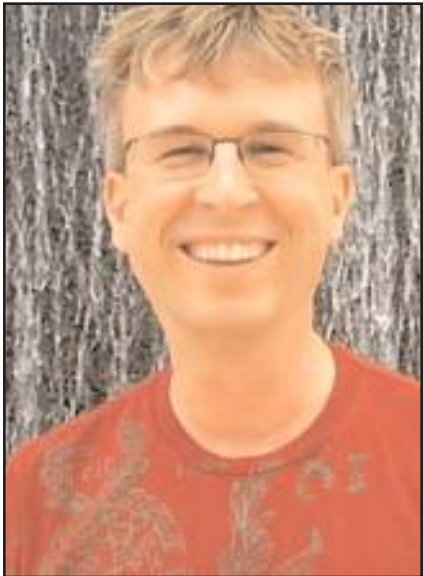


From Roadblocks to Recovery:

LIA Conference Unites Practitioners and Patients and Offers Hope

Part 1



by Scott Forsgren

Tami Duncan and the Lyme Induced Autism Foundation (LIA; <http://www.LIAFoundation.org>) recently put on a spectacular annual event in Indian Wells, CA titled "From Roadblocks to Recovery". The event brought together some of the brightest minds in the arena of Lyme disease and autism - two conditions that each present significant challenges in attempting to bring one back to a state of optimal health. Fortunately for many, Tami and several of the practitioners that she has collaborated with recognized very early on that there was a connection between Lyme disease and autism in a significant number of children on the spectrum.

Since that time, LIA has reached out to educate practitioners and patients alike and has worked tirelessly to facilitate a powerful dialogue between many of the world's leading experts on these conditions. The impact of the LIA Foundation has been nothing short of profound for so many children and their families.

This year, LIA brought together practitioners such as Therese Yang (MD, FAAFP), Elizabeth Hesse-Sheehan (DC,



Tami Duncan, LIAF Founder

CCN, QN), Jeff Wulfman (MD), Steven Harris (MD), Jorge Moreno (DO), Wayne Anderson (ND, PA), Michael Payne (MS, CRC, CNS), Gilbert Renaud (PhD), Toby Watkinson (DC), Dietrich Klinghardt (MD, PhD), and several other practitioners that many believe to be among an elite group of true healers.

Given the amount of material covered at this event, the first part of this article will appear in this edition followed by the remaining information in next month's *Public Health Alert*.

The article that follows contains many different ideas and treatment approaches from several practitioners. Each practitioner has a unique way of approaching the healing journey. It is the author's intent for the reader to focus on those practitioners that resonate most closely with each person's unique situation. The reader may wish to make a checklist of specific topics of interest to discuss with their personal practitioners in the future.

Overview of the Diagnosis and Treatment of Lyme Disease

Therese H. Yang, MD, FAAFP (<http://dyfc.org>) spoke on the challenges in diagnosis and treatment of Lyme disease and autism. Autism is often the result of genetic susceptibility combined with a variety of environmental insults such as heavy metals, viruses, bacteria, vaccinations, and electromagnetic fields. 1 out of 91 children is diagnosed with autism. It has been published that 20-30% of autistic children have Lyme disease. Some practitioners see numbers much closer to 70-80%. Recent studies suggest that as many as 90% of children with autism may have Lyme disease. In these kids, the infection is not transmitted from a tick bite, but is often transmitted from mother to child.

Multiple infections such as Borrelia, Bartonella, Babesia, Mycoplasma, Herpes, Chlamydia and others are often involved. Mothers with Lyme disease who are not being treated have a 50/50 chance of passing the infection on to their child during pregnancy. It can also be transmitted via breast milk. When Lyme disease is present in autism, it falls into

the chronic, disseminated category. Kids ages 5-9 have the highest incidence of Lyme disease of any age group.

Animal studies show that the blood-brain barrier is broken down within just hours after a bite. When the barrier is compromised, chemicals, viruses, staph, and other infections and toxins may acquire direct access to the brain.

Borrelia can affect any body system and cause over 300 symptoms. Multiple Sclerosis, Lupus, Rheumatoid Arthritis, Multiple Chemical Sensitivity (MCS), ALS, IBS, Chronic Fatigue Syndrome, and many other disorders may be related to infection with Lyme disease.

There are direct and indirect laboratory tests available. The indirect tests measure antibodies and assume that the infected person's immune



Dr. Therese H. Yang

system must be able to recognize the invader and has the immune competence to create the required antibodies - or the test may return a false negative result. Direct testing such as a PCR measures specific antigens or proteins but may only identify about 20% of those infected.

20-30% of people with confirmed Lyme disease remain seronegative on a Western Blot. Yang recommends testing on the days that the patient feels their worst as it may increase the chance of getting a positive test result. The lab that is used for the Western Blot is critical as not all labs test for all bands. Many labs use only three bands where IGeneX (www.IGeneX.com) and Clongen (www.clongen.com) test for many. The ELISA misses 50% of those infected with the disease and thus is not a useful diagnostic screening test. Yang suggests that the use of an antibiotic challenge before lab testing may support the body in the



creation of antibodies and increase the chances of an accurate test result.

There are many reasons that Lyme disease testing may return false negatives. These include:

- ❖ Infection was too recent to allow for an immune response
- ❖ Inability of tests to detect over 100 strains of Borrelia found in the United States
- ❖ Antigenic variability (Borrelia changes its protein coat to avoid detection)
- ❖ Immune deficiency does not allow for the creation of antibodies
- ❖ Steroids or other anti-inflammatory treatments have been used
- ❖ Coexistence of infection with Babesia which may have suppressed the immune response
- ❖ Poor technical capabilities of the laboratory

Yang suggests that in some cases the IgM/IgG Western Blot from a lab such as IGeneX, PCR after an antibiotic challenge, and the urine LDA (Lyme Dot Blot Assay) may all need to be performed in order to support a clinical diagnosis. Other useful markers include C3a, C4a, CD57, reversed Vitamin D levels, elevated CRP, low/normal B12 and folic acid, CIQ complex, sedimentation rate, immunoglobulin and natural killer cell function, thyroid antibodies, and fibrinogen. C3a and C4a may be important markers in treatment. If C4a is still elevated at the cessation of

treatment, a relapse of the disease process is likely.

Yang looks for many possible causes of a patient's symptoms including what she calls the "BBB Triad" which consists of Borrelia, Bartonella, and Babesia. When a patient is positive for a coinfection, infection with Borrelia is probable. Other complicating infections may include Mycoplasma, Chlamydia, Rocky Mountain Spotted Fever (RMSF), EBV, CMV, HHV-6, Hepatitis, fungal infections, Candida, parasites, and more.

Patients that do not respond well to treatment are likely coinfecting. Coinfections result in more severe illness, more symptoms, and a longer recovery time. The following highlights some of the key symptoms of coinfections:

- ❖ Babesia - night sweats, fevers, chills, fatigue, malaise, global headaches, bags under the eyes, tinnitus, dry cough, air hunger, nausea, bruising, flushing, rage, despair, violent dreams, thirst, cherry angiomas, skin rashes, petechiae, low WBC, spleen or liver enlargement, elevation of liver enzymes, and elevated SED rate. Babesia is immunosuppressive and affects the brain.
- ❖ Bartonella - swollen glands, fever, ice-pick headaches, inflammation of the retina, tachycardia, endocarditis, irritable bowel, nodules under the skin, brain fog, light sensitivity, peripheral neuropathy, sore soles, tremors, agitation, OCD behaviors, anxiety, rapid mood swings, abdominal tenderness, skin rashes that present like stretch marks, and

"Recovery" ...cont'd pg 5

Download Dr. Burrascano's Lyme Protocol FREE at:
www.PublicHealthAlert.org

The People's Physician: Dr. Edwin Masters

by Dottie L. Heffron

Note to readers: The following article was initially published in 2009. I would like to publicly thank Paul Walters of Alton, Illinois for helping me on my journey back to good health and giving me the best gift of all, Dr. Masters.

Feeling like I was on a sinking ship, I poured my heart out to the voice on the other end of the phone. I told him I found a doctor who would treat me for Lyme disease but he would only take cash, he was very expensive, a long drive from my home, and I would have to get a loan to pay for such treatment. I did not know how I was going to do this.

He asked me who it was and I answered. The voice asked, "Do you want to see Dr. Masters?"

I asked him if he was kidding around with me, and his response was, No, I can get you in to see him."

"Are you sure?" I asked in an unbelieving voice.

"Yes," replied the voice, "I am sure. I will call you when I have an appointment set and I will come and drive you down to see him."

"Oh, you really don't need to do that, you're sick yourself," I told the voice.

"No, no I wouldn't have it any other way," he said. With that, we said our goodbyes.

I imagined Dr. Masters, since he was a very important person, was too busy to see someone like me.

Days had passed when I received another phone call from my friend. "Guess what," he said. "You're now the patient of the most wonderful doctor and Lyme specialist around these parts!"

