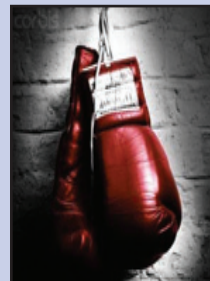


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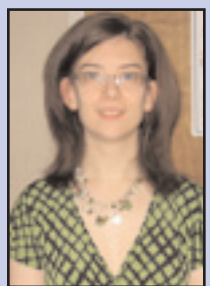
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From a Source of Profound Insight Comes Hope

A Master's Update on the Treatment of Lyme Disease

by *Scott Forsgren*

Stephen Harrod Buhner was a keynote speaker at the "Lyme and Other Chronic Infections as the Underlying Cause of Chronic Illness" conference hosted by Dr. Dietrich Klinghardt MD, PhD in Bellevue, Washington in late 2009. It was the second time I had the opportunity to hear Buhner share his many profound insights on the topic of Lyme disease treatment.

I was struck by his presence - a presence of calm, a presence of connectedness to the earth and to Mother Nature, and a presence of concern and compassion for those whose lives have been impacted by chronic illness. There is something very real about Stephen Buhner, and his desire to help those who have been impacted by Lyme disease is readily apparent.

Profound Insights on Lyme Disease

In 2005, Stephen Buhner wrote "Healing Lyme: Natural Healing and Prevention of Lyme Borreliosis and Its Coinfections". The book was one of the first works to outline a holistic approach for the treatment of Lyme disease primarily using herbal remedies. Since that time, many have used the "Buhner Protocol" as a key component in their attempts to recover from chronic Lyme disease.

At the conference, Buhner stated that "people try to get rid of disease, but we need to understand the disease and how it thinks. Why has it emerged? Why does the person have it?" He believes that it is important to understand why the disease has taken the shape that it has in a particular person. He does not believe that Lyme disease responds well to "reductionistic" or simplistic approaches.

He acknowledges that there are diseases that do respond to simpler treatment protocols, but he noted that "we've gotten rid of most of the simpler ones and are dealing with something else now". The Lyme spirochete is both intelligent and sophisticated. It has been around for at least 100 million years. It has been around longer than we have.

"We are outmanned and out-gunned," he said.

Buhner looks at Lyme disease as an "ecological disease". First, he believes that Lyme is the result of ecological disturbance to the planet. Second, the expression of the disease depends on each person's unique interior ecology. Lyme adapts itself to each person's terrain. Many of the most troublesome, emerging diseases are the result of ecological change. Sooner or later, we will be forced to reevaluate Western healing approaches. He stated, "We need to understand what we are dealing with and at this point in time, we don't." We cannot view Lyme disease as just another disease. We have to begin to develop a more complex perspective in order to be more effective in treating the disease.

Though man does not want to accept an important truth, it is well known that the human population density is too high. Ecosystems correct population imbalances in order to maintain ecological integrity. He believes that we must "give up human exceptionalism". We can no longer act as if we are exempt from the ecological impacts of our actions.

An erroneous belief in human exceptionalism has been the major shaping force behind the practice of medicine in the United States. To effectively respond to a disease such as Lyme disease, human exceptionalism has to be abandoned. We are only one species of many in an ecological matrix. We are bound by ecological factors of four billion years in duration. We are not outside of these influences. Once this is understood, a whole range of treatment options opens up that cannot be seen otherwise.

Once human exceptionalism is abandoned, the rationale for a war on disease disappears. The current concepts of disease treatment have emerged from the idea that people are somehow outside of nature. There is an erroneous belief that people can control nature through the use of science and technology. Buhner stated, "We are at the end of this way of thinking. Everybody knows it; everybody feels it. The scary thing is what do we do? The old system is breaking down more and more". He



pointed out that we have "erected a pharmaceutical world around the human species and that wall has kept some of the wild chaos of the universe at bay for about sixty years, but as with pesticides and crops, each year the pharmaceutical barrier has to be raised higher to keep the universe out. More and more cracks are appearing all the time. Lyme is one of them. Within our lifetime, that wall will fail." He stated that epidemiologists have been predicting this for some time and that it is well-known that our time is limited. Different approaches to disease are required but as human beings, we will postpone these as long as possible.

The military model of treating disease presents another significant problem. Buhner expressed that the disease organisms are much older than we are and thus, he does not attempt to eradicate or kill them. Most medical approaches in the United States use a top-down approach which emerged from military history. A top-down approach is being used to say what is and what is not a "legitimate treatment". Lyme cannot respond to this type of an approach as it adapts itself both to the host's body and to the ecosystems in which it appears. He noted that treatment approaches in Wisconsin need to be slightly different from treatment approaches in Connecticut and again from

those in California. The people that live in each unique area know best how to treat the disease and each approach has to be different for each person with the disease. When people are removed from the top-down authority, tremendous innovation emerges but these same practitioners then get in trouble "from the top-down powers that be." He said, "We have to trust the people on the ground".

