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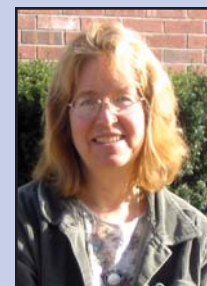
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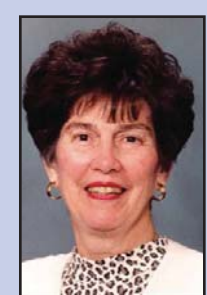
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Technology and Virtual Medicine

by Dr. Toby Watkinson, MD

Technology is moving at a very fast pace. Medicine is one area where we could all benefit from new and harmless technology; better and less invasive diagnostics, more natural and less toxic medicines and more advanced yet natural treatment modalities. We need all these advances to be more congruent with our body's design. We all know it takes forever for the benefits of research to make it from the lab to the market place. The process is also long because many of the chemical products are dangerous and need to be tested over and over. Also, everyone needs to be involved and they need to make it cheaply yet justify a high cost to the consumer.

There are technologies in use today which provide better avenues to examine patients, are less expensive and more effective and lead to less invasive and less dangerous treatment. Some of these devices can also take down the big barriers in care delivery like distance and time. As a complementary and alternative community, we need to be aware of these tools and look to their integration into our exams so we too can build an armament of effective devices for better health care delivery and, more importantly, disease prevention.

More Truth

I think of the studies in education which have shown lecture is the least effective method to deliver information. Even though we know this and are all in agreement there are more effective methods, nothing has really changed.

Medicine is not much different. Consider this example. When you are sick you go to the doctor and sit in a crowded waiting room full of other sick people. Then you get to wait again in a treatment room where all the other sick people sat too. A nurse gathers details of your illness and maybe takes your temperature and or blood pressure. The doctor comes in and you get to tell the doctor all over again. You then get to straighten out the details of what you just told the nurse. The doctor asks a few questions, looks at the chart notes and maybe does a test or two of his own. He may offer an explanation of what he thinks is wrong and might even

suggest a lab study and otherwise will write a prescription and give you a printed instruction.

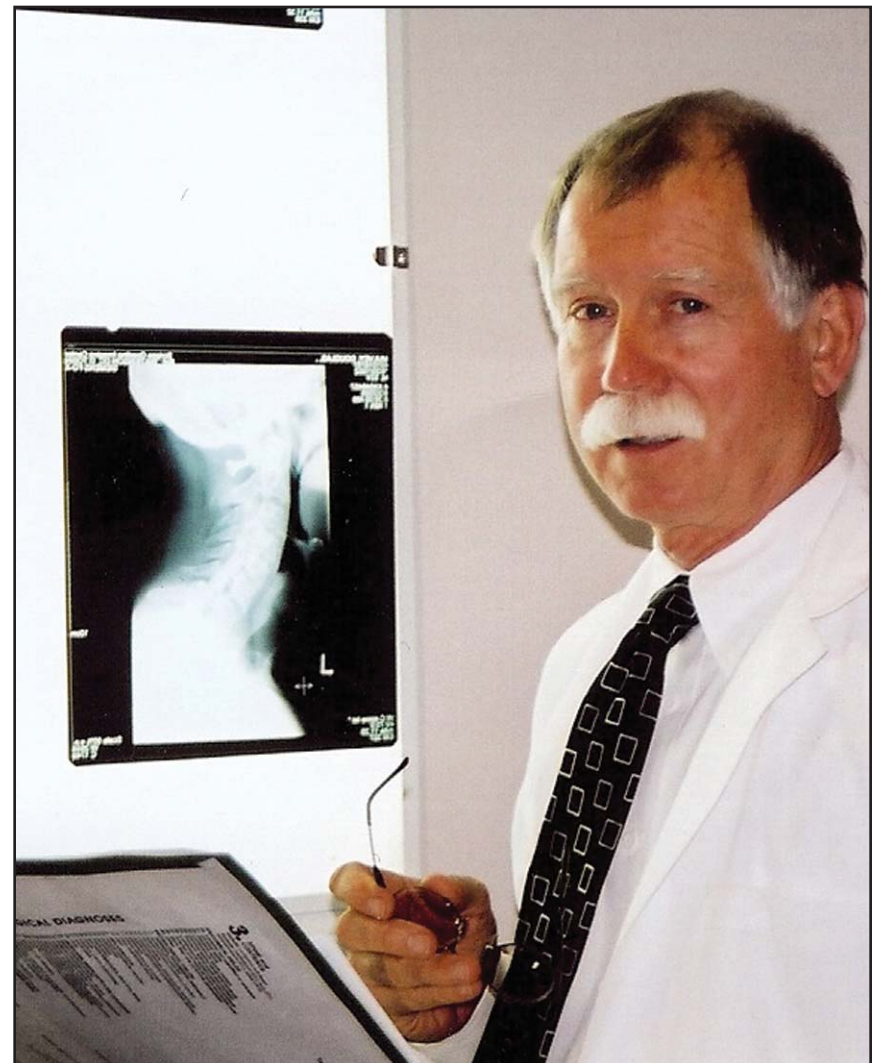
Too often, the worst part is no one really hears what you are saying if you have anything more complicated. You have no voice in the process and your degree of confidence about getting to the bottom of what is going on is on the line.

I recently talked to a patient who told me that after months of waiting to see her managed care doctor there was a sign on the wall that said, "Keep your symptoms to one per visit". She was told she needed to make another appointment for multi symptom complaints. What has it come to? I know this is a worst-case example but it may become more common with health care reforms in the making.

Chronic Disease, Money, Vaccine Sales and the Genome

Let's talk about what is happening in Medicine today, specifically about chronic illness. Think of the number of people who have Lyme and what the government is doing about it. Is Lyme disease all over the news? Are they saying it is a pandemic? Are schools looking at how to participate in prevention and offering safety tips? Have they developed a vaccine or even accepted a more specific test to diagnose Lyme? Has the evening news told everybody to get tested or stay home? How many people have Lyme? How many people have suffered with the many symptoms? How many have been crippled by Lyme? How many people are chronically ill and never get treatment because no one has ever run a test capable of diagnosing the disease? Now, for a moment, how many people have Swine Flu? I think we all know what pushes these fear-driven campaigns.

Those of us in the Autism Spectrum Disorder (ASD) community were excited recently to hear there was \$12 Billion earmarked for ASD research. We were not so excited to see it turned out to be Genome research money rerouted to ASD. In other words, how much of this money was really being spent to look at the real causes of Autism and its link even to Lyme disease? Or on the other hand, how much of it was



Dr. Toby Watkinson, M.D.

Genome research money with an ASD hat on its head? The experts say genetics can only explain 5-10 percent of the ASD we are seeing today but they continue to pour money into genetics in place of looking at the real potential causes and cures.

It seems the push to complete the Genome is a bigger priority than actually figuring out the process and causes of chronic illness which are overtaking us. As for genetic modifications, we are only now beginning to see the results of Monsanto's work in this area and it is frightening. Modifying human genes will obviously be the next big step in the Genome parade and then we are at the brink of all looking like we belong in the cocktail lounge in the original Star Wars movie.

A More Practical Application of Technology

Let's imagine another picture for a moment. Think of a much more advanced yet inexpensive method to look at patients. No sitting in disease-filled waiting rooms, no repeating your symptoms over and over and not having anyone get the picture. Think of an exam experience like the computer system used on the newer motor vehicles. The technician plugs the car's computer into such a device and there on the screen is a picture of everything that is out of the normal

range for your vehicle. Imagine this for the human body. Image how such a machine could integrate the input from your body into an informational health matrix and it could all be done from your living room if need be.

The Chinese government has been working to establish a more westernized health care delivery system in recent years. The rural areas of China have been served for hundreds of years by a system of barefoot doctors who went from village to village administering herbs and doing acupuncture as they cared for the Chinese people. With the westernization of health care coming into vogue, this old system has broken down as young people want the modern methods. Many of the older rural populations have been left without the only system they had come to depend upon. For this reason, the government is looking at technologies to better serve their people who may not be close to the cities where the modern medical facilities are located.

Recently a researcher from Stanford and his team, along with the Chinese government, undertook a study to compare 200 patients receiving an extensive 48 hour traditional physical exam at the leading medical hospital in China to a 5 minute virtual exam performed on the patient from a remote location. The virtual

"Technology" ...cont'd pg 6

Download Dr. Burrascano's Lyme Protocol FREE at:
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The Patient as Diagnostician:

How the Internet Helped an MS Patient Find Her True Diagnosis



by *Ginger Savely, DNP*

How many of you have surfed the Web to look for a diagnosis to fit the symptoms that you or one of your loved ones is experiencing? As a nurse practitioner I often see patients who, when dissatisfied with a diagnosis (or lack of diagnosis) given to them by a health care provider, look to the Internet to discover what is really wrong with them.

Many of my colleagues scoff at this behavior, saying that the Internet is the worst thing that has ever happened to health care. They are displeased when patients come in with a probable diagnosis already in mind and present a list of tests they are convinced are needed in order to prove or disprove their conclusion. The concern of many health care providers is that the information on the Internet is unreliable and that it encourages patients to obsess over symptoms and even to imagine new symptoms in order to fit the criteria necessary for a certain diagnosis. "A little bit of knowledge is a dangerous thing," they often say.

Most of the patients I see have been through the mill when it comes to doctors and testing and have lost their faith in the health care system that has failed them. So, it comes as no surprise to me that these patients have learned to take their health care into their own hands, educating themselves to the point of being able to speak "medicalese" like a pro. Time and time again I have observed that this tendency on the part of patients to become medically educated has been to their advantage, and many a life has been saved or bettered through the process. In my opinion, this proactive behavior on the part of patients should be encouraged.

Maria: A Case in Point

Maria lives in Austin, Texas and is a petite, 49 year old lady who appears younger than her age. During our first encounter she explained that she was frustrated and unwilling to accept a recent diagnosis of multiple sclerosis (MS). She had been experiencing recurrent right-sided facial pain (trigeminal neuralgia) for five years which had led her to consult a neurologist. An MRI brain scan had shown white patches indicative of nerve inflammation.

A spinal tap had revealed unusual proteins consistent with an MS diagnosis, and a recent repeat MRI had shown progression of the disease with increased number and size of the inflammatory lesions. Based on her symptoms and these findings, her neurologist had diagnosed her with MS and advised her to begin immunosuppressive therapy in order to decrease inflammation.

Maria had been researching her symptoms on the Internet, and had become convinced that her problem was actually related to advanced neurologic Lyme disease. She had been unable to convince her neurologist that this might be the case. He felt it was a clear-cut case of MS and was not inclined to consider the possibility of an illness that did not appear to be endemic to central Texas. To placate her he had ordered a Lyme screening test, the ELISA test, which had come back negative. Because Maria was convinced her problem was due to a bacterial infection, she refused to follow the advice of her neurologist to begin immunosuppressive therapy, fearing that this would affect her ability to fight the infection.

Maria came to me because she had heard of my special interest in the diagnosis and treatment of Lyme disease. I reviewed her medical history and made special note of her report of a tick attachment to her right lower leg six years earlier, followed by a 5 inch bullseye-shaped rash. This had occurred while she was camping in a rural area of central Texas.

Symptoms had started soon afterward. Some of these symptoms were typical of both Lyme disease and MS, such as insomnia, anxiety, confusion, dizziness, weakness, numbness, blood pressure fluctuations,

constipation, acid reflux, urinary urgency, and exhaustion. She was also experiencing symptoms that were typical of Lyme disease but not of MS: joint pain, muscle aches, jaw and tooth pain, ringing in the ears, and a stiff neck. Many classic MS symptoms were missing, such as optic nerve inflammation, double vision, abnormal eye movements, spasticity, muscle atrophy and balance problems. Her in-office physical exam did not reveal any obvious abnormalities.