In the next instant I found myself yelling into the phone, "Woohoo! That is sweet. Thank you, Thank you, THANK YOU SO MUCH!"

"But how will I pay him?" I heard myself saying in the phone.

"He will take your Illinois State Public Aid card, my dear," said my friend.

I thought, "I must be dreaming." Most doctors who treat for Lyme charge big dollar amounts and most do not even take insurance, let alone take a state medical card from another state. "This guy must be a good guy," I thought. Little did I know, three years later I would owe him my life and he would lose his.



My friend gave me the date and time and before hanging up he told me where I could watch a video of Dr. Masters at a conference where he was a presenter. I reviewed the video and to my surprise I found myself laughing right out loud at some of the things he said in his speech. Wow, he was so witty and smart, I clung on every word. ("Just think, I was actually going to get treatment from someone who discovered a new strain of Borrelia. Lucky me!")

I did a lot of research about Dr. Masters so he would know I did my homework when we met. I scurried around on the Internet like I was a squirrel collecting nuts. I knew in my heart this doctor was different and would not roll his eyes and claim I was crazy when I told him all my symptoms. Being a widow has been so hard at times, but now I could rest assured, knowing my three sons would not have to live without their mom too.

Dr. Masters achieved many accomplishments in his lifetime. Dr. Masters is best known for his work with ticks and people who have been bitten, which led to his discovering a new strain of Borrelia in the Midwest. We know it as STARI or B. lonestari. Masters told me he saw a need in this area for research because people were coming into his office with erythema migrans (EM rash) and presenting with Lyme-like issues. Always thinking of his patients, he improved medical equipment and holds seven U.S. patents for his inventions. He published over 53 peer articles in prestigious medical journals along with presenting at

medical conferences worldwide. Masters was a dynamic speaker and spoke not only to his peers but to general audiences as well, making all feel informed. There are two remaining articles due out in July 2009's issue of the "Missouri Medical", a peer-reviewed publication.

Dr. Masters graduated from Advance High School and was the Class of 1965's valedictorian. He went on to receive an A.B. degree from Dartmouth College, an M.D. degree from the University of Tennessee Medical School, and then on to complete his internship at Baylor University Medical Center in Dallas. He also was on the National Board of Medical Examiners, American Academy of Family Physicians and on the Boards of Certified Family Practice and Geriatrics. Dr. Masters was also the president of Cape Girardeau County Area Medical Society, speaker of the House of Delegates at the Missouri State Medical Association, American Academy of Family Physicians, American Medical Association and chairman of EICS: Emerging Infections in the Central States Research Group. One of his delights was being a judge at the International Science Fair for high school students. He also took young aspiring medical students under his wing to mentor them, knowing they may hold the key to our medical future. He has helped guide them to become medical successes. His son, Reid, has carried on the Masters tradition and became the 3rd generation doctor, which made his family so very proud. I recall asking Dr. Masters,

"What is Reid going to do, now that he's graduating?"

Masters replied, "He's going to do whatever the Navy wants him to do because they paid for it." And with that, we both started laughing. Among Dr. Masters' other accomplishments, they included being president of the National Black Walnut Tree Association and Missouri Tree Farmer of the Year (he worked very hard to make new species of walnuts). He was known to have planted many walnut trees throughout his lifetime. He also developed and patented a FDA approved tick and mosquito trap called the "Skeeter Plus." The Skeeter Plus does not use propane like other traps and is manufactured at a local plant near Sikeston, Missouri by the Dewitt Company.

The day finally came and I was just too excited to make room for being so sick. With my tingling hands and feet, plus approximately thirty six other odd symptoms, we made our way down the long 4 hour trek to Dr. Masters' office. It was a lovely nice day in the summer of 2006 and my friend and I chatted about this and that until we arrived. In the parking lot my friend said, "Look at all the different license plates from all around the United States. They are here to see Dr. Masters."

I was just so thrilled treatment was around the corner and soon I would start feeling well. Being treated by a master not only in name but reputation was the cherry on the top of the sundae.

"Dr. Masters" ... cont'd pg 4

Public Health Alert

The PHA is committed to researching and investigating Lyme Disease and other chronic illnesses in the United States. We have joined our forces with local and nationwide support group leaders. These groups include the chronic illnesses of Multiple Sclerosis, Lou Gehrig's Disease (ALS), Lupus, Chronic Fatigue, Fibromyalgia, Heart Disease, Cancer and various other illnesses of unknown origins.

PHA seeks to bring information and awareness about these illnesses to the public's attention. We seek to make sure that anyone struggling with these diseases has proper support emotionally, physically, spiritually and medically.

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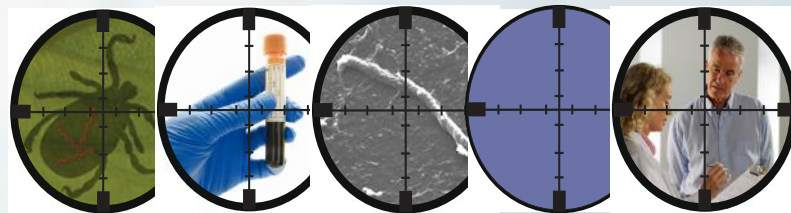
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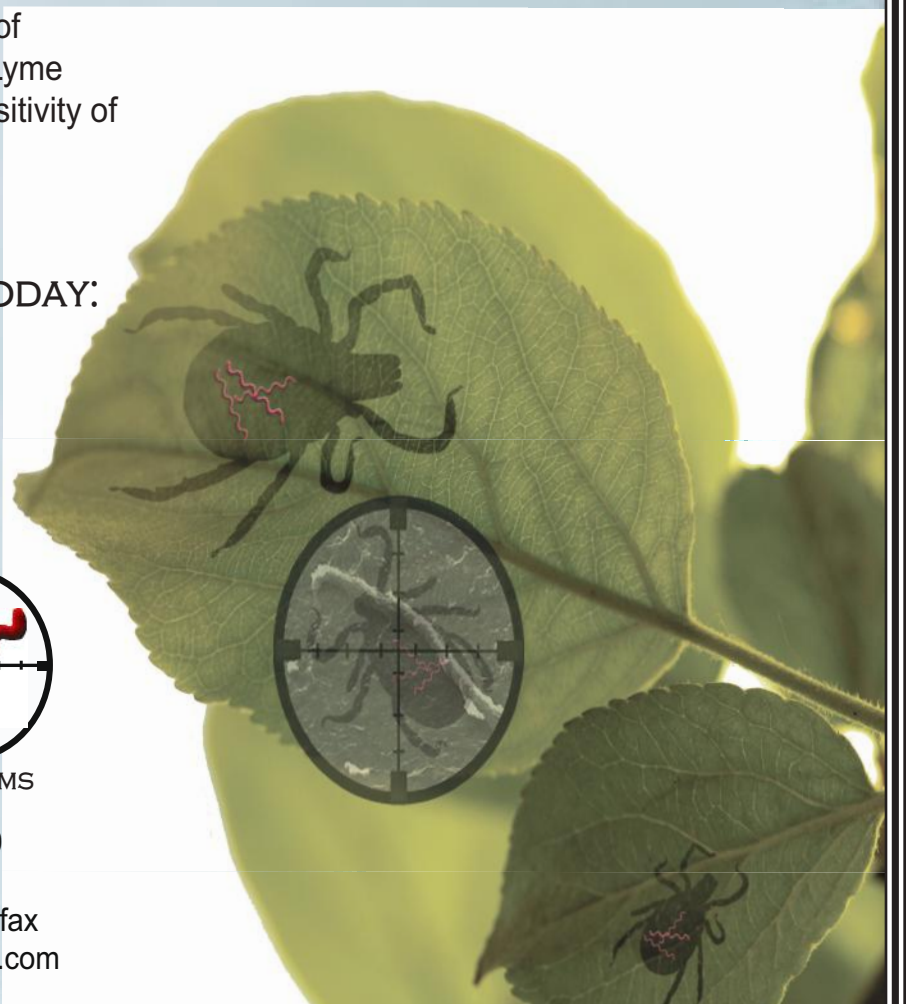
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Beat Sugar Addiction Now!

The Cutting-Edge Program That Cures Your Type of Sugar Addiction and Puts You on the Road to Feeling Great — and Losing Weight!



by Dr. Jacob Teitelbaum

Sugar is as powerful an addiction as tobacco or alcohol — and one of the most difficult to break given its prevalence in the modern diet. The average American adult consumes 150 pounds of sugar each year!

Now, in his new book *Beat Sugar Addiction Now!*, board certified internist and energy expert Jacob Teitelbaum, MD, reveals the four types of sugar addiction and their hidden causes.

“Adrenal fatigue, candida overgrowth, hormonal deficiencies, and exhaustion, are the four major contributors to this addiction,” says Dr. Teitelbaum.

