental drugs and vaccines that do not have to be tested as thoroughly as vaccines that go through the normal FDA licensing process. In this case, Congress responded to the public health emergency declaration by giving a group of drug companies one billion dollars to fast-track experimental swine flu vaccines that may include whole live, killed or genetically engineered human and animal influenza viruses, chemicals, and potentially reactive oil-based adjuvants that manipulate the immune system to boost the vaccine's potency.

## States Enact Stronger Quarantine & No Free Assembly Laws

In some states, like Massachusetts, public health doctors have persuaded legislators to quickly pass pandemic influenza legislation that will allow state officials to enter the homes and businesses without the approval of occupants; to investigate and quarantine individuals without their consent; to require licensed health care providers to give citizens vaccines and to ban the free assembly of citizens in the state.

## What Can You Do?

What does this declaration of a public health emergency in the U.S. mean for you and your family? It means that, right now, you need to become educated about vaccination, influenza, vaccine risks, and the public health laws in your state. You need to find out what your rights and options are under new public health laws that may require you and your children to get vaccinated or be

quarantined.

## Take Action Now

Go to [www.NVIC.org](http://www.NVIC.org) and learn more. Register now to attend the Fourth International Public Conference on Vaccination Oct. 2-4, 2009 in Washington, D.C. and help organize in your state to protect your right to informed consent to vaccination. Call and write the state legislators you elected to make public health laws that govern you and your family. Make your voice heard.

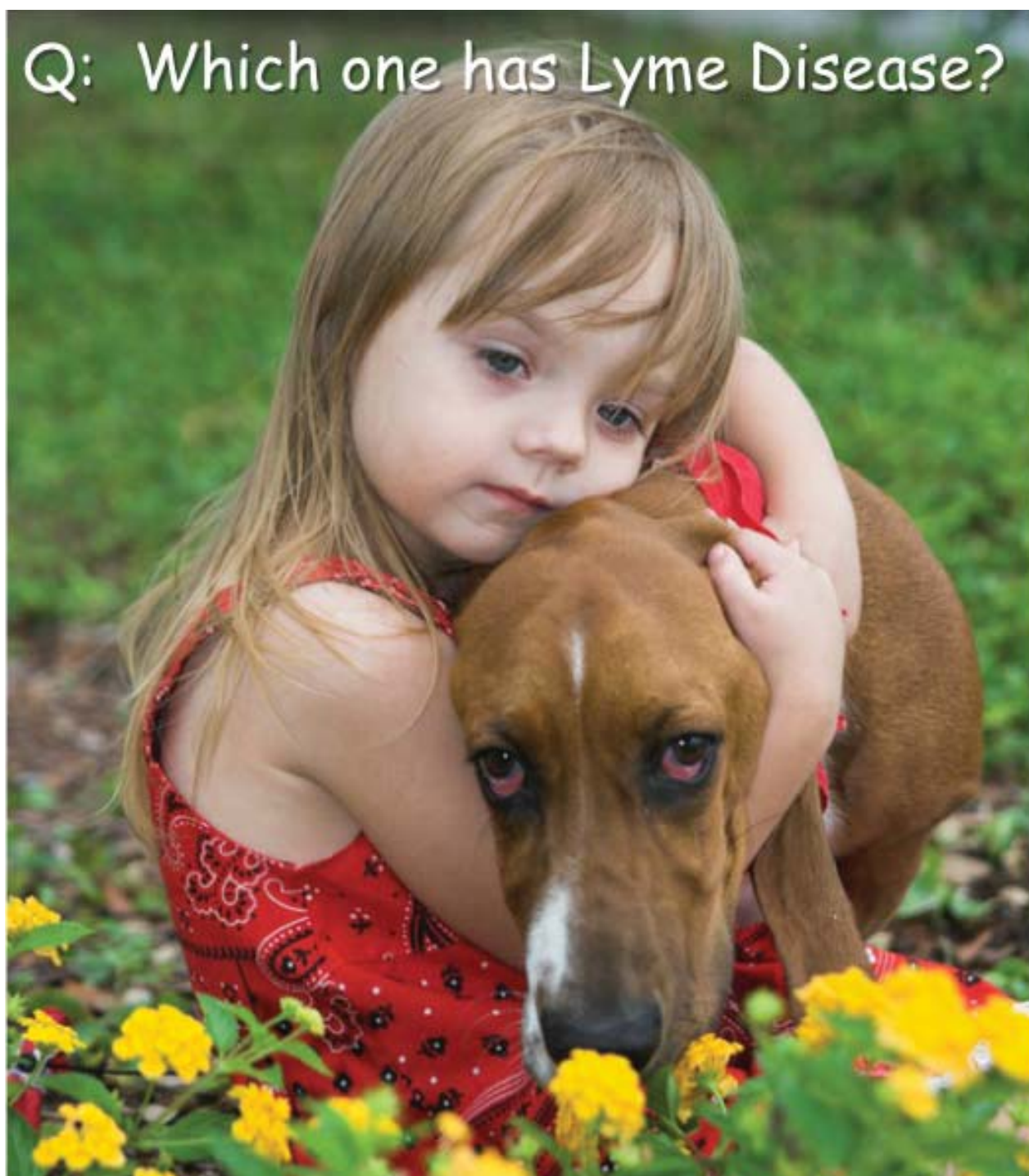
## Homeland Security, Department of Defense & CDC