Lyme disease is a highly variable and adaptive organism. There is no one treatment that will work for all patients. Every incidence is unique and the practitioner must see the person in front of them. "Lyme disease patients themselves demand individual attention", he said.

Buhner continued, "Lyme disease patients cannot help but to tell their entire story from the beginning." We need to recognize that there is great information in these stories that helps us to step outside the medical model and approach each person as unique. These conversations will lead to an emergence of understanding as to which healing approach is right for a given person.

Buhner primarily sees clients that have been on antibiotics for years. His clients have largely been impacted by neuro-cognitive Lyme disease. Their symptoms are severe. They all have fear; "*Buhner Protocol*" ... pg 5

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

EDITORIAL: LETTER TO THE EDITOR

The Gloves are Off

Dear Public Health Alert,

I would like to thank you for offering an updated and comprehensive newspaper for the Lyme disease community. I believe that it is important to inform the public on the latest medical information, holistic approaches, patient stories filled with their heart-wrenching journeys, and inspirational articles to keep our hearts and spirits moving in a positive direction. Public Health Alert gives us hope and encouragement to fight this devastating illness. With the continuing war going on with the Lyme disease treatment guidelines, your paper offers your readers "to the point" updates on the political front.

If I may, I would like to share a part of my life's journey with Lyme disease. It has been a loss of 20 years of my life, the abuse from the medical establishment has been beyond that of my wildest dreams.

My journey with Lyme disease started in the late 80's. I knew I had been bit by many ticks in the outdoors, but Lyme was not even heard about back then. My diagnosis came from my best friend, around eight years before I was officially diagnosed by the medical community. At that time, I didn't have any idea what Lyme disease was. As each month went by, I was going to specialist after specialist. At this point, all of my life's dreams had faded, and were completely over shadowed with sickness and despair. I was no longer able to teach physical education and high school mathematics, I was unable to backpack, ride my horse, or do anything except schedule doctor's appointments. For 6 years, I was either in bed, or waiting for hours in the office of a physician that would inevitably "ping-pong" me to the next specialist.

Thinking that I would put this Lyme disease issue to rest, in 1993, I scheduled an appointment with Dr. Allen Steere, at Tufts University School of Medicine. I discussed my profound fatigue, stiffness in my joints, severe headaches, intestinal and urinary distress, irritability, concentration problems, neck pain and heart issues. Looking back, this physician never discussed my lifestyle or brought up Lyme disease. Sadly, I left with Tufts University with a diagnosis of chronic fatigue.

Five years had passed since my visit to Dr. Steere, and



Names of patients that have died from Lyme disease. This list was presented at the 2006 Lyme Rally in protest of the IDSA Treatment Guidelines. Photo by Lynn McCabe

I was now near death when my husband and I took a trip to the Mayo Clinic in Rochester, MN. None of the specialists had a clue what was wrong with me. The possibility of Lyme disease was dismissed because previous testing done by Dr. Steere revealed that my Lyme serology was negative, including my Western Blot by CDC criteria. So, no further Lyme testing was performed at the Mayo clinic because I had seen Dr. Steere, and who better to confirm or dismiss if I have Lyme disease?

My suffering continued and my symptom list was huge. When I was awake, all I felt was pain. My pain was constant, and unbearable in my knees, ankles, shoulders and hips. I was dizzy and shaky every day of my life. My hands were weak. I was unable to focus my eyes, eventually going blind in my right eye. My extremities were numb and freezing cold. I experienced sudden and dramatic weight loss. My skin around my eyes and mouth had turned yellow. The nerve pain was all over my body from tingling gums, tip of my nose and in my arms, legs, and tongue. It didn't matter that I was unable to swallow without great difficulty, had heart issues, light and sound sensitivity, sleep disturbances, and

shortness of breath! It didn't matter that I had a spastic bladder and severe intestinal distress, throat pain, prolonged fevers, loss of vision or that my husband had to help me walk to keep me from falling. Absolutely nothing seemed to matter. What was going on? Finally, after 7 hours a day of testing at the Mayo clinic for over a week, I was going to have an answer to the questions that I had feared for so long. Was I going to die, and how long did I have to live?