“Understanding your sugar addiction type, you can take steps to beat it and in the same stroke improve your overall health. Knowing the type of sugar addict you are also helps

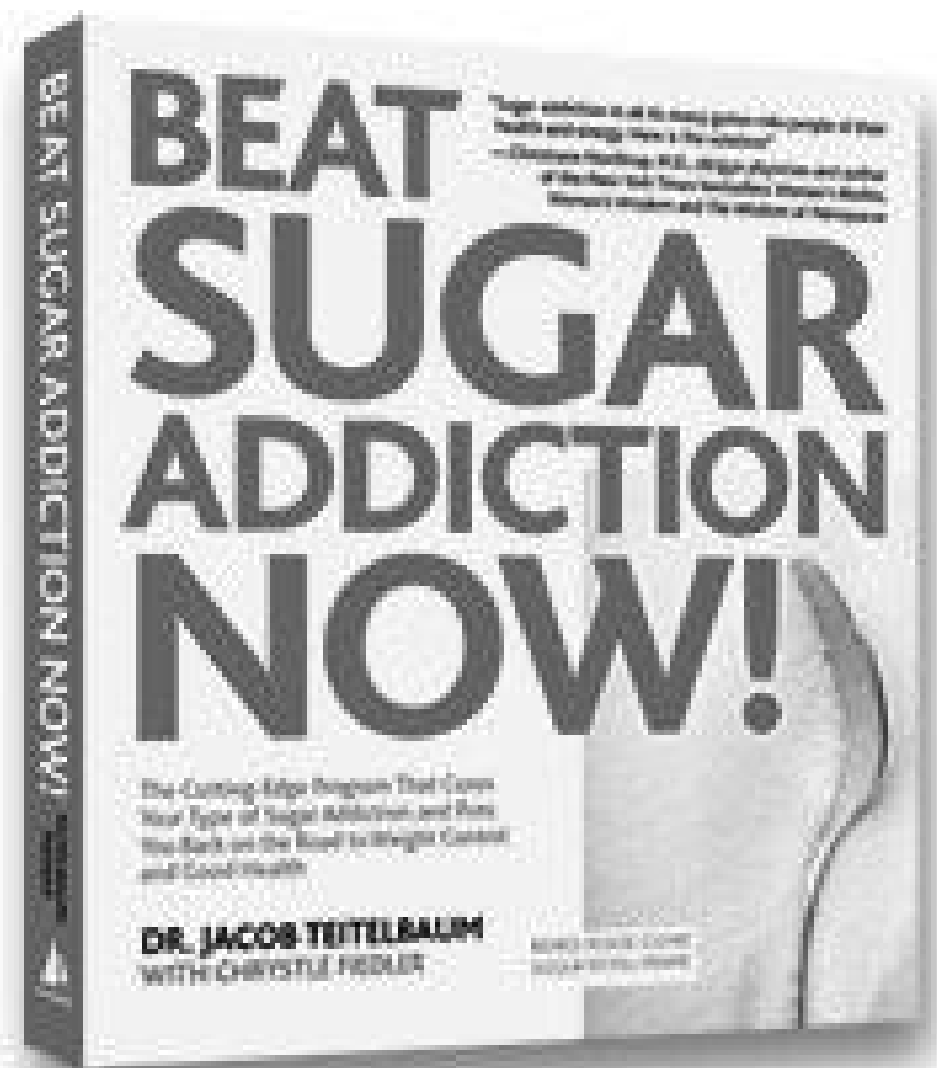
to solve many other chronic medical problems.”

Sugar addiction contributes to diabetes, cardiovascular disease and a plethora of other medical problems, and in day-to-day life it can just make you feel miserable. According to Dr. Teitelbaum, common complaints include: fatigue, getting irritable when hungry, having chronic nasal congestion and sinusitis, digestive problems (irritable bowel syndrome and spastic colon), weight gain with inability to lose weight even on a diet, and poor concentration and memory.

“By beating sugar addiction, you can get multiple monkeys off your back!” he explains. “Look for improvements in sleep, hormonal balance, stronger immunity and fewer infections, better nutrition, and vitality.”

Beating Sugar Addiction NOW! provides a step-by-step program for breaking the sugar addiction, managing withdrawal symptoms, and helping the body recover from its side effects. Simple sugar addiction quizzes presented throughout the book help to hone in on your type of sugar addiction and provides easy and effective steps to overcome it.

ISBN: 9781592334155; 256 pages, paperback, \$16.99 retail. Fair Winds Press. Co-authored by Chyrtle Fiedler.



About the Authors:

Jacob Teitelbaum, M.D. is one of the most frequently quoted integrative medical authorities in the world, and appears often as a guest on Oprah and Friends with Dr. Mehmet Oz and on CNN, Fox News Channel and local news and talk shows nationwide. He is the author of the best-selling *From Fatigued to Fantastic!*

(3rd edition, Avery/Penguin Group USA), which has sold over 500,000 copies. As a leading expert and researcher in chronic fatigue and pain, Dr. Teitelbaum has helped thousands worldwide to regain their energy, overcome pain and start enjoying their lives again.

Chyrtle Fiedler is the author of over a hundred articles on health topics for many publications including

Woman's Day, Better Homes & Gardens, Prevention, Natural Health, Medicine's Health Living, The Health Monitor Network, Great Health, Vegetarian Times, Bottom Line/Women's Health, Heart Healthy Living and Health magazine. Chyrtle also writes the "Good Nature" column for Remedy magazine and is the author of *The Complete Idiots Guide to Natural Remedies*.

“Dr. Masters” cont'd from pg 2

As I sat in the waiting room, fidgeting like a small child, I kept going over and over in my head how I would greet him. Should I curtsy? After all, I felt like he was royalty. No way, who does that anymore, I chuckled softly to myself. Should I call him sir or doctor? My palms were all sweaty. Oh no, they were calling me, I turned to my friend and asked if he would go in with me. As we were being led down the hallway, I tried to catch a glimpse of him, just to try to make some eye contact but he was nowhere to be seen. After all the preliminary testing the nurse said, "Dr. Masters will be with you in a moment."

My friend tried to calm my nervousness, explaining that this doctor was not like most and that I had nothing to worry about. "He is just like you or me," my friend said, reassuring my angst. With that came a knock on the door, and I heard my mousy voice say, "Come in." When the door flung back, there was the doc smiling and saying, "Hi Paul, nice to see you."

Paul turned to look at me and said, "Ed, this is Dottie, the girl I told you about." With that he turned his attention to me and extended his hand, "Hi Dottie, you can call me Ed," he cheerily said. "I hear you got a nasty tick bite and are having some problems. You can get to feeling better, but it's going to be a long, long road. I just want you to be aware that this won't be easy."

I took his hand and shook it very tight. "Hello, Dr. Masters. It's so very nice to

meet you, and thank you for helping me feel better." I could see in his eyes that he was a very caring person and truly loved being a doctor. I held up a lime green shirt with black lettering on it. "This is for you," I stuttered. "I heard you say it on a video and it is so good I just had to use it. We all wear them when we have booths at the fair and other events." He held it up and read his own words: Data over Dogma, Evidence over Egos and Patients over Politics. EJ Masters, MD. At my very next appointment, he made sure to let me know that his beautiful wife Jackie loved the shirt so much she wouldn't give it back to him! That is just too cute!

Over the next three years, I used to look forward the drive to Sikeston. I would spend days getting ready to share things with him so I wouldn't leave anything out. The day I was heading down there my notebook would be ready, chock full of notes to ask him. He knew I had taken up being an advocate so he would share stories with me. On many occasions, we would stay talking so long I am sure the next person would have thought he'd left for the day. But not once was I told to hurry up or treated unkindly.

Recalling one conversation, I brought up how old I was to remember that doctors once made house calls. He chuckled with delight and told me some stories about when his father was a young doctor. He said that back then "if a person only had some butter or corn to trade for services, then that is

what the doctor took." He recalled a story his father told him about receiving a chicken for payment for delivering a baby. "A chicken for a baby!" We found ourselves laughing so hard it became a running joke between us. When I would show up for my next appointment, I would tell him I had a chicken and two goats for payment this week, he'd say, "Oh good, tie the goats over there please and I'll take the chicken."

All kidding aside, no pun intended, Dr. Masters was really like that. One instance I recall, the friend who drove me down there to see him was having some problems with his insurance company. The company was stalling and did not want to pay for medical services. He told me he tried to pay Dr. Masters with his own money and Dr. Masters refused to take it. He said to my friend, "You will pay me when you can." That is just what kind of doctor he was. If you were down on your luck, he would not add to your misery, after all he knew just how sick you were with these terrible tick-borne diseases. That is one of the things that made Dr. Masters a true master at his trade. He was truly "The People's Physician."

During a conversation one of my friends told me she was sick. She had a chronic cough she couldn't shake and had been to several specialists. They did not know what was wrong after she had umpteen tests. Everything came back "normal." She is the coordinator at our local college for den-

tal assisting and she and her husband are known deer hunters. When I asked her if she had had a tick on her for an extended period, she replied that her husband took one off her rump about a year ago. I gasped over the phone and I told her it might be a Borrelia infection. I told her, "Please, if I can get you in to see the world's best for this bacterial infection, will you go?"