As Department of Homeland Security officials are declaring that any disease outbreak is a matter of homeland security; as Department of Defense officials are defining public demonstrations as "low level terrorism"; as CDC officials make plans to re-route airplanes to designated airports with quarantine centers to screen all passengers for signs of swine flu; and as fast-tracked experimental pandemic flu vaccines are being created to be given to American children first, it is time for all of us - whether we are public health officials addressing what we believe is a true public health emergency or whether we are ordinary citizens simply trying to protect our health and the health of our children - to act in rational and responsible ways.

## Protect Health Choices

Every pharmaceutical drug, including vaccines, carries a risk and those risks are greater for some than others. In this time of fear, we cannot let that fear take away our freedom to make voluntary health choices, including vaccine choices, so we have the power to make sure that the cure is not more dangerous than the disease.

pha



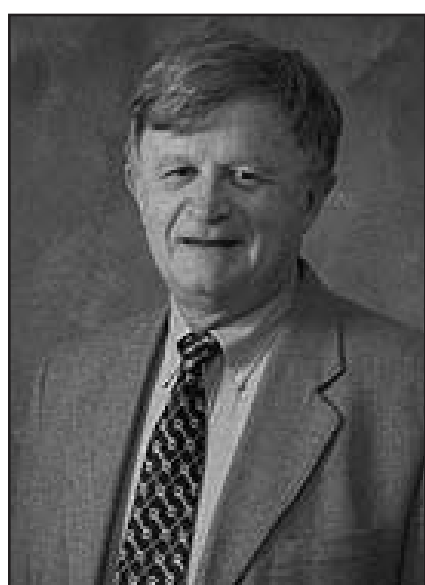
© Texas Lyme Disease Association, 2009. Photo by John Wallwerth, <http://wallwerthimager.com>

A: They both do!

But the child is far less likely to receive proper diagnosis and treatment from a knowledgeable doctor.

See [www.txlda.org](http://www.txlda.org) for more info

## Microbes and Mental Illness



by Robert C. Bransfield, M.D.

Microbes are the greatest predator of man. As medical technology improves, there is increasing recognition that infectious disease contributes not only to acute, but also chronic relapsing illness and mental illness. The evidence to support this is a combination of insights from theoretical biology (particularly Darwinian medicine), research, and direct clinical observations.

We lead our entire lives surrounded by microbes. In a state of health, there is a balance, a reasonable resistance to infectious disease, and a peaceful co-existence. In contrast, with infectious disease, there is an imbalance between the threat posed by microbes and host defenses. This balance is affected by environmental factors (including exposure to pathogens) and a number of host factors such as genetics and/or increased vulnerability as a result of a state of chronic

stress. Although the stress response is adaptive in a short time frame to allocate resources during a crisis, if the stress response is persistent, rather than cyclic, it further increases vulnerability to disease.

The most common sequence of disease begins with a vulnerability and an exposure to one or more stressors. The vulnerability may commonly include genetic and/or increased vulnerability as a result of chronic stress. As a result of these and other vulnerabilities, the microbe more easily penetrates the host's defenses and an initial infection may then occur.

Although infection may occur from microbes that are always present in the environment, a greater number of organisms or more virulent organisms further increase risk. Acute infections are most noteworthy in general medicine. However, the course of the infection most relevant to psychiatry includes injury from a prior infection; chronic, low-grade, persistent relapsing infections; or the persistence of the infectious agent in the inactive state. When persistent, relapsing infection occurs, there may be extended period of latency followed by some triggering event(s) (i.e.: chronic stress, injury, surgery, or other infectious agents), which may then cause the activation of the infectious agent(s) and the progression of the pathological process.

Some injury in infectious disease is a result of toxic

products or direct cell injury, but a significant amount of injury is a result of host defenses gone awry in response to the infection. Neural injury may occur by a variety of mechanisms, which include vasculitis, direct cell injury, toxins, inflammation, cytokines, autoimmune mechanisms, incorporation of parasite DNA into host DNA, and excitotoxicity. This injury leads to a vicious cycle of disease, resulting in dysfunction of associative and/or modulating centers of the brain. Injury to associative centers more commonly causes cognitive symptoms, while injury to modulating centers more commonly causes emotional and allocation of attention disorders.

