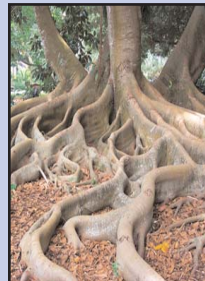


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Infectious Diseases Society of America Review Panel Issues Final Report on Lyme Disease Guidelines



From left to right: Commander John W. Sanders, M.D., Gerald Medoff, M.D., Manuel H. Moro, D.V.M., M.P.H., Ph.D., Dr. Paul Lantos, Dr. Carol Baker, Jeffrey Parsonnet, M.D., Paul H. Duray, M.D., retired, David M. Mushatt, M.D., M.P.H., T.M., William A. Charini, M.D.

The Infectious Diseases Society of America (IDSA) Lyme Disease Review Panel issued its Final Report on Lyme disease. This was the result of an April 30, 2008 Agreement made between the IDSA and Connecticut Attorney General Richard Blumenthal. The Agreement was the result of an antitrust investigation initiated by the Connecticut AG in 2006. AG Blumenthal stated the following in his May 1, 2008 Press Release:

"The IDSA's 2006 Lyme disease guideline panel undercut its credibility by allowing individuals with financial interests -- in drug companies, Lyme disease diagnostic tests, patents and consulting arrangements with insurance companies -- to exclude divergent medical evidence and opinion. In today's healthcare system, clinical practice guidelines have tremendous influence on the marketing of medical services and products, insurance reimbursements and treatment decisions. As a result, medical societies that publish such guidelines have a legal and moral duty to use exacting safeguards and scientific standards."

The Action Plan of the Agreement called for an independent panel to review medical research, along with testimony presented at a hearing held on July 30, 2009 in Washington, D.C. Although the Panel made a number of recommendations for revision, they voted that those revisions do not need to be applied to the current Guidelines. Lyme disease patients and Lyme-treating physicians question why the Panel did, indeed, make recommendations for revisions, but voted that those revisions not be considered until the next time the Guidelines are updated by the IDSA.

Tina Garcia of Lyme Education Awareness Program, a non-profit in Mesa, Arizona, is a Lyme patient and advocate who was bitten by a tick south of Cordes Junction, Arizona in 1998. She has suffered with the disease for 11.5 years. Tina was one of eighteen presenters selected by the CT Attorney General and the IDSA Review Panel to testify at the July 30, 2009 hearing in D.C. As a representative of the worldwide Lyme patient community, Tina submitted medical research to the Review Panel and testified that the IDSA Practice Guidelines actually prevent patients in Arizona, the rest of the United States, Canada and

Europe from receiving diagnosis and treatment.

"At the hearing last year, I spoke to several of the Panel members," Tina claims. "One Panel member told me the situation with the Guidelines did not sit well with him, as it appeared that it was a 'Good 'ol Boys Network.' I agree. There are two important recommendations for revision made by the Review Panel that would address current problems with testing."

The important revisions Garcia is referring to are the following:

"Expansion of the background section to include an overview of the currently available diagnostic tests for Lyme disease, including the advantages and limitations of the currently recommended 2-tier serological tests. Formal recommendations about the utility and appropriate use of alternative tests should be added, with accompanying discussion and references. Such alternative tests should include the following:

- ❖ Cerebrospinal fluid (CSF) serology
- ❖ PCR of blood, CSF, and synovial fluid
- ❖ Serum C6 peptide
- ❖ Inclusion of the ViSE band in the IgG Western blot

Directly addressing whether some patients with late Lyme disease may be seronegative before treatment

Garcia explains, "Despite the fact that the Centers for Disease Control and Prevention (CDC) has stated for years that Lyme diagnosis should be based upon history and symptoms, the CDC and IDSA contradict this statement through insisting that Lyme patients test positive on two separate lab tests (2-tier). The first is a screening test called an ELISA, but this test is known to be lacking in its sen-

sitivity and specificity -- it misses up to half of all cases. Yet, patients are required to test positive on the ELISA and if we're lucky enough to get a positive result, we must also test positive on a second test called a Western blot.

The problem is that these are antibody tests and *Borrelia burgdorferi*, the bacterium that causes Lyme disease, has been shown by the CDC to be an intracellular pathogen that has the ability to evade the immune system. Therefore, antibody tests cannot always appropriately indicate whether or not a person is infected. I'm glad that the Panel recommended that other tests be included in the Guidelines, also."

These recommendations, however, will not be included in the Guidelines right now and Garcia contends that the delay in revising the Guidelines constitutes medical neglect.

"The truth about the IDSA Guidelines is that they accommodate some of the Guideline authors' collaboration with the CDC in the development of a Lyme disease vaccine. It would take years and years for vaccine clinical trials to be conducted if those developing the vaccines acknowledged persistent Lyme infection. That is an inconvenient truth for these vaccine developers. It would be great if a safe and effective Lyme vaccine was developed. However, it is inhumane to sweep so many suffering patients under the carpet and deny them treatment in order to bring a vaccine to market. In addition, the Lyme community should insist that the Institute of Medicine's Lyme and Tick-borne Diseases State of the Science Committee instruct CDC to immediately correct the fraudulent Dearborn testing standard that was based upon research performed by Allen Steere in Europe -- he inappropriately used high-passage, lipid-free strains. Those who created the Dearborn testing standard knowingly used Steere's skewed research, so

that the Dearborn standard would be geared more toward the testing of vaccine recipients instead of patients.

The inappropriate use of this fraudulent testing standard in vaccine development and trials and in the clinical setting causes those with naturally-acquired infection to fall through the carefully-designed cracks deliberately built into the Dearborn standard. This has resulted in the medical neglect of thousands of suffering Lyme patients!

Tina Garcia expressed her disbelief with the situation when she said, "Sometimes I can't help but wonder whether those who are committing this medical negligence are receiving guidance from beyond -- from the Angel of Death -- Dr. Josef Mengele."

By the way, it is interesting to note that the Chairwoman of the IDSA Lyme Disease Review Panel, Dr. Carol Baker, served concurrently as Chair of the CDC's Advisory Committee on Immunization Practices."