"Oh yes," was her reply and we found ourselves headed to Sikeston.

When her testing came back, it was positive for *B. burgdorferi*. A couple of years later she called me up and told me her son had been bitten, developed the bulls eye rash and she knew what to do, thanks to me. She started crying, which made me start crying. She told me she was so very thankful to me for keeping up the vigil I have against this terrible disease. I told her most of my strength comes from being so angry and now two of my three sons are infected as well.

One haunting note Dr. Masters left with me, "Try and not be so angry with the doctors who do not treat over 21 days or treat at all." He said, "It's like this, think of them as 'they are just plain wrong and you are right.' Stand your ground. You still have to work with them, so just remember they are wrong."

My reply to him that day was, "Dr. Masters, that is easier said than done."

He chuckled, "Yes, I know, I have been angry a time or two."

When I learned the morning of his death, my friend called and asked, "Are you sitting down?" Oh, I knew in my heart this was not a good phone call. The last time someone said that to me, my husband of 18 years died. "Dr. Masters passed away this morning," the voice on the other end said. I sat in shock, especially to learn that it was Fathers Day and his 39th wedding anniversary. We were working on a project with the doctor and that is how we learned of his passing.

I know we all must leave this earth one day and we cannot choose which day that might be. However, it is difficult for the ones left behind who yearn for their loved one who took the journey before them. I think to be remembered and celebrated as such a fine human being is priceless, just as Dr. Masters was and continues to be. He made you feel like you were his only concern and he was all yours alone. I will continue to sing his praises just as always with the sweetest of tunes. After all, he belonged to the whole world, not just little me.

The whole world mourned the day he left and there seems to be a little less magic now. I know in my heart he would want us not to be sad, not even for one moment, but to use his teachings, move forward -- turning the rain into sunshine, so his walnut trees can flourish.

pha

“Recovery” ...cont'd from page 1

muscle twitching or fasciculations. Bartonella is a major factor in autism as it affects the gut, the brain, and the skin.

❖ Ehrlichia - fevers, fatigue, mild headache, pain around the eyes, tendon pain, muscular pain, seizures, low WBC, and numerous skin symptoms.

❖ Mycoplasma - fever, fatigue, headache, bowel problems, neurodegenerative presentations such as in ALS, joint swelling, joint pain, insomnia, and psychiatric problems. Mycoplasma may be a factor in Rheumatoid Arthritis, Alzheimer's, MS, Fibromyalgia, CFS, Crohn's, ALS, Asthma, Lupus, AIDS, and many other conditions.

Babesia treatment options may include Artemisinin (taken with good fat), NutraMedix Enula, Coptis, Clinical Response Formulas CryptoPlus, Mepron with Zithromax or Biaxin, Malarone, electromagnetic therapies, acupuncture, and homeopathy.

Yang mentioned a more recent lab called Spiro Stat Technologies (<http://www.SpiroStat.com>) conducting PCR testing for tick-borne diseases. Their panel includes Borrelia afzelii, Borrelia burgdorferi, Borrelia garinii, Borrelia hermsii, Borrelia parkeri, Borrelia valasiana, Brachyspira aalborgi, Brachyspira hyodysenteriae, Ehrlichia ewingii, Francisella tularensis, Mycoplasma fermentans, Rickettsia spp (9 species), Treponema pertense, Treponema carateum, and Treponema denticola. Other methods of testing may include kinesiology, Biomeridian, and the ZYTO LSA Pro.

The Treatment of Lyme Disease in the ASD Child

Dietrich Klinghardt, MD, PhD (<http://www.klinghardt.org>, www.KlinghardtNeurobiology.com) recognized about ten years ago that the same treatments that worked for Lyme disease were working for autism. In an effort to establish autism and Lyme disease as the same illness, he conducted a small study on 10 autistic children using the Western Blot. He found that 8 of 10 were positive for Lyme disease by IGeneX criteria. He

noted that many cases of autism are congenitally-acquired Lyme disease with all the consequences.

Klinghardt suggested that once you treat Lyme disease and make an apparent recovery, you never take your eyes off the bugs. You must keep a life-long eye on it. He stated that some with chronic Lyme will outlive a lot of healthy people as a result. A focus on health becomes a lifestyle.

Autism is, if diagnosed early enough, a treatable illness. Many of the kids make a complete recovery. It is likely that when an autistic child tests positive for Lyme disease, the Lyme disease is very likely to be the cause of the autism.

Klinghardt has not had a single case of Parkinson's disease (PD) that did not turn out positive for Lyme. In one German study, 40 of 40 Alzheimer's disease (AD) patients all had evidence of spirochetes in the brain. Even with this data, the idea of putting Alzheimer's patients on antimicrobial agents is still a foreign concept in conventional medicine.

In endemic areas, up to 30% of mosquitoes and stinging flies carry Lyme disease. The question should never be "Could it be that you had a tick bite?" but rather "Could it be that you've been bitten by three mosquitoes?" In families, the rule is that if one family member has Lyme disease, they all likely do unless proven otherwise. When a child with autism is being evaluated, blood testing is done on the mother to evaluate for the presence of Lyme disease. In adults, if there is sexual contact, Klinghardt has never found one family member that had Lyme disease where the partner or spouse did not also have evidence of infection. Many features of severe autism share patterns with PD, AD, MS, and ALS.

When a pregnant mom is heavy metal toxic, the child's enduring the pregnancy is one thing, but then enduring ongoing exposures via breast milk is far worse. The mother often needs chlorella and antimicrobial treatment. No woman should breast feed without treating her Lyme disease at the same time.

Klinghardt talked about a study that was done in New York City where spirochetes were found on virtually every public telephone. He suggested that tick saliva helps to allow the spirochetes to cross the blood-brain barrier in seconds.

Klinghardt discussed coinfections (infections transmitted by the same tick bite or originating source of infection) and opportunistic infections (secondary infections that result from the immune suppression caused by the coinfections). Opportunistic infections are often far worse in terms of the symptoms produced than the coinfections. A successful treatment plan must address both the symptom-producing opportunistic infections and the immune-dysregulating coinfections. Many of the symptoms typically associated with Borrelia, Bartonella, and Babesia are actually the result of molds, yeast, strep, oral bacteria (chronic tonsillitis; more breakthroughs in autistic children have been observed by simply having the tonsils removed than any other single procedure), worms, Giardia, amoebas, viruses, and many others.

XMRV is the latest new kid on the block. There is a raging battle between the XMRV deniers and promoters though it looks as though Chronic Fatigue Syndrome may be caused by a retrovirus called XMRV. One treatment option for XMRV is liposomal artemisinin. Another virus called Borna virus causes autism in horses and has been found in 27 of 28 children with autism in one study and only in 1 of 28 healthy controls. There is not a lab in the United States that can detect Borna virus. It may represent the most overlooked viral infection in the United States. Current treatment is methyl-B12 and the KPU/HPU protocol. Amantadine is another option; though it often causes severe side effects in ASD kids.

The basic treatment approach for Lyme disease is focused on:

- ❖ Decreasing toxic body burden
- ❖ Improving disturbed physiology (via methylation support and KPU/HPU treatment)



Dr. Dietrich Klinghardt, MD, PhD

❖ Decreasing microbial count (not possible to become spirochete free after having Lyme disease)

❖ Modulating the immune system (many symptoms are the result of both an upregulated and a downregulated immune response)

Herbal therapies are often a leading option. Antibiotic treatments are anti-inflammatory and known to support detoxification of metals but they are also immune-suppressants.

Microbes excrete biotoxins and block enzyme systems. The same enzymes that are used to detoxify the body are now blocked resulting in the host's inability to eliminate toxins. The result is that one becomes a "bio-accumulator". Biotoxins produced from mold, Lyme, and other microbes are a significant focus of treatment beyond just heavy metals. There must be a focus on clearing out biotoxins, and the same agents that detoxify mercury also help to detoxify the body from biotoxins. Microbes use biotoxins as armor and once their shielding is gone, they become more vulnerable to antimicrobial compounds.

Klinghardt reported it is best to use detoxification agents and methods in a low-EMF environment. One study showed that detoxification after a DMPS injection was 22 times more effective when done in

the absence of EMFs. Electrosmog causes our detoxification mechanisms to shut down. Turn off all fuses in the house at nighttime and utilize the "Sleep Sanctuary" which may reduce incoming cell phone radiation to 1/10,000th of what it would be otherwise. Wireless internet should not be used in the home; nor should cordless phones be allowed.

Detoxification is the first focus and then antimicrobial strategies are employed. Chlorella, Matrix Metals, cilantro, MicroSilica, OSR, methionine, taurine, glycine, branch-chain amino acids, alginate, plant stem cells, HVS 48 Day Protocol Pack, Laser Energetic Detox (LED), oral DMPS/DMSA (oral DMSA can cause Candida outbreaks), and subcutaneous DMPS may be useful therapies. A study recently released suggested that alginate outperforms Cholestyramine as a detoxification agent. Colonics may be helpful.