My physician, who now sat in front of my husband and me, was about to tell me what had stolen over 10 years of my life. He sat before us looking over my medical records for the first time. I couldn't believe it. I couldn't wait any more so I said, "AIDS?" No reply... "MS?" No reply "Cancer?" Finally he spoke, not to me, but to my husband. He said "We have diagnosed your wife with Fibromyalgia." Are you kidding me, I thought, and he went on to say, "the best thing that you can do for her is to ignore her. She can take eight aspirin a day for her pain." To let you know what the Mayo Clinic thinks of Fibromyalgia, I requested my records to find their concluding statement was, and never disclosed at our visit, quote:

"Well-built, well-nourished female in no acute distress. She is able to squat and get up without difficulty. Walks well on her toes and heels so, we cannot find any evidence of an organic disease to explain her symptoms. I suspect that she has Fibromyalgia with a major anxiety overlay" and to further the abuse, "marked somatization."

I cannot explain in words the outrage, the ignorance, the gall, and the verbal abuse I have suffered at the hands of all of these Lyme-ignorant physicians and facilities. Like many other patients who are suffering, I had to see over 50 doctors before I finally found one that truly specialized in Lyme disease. I've had enough! The gloves are off!

I would like to take this opportunity on behalf of myself, and the hundreds of thousands that are afflicted with this disease, if I may, to address Dr. Steere and the Infectious Disease Society of America (IDSA). I never would have imagined that a disease that I suffered with for so many years, that has claimed my life and defined who I am, would now be causing such suffering in a large percentage of the population. There are now hundreds of thousands of men, women and children that should be living beautiful and fulfilling lives, that are at the mercy of your outdated and barbaric guidelines set forth by the IDSA, and followed and supported by the CDC.

Dr. Steere, I often wondered if you would remember me? Do you remember the faces that have passed through your office? Do you wonder how the lives of your patients have been? Have you given thought to those patients who have lost their lives, and their families? I had, at one time, found it in my heart to forgive you, but that forgiveness is now gone. You, nor anyone else, can ever compensate me, or the hundreds of thousands of other individuals, for a life of unimaginable suffering. If it were not for the constant love and support from my husband, and the financial means to cover life-saving treatment through educated and devoted ILADS physicians, I would have taken my life in my mid 40's. How dare you go to the July 30, 2009 hearing and present such hideously ridiculous outdated data. Our lives have

"Gloves Off" ... cont'd pg 7

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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You may send letters to the editor:
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 or by postal mail to:

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Update on Dr. Charles Ray Jones, M.D. Medical Board Hearings

by Dr. Charles Ray Jones

History and Overview

In this update, I will focus on the most recent developments in what has become a long series of charges and investigations by the CMEB and Connecticut Department of Health (CT DPH). For more detailed background information, I refer you to my letter dated September 5, 2008, which is posted on the following website: www.lymesite.com Currently, there have been two separate and distinct cases against me. The original case is under appeal, and the second case pertains to a new set of charges regarding a different set of patients.

In addition to this, we have learned that the court-appointed monitor has brought a number of complaints about me to the CMEB, which appear to be based on his reliance on the IDSA guidelines as the alleged "gold standard" for the diagnosis and treatment of Lyme disease. These currently are under investigation, but at this point no formal charges have been filed in relation to them.

First case:

I was brought up on a series of charges pertaining to two children from one family in Nevada, whose parents were involved in a post-divorce decree custody dispute. The children involved in the case were doing quite well and there was no allegation of harm done to either of them as a result of their treatment.

In its decision of December, 2007, the Connecticut Medical Examining Board (CMEB) imposed a \$10,000 fine, a reprimand and two years of monitored probation. Despite these disappointing recommendations, this case was not lost. My license to practice medicine was not suspended or limited.

However, the CMEB introduced a very restrictive four-part standard of care for Lyme disease at the very end of the proceedings. Left unopposed, this test would set a very dangerous precedent, and could be used against other doctors to shut down the treatment of chronic Lyme disease. It clearly had to be appealed.

Appeal of the First Case:

Most of the charges that I was found "guilty" of were stayed, or suspended, pending the outcome of the appeal, including the four-part standard of care. The one exception was the monitoring requirement. I was required to find and pay for a board-certified pediatrician, licensed in the state of Connecticut, to conduct periodic chart reviews at my office for a period of two years. This was not an easy task: We contacted over 80 pediatricians before the current monitor was found; he was then approved by the CT DPH.

The grounds for the appeal have been described in

my previous letter. One of them pertains to the discovery of significant bias on the part of one of the panel members, Dr. Senechal, who was recognized by a set of parents who filed affidavits stating that he had expressed very significant bias against me and other Lyme literate physicians, including the statement that doctors who treat Lyme are quacks.