The Review Panel also made the following recommendation:

When the 2006 Lyme Guidelines are next updated, the Review Panel suggests that consideration be given to changing the phrase "no convincing biologic evidence" to something more specific, such as "Reports purporting to show the persistence of viable *B. burgdorferi* organisms after treatment with recommended regimens for Lyme disease have not been conclusive or corroborated by controlled studies." It has been proposed by some that there are hardy, drug-tolerant reservoirs of *B. burgdorferi*, including intracellular cystic forms. To date, this has not been shown to correlate with symptom persistence, nor has eradication of these forms been shown to correlate with symptom improvement. *pha*

This Disease Called Lyme



by Ashley van Tol

When I tell someone about my illness, I call it Lyme disease. However, borrelia burgdorferi is only one small part of that illness. My definition of Lyme disease is something much bigger. Lyme, in itself, was the catalyst that opened the door and invited the rest of my disease to come out to play.

For me Lyme is the large branching tree of everything I have. Each separate infection/disease is only one branch: borrelia burgdorferi, bartonella, ehrlichia, babesia, HHV6, CMV, EBV, parasites, amoebas, thyroid imbalance, hormonal imbalance, candida, heavy metals, food sensitivities, the list goes on. I don't differentiate, I call it all Lyme. The reality is though, it is not all Lyme. Lyme is really only bor-

relia burgdorferi.

I often wonder how much confusion this causes. I have seen many people write online about how angry they are that their doctor has told them they are now suffering from X not Lyme. They are angry because they are still sick. Of course they are still sick. They most likely had more than just Lyme, borrelia burgdorferi, to start with.

When the laundry list of diseases is as long as most of ours are, getting rid of one infection, even if it is borrelia burgdorferi, is not going to make us well. It is only one step in this long process.

Even the IDSA says that one of the reasons that some of us remain symptomatic is, they had Lyme disease and another infection simultaneously and were only treated for Lyme disease. Each co-infection is, in

fact, a different infection.

Putting aside all the monetary interests involved with the IDSA and Lyme disease, are they in part arguing semantics? Or are we, for that matter? While I believe the IDSA guidelines to be flawed and most definitely not in the interest of the ill, I have to admit that Lyme would not be nearly as hard to treat if it was only borrelia burgdorferi.

I suppose I would even go so far as to say that if you saw the right doctor, and if you were diagnosed right away, and if you only had borrelia burgdorferi, then Lyme would be easy to diagnose and easy to treat with a short course of antibiotics. That is a few too many ifs for me. It may be the exception but it is most definitely not the rule.

I don't believe that the literal Lyme disease, borrelia

burgdorferi, is the same disease that the majority of us are talking about when we say Lyme. We have it, yes, but it is only the trunk, not the whole tree of our illness.

If you had noticed the small sapling growing, unwanted, in your garden early on, you may have been able to simply pluck it out by hand. Now though, with the size of the tree and the span of its branches, you are very likely going to need a tree trimmer and a bulldozer to get to the root of the problem.

pha



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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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To Bee or Not to Bee

by Dottie L. Heffron

As I was looking for some natural ways to treat my Lyme illness, I thought of the Indians of long ago. When it comes to this disease I think less is more, so I started looking up medicine man cures. I searched database after database coming up with some sites that offered many different herbs from Teasel to Cat's Claw. There were so many choices and I became so confused I came to the conclusion it's all a personal choice.

Researching for a project, I came across a study using mellitin and *B. burgdorferi*. Mellitin is the main component in bee venom. Bee venom consists of approximately 50% mellitin. The study was performed by Lori Lubke and Claude Garon in 1997 at the Rocky Mt. Laboratory in Montana, and is as follows: The antimicrobial agent mellitin exhibits powerful in vitro inhibitory effects on the Lyme disease spirochete.

Lubke LL, Garon CF. Rocky Mountain Laboratories Microscopy Branch, National Institute of Allergy and Infectious Diseases, National Institutes of Health, Hamilton, Montana 59840, USA. *Borrelia burgdorferi* has demonstrated a capacity to resist the in vitro effects of powerful eukaryotic and prokaryotic metabolic inhibitors. However, treatment of laboratory cultures on Barbour-Stoenner-Kelly medium with melittin, a 26-amino acid peptide contained in honeybee venom, showed immediate and profound inhibitory effects when they were monitored by dark-field microscopy, field emission scanning electron microscopy, and optical density measurements. Furthermore, at melittin concentrations as low as 100 microg/mL, virtually all spirochete motility ceased within seconds of inhibitor addition. Ultrastructural examination of these spirochetes by scanning electron microscopy revealed obvious alterations in the surface envelope of the spirochetes. The extraordinary sensitivity of *B. burgdorferi* to melittin may provide both a research reagent useful in the study of selective permeability in microorganisms and important clues to the development of effective new drugs against Lyme disease.¹

"Bee Venom Therapy is a classic example of the homeopathic principal, which states that a substance that produces the symptoms of a disease is a cure for that disease. Rheumatic diseases result in swelling, pain and inflammation. A bee sting causes the same symptoms. The sting stimulates the immune system to relieve the inflammation caused by the bee venom, while relieving the symptoms of the rheumatic disease at the same time. Bee Venom Therapy stimulates the immune system through the hypothalamus, pituitary and adrenal glands. This therapeutic effect stimulates the immune system rather than suppressing it, completely contrary to the effects of many drugs."²

"Bee venom contains a compound called apamin which enhances long-term synaptic transmission and dopamine

which helps increase motor activity. The implications of their actions are obvious although not proven in any studies. In addition there is a component of bees' venom called adolapin, also a neurotransmitter that has been shown to have an analgesic effect which may be important for those who suffer pain as one of the symptoms." Bee venom is comprised of many different components and it could be the individual is allergic to something else, and not just the mellitin.³ Mellitin can be purchased just as a liquid, without all the other components that are in bee venom.

Approximately only 4% of the population is allergic to bee stings.⁴ I am not allergic, so I decided this might be something I would like to try. After all, it is natural and it dates back being used in Chinese and Indian therapies of long ago. Getting stung by a bee sounded too painful, and I did not think I could do that. So I decided to look around for other options. I found several places in New Zealand who make a honey with dried bee venom in it. The honey is taken from the manuka tree which is indigenous to New Zealand. Manuka honey has its own special properties. One teaspoon of the honey has one bee sting in it, and that is something I could live with, mmm honey.

I can say from personal use, for me, the manuka honey with bee venom does work really well. I am mentally sharper and I can think clearer and I feel all around much better. I do realize that I could become allergic to the venom at any point, so I keep track of how and when I use it. I do know several people who use bee venom cream and apply it to their stiff achy joints, and they say it works wonders! I have yet to use the cream, but I am betting it works great too.