Klinghardt has moved away from attempts to tweak the methylation cycle as most have already attempted this method with limited success. KPU/HPU treatment is still a major factor as the condition is often induced by Lyme disease. Many times, those that test negative for the KPU condition are the result of poor collection practices or poor laboratory processing. Nearly 100% of ASD kids are positive when the lab is properly done and properly interpreted. 1 capsule per

“Recovery” ...cont'd pg 7

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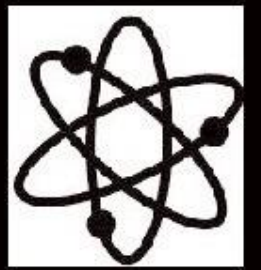
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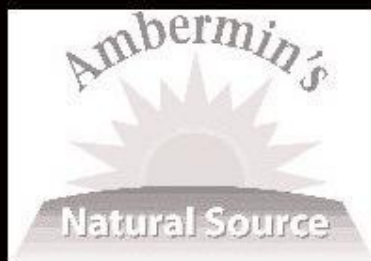
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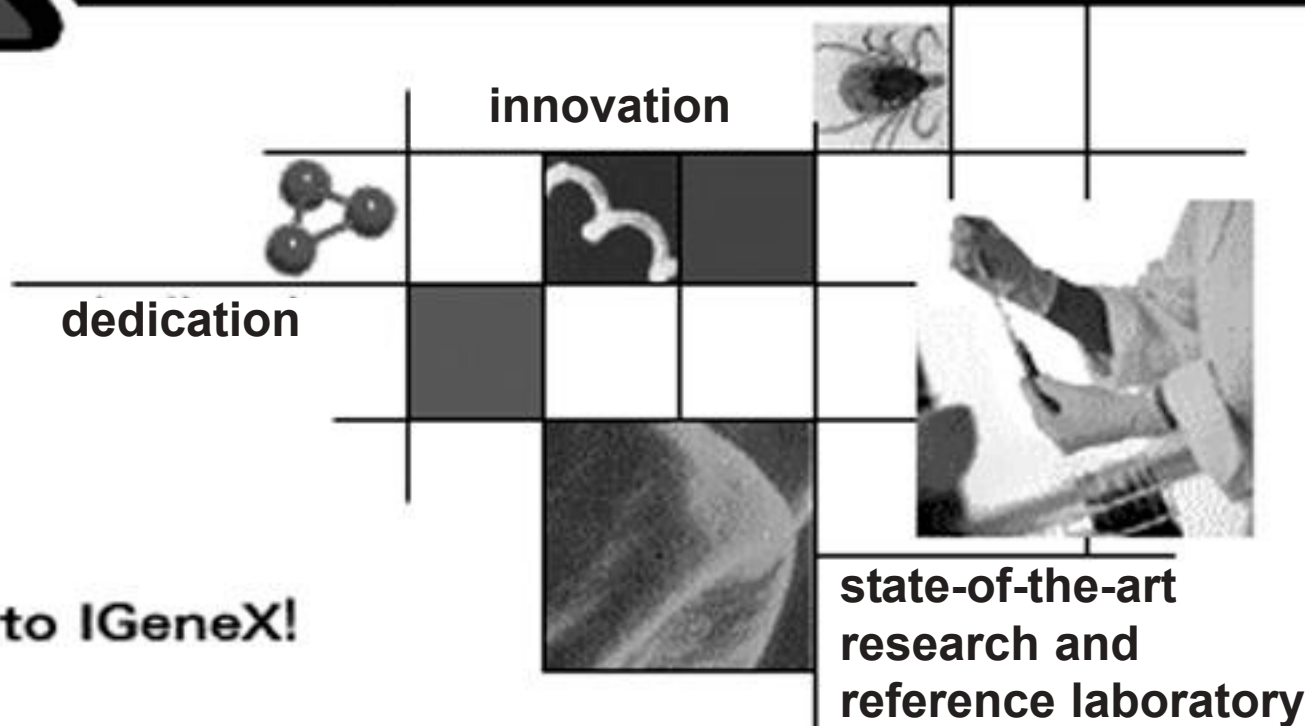
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“Recovery” ...cont’d from page 5

day of "The Core" is often appropriate for a 5 year old child.

For controlling microbes, the "Klinghardt Lyme Cocktail" is the latest breakthrough. It is a liposomal artemisinin that is blended with a small amount of grapefruit juice until a gel is created. Details on the KLC can be found in part two of this article next month.

Immune modulation is achieved with autohemotherapy or auto-urine therapy. Buhner herbs such as those found in Quintessence have powerful immune-modulating effects. Enderlein remedies may be used. D-Galactose, Valkion singlet-oxygen, and the KLC may be quite helpful.

The Role of the Gut in Chronic Illness

Aristo Vojdani, PhD (<http://www.immuno-sci-lab.com>) lectured on the role of intestinal permeability of the gut which may lead to systemic inflammation and presentation of neurological symptoms. He advocates testing of secretory IgA (SIgA) and intestinal barrier function to evaluate the health of the gut and ideally correct the source of a serious cascade of events that follows. Vojdani stated that "when the barriers are broken, the results will be food intolerances and immune disorders, including autoimmunity". Vojdani is the head of Immunosciences Lab which offers testing for Intestinal Barrier Function, Gut Barrier Integrity, Gluten Sensitivity, and Neuroautoimmunity.

Acupuncture and Eastern Medicine

Mary Tobin, LAc (www.TobinWellness.com) approaches illness from an Eastern Medicine background. Western Medicine is phenomenal for crisis management and emergency care, but for chronic health conditions such as autoimmune challenges, it is unlikely that there is only one underlying problem. Western Medicine is not generally equipped to respond to these more complex health challenges.

Western Medicine is

often looking for a specific cause for a specific disease. Eastern philosophy is not searching for the "why" but looks for patterns and relationships. Western Medicine looks for physical, structural, and chemical origins whereas Eastern Medicine looks at the energetic and metaphysical. Western Medicine is about the scientific whereas Eastern Medicine has its focus on balance and harmony.

Eastern Medicine often works well for the treatment of Lyme disease and autism because there are generally many things that are in need of correction and many ways to correct them.

Tobin utilizes modalities such as acupuncture, electroacupuncture, auriculoacupuncture, moxibustion, cupping, nutrition, sound and light therapy, EVOX Perception Repatterning, electrodermal screening (EDS), vibrational therapies, Qigong, and many others to support the body and return the whole person to a state of balance.

Staging Processes in the Laboratory Diagnosis of Lyme and Multiple Infections

Armin Schwarzbach, MD, PhD (<http://www.aerzteborreliose-augsburg.de>) from the Borreliose Centrum in Augsburg, Germany discussed laboratory diagnosis in Lyme and multiple infections. In Germany, 30-50% of ticks are infected with Borrelia. In Switzerland, 32% contain Borrelia while 42% contain Rickettsia. Lyme disease is not always detectable with antibody tests. The CDC two-tiered ELISA followed by Western Blot testing is a flawed system. There is a high risk of a positive Western Blot while also having a negative ELISA. The Lymphocyte Transformation Test (LTT) for Borrelia, the CD57, and the Western Blot are far better options than the ELISA or PCR testing for Lyme disease.

Schwarzbach noted that "Chlamydia is one of the biggest problems worldwide".

In his patients, Chlamydia is more of a problem than Borrelia. Chlamydia pneumoniae is found in up to 100% of the worldwide population but is generally controlled by the immune system. It can cause heart attacks, Alzheimer's, MS, Fibromyalgia, and CFS. Symptoms are similar to Borrelia and cannot be easily differentiated. Once Borrelia is

“It is likely that when an autistic child tests positive for Lyme disease, the Lyme disease is very likely to be the cause of the autism.”
~Dr. Dietrich Klinghardt

introduced, Chlamydia may be reactivated. Schwarzbach has found that about 30% of patients in Europe with Borrelia also have Ehrlichia. His research has also identified Mycoplasma in ticks.

Quantum Neurology®

George Gonzalez, DC, QN (<http://www.QuantumNeurology.com>) is the founder of the Quantum Neurology® (QN) Rehabilitation system. Gonzalez discussed the use of QN as a neurological rehabilitation technique. With QN, every major nerve in the body is evaluated and this evaluation serves as the basis for guiding a patient's care and tailoring a unique rehabilitation approach. Neurological rehabilitation helps to recover lost function and to strengthen the nervous system.

Quantum Neurology uses the GRT LITE™ and the ArthroStim® to help strengthen the nervous system's response to various challenges or stressors. QN strengthens the motor, sensory, and cranial nerve processing pathways.

Elizabeth Hesse-Sheehan, DC, CCI, QI (<http://www.ExperienceHealth.info>) shared her experience in treating children with

autism using QN. Using muscle testing, the body becomes aware that it cannot perform a particular task or respond to a particular stimulus. Once this neurological recognition is created, the nervous system is then recalibrated with the GRT LITE™. This recalibration upregulates and strengthens the nervous system. The nervous system controls many functions of the body such as the immune system, endocrine system, musculoskeletal system, digestive system, respiratory system, cardiovascular system, and detoxification. QN brings the body's attention to the task that it is having trouble with and brings the necessary energy and input required to allow the body to heal itself.