I was familiar with a study published by the Texas Department of Health in 1994 that had revealed that over 1% of ticks collected in eight Texas state parks had tested positive for borrelia spirochetes, the corkscrew-shaped causative agents of Lyme disease. In fact, per the International Lyme and Associated Disease Society (ILADS), borrelia-carrying ticks had been found in every state in the union. The rash Maria had described on her leg certainly sounded like erythema migrans, the classic "bullseye" rash that is diagnostic for Lyme disease. Her negative result on the ELISA screening test that had been ordered by her neurologist didn't impress me; ELISA tests for Lyme borreliosis are notoriously insensitive. There is evidence that the ELISA has a sensitivity of only 30-40% and therefore does not meet the 95% sensitivity criteria necessary for a screening test.

The Western blot is a better test to use for screening. Unfortunately, most labs do not report the individual reactive bands on the blot but report only a positive or negative end-result based on the presence of bands relevant for epidemiologic rather than diagnostic criteria.

It is of utmost importance to choose a lab that reports ALL of the positive bands. Diagnosis of a sick patient and qualification for epidemiologic inclusion are two different matters! I chose to use the highly reputable IGeneX Laboratories in Palo Alto, California. Through IGeneX testing, the patient was positive for Lyme both by the Western blot IgM and by antigen captured in the urine. The history, symptoms, and now the lab results were pointing to a diagnosis of late-stage neurologic Lyme disease (neuroborreliosis) rather than MS.

After three months of

intravenous (IV) and oral antibiotic treatment, Maria reported several subjective improvements. Her overall fatigue, urinary frequency, and discomfort were lessened. The numbness in her hands and feet was gone, as was her subjective sensation of weakness.

Maria continued to tolerate the treatment well. After six months of IV antibiotics, a repeat MRI showed a 25% reduction in inflammatory lesions. She reported overall improvement, with continually decreasing fatigue, malaise, weakness, cognitive problems, and muscle pain. She continues to improve on IV antibiotics. MS is a progressive disease, and although remissions are common, a reduction in brain inflammation is not.

This improvement in the patient's MRI was quite a surprise for the neurologist and served to strengthen my belief that the patient's problem all along had been neuroborreliosis rather than MS. Because of the many similarities in the two diagnoses, it is extremely important to pay attention to the patient's history and development of symptoms and to know how to test correctly for the presence of borrelia antibodies. MS is a diagnosis based primarily on subjective symptoms, and according to the CDC, Lyme disease is as well. The previously mentioned MRI and spinal tap findings in this patient were not diagnostic of MS per se, since they are often also present in Lyme patients with neurologic involvement.

When clinicians complain about the incorrect medical information patients come across on the Internet or the tendency for patients to self-diagnose based on this information, they need to look at the bigger picture and realize that the occasional enlightening discovery is well worth the inevitable false alarms. I continue to support patients who research their symptoms on the Web, believing it empowers them to be proactive about their health care. Sometimes, as was the case with Maria, this kind of patient collaboration can prove to be a life-saver.

See also:

Fritzsche, M. Chronic Lyme Borreliosis at the Root of Multiple Sclerosis: Is a Cure with Antibiotics Attainable? *Medical Hypotheses* 2005; 64 (3): 438-448. *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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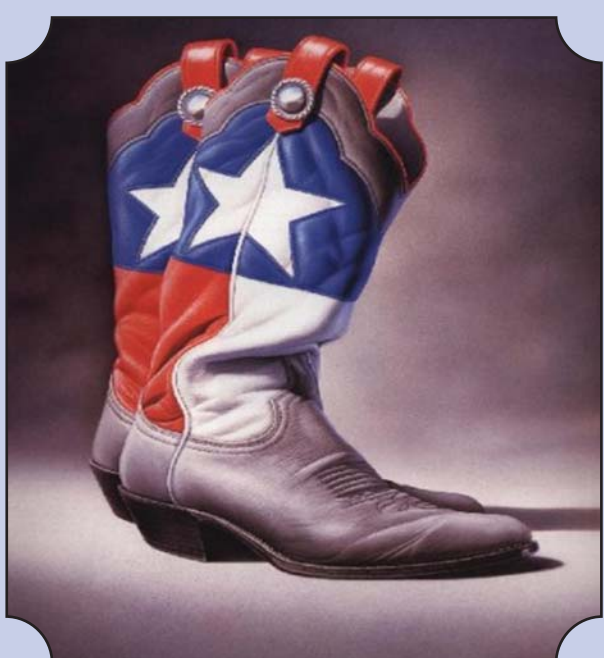
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Texas Lyme Disease Association



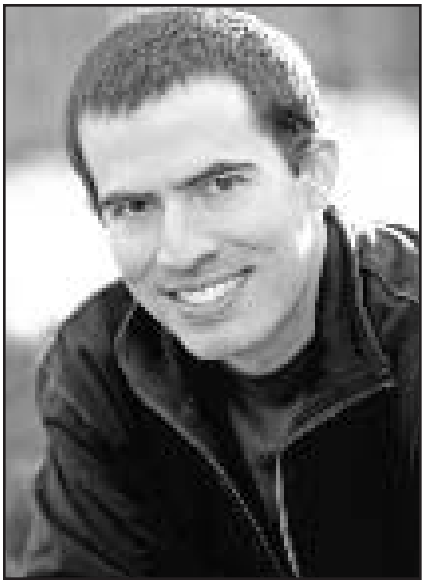
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What's all the Buzz about the So-Called Marshall Protocol?

Part 1 of 3



by Bryan Rosner
www.LymeBook.com

About this Series

This is a 3-part series on the Marshall Protocol. Currently you are reading Part 1. In 2007 I published a book called "The Top 10 Lyme Disease Treatments" (available from <http://www.lymebook.com>). This article series will be based on direct excerpts taken from that book. The Marshall Protocol remains a very controversial treatment. It has helped me personally, and I know of many others who it has also helped, including one highly visible businessman / politician. Other people find that it is unhelpful or even harmful to them, although my suspicion is that some types of "adverse reactions" to the protocol may in fact be herxheimer (or die-off) reactions. Looking back now, 2 years after the book was published, I will say that I am still a believer in the Marshall Protocol but I do believe that it should only be administered under the careful supervision of a licensed physician who is versed in the protocol. The purpose of this article series is to introduce you to the protocol, not to serve as medical advice. Please consult a licensed health care practitioner before beginning any new treatments.

Disclaimer

The Marshall Protocol is a complicated therapy and one that continually evolves as a result of new research and information. Naturally, books are static and do not change. Therefore, in order to obtain the most recent information about this treatment, visit the official Marshall Protocol web site by pointing your browser to www.marshallprotocol.com.

This chapter is written by a layman, in layman's terms, and is intended only as an overview of the Marshall Protocol; it is neither an exhaustive explanation of nor instructions for using the program. Some of the information below is based on my own research of the treatment procedure, and my personal experience with it, and should not be interpreted as exhaustive or 100% accurate. I do not have formal training in understanding or applying Marshall Protocol principles; instead, I am simply an investigative journalist reporting what I have learned about the protocol. For precise, comprehensive, and

official information about the protocol and how specifically to use it, visit the web site mentioned above.

This information has not been reviewed or approved by Trevor Marshall, Ph.D., the inventor of the protocol, and the statements made should not be construed as his statements. Also, much of the following information is experimental and investigational and should be viewed as such. The concepts presented below in relation to Vitamin D are still in the research phase, so they should not be interpreted as established, proven fact.

Introduction

The Marshall Protocol is perhaps the most significant breakthrough in Lyme Disease treatment since Doug MacLean discovered in the 1980s how to employ a homemade rife machine (see Chapter 5) to heal his own Lyme infection. The reason the Marshall Protocol is so significant is that it addresses an aspect of the Lyme Disease complex which no other treatment, protocol, supplement or herb can even come close to touching. The discoveries that led Trevor Marshall, Ph.D., to develop the Marshall Protocol have uncovered and exposed a critical part of the process which *Borrelia Burgdorferi* uses to establish and maintain infection in the host. The Marshall Protocol is the only known therapy which addresses this aspect of the bacterial survival process. If you take the Marshall Protocol out of the Lyme Disease treatment toolbox, there is no comparable tool to replace it.

The protocol builds on the work of Dr. Lida Mattman, one of the most influential medical scientists in modern history. With a master's degree in virology from the University of Kansas and a Ph.D. in immunology from Yale University, Lida Mattman has revolutionized the study of infectious disease and established the foundation for decades of progress in science and medicine. A 1998 nominee for the Nobel Prize in Medicine, Mattman found that a certain type of bacteria lacking a cell wall (known as cell-wall-deficient, variant, or L-form bacteria) are not only very common but are also the root cause of multiple health conditions that have baffled medical scientists for years. The presence of cell-wall-deficient pathogens in the human body is extremely difficult to detect and has thus been largely ignored by conventional medicine.

Dr. Mattman's studies have forced hundreds of physicians and researchers to accept the fact that this elusive and highly complicated class of bacteria is responsible for many previously-misunderstood ailments. Interestingly, Mattman's

research findings bear a striking resemblance to the conclusions about microorganisms drawn by Dr. Royal Raymond Rife himself.

Although her breakthrough discoveries caused a light-speed acceleration in the field of bacteriology, no one has been able to figure out exactly what to do about the cell-wall-deficient bacteria identified by Dr. Mattman. We know they are there, and we know they cause many diseases considered untreatable or incurable by conventional medicine, but getting rid of them is a different story.

Fortunately, there is a handful of brilliant researchers who are currently studying these pathogens and are discovering ways to attack cell-wall-deficient bacteria, destroy them, and thereby heal incurable diseases. Trevor Marshall, Ph.D., is one such researcher. After failing to gain benefit from conventional treatment for his own affliction with sarcoidosis (a multi-system disorder char-

The Marshall Protocol is the only known therapy which addresses this aspect of the bacterial survival process. If you take the Marshall Protocol out of the Lyme Disease treatment toolbox, there is no comparable tool to replace it.

acterized in affected organs by inflammatory lesions), Marshall was compelled to take a closer look at the pathogenesis of chronic disease. His research conclusions were very similar to those reached by Dr. Mattman: a surprisingly long list of chronic diseases are actually caused by cell-wall-deficient bacteria. Sarcoidosis and Lyme Disease, for example, share this root cause. If you are confused because you thought Lyme Disease was caused by spirochetes, not cell-wall-deficient bacteria, keep reading, we will answer that question.

Decades of studies by Dr. Marshall led him beyond the ability to merely identify cell-wall-deficient bacteria and their role in various disease processes. In developing the protocol which bears his name, he has created the means to actually counter their bacterial activity. The Marshall Protocol is a ground-breaking method of killing cell-wall-deficient bacteria in the human body and ultimately curing the previously untreatable diseases this pathogen causes. After Marshall employed his discoveries to treat sarcoidosis and

heal himself, he went on to establish The Autoimmunity Research Foundation through which he collaborates with physicians and researchers around the world to help chronically ill people recover from various afflictions. Marshall has bridged the gap between simple awareness of the existence of cell-wall-deficient bacteria and knowledge of how to eradicate them.

Clarification of the root cause of Lyme Disease may be needed here. As mentioned earlier, the Lyme Disease pathogen, *Borrelia Burgdorferi*, exists in three distinct forms: spirochete, cyst, and cell-wall-deficient form. It is popularly (and erroneously) believed that the spirochete form of the disease is the only form—quite often, researchers and practitioners ignore the other two forms. This ignorance is the result of antiquated, inaccurate, and close-minded educational materials commonly presented at medical schools. In actuality, according to a burgeoning heap of published research, the spirochete form is in fact just a small part of the whole disease picture. Let's take a small detour to examine the three bacterial forms of *Borrelia Burgdorferi*.

Although not the totality of the disease, the spirochete form is highly dangerous and significant. It is responsible for the initial, rapid spread of the infection throughout the body and various organs due to its highly-mobile, drill-capable shape. The spirochete form is also responsible for many ongoing symptoms. It is, however, simply not the whole story.

The second form of Lyme Disease bacteria is the cyst form, which is also commonly ignored by mainstream practitioners and researchers. The cyst form is a symptomless, protective, survival-oriented form that is elusive, difficult to identify in laboratories, and nearly impossible to kill. Further discussion of the cyst form can be found elsewhere throughout this book and detailed discussion can be found in Lyme Disease and Rife Machines. Additionally, lymeinfo.net has an extensive collection of cyst form-related research and published studies.