A hearing was held in Superior Court to review the question of the panel member's bias. The judge rejected our arguments. The case is now on appeal to the Connecticut Appellate Court; the brief in support of my position is due in April.

Current case(s):

The Department of Public Health then filed another series of complaints against me. This set of charges differs from the first case in that it involves three separate families, with the respective cases conjoined into one proceeding.

Although the exact facts differ, the cases are similar in that two of them involve non-custodial fathers filing complaints.

In none of the cases were any of the children involved harmed; indeed, as with the first case, the children all are doing very well.

The CT DPH called on Dr. Lawrence Zemel and Dr. Peter Krause to provide expert testimony contesting my treatment.

Following lengthy hearings concluding last May, a three-member panel has issued its "proposed memorandum of decision" (MOD). This will be voted on by the CMEB on February 16, following the presentation of oral arguments by both attorneys:

The third count involving one of the families was completely dismissed. The testimony of Dr. Zemel was thrown out, with the panel characterizing him as clearly biased against physicians who treat chronic Lyme, and against many of the labs that they use. The first count was upheld: this pertained to the charge that I had "improperly" ordered serology (diagnostic) testing prior to examining the patients. This seems strange, because, as far as we know, there were no patient complaints or patient harm. It is also difficult to comprehend why pre-examination testing should ever be the basis of disciplinary action against a physician.

The second count against me also was upheld. The issue here was the prescription of antibiotics to a patient whose symptoms were quite consistent with both Lyme and Babesiosis. I had obtained a comprehensive history from the referring practitioner who had contacted me about the case, and also from the patient's mother. An ER had recorded an EM rash that went untreated. My schedule was so heavily booked that I could not see the patient for a number of weeks. I was confident that the patient should be started on antibiotics immediately, and that the risk of not

treating would be greater than the risk of treating. The patient did well.

In this case, the panel has denied that charges have been brought against me because I am a Lyme specialist. Instead, it has characterized its findings as generic and pertaining to medical practice as a whole. This is why we have not been able to utilize the recently passed physician protection bill in Connecticut.

Nevertheless, it is rather difficult to understand why such matters should have ever reached this level, or why their two expert witnesses were specialists in tickborne diseases. There have been no patient complaints, other than disaffected fathers involved in contested custody or divorce proceedings, and no harm has come to any of the children, who in fact have done well.

Once again, the panel has not recommended that my medical license be revoked. They have, however, recommended the following sanctions:

Another \$10,000 fine
Four years of supervised probation, with a monitor again hired at my own expense

Why I Continue to Fight

Some of you have expressed dismay that the Connecticut Department of Public Health has spent so much taxpayer money on these charges. You have been concerned that they will continue to bring charges against me until I am forced to close my office.

This process has been undeniably stressful. It has been painful to see so much time, energy and valuable resources being expended on my defense. I continue to believe, however, that it is critical for me to continue to fight these charges and to prevail:

- ❖ We must stand up for what we believe and know to be right in the matter of diagnosis and treatment of tickborne disease.

- ❖ I am painfully concerned about the lack of effective care for children afflicted with tick-borne disease. Because I decided to fight these charges when all of this began some six years ago, several thousand additional pediatric Lyme patients have received an appropriate diagnosis and treatment for their tickborne disease.

- ❖ A successful outcome for me will both hearten and protect other physicians who wish to diagnose and treat Lyme disease comprehensively, and will encourage other pediatricians in particular to train with me.

- ❖ We must send a clear message to health departments across the country that we will not be bullied, or allow our right to medical treatment to be trampled.

Legal Fees

I continue to be grateful



Photo by Tracy Will

for the excellent defense that Attorney Elliott Pollack has been providing, and to everyone who has made this possible through donations to my legal defense fund. Please note that Attorney Pollack has achieved some significant victories: my license has not been revoked and, most recently, the decision to throw out the testimony of Dr. Zemel on the grounds that he is biased will most likely put an end to his usefulness as an expert witness in proceedings against other LLMD's.

The legal representation necessary to oppose these charges has been very extensive and complex: multiple hearings have been held, each of which have required considerable preparation and review; many hours have been spent helping witnesses to prepare to testify; the filing of the appeal has been time-consuming but essential, and has entailed multiple appearances on the part of my attorneys in Superior Court, including three pretrial sessions.

New charges have been levied by the monitor which need to be addressed. Preparation and presentation of the oral argument will be presented to the CMEB on February 16, after which they will vote on the proposed MOD.

This struggle has been costly, and I will continue to require your financial support in order to prevail. We have known from the outset that Pullman & Comley does not provide pro bono legal services, and Attorney Pollack is accountable to the partners in his firm.