After several months of using the honey, I had several questions about the study I read some months before, so I contacted Lori Lubke. She graciously granted me an interview and it is as follows:

Q. How long have you worked for the NIH?

A. 27 years this April [1982 to present]

Q. What made you go into research?

A. I was pursuing a pre-med course of study first at the University of Arizona in Tucson, and then at Washington State University in Pullman, Wa. Both universities have an excellent support system for Native American minority students - I am one quarter Navajo, a woman - studying medical science - and along with my GPA, I was nominated by the WSU biology department to attend the "Introduction to Biomedical Research Program" at the NIH in Bethesda, Maryland [1982]. The I-B-R-P is a recruitment program designed to attract collegiate honor students with minority status from all across the nation to consider a career in biomedical research with the National Institute of Allergy and Infectious Diseases.



Following my participation in the IBRP, I was selected for a summer internship with the NIH/NIAID either in Washington, DC, or in Hamilton, Montana, at the Rocky Mountain Laboratories [RML]. The latter site, Hamilton, was only a 7 hour drive over the mountains directly east of Pullman, Washington [WSU]. I was assigned to a newly developing electron microscopy lab under the direction of Dr. Claude Garon, an electron microscopist from the Bethesda NIH campus. I completed two summer internships in that laboratory, and subsequently applied for a full time microbiologist position in Dr. Garon's department, where I stayed for 20 years. When Dr. Garon retired, some of us in the microscopy lab department were given the option to transfer to a new laboratory at RML and I was ready for a change... and I was introduced to the colorful world of histology and immuno-histo-chemistry staining of infected animal tissue samples.

Q. What are your scientific credentials, i.e. degrees, etc.?

A. I have my Bachelor of Science degree in zoology and a minor in psychology.

Q. What department do you work in now, and what department did you work in when you did the Melittin/Lyme *Borrelia* study?

A. I currently work in the Laboratory of Persistent Viral Diseases [LPVD], specifically in the Histopathology lab, National Institute of Allergy and Infectious Diseases [NIAID], National Institutes of Health [NIH], Rocky Mountain Laboratories [RML], Hamilton, Montana. At the time of the mellitin project, I worked in the Electron Microscopy section of the Laboratory of Bacterial Pathogenesis [LBP], RML/NIAID/NIH.

Q. Did you always want to be a scientist?

A. When I went to college, I knew more of what I didn't want to do than exactly what I did want to do. However, I knew that I was drawn to a

career in animal and human biology. After I was fortunate enough to be asked to complete two back to back summer internships in biomedical research [see #2 above], I knew I'd found my niche in microbiology. I only wish I'd spent more time studying microbiology and immunology but I've years of on the job training!

Q. What do you like about it most? And what do you like the least?

A. I most enjoy the multifaceted angles it takes to look at any given research project as an ever evolving 'story' about a disease and its main characters - often a bacterium or virus or mystical protein such as a prion, and their roles in the cellular world, inside their host tissue of choice. The least: the length of time it takes to unravel the complete story of a disease at the molecular level can take years, and progress can be much more difficult than one expects or imagines. Often, in reality, a complete story is unattainable.

Interviewer: Take us back to 1997:

Q. How did you come about doing a study that involved Melittin? And then how did you pair it with the *Borrelia burgdorferi*?

A. Our laboratory was one of several combined units on the Rocky Mountain Laboratories campus studying the bacterial spirochete, *Borrelia burgdorferi*, that causes Lyme Disease. In fact, the bacterial agent was discovered here [at Rocky Mountain Laboratories] by Dr. Willy Burgdorfer in the early 1980's. [Lyme ticks by the way are not endemic to our area in western Montana.] We were challenged in the microscopy lab with literally 'focusing' - pun intended - on viewing the spirochete, especially its membranous and cellular structures and its genetic material [all possible with the help of our Scanning and Transmission Electron Microscopes]. We often noticed the bacterium would generate bubbles or 'blebs' on its surface which we found contained portions of the genetic material of the intact

cells. Changes in spirochete cell appearance occurred for various reasons including age of the individual cells and the culture medium, the growing number of cells in a live reproducing culture, and the changing properties of their nutrient environment [such as drops in environmental pH with diminishing nutrient content of the culture medium in which the bacterial colonies were grown]. My boss, Dr. Claude Garon, head of our electron microscopy division, read about a small group of various agents with the ability to alter membrane permeability, and essentially punch holes in the bacterial membrane of various cellular organisms. We decided to try this on spirochetes in live cultures ... and the results were visually stunning! The spirochete membranes seemed to explode into piles of blebs and flagella and they were immediately stopped cold in their corkscrew motility. At that time there were also reports surfacing of persons trying 'bee sting therapy' to treat many afflictions, including Lyme Disease symptoms and even Multiple Sclerosis, which I had a personal interest in. I was diagnosed with MS in 1989. Many of my symptoms mimicked the neurologic phase of Lyme disease patients. However, I never tried bee sting therapy and did extremely well with the beta interferon injection therapies which diminished the number, length, and severity of my relapsing/remitting MS episodes. To this day, my MS has been thankfully very mild. Anyway, the mellitin/spirochete project was a timely experiment combining our technology resources, accessibility to electron microscopes, researchers onsite studying *Borrelia burgdorferi*, personal interest, and continuous reading of relevant biomedical studies.

Q. Your study states, "at melittin concentrations as low as 100 microg/mL, virtually all spirochetes' motility ceased within seconds of inhibitor addition." To cease all movement is very profound indeed. Could this be comparable to humans or animals that contract *B. burgdorferi*, given they applied the cor

"Bee...cont'd pg 5"

Cooperate with the Master



by Joan Vetter

"Whatever He says to you, do it" the mother of Jesus whispered to the servants. She seemed to have an inside track on the first miracle Jesus would perform.

This paved the way for them to listen when Jesus said, "Fill the water pots with water." Then He followed with the instruction, "Draw some out and take it to the master of the feast." They didn't argue and tell Him it was only water, but they did as He requested. Possibly it became wine on the

way to the master?

This first miracle may seem pretty minor to you. Hey, there were lepers in that day that needed healing and all manner of needs. However this miracle is recorded, and as we study it we see some principles. First Jesus needed people to cooperate with Him. He didn't fill the water pots. He didn't take the water to the master.