The third form of Lyme Disease bacteria is the cell-wall-deficient form, which happens to be extremely dangerous, insidious, and also the target of the Marshall Protocol. Many of the most severe symptoms and organ dysfunctions associated with Lyme Disease occur as a result of the presence of cell-wall-deficient bacteria. Additionally, over time, the population of cell-wall-deficient bacteria tends to increase. This form can actually hide inside cells within the body to avoid detection. More amaz-

ingly, it can actually hide in immune system cells themselves. The cell-wall-deficient form must be addressed in order to heal, yet it is commonly overlooked, or worse, its existence is often completely denied, despite peer-verified research by the likes of such heavyweights as Yale graduate Lida Mattman.

Each of the three bacterial forms is capable of converting to the other forms under certain circumstances. Spirochetes convert to cell-wall-deficient and cyst forms as a survival tactic (cysts are much more treatment-resistant than spirochetes). Cysts convert to spirochetes occasionally, usually in spring and fall, as a proliferation tactic, to spread the disease to other tissues (spirochetes are more mobile and can more easily spread the infection than cysts). The cell-wall-deficient form is utilized for various reasons, including, of particular note, the ability of this form to survive numerous treatment approaches, including cell wall inhibiting antibiotics.

Different antibacterial approaches must be used for each of the three bacterial forms because each bacterial form has different weaknesses and vulnerabilities. Rife machines are highly proficient in killing spirochetes. Spirochetes can also be killed somewhat effectively with protein synthesis inhibiting antibiotics. Cysts respond to certain antibiotics (discussed in Chapter 1). Cysts can also be exposed and destroyed, with proper treatment, timing, and planning, by rife machine therapy. However, until the Marshall Protocol, there was not an effective treatment for cell-wall-deficient bacteria. There are several types of antibiotics (primarily protein synthesis inhibitors such as the tetracyclines and macrolides) which have activity against cell-wall-deficient bacteria, but these are minimally effective when used alone. The Marshall Protocol is the first therapy that has actually been able to comprehensively eradicate this form of the bacteria. This is why the Marshall Protocol is so important. Before the Marshall Protocol, there was simply no way to deal with the cell-wall-deficient form of Lyme Disease. Hence, before the Marshall Protocol, recovery was much more difficult to attain.

I first heard of the Marshall Protocol through Ron, a friend and fellow Lyme Disease sufferer who often participates in the Lyme-and-Rife online discussion group. Just as I had, Ron had benefited from rife machine therapy but still needed something to finish off the disease. Ron was tremendously successful with the Marshall Protocol. After due consideration I decided to try the protocol myself. Sure enough, results were forthcoming, and I couldn't help but notice that the Marshall Protocol seemed to provide

"Marshall" ... cont'd pg 13

Invisible Illness and Mixed Emotions: 5 Ways to Cope



by Lisa Copen

"You look great today. You must be feeling a whole lot better?" "You haven't really experienced chronic fatigue until you've had twins and worked full-time!" "I think you sit around thinking about your pain too much. Just get out of that house more and it may just heal itself." "If you really wanted to get well, you'd get serious about taking that juice I recommended. I don't understand why you won't at least try it."

And the remarks go on. . . and on. And our heart aches. Nearly 1 in 2 Americans has a chronic illness or physical condition that impacts their daily life. This can include everything from arthritis to cancer, migraines to diabetes, and back pain to fibromyalgia. One

of the biggest emotional hurdles for people who suffer from illness is the invisibility of it. About 96% of illness is invisible, meaning the person who suffers from the chronic condition may appear to be a healthy individual, but who actually suffers each day from physical pain. One may never guess the intensity of the pain suffered within the confines of one's home, as she or he shows no outward signs of physical pain or disability, nor does he or she use an assistive device like a walker or wheelchair

If you have an invisible illness, here are 5 tools to help let go of some of the frustrations:

[1] Free people from the expectations you typically have had of them.

This step will likely be a life-long process, but without taking it, you will consistently find that people will always disappoint you. No one is perfect-even you! And it's important to remember that those with illness do not understand the difficulties that our friends are going through, such as a divorce, the death of a loved one, an ill child, a lost job, etc. Your illness is momentous in

your life. And even though people do care, they still will have significant things going on in their own lives. Don't hold that against them.

[2] Find supportive friends.

Is there someone in your circle of friendships who is constantly belittling you or suspicious about your illness? Is he beyond listening and instead spreading gossip about how he saw you at the grocery store last week and you looked perfectly fine? This should be a relationship to let go of or, if it's a relative, distance yourself as much as possible. Illness can help us easily prioritize our friendships and that way we can spend our limited energies with those that mean the most to us.

[3] Find joy in your blessings.

Rather than thinking about how badly you feel, find ways to bring more joy into your life. Appreciate the little things. Observe what you are doing when you have a burst of unexplained energy and realize that there lies your passion. Focus on bringing more of this into your life. You may not be able to garden like you once

did, but you can grow a few potted flowers or hire a neighborhood teenager to plant some vegetables and set up an automatic sprinkler system for them. Or if you want to dream big, start a consulting business for want-to-be gardeners.

[4] Use your talents and skills for things you care about.

If you're no longer able to work because of your illness, you may feel like your skills are going to waste. Maybe you've always wanted to write children's books or be a business consultant. Find a place to plug in and do some volunteer or part-time work to be able to use these skills in an area where you feel passionate. Instead of focusing on what others aren't providing you with that you want so much, follow your dreams and give that gift to yourself.

[5] Encourage someone else.

You personally know how hard it is to live with illness and to feel like no one understands. So take time to be vulnerable with someone else who is going through this. Whether you meet someone through an online group such as

National Invisible Chronic Illness Awareness Week's message boards, or through your local support group, volunteer your time and expertise (yes, you're an expert on living with invisible illness!) and use it to make someone else's journey easier and you'll find your own is more enjoyable too. Are you frustrated that no one at your church thinks your invisible illness is real? Rather than stop going to church, find ways to educate them, such as a column in the church newsletter or brochures about National Invisible Chronic Illness Awareness Week. These suggest what to say/not to say to a chronically ill person.

We can't change other people-but we can educate them and give gentle advice about how many people live with invisible illness. Then we must work on ourselves. You'll find that even when you want to change, it can be difficult. It requires discipline and motivation for a better life. You owe it to yourself and finding joy in your life despite invisible chronic pain will improve both your mental and physical health.

pha

The Lyme Life Merry-Go-Round



by Jennifer Allton

Take this moment to ride with me on a Merry-Go-Round. Drop all the preconceived notions on what you have ever experienced and travel with me today. You are standing on the platform holding onto handles while someone else is spinning the ride round and round. This Merry-Go-Round represents our Lyme journey. For the last few years (decades for some), we have been holding on dearly to this little ride and it has been spinning faster and faster. There is an assortment of emotions that accompany us. Some of these emotions come on suddenly without warning and others stay with us for a while.

Take this voyage on the

Lyme Life Merry-Go-Round to learn my very raw feelings. Please note that not all of these emotions are pleasant, but they are the honest truth. Upon stepping onto the ride the first time, please observe the fear and nervousness of a potential relapse. You will also find apprehension that doctors will never understand the severity of Lyme Disease. Others will go undiagnosed for way too long which creates panic of losing Lyme friends over such a devastating illness. I fear what the medications are doing to my body and yet I am horrified about what my body would do without the medications. I experience daily anger over medical boards within the United States of America targeting doctors simply because they believe in long term treatment of Chronic Lyme Disease.

Yet, I find myself feeling surprised every morning when I receive messages asking if I would speak with someone about Lyme. It appears that every day there are more people that are joining the Lyme ride. It amazes me now that I advocate for such a disease and I had barely even heard of it three years ago. I feel distressed about meeting new people and their acceptance of Lyme Disease. I remember

where I was before my diagnosis. I felt as if these other people with this disease were insane thinking that everyone had it. Now what I have come to realize is this: is it really paranoia if the ticks are out to get you?

Still on this ride, I find myself feeling anxious because one day is great and the next day is appalling. It is tough to distinguish which kind of day will transpire in order to assemble any type of plans. Old friends understand, but new connections do not since they have never witnessed a bad day. This leaves the incredible feeling of guilt. The guilt stems from not being able to stop the ride for enjoyable moments with friends and family in either spontaneous or planned ways. Eventually, this leads to loneliness. There is sadness that life may never quite be the same because of a single tick bite and depression develops terribly because I miss my friends and family.

There are other truthful outlooks of riding this Lyme Life Merry-Go-Round. These aren't my most defining moments nor do they glorify God. But they were there. This wouldn't be a very candid article if I left these emotions out. There is jealousy. This

resentment is for people in my life that have never experienced what I have. There is hatred for all those that don't believe that it really exists. Even through all of these emotions, I wouldn't wish it on my worst enemy much less my best friend. Just because they haven't experienced this doesn't mean they don't understand.

Now you may think there are only bad emotions on the Lyme Life Merry-Go-Round, but there are some motivating feelings too. A sensation of amazement develops when I last the whole day without a single symptom and am simply stunned at how strong I have become in the last three years. There is a sense of pride for riding on this Lyme journey so long without compromising my work life. The pride represents the 100 percent I have given to the children in my care since the beginning of my journey. I get a sense of satisfaction that I know my body well enough to recognize when I need to ask for help. There is happiness for all that I have been able to do even through the worst of times and love for all of those that have stuck with me through this journey.

Lyme gives me the experience of laughter when I do something so insanely stupid

that the only way for me to get through it is to chuckle. Who knew that this disease could provide fodder later on? There is the time I asked if they sold video games at a toy store, the time I walked into a glass door or even the time I got into the shower with all of my clothes on. I giggled then and I chuckle now. Then there are the moments that made me cry. Those are the times that I couldn't figure out how to open the gas tank in my car, got lost going home or the instant I fell asleep at a stop light. Despite the fact that those occasions were sad moments in my life, they offer a great deal of comedy now.

This journey is over for now, but I challenge all of you to smile today. I know this is a difficult task, but one that we must keep on doing. One of my favorite poems is by an unknown author and it is about the contagious gift of smiling. The poem in and of itself makes me grin. Come visit me to join in the laughter, the sadness and all of the emotions of the Lyme life. Share your stories with me and maybe we can get the world infected with laughter through our tears. <http://jmgarnet76.blogspot.com>

pha

Are You Contagious?



by Joan Vetter

Usually when we hear the word contagious we automatically think of something negative. It could be anything from a cold to the swine flu. I challenge you: why not concentrate on something positive we can pass on?

How about laughter or a smile? They can be contagious. Or have we been inoculated against them? Have we allowed our souls to be injected

with anxiety or too much fear? We've all heard a mother's instructions to cover our mouths when we sneeze or cough. Perhaps we would do well to cover our mouth when it comes to the spoken word. We may be passing something on that would be better off kept to ourselves.

Today I walked the hall at the YMCA and overheard two women talking. They were deep in a "can you believe what

she did?" conversation. Then on the way out I overheard two different women murmuring and complaining about something. I wondered about the motto - If you don't have something good to say don't say anything at all. I believe many conversations would come to a screeching halt if we all took that seriously. Then, what would be left to talk about?

As a believer in Christ, I take great pleasure in talking

about what God is doing in my life, and listening to testimonies of what He's done for others. I believe faith is contagious - the more we speak or listen to faith talk the more it is "caught". Fear and strife are also contagious. They can pass through a family quicker than any virus. Seldom do they exist alone.

pha

Gardasil & Swine Flu Vaccines: Inconvenient Truths



by Barbara Loe Fisher

The summer of 2009 revealed two inconvenient truths about vaccination: first, the Gardasil vaccine is not as safe for girls as the government, medical organizations and Merck have said it is; and second, the H1N1 influenza pandemic is not as serious as health officials are telling us it is. Which means that fast-tracked swine flu vaccines children will get in schools this fall may end up being more risky than getting the flu.

Doctors Question Benefits & Merck Marketing Tactics

On August 19, the Journal of the American Medical Association published two important articles written by doctors questioning whether HPV vaccine benefits outweigh the risks of recommending it for all young girls. The intellectually honest doctors publicly criticized the aggressive marketing of Gardasil vaccine by Merck and certain Merck-funded U.S. medical organizations and asked for more scientific evidence that universal HPV vaccination is necessary, safe and effective.