Human Microbial Interaction in Lyme and Autism

Jeff Wulfman, MD believes that the autism epidemic is exploding with 1 out of 100 children on the spectrum and 1 in 60 boys currently affected. Many of the children with autism and those with Lyme disease have inadequate immunologic defenses which allow new infections to emerge.

Wulfman used the term "parasites" to describe the relationship between two organisms. Most of the infections that we discuss in autism and Lyme are "parasitic" in that they cannot survive outside the body. These parasites are "survival specialists". Chronic infections can alter gene expression. They have the ability to affect other organisms in the host through quorum-sensing and gene exchange. They have many defensive strategies such as forming biofilms, becoming intracellular, cloaking, mimicry, and polymorphism. Microbes can alter our behavior. Infections are tightly connected with autoimmunity.

In ASD, numerous infections may be involved. Borrelia, Bartonella, Babesia, Ehrlichia, Mycoplasma, HHV-6, Chlamydia, Blastocystis hominis, CMV, Plasmodium, Taenia, Toxoplasma, Treponema, Cocobacili, and numerous other viral and fungal infections have

all been identified as being factors in autism.

In looking at chronic infections, it is important to consider the setting in which these infections are occurring. Heavy metals, chemical toxins, nutrient deficiencies, immunological load, and pathogenic load are all cofactors which may contribute to a more pathogenic relationship with the organisms living within us today than in the past.

Wulfman believes that inflammation plays a significant role in many of the symptoms that patients experience. Systemic inflammation causes worsened inflammation in the brain and can contribute to many neurological symptoms and the progression of chronic neurodegenerative disease.


In Lyme disease, there are both coinfections and opportunistic infections. Coinfection with Borrelia, Bartonella, and Babesia leads to immune dysregulation which increases susceptibility to other opportunistic infections such as viruses, protozoa, and yeast.

Wulfman discussed a small group of autistic children tested for XMRV where initial results suggest that 40% of children with ASD tested positive. The mitochondria of the cell are a common target for pathogens.

There are many dysfunctions in autism including chronic brain and gut inflammation and chronic microglial activation. There is often elevated glutamate, increased cytokines, and possibly autoimmunity. This creates a hostile environment for the optimal development of neurons and synapses. Excessive activation of the immune system initiates and sustains inflammation. Bacterial, viral, fungal, and parasitic infections exist within a backdrop of heavy metals and other toxins, food reactions, and a genetic predisposition.

A compelling correlation was made between emotions and antibody levels. When the emotions of frustration and anger were experienced, antibody production was reduced by 50% over the next six hours. The emotions of compassion and caring demonstrated an increase in antibody production.

“Recovery” ...cont’d pg 9



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520-393-1452

L.E.A.P. Arizona

Tina J. Garcia
Lyme Education Awareness
<http://www.leaparizona.com>
480-219-6869 Phone

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

California

Dorothy Leland
website: www.lymedisease.org
contact@lymedisease.org
Mid-Peninsula Lyme Disease Support Group
Mountain View, CA
2nd Tuesday each month:
6:30-8:30 PM
ldsg_scott@hotmail.com

Colorado

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

Connecticut

www.timeforlyme.org
914-738-2358

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National Support:

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Dana Floyd, director
LDA of Iowa
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Contact: Teresa Lucher
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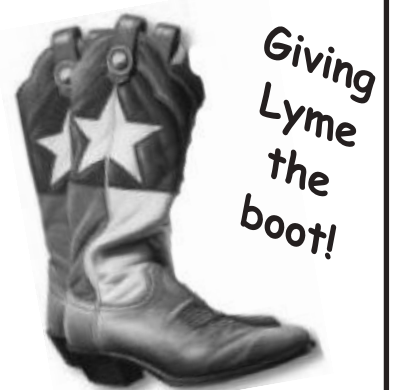


Military Lyme Disease Support

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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Lyme Tea

Adapted from core Buhner protocol

This is an antimicrobial/immune-regulating medicinal herbal tea formula. It is all based on Stephen Buhner's Healing Lyme book and his recommendations to treat chronic infections/tick-borne illness/Lyme disease. Herbal healing is slower and more subtle, but perhaps more permanent, so be patient, it may take 3 or more months for results.

The tea:

Put into one gallon water:

- ❖ Japanese Knotweed 10g (increase dose slowly, 10g per week or so, up to 40g)
- ❖ Stephania 20g (increase slowly up to 80g)
- ❖ Sarsaparilla 10g (increase slowly to 40g)
- ❖ Cat's claw 15g (increase slowly to 60g)
- ❖ Red root 10g (can increase slowly to 30g)

Optional:

- ❖ Artemesia Annuua 5g (increase slowly to 40g) use especially if suspicion of Babesia)
- ❖ Eleutherococcus Ginseng at a starting dose of 10g can be helpful for fatigue (but it may be troublesome for some with chronic Lyme)

Use a postal scale, there are inexpensive ones here: <http://www.old-willknottsscales.com>

An option is the MyWeigh Triton T2 with the calibration weight

Combine herbs and 1 gallon of water in a large stockpot. Bring to a boil, then lower heat and simmer for 1-2 hours, then strain and pour into a wine bottle, glass bottles or use an iced tea jug w/spigot and store in the fridge.

General dosage guideline: about 3-4 ounces 3 times a day. This is not exact dosing - you can really go on symptoms, Herxing, and

symptom relief as far as dosage and so on. If symptoms flare up badly, reduce the dose for a while. If you are not getting much response, increase dosing.

Details on the herbs:

Get cut and sifted, not powdered - lasts longer and the tea is more palatable.

Can order the Knotweed (Hu Zhang) and Stephania (Andrographis too) from <http://www.1stchineseherbs.com>

Can order the Cat's claw, Red root, Sarsaparilla, Eleuthero from <http://www.mountainroseherbs.com> and/or <http://www.starwest-botanicals.com>

Dosages listed are for adults and should be adjusted for kids.

To order the proper combination of herbs for the Lyme Tea already prepared, contact Julie Mitchell RH(AHG) at eosbotanicals@gmail.com.

This is the recipe referred to in *Human Microbial Interaction in Lyme and Autism* on page 7 as part of the LIA Conference Review article.

“Recovery” ...cont’d from pg 7

Several foods may increase the exact inflammation that we are attempting to reduce with various treatment options. Food reactions add stress to the immune system. These include gluten, casein, sugars, refined carbohydrates, and fructose. High-temperature cooked carbohydrates increase TNF-alpha, cytokines, and glutamate. Boxed gluten-free foods are often high-temperature cooked carbohydrate foods which increase inflammation.

Those with chronic illness must eliminate sweet drinks, all artificial sweeteners, artificial colors, artificial flavors, and preservatives. No glutamates (MSG) or high fructose corn syrup should be consumed. Reduce white flour, refined foods, sweets, pastries, breads, and foods cooked at high temperatures. Add whole foods, colors, variety, spices, and low-temperature cooked foods using stewing, boiling, soaking or fermentation. Plant a "victory" garden. Avoid GMO foods such as corn, soy, and canola.

Factors affecting the immune system include pathogen load, gastrointestinal dysbiosis, heavy metals and other toxins, nutritional deficiencies or excesses, food intolerances, emotional factors, and EMFs.

Useful labs may include IgG testing for gluten and casein, B12, CBC, Comprehensive Metabolic Panel, TSH, Free T4, Free T3, ANA, GI assessment, and urinary porphyrins or DMSA-provoked urine. For pathogens, consider IGeneX Western Blot, antibody testing (for Bartonella, Babesia, Ehrlichia, Anaplasma, and Chlamydia), Babesia FISH from IGeneX, Mycoplasma PCR from Clongen, Fry Labs blood microscopy, Galaxy Labs Bartonella testing, and Borna virus testing.

Trace minerals are critical; ideally liquid ionic minerals would be used. Magnesium is best in topical preparations due to possible biofilm formation with oral supplementation. Toxin removal may be aided with chlorella, HMD, zeolite, and EDTA suppositories. Most people need zinc. 90% of kids are deficient in omega-3 fats. Anti-biofilm therapies including Lumbrokinase and Interfase Plus have been very effective in

helping antimicrobials to work more effectively.

"Dietrich has a cocktail; I have a tea - maybe Babesia Breakfast, Mycoplasma Midnight Snack or Autism Appetizer," said Wulfman. "Lyme Tea" is based on the work of Stephen Buhner and is a low-cost option with strong therapeutic benefits for many. The tea addresses multiple infections, immune dysfunction, and has been found to be more effective than the use of the same herbs in dried form. It may take 3-4 months to recognize the benefit of the tea.