Most of us probably believe that we ask God (prayer) and then wait on Him to answer. Could it be that sometimes He is waiting on us? One example is the time when Jesus asked his disciples to pass out food for four thousand hungry men (plus the women and children) out in the middle of nowhere. Jesus took the seven loaves and the few fish He had gathered and gave thanks. Then He distributed them to His disciples and said, "Hey, fellows, you make this miracle happen." They passed out the bread and fish and actually ended up having leftovers. What if they would have studied the meager provi-

sions and said, "No way - we can't begin to feed all these people."

Another time the disciples were fishing all night and caught nothing, but Jesus comes on the scene and tells them to go into the deep water

Repeatedly the Bible reveals the principal of man in cooperation with God. God gives the instruction and man carries it out.

and let down their nets. Peter did answer back, saying, "We've toiled all night and didn't catch a thing." However, to his credit, he added, "Nevertheless at Your word I will let down the net." He ended up with a catch that practically broke his net. Note that Peter was the one who had to trust Jesus and choose to let down his net again.

Repeatedly the Bible

reveals the principal of man in cooperation with God. God gives the instruction and man carries it out. In Judges 7:18 we read of Gideon defeating the Midianites. When Gideon blew his trumpet, along with all of the men in his company, he commands the men to say, "The sword of the Lord and of Gideon."

It's the same with David. God gave him the courage and ability to slay Goliath. God didn't kill the giant himself.

I loved listening to a friend speak of their Jewish tour guide when she went to Israel. He would tell them things like, "Don't buy in this shop - they will cheat you", or "the merchandise here is not good quality." Of course it would be foolish to not listen to his knowledgeable advice. She said this dark haired, caring man reminded her of Jesus Himself giving instructions, and caused her to desire to listen more closely for His voice.

I just returned from a memorial service for Linda, a dear friend and one of God's

cooperative friends and servants... As I listened to the stories of how she has affected so many lives, my desire to leave a greater legacy grew.

However I fully realized Linda's goal was not to leave a legacy - it was simply to know the Lord, to learn His Word, and to pray and minister to others. In doing so she left many people with very touching memories of her influence. One of the women who shared about Linda described a painful day. She was crying out to God and saying to Him, "I can't see any light at the end of this tunnel" - and not sure she could make it. She lay down to try to sleep and forget when the phone rang. It was Linda. She was astonished to hear Linda say, "The Lord told me to call you. He says you will make it and there is a light at the end of the tunnel."

Come, Lord Jesus. Thy will be done in us and through us on earth as it is in heaven. Yes, whatever He says to you, do it! And prepare yourself to see the miraculous!

pha

Mysterious Providence



by Linnette R. Mullin

I remember distinctly the first time I ever really heard the term "providence." It was spoken of in the unforgettable movie *Anne of Green Gables* starring Megan Follows in which Aunt Marrilla told Anne that "to despair is to turn one's back on God." That statement and many others which referred to God's providence really stuck with me and made me think.

Later in life, as I studied about God's providence in earnest, I began to understand that God has to be in complete control in order for Him to truly be God.. Yet, I couldn't quite grasp how God could be totally sovereign and tragedy still occur. I mean, how can sin and pain and suffering be in God's plan? While I still don't understand all that God allows or does, I now take great comfort in knowing that nothing surprises Him. He has a specific purpose behind everything He does and everything He allows. There is no greater comfort than knowing He is in complete control of all things.

This knowledge also strengthens my faith in Him. Though I still don't understand nor enjoy pain, I find comfort in knowing that it is not without a purpose - a God ordained purpose. God never wastes pain! While our dreams may be killed, God's vision is born in us through the tragedies we face. He always fulfills His pur-

pose even in the midst of a pain-filled, sin-filled, Jesus-hating world.

"Seek the LORD while He may be found; call upon Him while He is near; let the wicked forsake his way, and the unrighteous man his thoughts; let him return to the LORD, that He may have compassion on him, and to our God, for He will abundantly pardon.

"For My thoughts are not your thoughts, neither are your ways My ways, declares the LORD. For as the heavens are higher than the earth, so are My ways higher than your ways and My thoughts than your thoughts.

"For the rain and the snow come down from heaven and do not return there but water the earth, making it bring forth and sprout, giving seed to the sower and bread to the eater, so shall My word be that goes out from My mouth; it shall not return to Me empty; but it shall accomplish that which I purpose, and shall suc-

ceed in the thing for which I sent it.

"For you shall go out in joy and be led forth in peace; the mountains and the hills before you shall break forth into singing, and all the trees of the field shall clap their hands. Instead of the thorn shall come up the cypress; instead of the brier shall come up the myrtle; and it shall make a name for the LORD, and everlasting sign that shall not be cut off."

"Thus says the LORD: "Keep justice, and do righteousness, for soon My salvation will come, and My deliverance be revealed. Blessed is the man who does this, and the son of man who holds it fast, who keeps the Sabbath, not profaning it, and keeps his hand from doing any evil."

Isaiah 55:6-56:1 ESV

What a wonderful passage displaying the might power of God and the blessings He promises to His children! When things get tough, I always remind myself that God

is in complete control. Just as a child cannot see the over-all picture the parent sees and doesn't always understand when they are told "no," so it is with us and God - only in a more perfect way. He sees the big picture. He knows what is best and He makes all things beautiful in its time (Ecclesiastes 3).

pha

About the Author:

Linnette R Mullin is an author and freelance writer. She also owns an on-line Christian support group for chronic illness sufferers. See her website for details. If you would like to contact Linnette, simply fill out the "Contact Linnette" form on her website and leave her a message. All email addresses are kept private and only used to keep in touch with readers: www.LinnetteMullin.com.



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

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God Makes All Things Beautiful in its Time...

“Bee...” cont’d from pg 3



rect amount?

A. I really have no idea. I imagine that is the thinking behind the use of bee sting therapy. It's my understanding that the spirochetes are found in the tick bite area for a relatively short time, and then it is very difficult to isolate them from the body/blood/synovial fluid/cerebral spinal fluid - sites of interest where symptoms and damage develop. There is evidence that the spirochetes change their form and surface proteins to essentially 'hide' from the host's immune system response to their presence. Perhaps other components and chemicals at a given skin site may affect the level of toxicity and effectiveness of the mellitin molecules before they have a chance to find and bind to the spirochetes. Inflammation at a bite or sting site is the result of the body reacting and calling in host chemicals and immune cells to localize and fight infection. There may be several modes of attack going on at once. To be honest, our focus in the study did not proceed to therapeutic measures - our mission was/is to study the molecular and biological basis of the agents of disease and it is up to others to take the findings further to diagnostic and therapeutic avenues.