Psychiatric syndromes caused by infectious disease most commonly include depression, OCD, panic disorder, social phobias, variants of ADD, episodic impulsive hostility, bipolar disorders, eating disorders, dementia, various cognitive impairments, psychosis, and a few cases of dissociative episodes.

In clinical experience, the link between infectious disease and psychopathology has been an issue with Lyme disease, syphilis, babesiosis, ehrlichiosis, mycoplasma pneumonia, toxoplasmosis, stealth virus, borna virus, AIDS, CMV, herpes, strep and other unknown infectious agents. In the collective database of patients demonstrating psychiatric symptoms in response to infectious disease, the majority

of the cases has been infected by ticks. Aristotle referred to ticks as "filthy disgusting animals". They spend their lives living in dirt, feeding on the blood of mice, rats, and other wild animals. When they bite humans, they pose a risk of injecting an infectious cocktail of pathogens into the host.

Patients with psychiatric symptoms from tick-borne diseases are most commonly infected by *Borrelia burgdorferi*, (Bb) the causative agent of Lyme disease and quite often other coinfections. There is an increasing recognition that many chronic, relapsing infections are complex interactive infections in which microbes interact with each other in a manner that contributes to the disease process. The models most commonly discussed are coinfections associated with HIV and tick-borne infections. For example, coinfections associated with Lyme disease may be acquired at the same time, before or after the Bb infection. Interactive infections, however, is a more accurate term than coinfections, since these infections invariably cause an interaction that changes the disease process.

To understand coinfections, we need to begin by defining each disease separately. This, of course, is an area of much controversy in regard to late stage chronic, relapsing Lyme disease. A similar controversy exists in regard to other chronic infections. It is difficult to explain how interaction occurs when there is such dis-

agreement defining the clinical syndrome and pathophysiology associated with each infection separately.

A couple of years ago, other tick-borne diseases were not considered to be very significant in contributing to chronic, relapsing Lyme disease. Once there was a greater focus upon these organisms, it became clear that coinfections were a significant issue. We can better understand chronic, relapsing diseases such as Lyme disease by taking a closer look at interactive coinfections, host vulnerability, and host response that contributes to the disease process.

Some very interesting work is being done to better understand the role of interactive coinfections between Bb and stealth virus, *Candida*, *Babesia*, and *Ehrlichia*. For example, stealth virus facilitates lipid production which facilitates Bb growth, Bb is protected from host defenses inside *Candida* cells, *Babesia* causes immunosuppression, and *Ehrlichia* causes bone marrow suppression.

In summary, the complexities of these issues teach us humility. To better understand the clinical syndrome associated with these infections, internists need to recognize the significance of mental symptoms in chronic interactive infections and psychiatrists need to better appreciate the role of microbes in causing mental illness.

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# 5 Steps to Use Twitter as a Pain Log Tool

by Lisa Copen

If chronic illness or pain is a part of your life, the odds are that at one point you have been requested by a physician to keep a log about your activities and pain levels, especially what led up to your pain being most intense. He may have suggested that you write down specific activities, your diet and exercise behaviors, and even your patterns of sleep. If you have attempted to take this on and do it thoroughly, you know that it can be an overwhelming feeling to keep track of all of your activities and still maintain a sense of normal life. It can be extremely helpful, however, to you and your medical team, to have a written record of your activities, diet, etc. to help discover what is causing you the greatest pain. Was that extreme flare caused by a minor food allergy, the weather conditions, or that you were up all night with friends?

It is somewhat ironic

that while we may find it a burdensome task to record what we are eating, who we are with, how much we slept, and how we are feeling, millions of people are doing this daily on Twitter. They write what they ate for lunch, if they have a migraine, and if they are up at 2 a.m. working. . . and they call it fun!

If you have a chronic illness, Twitter can be an amazing tool to use as a pain diary. This social networking tool has been successfully used to help people maintain logs on their diet, exercise, and even the commitment to stop smoking. Why should we not use it to keep accurate records of our chronic illness and pain levels?

**Here are 5 steps to put this into place:**

[1] Create an account at Twitter just for your chronic pain logs. If you already have a Twitter account, make a new one, and let it remain private. If you look under "settings" you

will see the option to make your account private, meaning that you will have to approve any followers before anyone can see your Twitter account. Since this is private medical information, we recommend not approving anyone. If you are already Twittering this can seem a bit strange because you typically want to increase the number of followers.

[2] You are now ready to start writing your posts. You cannot write more than 140 characters, however, this keeps it a simple task and not too overwhelming. Feel free to use it in any way necessary, for example, submitting more than one post to describe a special circumstance. You can send posts from your cell phone, not just from the computer, so set up this option in your account to make the most of it.