Considerations in Diagnosis and Management

Steven Harris, MD (<http://www.PacificFrontierMedical.com>) noted that the understanding and treatment of Lyme disease is still in its infancy. He has observed several different variations of Lyme and autism. These include:

1) Neuroborreliosis with autistic features - child can often handle antibiotic treatment, attains milestones rapidly and often recovers fully

2) Lyme Induced Autism - child has Lyme disease but it may not be the only cause of their symptoms. Gains are usually significant but requires a more cautious and methodical approach. Digestive health and other integrative modalities including chelation, hormone support, and metabolic support are critical

3) Child may have Lyme and autism perhaps in concert but potentially unrelated. These patients may respond to antimicrobial treatment. This group is the most challenging, and 4) Child may have autism with no evidence of Lyme disease - there may be other infections but Lyme treatment is not appropriate.

Lyme disease, and likely autism, interacts with many other factors including Babesia, Bartonella, Ehrlichia/Anaplasma, parasites, Mycoplasma, heavy metals, allergies, hormone dysregulation, adrenal fatigue, environmental pollutants, geopathic stress, worms, electromagnetic stress, genetic mutations, depression or anxiety, dysbio-

sis, viruses, biotoxins, yeast and molds, leaky gut and more.

Therese H. Yang, MD, FAAFP then mentioned that kids may get Lyme disease from a sick pet, during pregnancy, from breast milk, fleas, mosquitoes, ticks, and possibly other mechanisms. She noted that infected ticks have been found even in large cities such as Los Angeles. A tick does not need to be attached for 24 hours before the bacteria can be transmitted. The spirochetes can cross the blood-brain barrier very quickly and once the barrier is open, many other things in the body such as heavy metals and viruses may gain access.

Harris continued to share approaches for treating Lyme. He recommended not treating too aggressively when severe neurological conditions such as ALS or MS present, in those with baseline abdominal stress, people with MCS, children, the elderly, when coinfections are suspected but not known, and women with pelvic pain or frequent headaches. Aggressive therapy includes IVs, high dose antibiotic combinations, and the use of a cyst buster such as Metronidazole or Tinidazole. Harris outlined various antibiotic treatment approaches. Alinia may be helpful in treating parasites, Babesia, cystic forms of Borrelia, and even some viruses. He noted that he rarely uses herbs alone and that pharmaceuticals are generally required at some point in the treatment of Lyme induced autism.

Turning to non-pharmaceutical approaches, Harris discussed BLT and CryptoPlus from Clinical Response Formulas (www.ClinicalResponseFormulas.com), Zhang Protocol (Allicin, Coptis, HH), Buhner Protocol, Cowden Protocol, Deseret Biologicals, homeopathy, Lyme nosodes, Teasel Root, rizol oils (www.BioPureUS.com), oral and IV Garlic, Sanum isopathic remedies, Jernigan Protocol, Monestary of Herbs formulas, Bar-1/Bab-1/Bb-1/Immune Restore from Healthy Directions, and Plant Stem Cells such as Yarrow, Sweet Chestnut, Arnica, and Artemisia.

BLT (Bartonella Lyme Tincture) consists of Red Root, Teasel, Boneset, Black Walnut

Hulls, Lomatium, Sarsaparilla, and Stillingia sylvatica. There is a Black Walnut free version for those that are sensitive.

CryptoPlus contains Cryptolepis, Boneset, Lomatium, Black Walnut, Phospholipids, and Stillingia and may be helpful for those with parasites or Babesia.

Functional Orthodontics and Movement

Dr. Jorge-Luis Moreno, DO (<http://www.DrJinLA.com>) spoke on the connection between dental decay, crowding of the teeth, collapse of the arch and the consumption of processed foods. Children on indigenous or cultural diets exhibit much better dental structure and health. The most important ingredient for cellular physiology is oxygen. Often times, dental appliances help oxygen to get the brain. Moreno looks at the airway, cranial base stability, tongue, teeth, and swallow. When an appliance improves the functional capacity, the neurological system improves. The proper orthotic can improve drainage as a result of providing structural stability.

Dead Bugs Moving - Why Lyme Disease Treatment Fails

Dr. Wayne Anderson, ND, PA (<http://www.aaimed.com>) shared numerous reasons that Lyme disease treatment may fail. Initially, Anderson looks at the mouth. If the patient has bad alignment in the mouth, cavitations, or other dental problems, patients do not respond to treatment until those issues are addressed.

Anderson views illness as consisting of both foreground noise and background noise. Foreground noise is the dominant pathogen that the immune system is struggling with at the present moment. An attempt should be made to make the diagnosis of the dominant pathogen which is the most immediate threat to the body. The immune system alerts the practitioner to the dominant pathogen via the symptom picture that it presents.

Background noise consists of things such as detoxification issues, poor methylation,

KPU, heavy metals, and other "sludge-like materials" that add to the overall body burden. As you reduce the background noise, the foreground noise becomes more obvious and the symptom picture becomes clearer.

Anderson discussed biotoxin illnesses. Various neurotoxins are often present resulting from fungal infections, tick-borne infections, chemicals, heavy metals, and parasites. Neurotoxins are drawn to fat; often the fat around the nervous system and the brain. Neurotoxins are intracellular and produce inflammation. They disrupt self-regulating body systems such as the endocrine, nervous, immune, and gastrointestinal systems. In general, the pathogenicity of these neurotoxins is load dependent. The greater the load, the sicker one becomes. These accumulate in our systems very slowly, and once a threshold is reached, symptoms present.

Treatment is approached in three main categories which are 1) immune modulation, 2) unloading the dominant pathogen, and 3) waste removal and terrain rejuvenation. After the patient begins to respond to treatment, an effort is made to rebuild the metabolism and repair the physiology. Over the years, Anderson became aware that antibiotic treatment made it more difficult to identify the symptoms that pointed to the dominant pathogen. His focus has become one of immune modulation with herbs and homeopathics. However, antibiotics are still used at various points during the recovery process.

Anderson analogized Lyme with a game of chess. There is an opening which is when the diagnosis is being made, a middle game which is when treatments are put into place to address the changing pathogen picture of the patient, and an end game of immune rehabilitation, terrain rebuilding, and final unloading. Anderson hypothesizes that there is wisdom in the body's presentation of symptoms. Symptoms are in effect the body's cry for help.

Once the presumed dominant pathogen is identified, a specific provoking agent

“Recovery” ...cont’d pg 10

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“Recovery” ...cont'd from pg 9

is used to challenge the patient. The response to this provoking agent points to whether or not the dominant pathogen is correctly identified. Babesia and Bartonella are generally the dominant pathogens. 80-90% of patients have Babesia and Bartonella. Borrelia is generally a weaker pathogen, though about 15% of Borrelia species are quite aggressive and require more aggressive therapy. Ehrlichia, Anaplasma, Mycoplasma, Rickettsia, Tularemia, Coxiella, and other organisms are generally not dominant pathogens.

Though not all symptom pictures are "clear", the chief complaint with Babesia is generally mental or emotional. It may present as an inability to think, difficulty with focus, feeling like a nervous wreck, and being depressed.

Symptoms generally are more weighted to problems from the neck up. It may impact memory and concentration. One may become lost in familiar places. Fear is a major issue with Babesia. OCD and panic disorders may be related to Babesia. Hypothalamic dysregulation causes sleep problems, temperature intolerance, night sweats, and weird dreams. Autonomic dysregulation may present as dizziness, vertigo, racing heart, tinnitus, and blurred vision. Babesia may also affect wrists, hands, ankles, and feet.

Babesia and Bartonella are almost always found together. The dominant pathogen changes from one to the other and back again. Bartonella patients complain of more pain. This may be joint pain and ice-pick headaches. There may be cognitive, memory and emotional symptoms but they are less severe than in Babesia. More lymphatic issues are often observed with Bartonella. Blurred vision may be an issue. A mild sore throat or feeling like one is just about to get a sore throat may present. Bartonella loves the stomach. It elevates liver enzymes. It produces skin rashes, striae, crusty scalp, crawling or burning sensations, and painful soles. Bartonella tends to stay more on the surface whereas Babesia gets much deeper in the body.

A good challenging agent needs to be as specific to the microbe presumed to be the dominant pathogen as possible. The challenge agent may be an antibiotic, herbal product, or homeopathic nosode. Babesia challenge agents may include Mepron with Zithromax, A-BAB, Artemisinin or a Babesia homeopathic nosode. Bartonella challenge agents may include Levaquin, Cipro, Rifampin/Septtra DS, A-BART, or a Bartonella homeopathic nosode.

Anderson suggested that there are at least two ways of approaching treatment of people with chronic illnesses.

First, one can treat all of the pathogens at the same time. Second, one can treat infections as a layered process being guided by the immune system.

Treating chronic illness is much like unraveling a ball of yarn or peeling an onion. Once the background noise is down and the dominant pathogen is addressed, the next layer will appear. After

addressing one dominant pathogen, the immune system will reprioritize and present a different dominant pathogen which must then be addressed. Borrelia tends to be underneath Babesia and Bartonella. Viruses tend to be underneath Borrelia. Mycoplasma and Chlamydia may be underneath the viruses.