Bad Outcome Report After 1 In Every 1,855 Gardasil Shots

In the third article, written by government health officials, it was revealed that 1 in every 1,855 Gardasil shots is followed by a bad health outcome report to the government's Vaccine Adverse Events Reporting System.

These bad health outcomes reported after Gardasil shots include lots of girls suddenly passing out and having seizures within minutes or

hours of getting vaccinated and suffering head injuries and broken bones when they hit the floor. In fact, there is a larger than expected rate of girls passing out after getting Gardasil vaccine.

Girls Passing Out & Having Car Accidents

Back in 2007, the National Vaccine Information Center warned that many girls given the Gardasil shots were losing consciousness within minutes or hours. Some girls have left doctors offices and fallen unconscious while driving and had car accidents. This brings up the little-known fact that four girls who got Gardasil in Merck's pre-licensure clinical trials died in car accidents. How many of those girls suddenly collapsed while driving?

Clearly, the Gardasil vaccine should be given while girls are lying down and they should be warned that sudden collapse could occur without warning within 24 hours.

Blood Clots Reported After Gardasil

What else did the recently published government study on Gardasil reveal? Well, we now know that there is a greater than expected rate of reported blood clots in girls who get the vaccine. Some blood clots can lead to pulmonary embolism or stroke, which means the blood clot ends up in the lung or in the brain. In fact, four girls have died after they developed a blood clot that traveled to the lung after Gardasil vaccination.

FDA Can't Analyze Most Bad Outcome Reports Merck Files

But the most shocking fact in this study is that, although nearly 70 percent of all Gardasil reaction reports were filed by Merck, a whopping 89 percent of the reports Merck did file were so incomplete that there was not enough information for health officials to do a proper follow-up and review of what happened to the girls who fell unconscious or had convulsions, developed blood clots or inflammation of the brain and nerves, including Guillain-Barre syndrome that causes paralysis, or those who

suddenly developed serious autoimmune disorders like rheumatoid arthritis, lupus and more.

There were 32 reports of Gardasil-related deaths between 2006 and the end of 2008 but only 20 of these death reports had enough information to be followed up. There are now a total of 43 deaths that have been reported. How many of those Gardasil-related deaths cannot be evaluated because of incomplete information?

1986 Law Requires Reporting of Vaccine Injuries & Deaths

This is an outrage. Under the National Childhood Vaccine Injury Act of 1986, it is a federal legal requirement for any person – a doctor, nurse or any person who gives a vaccination in America – to file a report with the federal government whenever a vaccination is followed by a bad health outcome, especially a hospitalization, injury or death. Vaccine providers are NOT supposed to be notifying the vaccine manufacturer – which clearly is like flushing the vaccine reaction report down the toilet – they are supposed to be notifying the government. And health officials at the FDA and CDC are supposed to be analyzing each and every report of a serious vaccine injury or death.

Massive Underreporting of Vaccine Bad Outcomes

FDA and CDC officials admit that there is underreporting of vaccine-related bad health outcomes. In fact, some studies say that less than 10 percent or even less than 1 percent of serious vaccine adverse events are ever reported.

Closed Government Databases Used to Deny Vaccine Risks

But health officials are quick to downplay the significance of this. They tell us not to worry because the closed government databases, which the CDC operates with vaccine manufacturers and HMOs they pay to participate in them, can be relied upon to reassure us that all those seizures and blood clots and cases of brain inflammation, paralysis, lupus and deaths in girls who get Gardasil

shots are really – mostly - just a coincidence.

In 2005, the National Vaccine Information Center and other parent groups called on the CDC and FDA to open up those closed government vaccine monitoring databases to public scrutiny.

So far, most of that vaccine reaction data is still hidden from public view so it can't be independently verified.

Will H1N1 Swine Flu Vaccine Risks Be Hidden From Public?

If the government can let vaccine manufacturers fast-track the Gardasil vaccine but can't compel the drug company that makes the vaccine or doctors giving the vaccine - who are shielded from liability - to report each and every death and serious injury that follows vaccination, why should we believe anything government health officials tell us about the safety of vaccines?

Why should we believe that the experimental swine flu vaccines being fast-tracked with only a few weeks of study in healthy children and adults are going to be safe and that all vaccine reactions will be reported to the government and then properly followed up?

No Way To Monitor H1N1 Swine Flu Vaccine Side Effects In Schools

It is far more likely that, when children get the swine flu vaccine in schools and then get really sick or even die like the Gardasil girls, that all those bad health outcomes will be written off as a coincidence by health officials. That is, IF any reports are made to the government at all! Few school nurses or other people giving children swine flu vaccines in the schools will be taking medical histories or have a way to record vaccine information in children's medical records, much less monitor children for signs of a vaccine reaction and then file a reaction report to the government.

This is not the way to run a national vaccine program. This is not what we expect from doctors in positions of authority who have accepted responsibility for protecting our individual health or the health

of our nation.

Doctors & Drug Companies Shielded From Liability Ignoring the Law

In the early 1980's, parents of DPT vaccine injured children worked very hard on getting, informing, recording and reporting safety provisions of the National Childhood Vaccine Injury Act of 1986. We wanted to make sure everything was being done to help prevent vaccine injuries and deaths. Little did we know then that those safety provisions would be blown off by doctors and vaccine manufacturers shielded from liability in that law.

The federal vaccine safety provisions should be codified into every state vaccine law with legal sanctions for doctors and drug companies who fail to file a complete vaccine reaction report.

What Public Health Emergency?

And now, today, we have swine flu vaccines that are being rushed to market with even less testing than the fast-tracked Gardasil vaccine had, with the justification that there is a public health emergency. What public health emergency?

As everyone knows by now, the swine flu is no more serious than the garden-variety influenza that goes around every year. Just like everyone knows by now that most cervical cancer can be prevented with regular Pap screening and that the very expensive HPV vaccine is questionable at best.

Why are we letting employees working for government agencies and pharmaceutical companies stampede us into taking vaccines that may not be necessary, safe or effective and – certainly - are not properly monitored for safety after they are given to tens of millions of children and adults?

It is time to demand that government officials and drug companies stop conducting national vaccine experiments on the American people.

The Fourth International Public Conference on Vaccination was held on October 2-4, 2009 in Washington, D.C. For more information, go to <http://www.nvic.org/>. *pha*

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OPEN EYE PICTURES

“EXPLOSIVE” – Fox News

IN SELECT THEATERS STARTING JUNE 19

“Technology” ... cont'd from pg 1

exam, called a biosurvey, was focused on autonomic responses to computer signal or signature for the biomarkers such as teeth, vertebrae and the Traditional Chinese Medicine meridian system. The medical exam did labs, x-rays, physical exams and even CAT scans and MRI. Once all the data were collected and analyzed there was an 87% correlation between the body systems found to be compromised in each method of exam.

For the last 30 some years I have been looking at all the tools and techniques to help sick people. Before that, I spent years in school and working in neuroscience, experimental psychology, learning behavior, acupuncture, chiropractic, lasers, thermography, clinical nutrition and several years in research on contract to the Aerospace Medical Research Laboratory.

In my dreams I had always hoped to find a technology which could look beyond that which we could hear or see and bridge the gap between man and technology to test and measure the smallest discrepancies in the human design.

I can't believe it myself but this technology is already at work figuring out my patients and helping me make important clinical decisions. Let me tell you how it works and how it has great benefit in looking at chronically ill patients when all else has been chasing the wrong cause or, for that matter, the wrong diagnosis.

The Technology at Work

Through the years I have been asked by the family of Hospice cases to see their passing family member. I have also been asked to consult with patients who have terminal diagnoses. When I was first asked to see a Hospice case years ago by a minister, I had mixed emotions. The minister was counseling a mother of a 10 year old who had incurable brain cancer. The boy had no hair from countless chemo and radiation therapies. He had had multiple brain surgeries. He walked with a white cane with a red tip because he was blind. I could barely get my mind around not being the healer. My question to myself then was: how do I work with someone without trying my best to figure them out and make a change to better their life? I eventually was able to find my role and work to help him every way I knew how. The story ended both happily and unhappily.

The bad news was he did pass away but there was some not-so-bad news too. He passed without any pain. This was the main reason they had asked me to see him: to help him pass without pain. His eye sight returned after years of blindness and he hung up the cane. When he first came to me, his prognosis was poor and he was not given long to live. He ended up living well over a year beyond the original prognosis. He regrew his hair, his pain went into remission and the tumor stopped growing. He visited Alaska and, with the return of his sight, he achieved one of his greatest dreams of seeing an eagle in nature. Not

only did he see an eagle, he drew a picture of the one he saw and gave it to me as a gift.

From this experience, I never turn away terminal cases. I never turn down the opportunity to learn or to beat the odds.

Case Studies

With this as my pledge to my patients, I recently received two referrals that were told they had grave and terminal disease. One case had already been referred to Hospice. The one patient was a four-year-old boy with a terminal form of Tay-Sachs disease. For those of you who are not familiar with the condition, it is a genetic disease. It occurs when a harmful amount of ganglioside accumulate in the brain and the nervous system. It has an increased prevalence in Ashkenazi Jews, French Canadians and occasionally in Louisianan Cajuns.

Once the young patient was diagnosed with the genetic markers, the parents were told to "go home and prepare". That was all the managed-care hospital would tell them and no attempt on the parent's part to discuss other factors was entertained. There were two specific factors that made the Tay-Sachs diagnosis suspect. One was that the boy and his family had an Asian-Pacific heritage. Another factor was the genetic work up showed it was an "unusual genetic variant" of Tay-Sachs. But no matter what the parents said, they were denied further consults or diagnostics to look for other conditions.

When I first saw the child, he was unable to walk without help, he had no speech, his fingers and toes were contracted like claws and he was very sick with a flu which was being treated by the hospital. Not being smart enough to agree with the diagnosis, I began to look under all the rocks, I called the genetics lab, I discussed the odd language of the report "genetic variant" and

Results: Tay-Sachs Disease	
STRESSORS OUT OF RANGE:	
-18.45	beta-n acetylhexosam
-16.30	ganglioside GM2
-15.10	chromosome 15
-14.32	lysosome
STRESSORS IN RANGE:	
-5.38	ganglioside
-2.63	lysosomal storage disease
-1.32	pan encephalitis
-1.29	neuronal
0.00	hexosaminidase A
0.00	sialidase
0.00	gm2a
1.16	GM2

I began to comb the literature.

I also used my new technology and conducted biosurveys relating to every possible cause for this condition, its diagnosis and symptomatology. I developed a complete array library of all the known chemistry of Tay-Sachs. I concluded there were a few signs of the Tay-Sachs and apparently enough to sway the genetic testing, but I was still not satisfied that the prognosis and diagnosis were correct.

I performed multiple biosurveys, looking for clues that would point me to possible causes for these symptoms. I finally ran a Lyme array and sure enough, there it was: a *Borrelia Lysate IgM*. I then scanned the parents and, sure enough, it showed on both of them as well.

As you review the biosurveys' results below, you will see there are markers, for the Tay-Sachs which do show significant responses to chromosome abnormalities and the GM2 markers but there are

other markers that are non-responsive and considered in-range.

When you review the results of the biosurvey below, you will see that indeed he has a more significant response to the Lyme marker than he does a Tay-Sachs marker. The biosurvey is not a diagnosis; it's more like a bio health history filled out by the body. Its value is to guide the practitioners in making better decisions and using the computerized arrays to look at large libraries of data. Once I saw these results, I ordered the IGeneX Lyme Panel, which came back positive. My subsequent diagnosis was genetic Lyme disease and, yes, there were Tay-Sachs findings, but there are many carriers of Tay-Sachs who do not die.

Once treatment was begun, the child returned in two weeks and was able to grip my fingers because the clawing hands and fingers had normalized, although his feet were not normal yet.

My next such case was

a middle-aged golf instructor who had been given a tentative diagnosis of Shy-Drager Syndrome, a degenerative neurological condition also referred to as Multiple System Atrophy (MSA). I immediately began to look for the chemicals a golf instructor could be exposed to every day. Next, I looked at the neuro-degenerative evidence. These were both dead ends. I then turned to him and asked, "Have you ever been bitten by a tick?" He said, "Why yes, I had been and all the tests for Lyme were negative". I did a Lyme biosurvey anyway and he was correct that there were no Lyme responses of significance. (See scan below).