Q. You used just melittin as the inhibitor? No other components of bee venom were used?

A. Yes, just the mellitin molecule - the purified toxic component of honeybee venom. We

obtained the mellitin commercially from Sigma Chemical. It contained a small amount of phospholipase - an enzyme which was tested alone and had no visible effect on cell motility or ultrastructure [membrane integrity].

Q. People can be allergic to the other compounds in bee venom, not just the melittin, correct?

A. This is really out of my area of expertise. I am not a medical expert and I am personally not aware of the allergic effects of other components in honeybee venom released by bees when they sting. It seems that the pollen carried by the bee may also trigger allergic reactions in some patients.

Q. You also go on to state, "Ultrastructural examination of these spirochetes by scanning electron microscopy revealed obvious alterations in the surface envelope of the spirochetes." What kind of alterations were they? Holes, rips or something to that effect?

A. Yes - Mellitin molecules bind strongly to components of the spirochete's bacterial outer and inner cell membranes, producing visible holes and porous channels along their surface, as well as causing membrane disintegration ... some cells even seemed stripped of their membranes. All these effects in turn cause distortion of their characteristic undulating form into kinked and twisted cells along with highly aggregated cell colonies bound by

'gooeey/sticky' extracellular debris. The flagella within the spirochete envelope becomes detached and released from the cell which would explain a change in motility. We also observed blebs appearing in greatly increased volumes both attached to cells and floating free in the cell culture medium. A train wreck of molecular proportions!

Q. Did you take photos of the alterations in the surface of the spirochete? If so, where can we view these?

A. Yes, in the paper cited, see Figure 2. Clin. Inf. Dis. 1997;25[Suppl 1]:S48-51

Q. Is there any new discovery or continued studies?

A. I don't recall any further work on the effects of mellitin on *Borrelia burgdorferi* spirochetes in our specific department. At any given time, the microscopy unit addresses several scientific requests for all of RML plus many collaborative studies for all of NIAID in Bethesda as well as universities and labs across the nation and globally. Time restraints and prioritizing of projects determine the focus - pun intended! - of our experimental endeavors in the microscopy department.

Q. Do you know of anyone else using your powerful information to do further studies?

A. To be honest, I did not personally follow this beyond the visible molecular effects on the

spirochete and the procedures used to prepare the organisms for electron microscopic viewing.

Q. Dr. Klinghardt uses Bee Venom Therapy for his Lyme patients, with renowned success. Is there anything you would like doctors/researchers to know further about this study?

A. Only to reiterate that the mechanism of the binding action of the low-molecular-weight mellitin molecule to the spirochete causes inappropriate permeability characteristics and may even allow other therapeutic chemicals to simultaneously enter the open channels of the bacterial membrane to further disable and treat a bacterial infection. What I do seem to recall also is that some of the bacterial cells had the ability to seemingly repair their open wounds and were able to grow successfully in mellitin-treated media. Perhaps they were cells that are effectively protected in the center of large aggregates of cell colonies while the other more accessible outer cells in the aggregate soaked up all the available mellitin present? Also, blebbing of spirochete membranes is a natural process in the spirochete arsenal, and the membranous blebs contain DNA molecules which may allow the bacteria to effectively change their envelope coat and hide from the immune system while also carrying the necessary genetic blueprints to propagate and maintain an infection somewhere else in the body.

Q. Do you have any recommendations?

A. Perhaps to make bee stings less painful? But as the saying goes, no pain no gain! Also, use the correct term: Lyme Disease, not Lymes Disease. It always 'bugs' me when I hear people say that!


It "bugs" many of us too, Ms. Lubke! You would be surprised just how many people do say that! I would like to publicly thank you for publishing such findings and granting me an interview. I was hoping that by highlighting your study, showing that mellitin does work to eradicate the spirochete, some of the researchers out there would take interest and do some more studies using mellitin. As just about everyone knows, natural is always better.

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- ⁵Lubke LL, Telephone interview, March 2009

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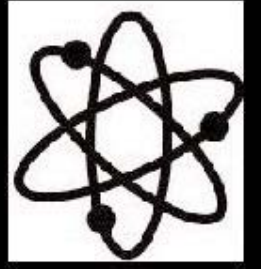
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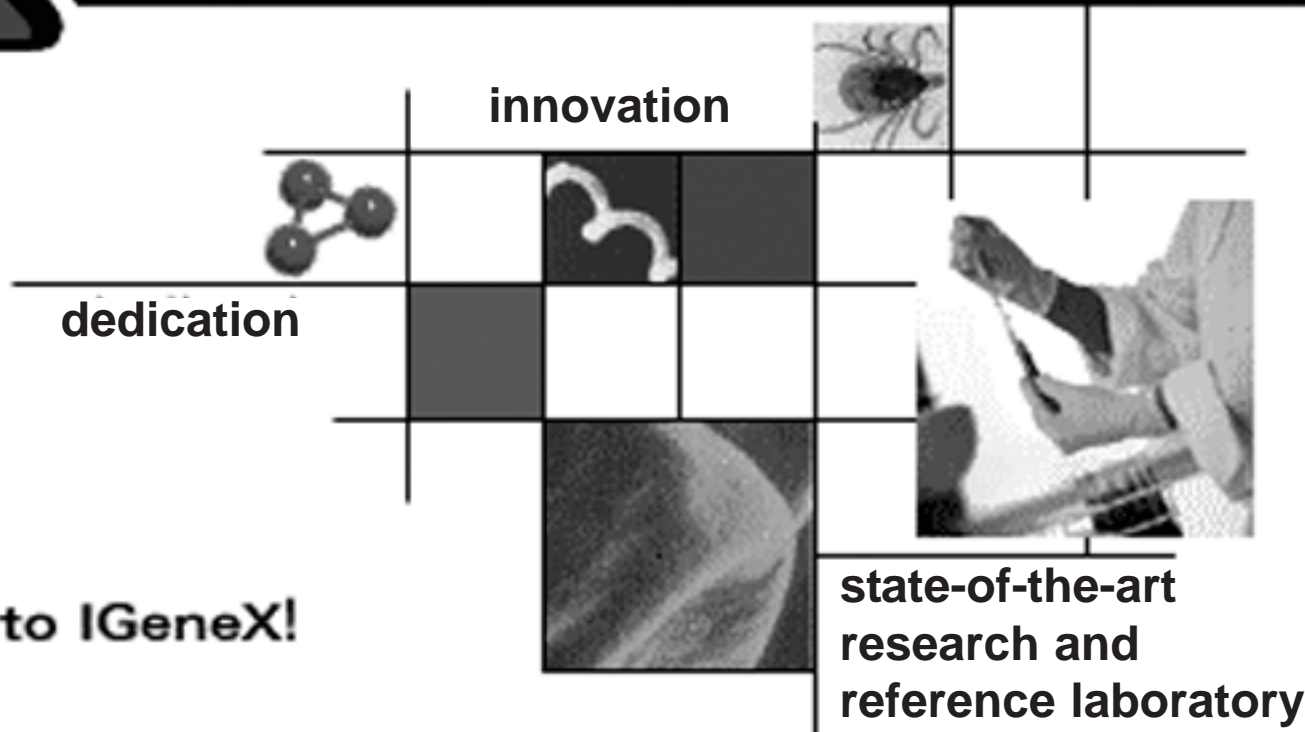
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Neurasthenia: An Old Name for Chronic Lyme disease