Once several layers have been addressed, the patient may be down to 20-30% of the original symptom picture. At that point, the genetic predispositions may be a larger factor. Anderson finds the HLA testing from Dr. Ritchie Shoemaker to be an important piece of information. Mold and fungal issues are primary problems for some people.

Detoxification is such an unbelievably important thing. It is like a river. The end of the river is the bowel. The middle of the river is the liver, kidneys, and lymphatics. The beginning is the cellular level and extracellular space. The detoxification process must first look at the end of the river, then the middle, and then the beginning. Anderson shared that "I've never had one constipated patient ever get better". As microbes are being killed, they end up in the blood and these need to be filtered by the liver. If the gallbladder is clogged up or full of sludge, this becomes an impediment to successful treatment. These filtering mechanisms need to be cleared out so that the blood can remain as clean as possible. The lymphatics in most patients are not properly functioning. For kidney support especially when metals are involved, Pekana Renelix may be a highly supportive option.

In terms of cellular detoxification, methylation and KPU are areas that need to be investigated and addressed. Anderson mentioned that he believes stem cell therapy will prove to be a good thing. In patients with long-term chronic Lyme disease, there is generally some amount of fibrosis and sclerosis. Stem cells are a potential treatment to help soften up these areas and get them back to optimal functioning.

Anderson shared an exciting new herbal product line from master herbalist Byron White. The products have not been available to the public until now. A-L, A-BAB, and A-BART are complex herbal formulas that work on immune modulation and make the dominant pathogen picture much clearer. They have emerged as powerful treatment options. The new Byron White remedies are available to practitioners from BioResource at <http://www.bioresourceinc.com>.

Biofeedback and Neurofeedback

Jamie Juarez, MS, LMFT (<http://www.HopeCounselingTherapist.com>) shared her own struggles with a son that is severely autistic. Juarez integrates biofeedback and neurofeedback and reports a 90% success rate. Biofeedback deals with the

autonomic nervous system (ANS) such as heart rate and skin temperature. Neurofeedback is related to the central nervous system (CNS) which includes the brain and spine. The peripheral nervous system (PNS) is what responds to external stimuli such as light and sound while the internal stimuli might represent emotions, hormonal status, and the

“Diet and nutrition is one of the few interventions that address all aspects of these conditions at the same time with no negative side effects.”

~Dr. Jeff Wulfman

immune system.

Biofeedback is a process which can monitor bodily functions such as breathing, heart rate, blood pressure, and skin temperature and learning to regulate these through relaxation or imagery. It helps to reverse habitual patterns created by stress. Biofeedback works on the PNS. Neurofeedback works on the CNS. It is also called EEG biofeedback. It teaches people how to control their brain waves. It provides one with more information about what the body is doing than is ordinarily available and helps to develop greater control over the brain. It increases or decreases brainwave activity in certain

“Autism is, if diagnosed early enough, a treatable illness. Many of the kids make a complete recovery.”

~Dr. Dietrich Klinghardt

areas of the brain. Verbal and non-verbal children on the spectrum have very different patterns that can be observed when using neurofeedback.

Biofeedback can help improve immune response, increase energy, brighten mood, increase mental function, attention and concentration, reduce negative emotions, improve sleep, enhance performance, lead to a healthier physiological and psychological state, and provide a greater sense of ease, relaxation and well-being. Neurofeedback can improve attention, increase social skills, improve communication, improve comprehension, decrease anxiety, improve sleep, reduce impulsivity, reduce hyperactivity, and reduce seizure activity.

Quantitative Electroencephalograph (QEEG) allows the practitioner to determine the most useful neurofeedback protocol for each individual client to improve functioning. It helps to pinpoint key issues.

These treatment options

may help with ADD, head injuries, seizure disorders, stress, headaches, anxiety, TMJ, depression, emotional trauma, epilepsy, autism, blood pressure, developmental delays, learning disabilities, chronic pain, autoimmune disorders, Alzheimer's, Fibromyalgia, stroke, Cerebral palsy, PTSD, and other conditions.

A Better Brain! Energetic Testing and the Restoration of Neurophysiology Through the Use of Communication Molecules

Michael Payne, MS, CRC, CNS (<http://www.StartLivingWellToday.com>) termed autism a "neuroauto-immune disease". He suggested that a neurotoxic brainstem is the threshold event for Lyme-induced autism. Immune pathways are altered, and imbalances in immunity allow opportunistic infections to proliferate.

Vaccinations may damage the Th1 system. Damage caused by vaccinations is not likely entirely related to mercury but to an autoimmune reaction. The sympathetic system becomes dominant and the parasympathetic system is unable to relax. Payne referred to this process as "the on switch without the off switch". Appropriate balance between the Th1 and Th2 systems is responsible for grabbing toxins, ammonia, aldehydes, and other aggregates. As the Th1 system is damaged, one becomes more and more toxic in the extracellular matrix.

The pure medical model is akin to putting "duct tape over the check engine light," Payne stated. An integrative model is needed.

Payne has created "The Solamar Intensive" which has at its core the psycho-neuro-endocrine-immunological (PNEI) axis. This is a complex system which is regulated via communication molecules within the body. He utilizes homeopathic cytokines and hormones to facilitate the reprogramming of the PNEI. An important goal is to regain Th1 and Th2 balance.

Payne says, "When you have seen one child with autism, you have seen one child with autism". Payne uses technology called ZYTO to help identify where problems may lie in an individual child with ASD. He then implements "The Solamar Intensive" which consists of the following steps: Rescue, Reset, Remove, Repair, and Reconnect.

What's Ahead Next Month....

In next month's edition of the **Public Health Alert**, additional information from the LIA event will continue with the following:

- ❖ A Comprehensive Holistic Approach to Healing the "Tough" Ones (Andrea Libutti, MD)

- ❖ Digging Deeper into Lyme and Autism by Identifying the Emotional Trauma Behind

These Conditions (Dr. Gilbert Renaud, PhD and Dr. Jorge Moreno, DO)

- ❖ The Judicious Use of Hyperbaric Oxygen in Treating Children with Autism and Lyme (Dr. Kenneth Stoller, MD, FACHM)

- ❖ Utilizing Plant Stem Cells and Embryonic Phytotherapy for Immune Modulation, Biofilm and Symptoms Management of LIA (Dr. Elizabeth Hesse-Sheehan, DC, QN)

- ❖ Fuzzy Immuno Reactivity - Auto Immunity and Autism (Dr. Toby Watkinson, DC)

- ❖ Aerobic and Anaerobic Conditioning to Fight Lyme and My Lyme Plan / How I Did It! (Perry Louis Fields)

- ❖ Recent Advances in the Treatment of Autism Spectrum Disorder (Dr. Dietrich Klinghardt, MD, PhD)

Disclaimer

This article is for informational purposes only and is not intended to serve as medical advice. All decisions regarding any medical treatment should be made only in conjunction with your licensed healthcare practitioner.

Errors or omissions may be present in this article's content. The author apologizes in advance to the presenters and the readers for any potential errors or misinformation which may be present. The views represented in this article may or may not be consistent with those of this article's author.

Exciting Announcement from the LIA Foundation

The LIA Foundation has decided not to have a 2011 annual conference. Instead, LIA is excited to announce monthly conferences that will be live and online. People all over the world will be able to access these events which will allow LIA to reach a far larger audience than ever before. Further information can be found online at <http://www.LIAFoundation.org>. Don't miss out on this exciting opportunity.

Resources

DVDs of the 2010 LIA "From Roadblocks to Recovery" conference can be purchased from ZenWorks Productions at <http://ZenWorksProductions.com>. I highly recommend reviewing these conference DVDs as they are packed with valuable information.

About the Author

Scott Forsgren is the editor and founder of BetterHealthGuy.com where he shares his thirteen year journey through a chronic illness only diagnosed as Lyme disease after eight years of searching for answers. Scott was honored to be awarded the "2010 Educational Excellence Award" from the LIA Foundation for his efforts in educating the public on Lyme disease. Scott can be reached at Scott@BetterHealthGuy.com.

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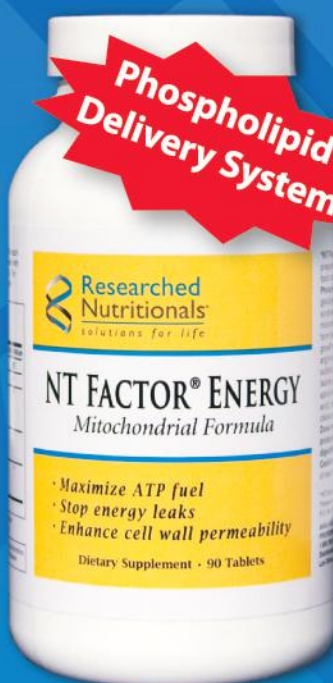


Due to the efficacy and the science behind the products, these are my favorites - **Joseph J. Burrascano Jr. M.D.**



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.



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

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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.



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