Earlier this year, I had 4 cases of African tick fever (*Rickettsia*) which were baffling a Florida ER until I scanned the patients and consulted with an expert in South Africa where the patients had visited. With this experience, I felt there are so many other

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Results: Coinfections			
STRESSORS OUT OF RANGE:			
-12.69	Coinfections		
12.57	Lyme Bug Mix		
12.72	Lyme with Spirochetes		
13.33	Babesia		
37.88	Borrelia Lysate IgM		
STRESSORS IN RANGE:			
-9.79	Lyme IL 10 Medium	0.71	Burgdorferi Lysate IgG
-4.62	Ehlichia	0.76	Babesia IgM
-2.00	Lyme Vaccine	2.92	Bartonella IgM
-1.46	Lyme Arthritis	2.96	Lyme Antibody
-0.70	Lyme Pathogens	5.21	TNF-A Lyme Antigen(A+B)
0.00	Lyme Mix	5.26	Lyme Borreliosis
0.00	Lyme TNF-A Medium	6.08	LFA IgM
0.70	Lyme Neurotoxin	8.31	Lyme Tick
0.70	Lyme IL10 Antigen (A+B)	10.57	Bartonella

Healthcare Choices Paving the Way For Physicians and Patients

An Interview with Sandy Yozipovic



by Tina J. Garcia

Tina: Sandy, your story is inspirational - suffering from one disease after another - and then your transformation into an advocate for choice in healthcare. Will you please share with us the difficult road you have traveled in reaching your final destination as a patient advocate?

Sandy: Well, sure, but my story is a bit crazy. You see, I had never been sick a day in my life until I was sixteen years of age. I was very active in sports as a state badminton champion and a cross country runner and was busy all the time. The first bout of illness was when I experienced acute muscle spasms that laid me up in the hospital for three days. They just came out of nowhere, and soon afterward, I recovered, but that was the first and only time I was sick when I was younger.

Then, at age twenty-one, I was stricken with a rare illness called Guillain-Barre Syndrome. This Syndrome paralyzes all the muscles in your body. In less than two weeks, nearly my whole body and half of my face were paralyzed. For eight and a half months, I was diagnosed with a severe, acute form of Multiple Sclerosis. That was devastating for a twenty-one year old, who thought she had the world by the tail.

I said, "What do you mean, I'm gonna' be a quadriplegic the rest of my life?"

I only had use of half of my face and mouth with one eye paralyzed open. I never had to have the tracheotomy, because the paralysis had been a compression from the head down and the feet up. Fortunately, the paralysis stopped at my lungs and my heart. But let me tell you, it was the scariest time of my life.

I had three relapses in my first year, and it took about a year and a half of major physiotherapy to learn how to talk, walk and balance, chew and swallow, sit up and go down the stairs. With Guillain-Barre Syndrome, you lose your sight, taste and sense of touch. I still don't have hot and cold sensations in my hands and feet from that disease. Then, as suddenly as it appeared, I recovered as if nothing had happened, except that it left my immune system impaired.

From 1983 to 1985, when I had GBS, they found no cause and knew no cure for it. The same was true for MS back

then. My mom did research, but there was very little on these conditions. So, how do you handle this rare disease that afflicts 1 in 100,000? Some patients recover to a degree and some don't. For me, it just took time.

At the time, for treatment, they were using steroids and I think daily blood transfusions with dialysis. I opted not to do any treatment, because there was no screening for HIV. I figured time would take care of it, and it did prove to be a day-by-day recovery. The mental attitude was the hardest, but I looked at every day that I was alive as a gain. Little by little, I was able to swallow and form words again, progress from eating Jell-O to eating rice and so forth. My body needed time to heal itself until I regained full function.

I also had intense head pain and was given strong medication for severe arthritis. I didn't like the medication, because it altered my thinking. I realized I didn't want to be on mood-altering drugs. After I recovered from that, I was told I would not be able to have children. But two years later, I met my husband, Mark, we got married, and even though I was high risk, I gave birth to my son, Cody. During my pregnancies, I experienced Guillain-Barre symptoms again, and the same thing happened when I had my second child, Christie. After my daughter was born, the neurologist and the obstetrician said it wasn't a good idea for me to have any more babies.

In 1999, I had severe headaches again. They were just like the headaches I had when I got GBS. I'll never forget when I went to Mayo Clinic and the doctors said they had never seen anything like it. I was in fetal position from the severe pain, a pain that made me black out. I'd be standing up one moment and then I would be on the floor. My little five-year-old girl, rubbing my head would say, "It's gonna' be alright, Mama." And my son who was ten asked, "Do I need to call 911?" This happened for about a week, and the doctors didn't know what the heck was going on. Thankfully, they gave me some medication that helped.

Then, to top it off, at age thirty-nine, I was diagnosed with end-stage colon cancer. I was getting treated through the Mayo Clinic. I had emergency surgery to remove a tumor the size of my fist that was doubling in size every twenty-four to forty-eight hours. I also went for a second opinion at Sloan-Kettering in New York City, and they gave me a twenty percent chance of survival, due to the aggressiveness of my cancer.

The cancer had spread quickly. On the Friday before

my surgery, I was stage three and four days later I was stage four. It had already metastasized and was going toward the major organs. I'm so lucky it didn't. The emergency surgery was performed on the morning of September 11, 2001. In fact, all surgeries in that hospital were stopped that day, due to the events of 9/11, all surgeries except for mine.

After that, my husband went into research mode and found that the traditional chemo and radiation were not the only treatment options that were available. You see, after all these millions upon millions of dollars that have been raised for cancer research, cancer cure and racing for the cure that has been going on for the last forty years, they still have only two options - chemotherapy and radiation.

The day I was discharged from the hospital after the surgery, Mark had been on the computer researching and talking to some other people and just happened to find a naturopathic doctor here in Phoenix. This physician said that he couldn't help me, but

out of pocket. This made the decision that much harder. At the time, even though my surgery and the six-month, follow-up protocol of chemo and radiation therapy were covered at eighty percent, our portion was still a whopping \$120,000. So, even though we had money at the time, because of the medical costs we were already paying for, we really couldn't afford the new therapy. So, what it boils down to is that you can't afford to get sick in this country.

However, I decided to try the new cancer center and went to Envita for treatment with Vitamin C and ozone therapy, and really focused on the nutrition aspect of it, which is the key. But then there's also the attitude. And I really think it's the attitude first, and then the nutrition and then whatever other treatments are going to be a powerful combination in fighting off disease.

I'm forty-seven years old now, but when I had the cancer I was thirty-nine. Since the Guillain-Barre Syndrome, my body had been able to fight off disease. So why did it give in when I was thirty-nine? What made the difference? Well, I think it was lifestyle, nutrition and stress. Those are the big factors to disease in the body. I was off balance. I was running a business with my husband and raising two kids. It was just that I'm an A-type personality and it caught up with me.

I never made myself a priority, because I'm a giver. Everybody else seemed to come first and then I took the leftovers. I learned that we can't do that for longevity. You've really got to find that balance. So, I had stopped the chemo and the radiation after four months, because my white blood count went to 1.6. They stop administering chemo at 3.4, so I was below the danger point. I don't think another two months of chemo would have been effective anyway.

So, I continued with only the advanced natural treatments at Envita to fight my cancer. I felt good, and I didn't look like a cancer patient. I didn't look sick and I had energy. And I had hope! I began questioning why we don't have the option of both traditional and integrative therapies, using the most advanced natural therapies in the world. These are therapies that the body can handle. They don't chemically alter the body in any way. They give the body what it's lacking in order to fight the disease. This made so much sense to me.

Then at Envita, a new Chief Medical Director, Dr. David Korn, joined Envita's team of doctors. He reviewed my case and noted the Guillain-Barre Syndrome, the headaches and the colon cancer. He want-

ed to test me for Lyme disease. I agreed, because I grew up on a farm, and we were always picking ticks off of our dogs and horses. Sure enough, last year I tested positive for Lyme disease and Bartonella. Dr. Korn related all of these health issues to Lyme disease. It took me twenty-five years to be diagnosed properly! As you know, Lyme disease has been linked to ALS, MS, Parkinson's and arthritis. It all makes sense to me now. At this point, I'm an advocate for Lyme and a poster child for several diseases.

The other life-changing experience for me was when a family came to Envita. They had heard about my story, and the mom and dad brought their fourteen-year-old son to the clinic. We got to know them quite well and became very close. Their son was an athlete, and his goal was to become a football player. Unfortunately, he had bone cancer in his knee, and his doctors in Wisconsin wanted to amputate his leg. That was their solution for beating the cancer. That's because they don't have anything outside of surgery, chemo and radiation to stop it.

However, when you understand the natural side of medicine, you can see that those treatments are limited. So the boy started the treatments at Envita, and after two weeks, the swelling in his knee went down and the pain went away. I'll never forget getting ready one morning to go to Envita to get a treatment, and I got a call from the father. He said that he just got a call from the doctor in Wisconsin. The father told me, "We have twenty-four hours to bring our son back to Wisconsin or our five other children will be taken to Child Protective Services, along with our son, and we're going to be taken to jail. They're meeting us at the tarmac."

I'm like, "What???" I said, "Why?" He said, "We missed our pre-op appointment to amputate his leg, because we were here and we got so excited with the results of the treatments. We wanted to see how far these treatments could go to maybe get rid of the cancer."

I said, "But you can't leave! The treatments are working!" The father said, "We have to leave. We only have twenty-four hours." So, I called the doctors at Envita, and they said, "Sandy, it's the law." I did not know that children under the age of eighteen had no rights or say in their healthcare, or in choosing what options to fight their disease. Nor do their parents. That's why you saw this young boy all over the national news recently. People are wondering whether this mom is being bad. No, she's not a bad mom. He's already done rounds of chemo, and she knows it's not good for him. It's hurting him, and maybe there is another way. Maybe they just need to work with both ways.

You see, the traditional side is not open to working
"Choices" ...cont'd pg 13

I did not know that children under the age of eighteen had no rights or say in their healthcare, or in choosing what options to fight their disease. Nor do their parents.

recommended we talk to a new, young, up-and-coming doctor who was opening a new facility called Envita Medical Centers of America. The naturopathic doctor said that Envita was on the cutting edge, because they were bringing all the top therapies under one roof to battle all types of disease, but particularly cancer.

Let me explain a bit about chemo and radiation. The chemo and the radiation break down the immune system, so the treatments can get rid of the cancer and the toxins. But you really have to build your immune system, so when those cells are coming back and reproducing every twenty-four to forty-eight hours, they're coming back stronger each time. This concept made so much sense to Mark. So, Mark actually talked me into it, because I was in a fog not knowing what I was going to do. When I was faced with this situation, not knowing how long I had to live, it was a dilemma wondering whether this new approach would work.