[3] If you don't know where to start, begin by posting about any major events or behaviors that are not part of your typical day, and how your body responded to them. For

example, if you awake feeling horrible, ask yourself has the weather changed significantly? Twitter the weather. Are you taking the same amount of medication as you typically do? Were you active or solitary yesterday? Post whatever information may be valuable to you and your medical team at any point in your treatment.

[4] Before you go to a doctor's appointment, log on to your Twitter account and print out the posts if your doctor would like a copy. Highlight any major changes in your patterns of pain.

[5] If you already use Twitter for personal or business reasons, consider using a service that will post to more than one account at a time so that you have regular tweets that share where you are and what you are doing can also post to your Twitter chronic pain log without any additional effort. The market for Twitter applications will continue to grow and there is no doubt that those considering medical Web 2.0

tools will come up with some fancy (and complicated) ways to record your pain levels. But for now you can have a thorough log of your chronic illness and pain levels in just minutes at no cost. You can't beat that!



Lisa Copen is the founder of Invisible Illness Awareness Week held annually in Sept and featuring a free 5-day virtual conference w/ 20 seminars w/ 20 speakers. Follow II Week on Twitter for prizes and info. Blog about invisible illness on your site, be a featured guest blogger, meet others, read articles and lots more. Make a difference!

## “LIAF” ... cont'd from pg 7

neuro-protective and helps to protect from damage otherwise caused by mercury."

The power industry and telecommunication lobbyists make proof hard to nail down. It is impossible to find a control group for a study because you cannot find people who have not been exposed to electromagnetic fields and radio frequencies. "Serious and knowledgeable working scientists no longer buy the industry argument that there is no credible scientific evidence," she said. "Robert Becker, Wertheimer and George Carlo blew the whistle on industry claims of safety. Even the World Health Organization says 'prudent avoidance' is advised where cell phone and Wi-Fi is concerned."

Check out [www.antennasearch.org](http://www.antennasearch.org) to find out how many cell phone antennas are close to where you live and work.

As for cell phone usage, Warren said if you use 500 minutes a month or more, the body probably cannot recover from that. Text messaging, ironically, is safe because all the data is transmitted in a fraction of a second, whereas phone conversations go on for many minutes. Ditch the cordless phones, or at least keep the main base station far away from the bedroom. She advises that parents not use wireless baby monitors because they



transmit 24 hours a day, 7 days a week.

Dr. Lee Cowden, a proponent of EMF safety, points out that microwave illness is identical to chronic fatigue syndrome (CFS) and autism and that the incidence of CFS and autism have grown in tandem with the installation of digital cell phone towers. "Is this the smoking gun?" he asks.

Several times at the conference, speakers touched on the more subtle, personal energies as well. The vibration of the emotion that the parents hold about their children is important for healing. If you bring chaos and frustration to

the dinner table, you pass it on. Remember why you love your child and express that joy - it's contagious.

**Within Your Reach**

Regardless of the diagnosis, and even if we aren't symptomatic for Lyme or autism, we need to do more to strengthen our inner terrain and lessen the body's exposure to outside toxins.

Go green at home. Typical home cleaning products pollute the air. Shop for non-GM foods. Grow your own vegetables. Increase your nutritional intake with organic and

grass-fed foods. Stop telling yourself it is okay to buy processed food because you don't have time. Having a baby? Don't put the nursery in the home office next to all the electrical devices and beware of VOC paints and new carpets that off-gas toxic chemicals. Learn about formaldehyde - it is in books, toilet paper, paper towels, particle board furniture, and more. Switch from toxic pesticides to non-toxic diatomaceous earth. Read up on mold in the home. Make sure gas appliances are vented to the outside. Reduce dust mites - mites require humidity of 50% or greater to grow. If there is

sweat or humidity on the bed when it is made, dust mites grow. Let a bed air out at least 15 minutes in the morning before you make it. Put pillows occasionally in sun light and let the solar rays clean them. Be careful of stuffed animals; they become dust mite havens. Open your windows every day because the inside air is almost always worse than the air outside. To reduce EMF, use a battery clock next to bed instead of one that is plugged in. Unplug the household wireless computer system at night. Keep TVs at least six feet away from the bed. Consider EMF blocking paints and films. Create a "sleeping sanctuary" free of EMF (see [www.wehliving.org](http://www.wehliving.org)).

These kinds of things - and more - we can generally control. When we reduce the stresses on the body, the healthy among us have more energy to be caretakers. And those we are taking care of need us to eliminate as many environmental stresses as we can for them so they can heal.

Mary Budinger is an Emmy award-winning journalist and a writer for Complementary and Alternative Medicine. The LIA Foundation has copies of the conference syllabus, [www.liafoundation.org](http://www.liafoundation.org)

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