by M.M. Drymon

Lyme disease appears to be an ancient and ubiquitous affliction that humans have been coping with for eons. It can be argued that, using the tools and knowledge available within a historical culture or social paradigm, people labeled and understood Lyme disease as a variety of named afflictions. These may have included the sicknesses associated with witches and witchcraft during the Early Modern Era, rheumatism, the summer sickness, the currently popular fibromyalgia, and neurasthenia- an ill defined disease that was often diagnosed in the late 19th and early 20th centuries.

The core symptoms of neurasthenia were excessive physical and mental fatigue and muscle weakness. Common features included insomnia, depression, fears and irritability, headache, sweating, polyuria, tinnitus and vertigo, photophobia, easy exhaustion at the slightest effort, inability to concentrate, complaint of poor memory, poor sleep, numerous constantly varying aches and pains, and vaso-motor disturbances. This is also a classic description of the myriad of symptoms that can be associated with the third stage or Chronic Lyme patient. Lyme disease, called "the great imitator" because it carries with it such a wide array of symptoms, may have been the cause of many cases of neurasthenia in the past. How did people with neurasthenia fare in the past? The answer is: none too well! They were sometimes subjected to ridicule and ridiculous theories, pushy patent drug promotional campaigns, derision, and the occasion bout of electric shock therapy. So many languished in this time period that they entered the literary world as an American trope-consider Edith Wharton's cranky wife character from her novel Ethan Frome, with vague symptoms, chasing after innumerable doctors, looking for help. Seem familiar?

Neurasthenia first appears in the medical literature in 1869. The term was 'coined' by George Miller Beard to denote a newly appearing con-

dition. Although also found in England and Europe, Americans were supposed to be particularly prone to this affliction, which resulted in it sometimes being called "Americanitis." It was explained as being a result of exhaustion of the central nervous system's energy reserves which was attributed to the stress of modern civilization. Physicians associated neurasthenia with urbanization and the stress suffered as a result of an increasingly competitive business environment. Typically, it was associated with upper class people and professionals with sedentary employment. Women were thought to be more vulnerable because of their weaker nervous systems. Women were thought to be "more prone to break down in this way" especially if they were educated. They "never get over a long and ambitious course of study..." A common treatment was the rest cure, especially for women.

Looking back there have been many attempts to explain the epidemic which appeared in the 1860's and ended in the 1930's. Elaine Showalter presented a feminist thesis for the history of neurasthenia. In her theory, female victims languish fatigued, often incapable of walking, on the chaise-lounges of London and New York as a form of protest against their empty and unfulfilled lives. But a review of statistics from primary sources reveal contradictory and contrasting views on the gender distribution of neurasthenia-finding it about equally distributed between the sexes. Some writers considered it to be a disease of professional and intellectual men, found to be common among clergymen prone to overwork

"Americanitis," became the clarion call for a nascent and developing patent medicine industry, which profited hand-

somely from sales that were accompanied by early advertisement campaigns. The concept of neurasthenia reached a high point and world-wide medical acceptance by the end of the 19th century. Then, sometime after 1930 it virtually disappeared as a diagnosis. In the 1990's, in the middle of the modern Lyme disease epidemic, a new wave of patients

While the question of causality has not been decisively answered for any of these modern afflictions, Chronic Lyme disease has become mired in a peculiar form of stasis induced by medical politics that denies root cause preferring the psychological "all in your head" explanations. Once again, women seem to have been singled out, correctly or

not, as the focus of an odd and peculiar type of attention. As the cyber-prolific Dr. Edward McSweegan lamented, "What is it about white, upper-middle-class, college-educated, middle-aged women that compels them to use a common infectious disease as the vehicle for their emotional and psychological problems?" Could it be because that common infectious disease has caused the problems?

Many modern physicians have depicted patients who continue to experience symptoms after antibiotic treatment for Lyme disease as having the class of disease that became popular in the Post Freud Era: the psychiatric disorder. And indeed, a recent study has shown that as many as one third of all the patients in at least one modern psychiatric hospital may be infected with the Lyme spirochete. When the twentieth century Lyme patient, Polly Murray, was admitted to the mental ward of a Boston hospital, she may have been reluctantly following in the footsteps of many centuries worth of Lyme disease sufferers, including those with neurasthenia. The decreased prevalence of neurasthenia may be due to this paradigm shift in medicine in which neurasthenic symptoms came to be regarded as caused in the mind. Neurasthenia as a symptom complex never actually disappeared, but was simply re-labeled. There was a 'diagnostic drift' in the evolution of disease categories. The same point is made in an article by Wessely, who provides evidence from primary sources that symptoms of neurasthenia were replaced by psychological symptoms. He also suggests a continuity between neurasthenia and the modern diagnosis of chronic fatigue syndrome or myalgic encephalitis (ME). Chronic Lyme disease can be added to this historic spectrum. An environmental context also needs to be added to any holistic discussion of Lyme disease and neurasthenia. The rise and fall of neurasthenia in the late 19th and early 20th century appears to follow the level of industrialization, de- and re-forestation, and also the amount of interaction between the human population and the forests. The peak of the deforestation in New England occurred between 1800 and 1850. It is estimated that, with the exception of northern Maine and New Hampshire, nearly 80% of forested regions in New England were cleared for agricultural use during this time. But with the move of agricultural hubs to the Midwest and populations into urban areas, between 1885 and 1925, the forest cover grew back, more than doubled, and exceeded 70% growth back by 1952. It has steadily increased ever since. One of the activities enjoyed by upper class urban Americans, who sought to regain contact with the 'healthy' natural world, was "rusticating"-visiting rural and forested areas while on vacation. These activities brought with them an increased risk for Lyme disease infection. During the Great Depression, it appears that there was much less interaction with the forests, and it remained so until a post-war building boom brought the suburbs and their inhabitants back into the forests. Since Lyme disease is part of a complex environmental cycle there are also other factors, like mouse and deer populations that would all play into the pattern of infection.