The treatment at Envita was not covered by insurance and was going to cost us money

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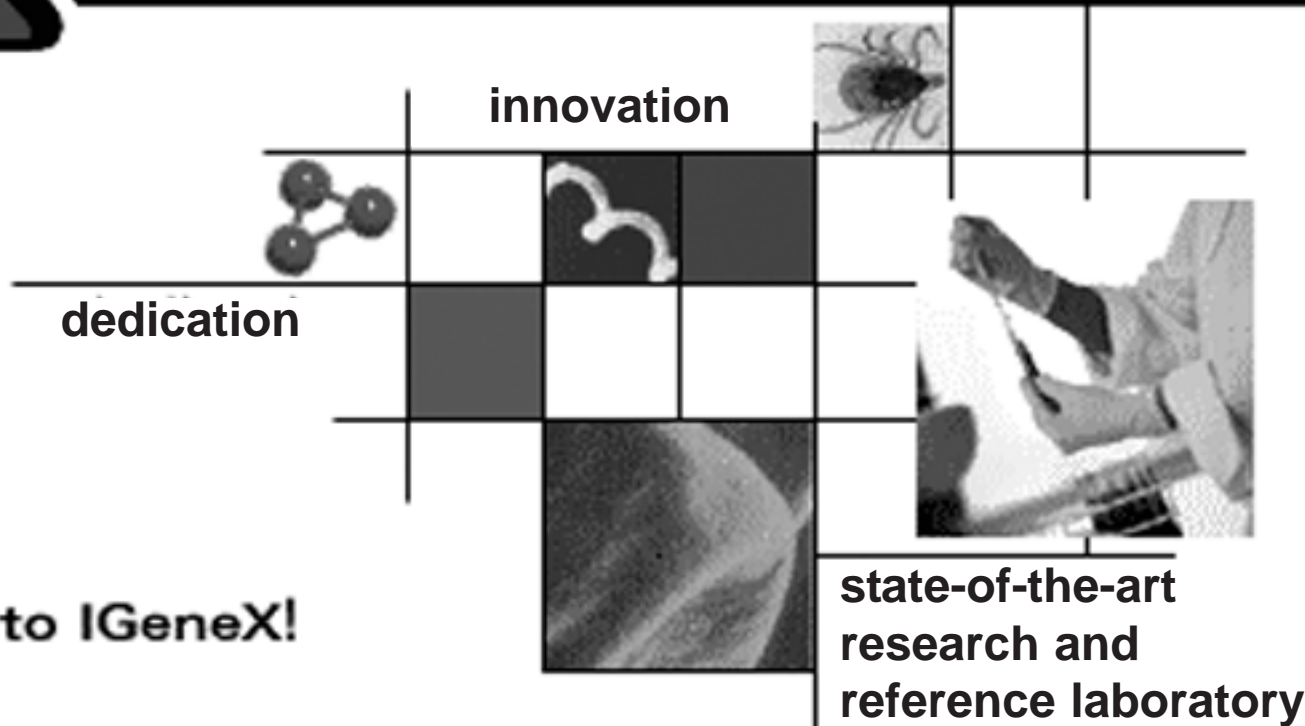
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Jemsek's Daughter Fights a Battle for Her Life

PLEASE HELP A CHILD IN NEED

Dear Friends,

Dr. Jemsek of Jemsek Specialty Clinic in South Carolina has helped thousands of HIV/AIDS and Lyme patients all over the world for decades, and now his family needs our help.

Dr. Jemsek's daughter Jordan, age 5, was recently diagnosed with Acute Myeloid Leukemia, (AML), a rare form of leukemia that strikes only about 500 children a year. She is undergoing chemotherapy in Charlotte, North Carolina and is doing well considering her age. Only a week prior, Dr. Jemsek's wife Kay was also diagnosed with breast cancer. Friends and family are helping them through this difficult time but the financial burdens will be tremendous. To help defray some of these expenses, here are three ways to help support the family:

1.) Purchase a special children's coloring book available after 10/15/09 that has been custom-made for Jordan and all children dealing with serious illness. The book is titled "Jordan and the Naughty Camels". This original book was written and illustrated by, and will be available through author and Lyme patient PJ Langhoff. Funds from book sales will be donated directly to the family. Please visit the web site for more info at: www.allegorypress.com for details on how to purchase this adorable

coloring book for kids of all ages. The immediate family does not know about the book yet, so please keep this fact secret until the book is available.

2.) Monetary donations are being accepted. Please make check out to "Dr. Joseph Jemsek".

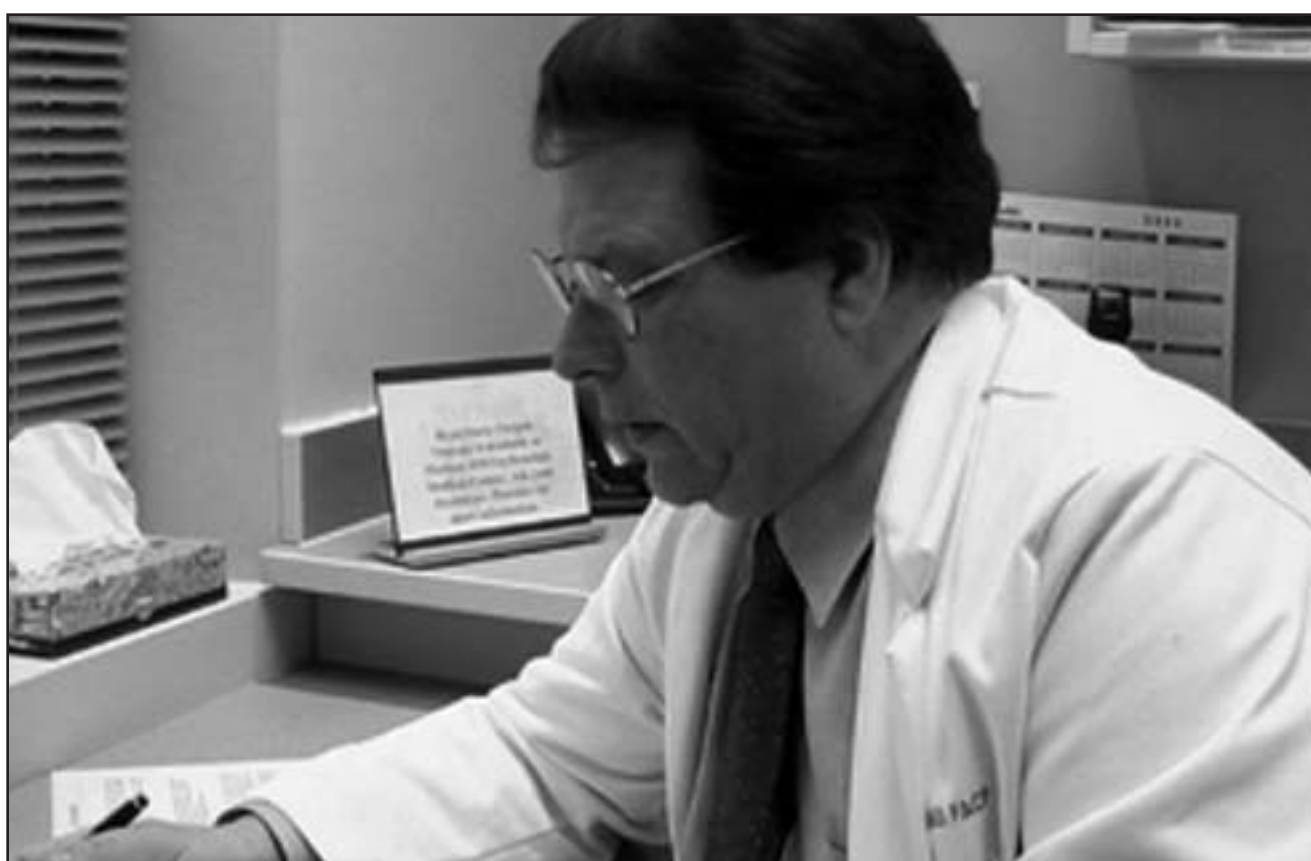
Checks may be mailed to: Allegory Press LLC PO Box 444 Hustisford, WI 53034.

There will be a link at www.allegorypress.com for tax deductible credit card donations.

3.) Jordan's cousin Elizabeth has established a web site for people to visit to send words of encouragement and to read Jordan's progress and see photographs of the family. The CaringBridge website may be visited here: www.caringbridge.org/visit/jordanjemsek or go to www.caringbridge.org and enter the website name "jordanjemsek" When you visit you'll be asked to log in, because the site is private. Feel free to leave a note in the guestbook or sign up for e-mail notifications and progress reports. There is an opportunity also to donate to the hospital, which will benefit all patients there.

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Sweet Fire

A DVD Presentation by Mary Tuscano, CNE



by Marjorie Tietjen

Most people are aware that consuming too much sugar is not healthy for the human body. Mainstream nutritional educators tell us that this is because a diet high in sugar displaces the important foods we should be eating. While this statement is certainly true, it is only the tip of the iceberg.

I was recently given the opportunity to view the DVD *Sweet Fire* written and presented by Mary Tuscano. I was very impressed by the content and clarity of this very informative lecture. This film is suitable for any age group. The information given is very understandable and is shared in a humorous and non-judgmental fashion.

Mary Tuscano became interested in nutrition due to her own experiences with fluctuating blood sugar levels and fatigue.

She felt she was too young to feel so old. Mary became a certified nutrition educator and now shares her experiences and knowledge with others.

Tuscano's DVD thoroughly discusses the different forms of sugar, the numerous foods it is found in and how much sugar is in each food. Mary goes over the typical foods that people consume in a day and physically shows us how they are not as healthy as we may have thought. She does this by adding up the sugar amounts on the labels of these foods and pouring this actual amount of sugar into clear containers so we can get a visual impression of the stress we are placing on our bodies. Tuscano makes the point that sugar, not healthy fats, is the main culprit concerning heart disease and backs up what she says with scientific facts.

Using entertaining props, Mary painlessly discusses the chemistry of sugar and the way it reacts in our bodies. She explains the crucial differences between healthy complex sugars or carbohydrates and their unhealthy refined form. Mary gives the following example....The glucose you get from broccoli is the same glucose that you get from candy. However, broccoli is a whole food with fiber and enzymes, which help to digest it. When you eat candy, it comes with nothing. When eating candy, you actually deplete your vita-

min stores while the body works harder to digest this unnatural food. Vitamins and minerals are drawn from the body to aide in digestion and assimilation and leaves you with a negative balance in your body's bank account. Instead of saying that a junk food has empty calories, Tuscano goes further and calls them "take away calories".

Through audience participation, Tuscano helps listeners to understand the importance of the rate at which sugar is absorbed into the bloodstream. The measure of this rate of absorption is called the glycemic index. Mary explains why it is so important that we eat foods which are on the lower end of the glycemic index. The foods on the lower end of this index are absorbed into the body more slowly and evenly, producing much less strain on the body than foods which are on the higher end of the glycemic index. The latter foods are absorbed into the bloodstream too quickly, causing repeated shock to our digestive organs and eventually wearing them out. It's simple... when they get tired, we get tired. This can negatively affect our energy levels, our mental state and many other physiological processes of the body. Some of the end results of this process are diabetes and hypoglycemia. These subjects are also covered in the video.

Tuscano realizes that it



is very difficult, if not impossible, to totally change your diet overnight. Her motto is....the more good foods you keep adding to your diet, the more the bad foods will fall away. Returning to a more healthy and natural way of eating does not have to be a struggle. I am currently going through this process and am finding that it can be a very exciting time of experimentation and discovery.

Sweet Fire is a video I would recommend to anyone. The information it contains is extremely useful for people wanting to lose weight, improve their moods and energy levels and for anyone who wants to help prevent degenerative disease. I would think that should include just about everyone.

pha

NATIONAL SUPPORT GROUPS

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www.nationalmssociety.org/alc

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Lyme Disease Support Arizona

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Tina J. Garcia
Lyme Education Awareness
http://www.leaparizona.com
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website: www.lymedisease.org
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Colorado

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Connecticut

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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
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ticktalk2@mchsi.com

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Contact Kathleen at (864) 704-2522
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214-749-2845

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Contact: Teresa Lucher
lucher@sbcglobal.net

League City/ ClearLake & NASA Area

Sandra Mannelli
smannelli@comcast.net

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Alexis Benkowski
WA-Lyme-owner@yahoogroups.com

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

Western Wisconsin Lyme Action Group

Marina Andrews
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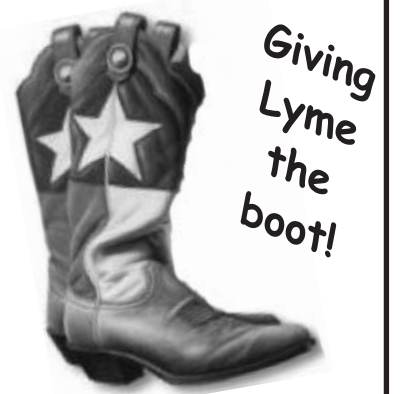


Military Lyme Disease Support

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

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

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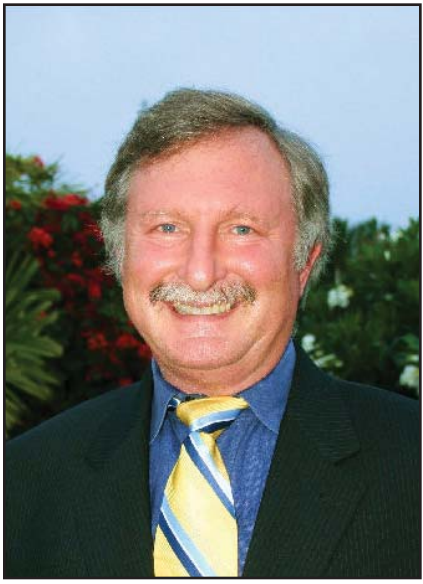
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Six Medical Myths Busted!



by Dr. Jacob Teitelbaum, MD

The truth? Do the things that feel good, and you may live longer!

When making the choices needed to optimize health, it is critical to have accurate information. Otherwise, our diet and lifestyle sacrifices, for which we sometimes give up things we enjoy, may kill us instead of helping.

Because of this, I would like to look at common, and simply wrong, medical myths about things we avoid for our health, and then let's look at what the science really shows. Along the way, you may find you get to enjoy your pleasures again — guilt free!

Let's examine 6 medical myths, along with my "bust" for each of them!

Medical Myth 1: Skinny People Live Longer

Being overweight won't kill you — it may even help you live longer. That's the latest from a study that analyzed data on 11,326 Canadian adults ages

25 and older who were followed over a 12-year period. The report, published online last week in the journal *Obesity*, found that, overall, people who were overweight but not obese were actually less likely to die than people of normal weight. By contrast, people who were underweight were more likely to die than those of average weight. Their risk of dying was 73% higher than that of normal weight people, while the risk of dying for those who were overweight was 17% lower than for people of normal weight. The finding adds to a simmering scientific controversy over the optimal weight for adults.

Medical Myth 2: Salt is Bad for You

That myth has been well busted. Repeated studies show that people with higher salt intakes live longer.

Medical Myth 3: Oily Food is Bad for You

This depends on the kind of fat. Trans fats (added to many processed foods — especially margarine, which was touted as more "heart healthy" than butter) is a major killer. Butter is much healthier.

Fish oil is especially healthy. Fish oil deficiency is the 6th leading cause of death in the U.S.

Omega-3 deficiency is the sixth biggest killer of Americans and more deadly than excess trans fat intake, according to a new study. The Harvard University researchers looked at 12 dietary, lifestyle

and metabolic risk factors such as tobacco smoking and high blood pressure and used a mathematical model to determine how many fatalities could have been prevented if better practices had been observed. The study, jointly funded by the Centers for Disease Control and Prevention (CDC) through the Association of Schools of Public Health, drew on 2005 data from the U.S. National Health Center for Health Statistics. They determined that there were 72,000-96,000 preventable deaths each year due to omega-3 deficiency, compared to 63,000-97,000 for high trans fat intake.

Medical Myth 4: Eggs Raise Cholesterol and are Bad for You

Over 6 studies (at my last count) showed that eating 6 eggs a day for 6 weeks had no significant effect on cholesterol levels. Meanwhile, eggs are the best (most complete) protein source available — short of being a cannibal and eating other people!

Medical Myth 5: Chocolate is Bad

Dark chocolate has been shown to be high in antioxidants and offers numerous health benefits. Simply enjoy it in moderation.

Medical Myth 6 (the Most Deadly Myth): Avoid Sunshine

This especially dangerous piece of medical mal-advice is causing an epidemic



of vitamin D deficiency, and is estimated to be causing 85,000 excess cancer deaths a year in the U.S. Vitamin D deficiency also contributes to obesity, and numerous other medical problems. The proper advice? Avoid sunburn, not sunshine!

The Overriding Fallacy?

The great fallacy is that things that make you feel good are bad for you. I suspect it is quite the opposite, and that

these are the things that are GOOD for you! Listen to your body, and see how you feel overall with different pleasures. If they leave you feeling better overall long term, I suspect that odds are they are beneficial. I trust what our body and feelings tell us much more than the busted myths put out by our usually well meaning, but our often wrong, medical system.

pha

All-Overish-Ness



by Dr. Virginia Sherr, MD

Dad lay in bed or was propped up in a chair. He walked in great pain, feebly, and only with assistance. Everyone said that's what happens when you get to be 99 years old. But I could not understand it. For 90 of those years, he was vital, vigorous - a determined biologist and active gardener. I thought that surely something specific must account for his symptoms and his suddenly appearing to have given up.

Not depressed a day of his very zestful life, the change in him impelled me to search for an unrecognized melancholia. He wouldn't have any of it:

"It's the All-overish-ness, Virginia, the All-overish-ness."

A cadre of medical specialists thought his might be a case of polymyalgia rheumatica

but the usual blood work was normal. With a sense of finality he insisted that I be satisfied with his version of a diagnosis whenever I asked him what was wrong. He always spoke as if I, a physician, certainly should understand as meaningful, this obvious, accurate label. At that time I could not; 10 years later I believe I do understand because I have experienced the all-overish-ness, myself.

Checked out again by a battery of medical specialists as he approached the century mark, there were no logical answers to the question of Dad's diagnosis. He was pronounced a remarkably healthy male with normal blood pressure, no major cardiac problems and looking especially good for his age. He made it to the century mark and beyond by nearly a year. Those last 10 years were a nightmare for him, however, because of pains that relentlessly incapacitated him.

A man who was raised never to acknowledge any discomfort, he eventually screamed with pain at every attempt to move or to be moved. It also was heart rendering to his family and to his attendants.

Ticks are a part of the way of life for people who live on the rural Eastern Shore of Maryland. And he was a biologist; ticks are considered by biologists and birders there to be common occupational nuisances. He picked them off



himself without a thought. One dog belonging to the family had a known total of 300 ticks on him when my sister undertook the task of counting them.

I remember the first time after 1991 when Dad died that I thought about the all-overish-ness syndrome again. I had been sure that the new mattress that my husband and I had purchased was defective. It was so firm, I thought, that it made my hips ache. But when the aching spread to my hands and to my ankles, it became more difficult to blame the mattress.

Soon after that, as I hurried to get my purse to pay a delivery man, I suddenly collapsed on the steps leading upstairs. The doctor who I con-

sulted then for weakness and joint pains tried to reassure me that my lab work generally was OK and I looked just fine for my age. I thought, "I have heard this somewhere before and I know this drill!" But I never knew another name for it until an additional 6 years had come and gone. That was when my new family doctor recognized the symptoms and applied a scientific label to my version of Dad's excellent clinical description, "the all-overish-ness". Of course, that syndrome was in him more than likely the same syndrome that later developed in me.

My doctor identified it as chronic Lyme, co-infective with other tick-borne diseases,

verified many months into treatment with positive borrelia and babesia DNA testing.

Dr. John Drulle wrote in 1991: "Polymyalgia rheumatica (PMR) is a common disease of elderly people characterized by pain and stiffness in the muscles of the upper arms and legs, fevers, malaise and weight loss... In classic form, the cause of the condition is unknown... I have personally seen three cases of Lyme-induced PMR..."

Polymyalgia rheumatica sounds a lot like "chronic Lyme all-overish-ness" to me. However, I may rename it for myself. It could just as well be called chronic "overall-ish-ness" - tyrant that it is. pha

“Choices” ...cont'd from pg 7

with both, and that's unfortunate, because the advanced natural medical side is willing to work with both treatments. The natural docs know it needs to be a partnership.

So, the family went back, and Child Protective Services met them at the airport. They interviewed all of the kids and the grandparents to see that the grandparents were fit to care for the family. The parents talked to CPS and calmed them down. The parents took their son, who had cancer, to the surgeon and the mom talked the surgeon into trying to save her son's leg, if at all possible.

They told the surgeon, "We don't want him to lose his leg; he needs his leg." When they went into surgery, the cancer that had surrounded his femur and his knee was completely dead. The tissue was dead. The cancer was gone. So, all they had to do was remove the muscle tissue where the cancer was, so he didn't lose his leg after all. It just looked like he had a big shark bite.

Here's where the kicker was that I couldn't stand. We knew the Envita treatments worked. We knew that kids respond so well to integrative medicine. When you combine the use of high-dose vitamin C, ozone therapy and the right nutrition, you stack the odds in your favor. This family was so excited, because at first, their son was not given a good prognosis. What they were told was

that, because their son who was under eighteen had been diagnosed with this type of cancer, he had to do six months of chemotherapy, which was the standard protocol. He was not allowed to come back to Envita. He had to do the six months of chemo.

That six months of chemotherapy crushed him. He hated it, he didn't want it and it wasn't necessary. Every chance he got when he was on spring or summer break, whenever his parents could scrape the money together, he would come to Envita for treatments. The grandma came out with him, his grandfather and his sisters also came out and stayed to help him. Mark and I also gave him a place to stay at our house, so I could take care of him. He could not come back to Envita until he turned eighteen.

We did whatever we could to get him his treatments. And we did it in a hush-hush manner, because we knew it was working. That six months of chemotherapy was a big problem for him. You see, what most people don't know, is that up to eighty percent of the kids who take that type of chemo for childhood cancers have it return as a form of lung cancer.

He made it until he was nineteen years old, but he passed away in September of 2008 from lung cancer. His bone cancer never returned. It was the side effects of taking

the six months of chemotherapy that caused the lung cancer. We believe Envita Medical Center was able to give him five more years, and he was golfing right up until two months before he passed away. He was playing football. He was an inspiration and never wavered in his faith or hope.

So, in 2005, we started the Fullness of Life Foundation to help relieve the financial burden for these families, so that they could have their kids treated and we could supplement the costs of that. We believe that every child deserves the right to receive complementary medicine or integrative medicine that's going to help stack the odds in their favor. We believe that the more survivors we have, the stronger our voice becomes, because this is the medicine of the future. This is the way healthcare should be. It shouldn't be just one kind of treatment, with everyone close-minded, because the pharmaceutical companies have a monopoly on treating diseases. It shouldn't be about that.

Why do we have so much disease today? Look at our nutrition and diet. Look at how North Americans live today. We have a completely different diet than any other continent. The reason disease is on the rise is because of our diet. It starts with that. Our attitude toward health plays a big part, too. In this society, we think we can take a pill and

the pill is going to fix everything. People want a one-pill-fix-all, but our bodies are not designed for that. Any chemical you put into your body causes a reaction, a chemical upset or imbalance somewhere else, and the body has to readjust. It might prevent or get rid of some of the symptoms, but it doesn't get to the cause.

That's why it's so important to get into the cellular level of the immune system. We need to adjust and manipulate the immune system, so it can function as it should, by giving it the right nutrition, by giving it the right supplements and by giving it the right enzymes and nutrients. In this way, it can thrive and survive and run at its peak capacity throughout your life.

So, that's why we started the Foundation, and already we have had several children under our wings the last few years. We had a girl who came to us at age fourteen. She came from hospice care, and before Christmas, was given only a few months to live, if that. Her mother brought her to one of our big fundraising events and learned about the Fullness of Life Foundation. Now, she's a part of the Fullness Family.

She has been fighting brain tumors since she was eleven months old. To this day, last January 2008, after having an MRI, she has no more brain tumors. She is completely cancer free. That's why we are here to prove that you need

both traditional and integrative medicine. We usually get the kids after traditional medicine says there's nothing more they can do for them. They don't have enough weapons in their arsenal. Traditional practitioners think integrative medicine is quackery; they just don't realize that integrative medicine works.

pha

Part 2 of this article will be in the next issue of the PHA!

Tina J. Garcia, was selected to testify at the Infectious Diseases Society of America (IDSA) 2006 Lyme Disease Practice Guidelines Review Panel Hearing on Thursday, July 30, 2009 in Washington, DC.

Tina is the founder of L.E.A.P. Arizona (Lyme Education Awareness Program). Tina has been a Lyme patient for more than ten (10) years and a patient advocate since 2005.



“Marshall Protocol” ...cont'd from pg 3

improvement in areas where rife machine therapy lagged. The longer I researched, used myself as a guinea pig, and consulted with various patients and practitioners, the more obvious it became that the Marshall Protocol would play an important role in Lyme Disease recovery. As mentioned, it addresses an aspect of the Lyme Disease complex that, quite simply, no other treatment, supplement, or protocol can impact.