pha

The core symptoms of neurasthenia were excessive physical and mental fatigue and muscle weakness. Common features included insomnia, depression, fears and irritability, headache, sweating, polyuria, tinnitus and vertigo, photophobia, easy exhaustion at the slightest effort, inability to concentrate, complaint of poor memory, poor sleep, numerous constantly varying aches and pains, and vaso-motor disturbances. This is also a classic description of the myriad of symptoms that can be associated with the third stage or Chronic Lyme patient.

were being afflicted and diagnosed with chronic fatigue, fibromyalgia, Gulf War syndrome, and multiple chemical sensitivities-all like Chronic Lyme disease were in many ways similar to the old neurasthenia. Parallel to these developments, increasing importance was attached to clinical descriptions of illnesses which, on account of their similarity to the symptoms of neurasthenia, could be termed modern variants of the same disease.

admitted to the mental ward of a Boston hospital, she may have been reluctantly following in the footsteps of many centuries worth of Lyme disease sufferers, including those with neurasthenia.

The decreased prevalence of neurasthenia may be due to this paradigm shift in medicine in which neurasthenic symptoms came to be regarded as caused in the mind. Neurasthenia as a symptom complex never actually disap-



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Minnesota Lyme Action Mourns the Passing of Allen Erickson



by Marina Andrews

Allen Erickson, one of the early members of the Western Wisconsin Lyme Group and a frequent attendee of the Minnesota Lyme Action and Support Group passed away recently at University Hospitals in Madison, Wisconsin.

Allen suffered terrible intestinal distress along with Lyme disease. He died from a perforated bowel, the result of a

diagnostic procedure to find the cause of his mortal pain. Allen was diagnosed just before his death with Crohn's disease.

Lyme is often a contributing factor of Crohn's disease:

<http://thehumansideoflyme.net/viewarticle.php?aid=62>

<http://www.canlyme.com/crohn%27s.html>

Allen's passing saddens me and has made me think about obstacles in finding proper treatment for those sick with Lyme and other tick-borne diseases. I can't help thinking that I and our groups failed him.

Allen was a strong presence at our meetings. He learned many truths about Lyme disease fast, and after finding out that we were right, the hard way, Allen learned that he needed to listen to us. Most people don't listen; most don't understand how medicine can be so wrong. How can we learn to communicate in a non-threatening manner with those who may be misdiagnosed with

other diseases or those who haven't yet been diagnosed correctly with Lyme disease?

Several of our members tried repeatedly to get Allen to an LLMD, but he did not go. Perhaps he was too ill, more ill than he let on. Looking back, I wonder why I couldn't have taken Allen to a physician or accompanied him when he went to an appointment. We need a strong national network of Lyme-knowledgeable people who aren't sick to donate their time to travel with people, out of state if necessary, so that they will be able to be seen by our LLMDs.

Learning about Lyme is a powerful thing. Allen took the knowledge he had gained at our meetings and set out to change medicine through his own care. How many of us have believed we could do the same? Allen thought he could go it alone, and he did eventually find a physician to treat him for Lyme disease, but that physician dropped him shortly after he

had started Allen on IVs. His PICC line was pulled and that physician offered no further treatment. Allen went straight downhill. I have to wonder if the IV Rocephin hadn't helped both Allen's Lyme and Crohn's? Perhaps that's why he never recovered?

Allen tried to fight for himself, but for Allen and for many of us, when we impart what we know about our illnesses to average physicians, we are the ones left hurting; often, more damage is done by mentioning the words "Lyme disease" than by letting physicians lump on another diagnosis. How can we as a community and as individuals learn effective non-threatening language to use with physicians so that they will help us?

Sadly, Allen grew more and more debilitated and was placed in assisted living. While there, he resisted having anything with the words Lyme disease in his possession. He refused to take the Public

Health Alert paper I offered and didn't dare have my Lyme business card. Was he paranoid? I'd say yes, but on the other hand the medical community in our area of Wisconsin is so inordinately hostile that I understood his fears.

Saddest of all, when I learned death was imminent for Allen, I didn't have the heart to ask his son if he would have an autopsy performed. In this, I have once again failed the Lyme community and my friend Tom Grier, who has told us time and again that without autopsy data we will never change the way medicine approaches Lyme and other tick-borne diseases. We must have a website with specific autopsy instructions to be followed for those who die from Lyme disease and complications, a national tissue bank where those slides and samples can be stored, and pathologists willing to examine the samples, those who won't be afraid to publish. *pha*

Exercise for the Chronically Ill

by Ashley van Tol

I use to be the chick who taught skiing all day, then went for a three mile run and sometimes followed it up with a trip to the climbing gym. I have climbed mountains that required crampons and ropes. I once walked 100k (66 miles) in 25 hours, without stopping. I've done the Inca Trail to Machu Picchu in Peru. I've climbed the Flatirons in Colorado without rope. Multi day back-country trips with skis attached to my back were not uncommon; I am level II certified in avalanche awareness. Not being active is not natural for me.

It has been more than a year since I have gone for a run. Over the holidays I managed to ski a few days, but only for an hour or so, and only on groomed runs. Pure torture for an all mountain skier who only skied groomed runs when working or for training. Early in my treatment I went for a mountain bike ride with my husband. We stayed on a wide fire trail without much incline. I spent the following two days in bed.