Those who use rife machines to fight Lyme Disease will be excited to find out that the Marshall Protocol appears to be compatible with rife machine therapy. More than compatible, actually. Each therapy compensates for weaknesses in the other. Because the method of action of the two therapies is entirely different, it is not redundant to use both during the course of a Lyme Disease treatment campaign. The therapies work together to accelerate the healing process.

The answer to many incurable, idiopathic diseases

The benefit provided by the Marshall Protocol does not stop with Lyme Disease. Thousands of actual patients with real medical conditions ranging from fibromyalgia and chronic fatigue syndrome to arthritis and obsessive-compulsive disorder have regained their health by using the Marshall Protocol. Their stories are very instructive. To communicate with thousands of Marshall Protocol users visit the discussion forum located at

marshallprotocol.com.

The commonality which allows such differing illnesses to be treated successfully by the Marshall Protocol is their root cause: cell-wall-deficient bacteria. Visit www.marshallprotocol.com for a full list of conditions which may profit from the Marshall Protocol. Of course not all allegedly untreatable diseases are caused by cell-wall-deficient bacteria. Some such diseases may be caused by other pathogens or even problems like mercury poisoning and allergies.

However, a large number of serious diseases are caused (or at least contributed to) by cell-wall-deficient bacteria and will respond accordingly to the Marshall Protocol.

Modern conventional medicine does not test for cell-wall-deficient bacteria during the process of diagnosing diseases. Hence, there is a wide range of symptom presentations having these bacteria as a root cause which end up being diagnosed with nonsense disease labels such as "fibromyalgia," "chronic fatigue syndrome," or "depression." These disease labels (and many others like them) are flawed because they provide only a description of symptoms but absolutely no useful information about the cause of the problem. Such diseases are those known in the conventional medical community as "idiopathic." The word means "without known cause" but is really just a fancy way to say "we have no idea what is wrong with you." Diagnosing muscle pains with the label "fibromyalgia" is like diagnos-

ing a broken transmission in your car with the label "It Just Don't Work No More." Patients are told that there are no successful remedies for their diseases other than symptom-reducing, palliative treatments, because frankly, how could there be a successful remedy if no one knows what is causing the problem?

In many cases, the Marshall Protocol offers the only hope to people with idiopathic diseases, because the Marshall Protocol operates from a position of recognition and understanding of the actual problem, not just the symptoms.

While no one knows exactly how cell-wall-deficient bacteria infiltrate the body, or why some people are more susceptible to them than are others, open-minded scientists have long suspected their involvement in many health conditions deemed idiopathic. For example, consider autoimmunity, which is often alleged as the cause of diseases like those mentioned in the above paragraphs. Defined as an attack on the human body by its own immune system, autoimmunity itself has been hypothesized to be triggered by stealth pathogens (like cell-wall-deficient bacteria) which short circuit and confuse the immune system to the point of self-attack. It has been hypothesized that such stealth bacteria could hide away in host tissues, leading the immune system to mistake healthy, host tissues for the invading bacteria. The Marshall Protocol has helped to confirm this hypothesis; many

people with autoimmune disorders have gained significant improvement, or even complete recovery, via the protocol. People with so-called "autoimmunity" are actually getting better when they are treated for stealth bacterial infections.

It may be difficult to understand and accept that cell-wall-deficient bacteria can cause diseases with so many diverse symptoms and presentations-from musculoskeletal disorders to mental disorders. The following three points help to explain why many diseases, commonly believed to be unrelated, can all be caused by cell-wall-deficient bacteria:

As a result of varying genetics, environmental factors, and other variables, illness will manifest differently in different individuals, leading to unrelated diagnoses despite analogous causes.

Many, possibly thousands, of different species of cell-wall-deficient bacteria exist, each having unique deleterious effects, leading to varied presentation of disease.

Cell-wall-deficient bacteria are capable of infecting every major organ and system in the body; the syndrome or disease label someone ends up with often depends on where a cell-wall-deficient bacterium establishes infection.

An analogy will further clarify how different diseases and different symptoms can have the same root cause:

Allergies. Many people are allergic to pollen, yet allergic reactions vary greatly; some people get runny noses, others get asthma, some get red, itchy

eyes. Some allergic reactions are only an uncomfortable nuisance, while others are life-threatening. In the same way, people react to infection by cell-wall-deficient bacteria differently-some moderately, some severely, typically all with symptoms that share some aspects in common but still vary wildly, as is the case with most idiopathic diseases. An interesting side note: many diseases which are caused by cell-wall-deficient bacteria result in part from allergic reactions to their bacterial toxins.

The bottom line is simply that many diverse diseases share the root cause of cell-wall-deficient bacteria. Because a multiplicity of conditions can be caused by cell-wall-deficient bacteria, the Marshall Protocol has applicability to many seemingly unrelated illnesses. If you or someone you know suffers from an unmitigated disease, it is possible that it is caused by stealth bacteria unrecognized by conventional medicine. You have everything to gain and nothing to lose by exploring what the Marshall Protocol offers.

Now we will examine what the Marshall Protocol is and how it works. First we will look at the general principles and discoveries on which the protocol is based, and then we will look at the actual treatments and lifestyle recommendations that comprise the protocol.

Stay tuned for parts 2 and 3 of this article series! More information about the Marshall Protocol next month!

pha

“Technology” ... cont'd from pg 6

diseases carried by ticks that I decided to run an insect and tick disease array. I hit pay dirt!!!

The biosurvey for the golf instructor showed a significant response to the bio signature for Rickettsial disease. Again this input prompted me to order specific lab work from I GeneX and my suspicions were confirmed. There are other indicators as well which need follow up as the laboratory testing continues because disease is not always from one cause.

The above biosurvey did not show results which one might expect from a significant deterioration of brain tissue and, as a result, I moved on to explore Lyme disease as an option.

Nothing on the Lyme biosurvey above was significant although retesting was still a consideration if a more exacting cause was not indicated and confirmed.

My experiences earlier

with African tick fever (Rickettsia) prompted me to scan the biosurvey below and sure enough I found a significant marker to warrant the running of the Rickettsial IGeneX test which confirmed my suspicion. I had hit pay dirt!!!

The scan for the golf instructor clearly showed a Rickettsial disease which was confirmed with further testing at the IGeneX.

Conclusion and Comments

Today's doctors are over loaded with complex and chronic diseases to consider in their workup of a sick patient. Most physicians are very familiar with the patient who presents with a symptom or two, but today's complex cases may present with dozens of symptoms. Diagnosis of chronic disease is an incredible burden financially, physically and emotionally. Imagine the potential of technology to give one a view into the body to help fig-

ure out which tests to run and what diseases to follow up with further studies.

I have spent years developing test kits containing thousands of testers for conditions, metabolic pathways, laboratory tests, remedies and etc. My knowledge in this area has now resulted in the many disease arrays which, through this automated array panning technology, have allowed me to consider thousands of potential causes. I am now more specific and exacting in my selection of lab tests. Lab tests are often costly and time consuming so it is best to be correct in ones you select.

Remember this is not a diagnostic device but a tool where the body is asked a question via an electrical impulse and the resultant reaction is then recorded in a digital manner for review. The tests provide a guidance system for the doctor, giving him another set of eyes and ears. This information is to be combined with

other clinical data and other tests and tools to unwind the complexity of the case. This in turn leads to a confirmed objective diagnosis and a successful treatment plan.

These specialized devices are not to be used for diagnosis or even disease naming, yet with the more advanced arrays can be used to guide decision making by those physicians interested in getting to the bottom of the causal chain of illness.

At present, I see patients both in my San Diego Office and my Orange County office and remotely when necessary. I also consult throughout the world with doctors, often scanning their difficult cases looking for potential pathways to follow to resolve illness.

Interested parties can contact Dr. Watkinson at his Scripps Medical Offices in San Diego, California at 1-858-793-0211. *pha*

About the Author:

Dr. Tobin Watkinson has achieved degrees and certifications in Acupuncture, Clinical Nutrition, Thermography, Chiropractic and Experimental Psychology. Prior to his thirty three years in practice he worked in research on contract for the Aerospace Medicine Research Lab, as well as, the Life Sciences Directorate of the Aeronautics and Astronautics Division of MacDonnell Douglas Corporation.

Dr Watkinson has appeared on some 60 radio shows throughout the United States and New Zealand and has appeared on ABC and NBC television, as well as, several cable networks. He has over 70 titles of CDs and DVDs. He has authored over 20 articles, books and professional papers and has lectured at nearly 40 scientific conferences, seminars and meetings.

He is the past Vice President and President of the International and National Association of Clinical Nutritionists, past Vice President of the California Thermographic Society, past Program Chairmen of the Human Factors Society and sits on the Medical Advisory Board of at least four Foundations. Dr Watkinson holds patents in several areas of allergy and immunity and sits on the board of directors of two corporations and one Charitable Foundation.

Dr Watkinson has practiced for the past 33 years of which 16 years has been at the Scripps Medical Offices in San Diego California. Other offices have been in Santa Monica California, Orange County California, St. Louis Mo. and Escondido California.

Results: Lyme Disease

STRESSORS OUT OF RANGE:

Range: 7

-11.72 **Lyme Vaccine**

STRESSORS IN RANGE:

-5.26	Babesia	0.00	Lyme with Spirochetes
-5.24	Borrelia Lysate IgM	0.00	Lyme Borreliosis
-4.19	Babesia IgM	0.00	Lyme Arthrtis
-3.16	Bartonella	0.00	CD-57 Lymphocyte
-3.13	Bartonella IgM	1.05	Ehlichia
-2.16	Lyme IL 10 Medium	1.07	Lyme Pathogens
-2.16	Lyme IL10 Antigen (A+B)	1.09	Lyme TNF-A Medium
-2.10	Lyme Antibody	2.09	Coinfections
-1.10	TNF-A Lyme Antigen(A+B)	2.09	Ixodes Scapularis
-1.08	Lyme Neurotoxin	2.19	Lyme Tick
-1.06	Lyme Mix	3.17	Burgdorferi Lysate IgG
-1.05	LFA IgM	5.45	Lyme Bug Mix

Results Arthropodia/Insects K&T

STRESSORS OUT OF RANGE:

STRESSORS OUT OF RANGE: (Continued)

STRESSORS IN RANGE:

-77.25	Hymenolepis Diminuta	-7.33	Hemorrhagic Fever	-4.15	Powasson Encephalitis
-42.58	Gnathostoma Spinigerum.	-7.21	Wasps	-4.15	Myriapoda Mix
-36.92	Bedbugs	-7.04	Anthropada Mix	-3.96	Mosquitoes
-36.67	Dracunculus Mediensis	8.07	Midges	-3.17	A/I Row 2
-31.18	Colorado Tick Fever.	8.30	Mite Mix	-3.10	Black Widow
-30.70	Arachnida Mix	8.38	Spider Mix	0.00	Tick Mix.
-30.00	A/I Row 3	10.56	Deer Fly	0.00	Russ. S. S. Encephalitis
-29.12	American Spotted Fever	10.91	Fleas	0.00	Relapsing Fever
-23.78	Louping III	12.34	Mange Mites	0.00	Chiggers
-23.57	Kysaunur Forest Disease	15.17	Insecta Mix	0.00	Scabies
-19.82	Moth Larvae	20.56	Lepidoptera	0.00	Scorpions
-19.56	Brown Recluse	20.56	Lice	0.00	Tounge Worm
-15.60	Bees	27.08	A/I Row 4	0.00	Hymenoptera
-15.17	Crustachea Mix	29.33	Teste Flies	0.00	Trypanosoma Cruzei
-13.75	Tularemia	33.08	Beetles	3.28	A/I Row 1
-12.94	Cockroaches	35.20	Babesiosis	4.15	Q-Fever
-12.22	Sand Fly	44.00	Diphyllobothrium Latum	4.15	Red Bugs
-10.48	ECM	45.04	Caterpillars	4.15	Onychophora Mix
-10.31	Ants	46.13	Horse Flies	4.19	Lyme Arthritis
-8.22	Scrub Typhus	70.25	African Tick Fever		
-8.22	Stable Fly				

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