Thankfully, I have been able to take short walks throughout my treatment. My doctor actually encourages the walks especially after taking antibiotics, to get them pumping through the whole system/body.

Until recently, just walking or riding my bike around my flat neighborhood was a major challenge. I often had to stop at a bench to rest. My husband looked at me in horror the first time I asked him to walk slower. I'm a fast walker, or I was. I found myself depressed and completely unmotivated. I didn't recognize myself anymore. Being active was a huge part of my identity. Who was I without this part of my life? If it hadn't been for my dog, I probably wouldn't have gone out at all.

One of my New Year's resolutions was to start exercising again. I am doing a good job, if I do say so myself. I have increased my walks. I now take a 45 minute walk almost every morning and a 20 minute walk in the evenings. AND, my walks now include hills! There is a secret to my motivation. It's not the dog. It is a story. Seriously, it is. I am totally addicted to an audiobook on my iPhone. Sometimes I do my whole walk and when I get home, I decide to pass my house and keep walking. I can't stop, I want to know what happens next! If it wasn't for the audiobook I would have found excuses to cut my walks short. Now, I look forward to my daily strolls.

I don't walk fast. I just

plod along lost in another world. I feel great too. Well, you know, as great as a Lymie can feel. My energy is definitely getting better. Some days I think about going for a run, but that would probably be pushing my luck. I'll get there, with time.

I don't walk fast. I just plod along lost in another world. I feel great too. Well, you know, as great as a Lymie can feel. My energy is definitely getting better.

Currently walking is the only exercise I am getting. Although I got my Far Infrared FIR Portable Sauna a few days ago. It has been reported that a 30 minute far infrared sauna is as advantageous to the cardiovascular system as a 6 mile run. NASA has even used far infrared for cardiac conditioning! I'm going to be fit before I know it.

I've got a couple of other tips/ideas for getting started on an exercise routine. I'm not a doctor so be sure to check

with yours before starting any type of exercise. Seriously, my doctor wasn't too impressed when I started doing Bikram yoga without consulting him.

1. Swissball- Great for bouncing to get your lymphatic system going and for stretching.

All those hours in bed leave me so stiff. It's great to roll your hips around on the ball and stretch your front and back by laying across it. When you start getting more energy, there are great workouts you can do with just the ball.

2. Yoga, Tai Chi, Qigong- Get some videos/DVDs with short sessions. There is no way you are going to find me going hard core yogi for an hour in front of the TV. I found some great DVDs with 20 minute

"workouts". Qigong is great too. It is all about slow movement and breathing. This is my favorite yoga DVD, ignore the bad reviews, they are from people who were upset it wasn't challenging enough.

3. Breath Work- If you really don't have the energy to do anything, start with your breath. This will help your health in so many ways and be a good foundation to any exercise when you start to get stronger. Dr. Mercola, Breathing Exercises

and Self Healing. You need to be a member of Dr. Mercola to view most of the articles on the site. It is free and I have never received anything from them (no email spam).

4. Audiobooks- Get some, and start walking. You can buy them from iTunes, but they are pretty pricey. It is better to go to audible.com or check your local library. Some Libraries actually have books available for download. This is the first book of the series I am addicted to Outlander.

5. Physical Therapy- If you've got the means, this is well worth it. Check if your insurance will cover doctor-prescribed PT. There is often a limit on the number of sessions or amount of money insurance will cover.

We all know that exercise is crucial to our health. Figuring out how to get started, or to re-start an exercise regime when we aren't feeling well is a challenge, especially when we are told not to get our heart rates up. It can be done though. I hope this information helps, even if it is only to spark the inspiration/motivation inside of you. *pha*

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



UNDER THE EIGHTBALL

Immune • Energy • Gut



Due to the efficacy and the science behind the products, these are my favorites - **Joseph J. Burrascano Jr. M.D.**



Immune System Front Line Support

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



Mitochondrial Support

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



Probiotic Support

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



Researched Nutritionals®
solutions for life

800.755.3402 | ResearchedNutritionals.com

Available only through healthcare professionals

*These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure or prevent any disease.

(1) Journal of the American Nutraceutical Association 2003; 6(1); 23-28.

“CONDENSED” COWDEN SUPPORT PROGRAM



FINANCIAL ASSISTANCE IS AVAILABLE FOR THE CONDENSED COWDEN SUPPORT PROGRAM FOR ONE PATIENT OF A PRACTITIONER

LIMITED AVAILABILITY – CONTACT US FOR MORE INFORMATION

ABOUT THE COMPANY

NutraMedix was founded in 1993 and currently has facilities in Jupiter, Florida, USA and in Shannon, Ireland supplying highly bio-active nutritional supplements to health care professionals and consumers.

From the beginning, NutraMedix has operated with a unique business model. First, the owners and management work diligently to operate a company according to Biblical principles— with honesty, integrity, value and respect for all people. Its corporate environment is one that works to serve both its customers and its employees, producing one of the best customer service teams in the industry. Second, NutraMedix was founded with the goal of using a significant amount of its proceeds to support orphans, widows, Christian pastors and missionaries in economically distressed parts of the world. So as a customer, you are not just purchasing high quality nutritional supplements, you are helping us give back to people in need all around the globe.



ABOUT THE PRODUCTS

NutraMedix has made a significant investment to develop a novel, proprietary extraction and enhancement process used to manufacture its liquid extracts. The result is a highly bio-available whole plant, broad-spectrum extract that is also very cost effective. We were the first to introduce Samento, a rare chemo-type of Cat's Claw, which has remained one of our signature products. We have since developed a full line of liquid extracts utilizing the same proprietary extraction and enhancement process.

NutraMedix also conducts extensive research to procure the very highest quality raw materials for its powdered capsule products, many of which have been designed to enhance the effectiveness of the liquid extracts. We are committed expanding our line of natural products meeting the highest expectations of health care professionals and consumers.



ABOUT THE FOUNDATION

The owners of NutraMedix have been involved in international Christian ministry since the 1980s. Prior to starting the company in 1993, our Founder and President was a missionary pilot serving tribal groups in Peru. The Kairos Foundation was created in 1995 to fund projects that address both the physical and spiritual needs of people in some of the most disadvantaged areas of the world. The foundation provides ongoing financial support for organizations operating in Africa, Asia, Eastern Europe, North America and South America.



NutraMedix 

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