To date, the cost of my legal defense over these past six years has amounted to approximately \$700,000, most of which has been funded by donations to the legal defense fund. It is extremely painful to think of the resources of the Lyme community being spent in this way. At the same time, it is important to recognize that these charges are not unusual or excessive for a legal defense that has been as complex and lengthy as mine has been.

There is a current outstanding balance of approximately \$80,000. This will increase over the next few weeks as a result of the ramped-up legal activity that will be necessary to address the

CMEB decision, the monitor's complaints and the ongoing appeal.

Ordinarily, Pullman & Comley does not allow clients to carry an unpaid balance on their account. They have been impressed by the stream of donations that so many of you have been sending, and have been unusually flexible in this regard. Each time that the unpaid balance grows, however, my legal representation is in jeopardy. It is necessary to demonstrate once again that the legal defense fund is solvent and will be able to meet the cost of my legal defense. Because of this, I am asking you to make a donation to my legal defense fund, in whatever amount that your circumstances will permit. I hope that you will continue to find the means to support this fight, despite the hardships which I know that so many of you already live with.

The current instructions for donating to my legal defense fund are noted below. These instructions also are posted on Kay Lyon's website:

http://lymesite.com/DrJones_pl ease_send_a_contribution_to_th .htm

For those of you who may have additional questions not answered by this update, I invite you to send them to me by letter or by fax: 203-772-0682. Please reserve telephone calls for urgent matters only, given the very high volume of patient calls that the office receives.

With warmest wishes,
Dr. Charles Ray Jones, M.D.

HOW TO DONATE TO THE LEGAL DEFENSE FUND:

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<http://lymesite.com>

The Glory of His Inheritance



by Joan Vetter

Inheritance - as I reminisce, I realize and appreciate all that has been passed down to me. For instance, when we moved to Pittsburgh, Pa. from the University of Florida when my husband started his first job,

we already had one child and another on the way. Imagine how thrilled we were to hear that a favorite aunt left us her house in her will.

Then, at another point in our life, after having our fourth child, another aunt passed away and left us some money. It was like a gift from heaven. The next inheritance was when my husband's mother passed away. Each time, someone had to die, and they had to determine in advance what would be in their will.

Well, the Bible is the last will and testament of Jesus Christ. He stated in advance exactly what His will is. We would be so foolish not to joyfully receive all He has left to us.

In the Kingdom of God our God has left us an incredible inheritance. It is up to us to

search it out and take it as our own.

First, there is salvation. In two different situations, men came to Jesus and asked what they could do to inherit eternal life. In Ephesians 1:13, we read that, "After you heard the word of truth, the gospel of your salvation, having believed, you were sealed with the Holy Spirit of promise, who is the guarantee of our inheritance until the redemption of the purchased possession." So the steps to personal salvation are: hear the truth, believe, and receive with confidence - it is guaranteed. We don't have to work for it - only receive. Secondly, there is the inheritance of His faithfulness through His promises toward those who believe. I heard an excellent teaching the other day on the word "doubt". It is com-

posed of two Greek words. First is Dia, meaning "by means of/through a channel", and the second is Krino, which means, "to pronounce a judgment/to condemn." Therefore, whenever we doubt the promises of God, there is a channel where condemnation flows. In contrast, the Holy Spirit desires to flow freely through our lives.

I remember a little praise song we used to sing. The words are:

*There's a river of life
flowing out from me
Makes the lame to walk
and the blind to see
Opens prison doors,
sets the captives free
There's a river of life
flowing out from me.*

I have decided with certainty that I would prefer to

have life flowing out of me rather than condemnation (toward others or toward myself). Therefore, I am learning how to trust God's faithfulness to me through His promises - whether health, protection or provision in this life and the security of my eternal destination in heaven.

My prayer for you is that "The God of our Lord Jesus Christ, the Father of glory, may give to you the spirit of wisdom and revelation in the knowledge of Him, the eyes of your understanding being enlightened; that you may know what is the hope of His calling and what are the riches of the glory of His inheritance." Eph. 1:17-18.

pha

Online Blog Looking to Share Lyme Patient Stories



by Jennifer Allton

With the vast determination that helps conquer Lyme Disease, I began a new blog with very little insight on how to run it. I had been writing my own Living-the-Lyme-Life blog for 6 months, but the idea for this new blog was enormously different. My desire was to provide others with a way to lift up each other on the blog. I wanted to not only broaden Lyme Disease awareness, but I

highly anticipated that by sharing online the stories of my friends with Lyme that others would not feel so alone. I knew my own knowledge of how to allow others to write on the blog was limited as I began contemplating the opportunity of organizing this new blog. In truth, I would even go as far as to say until the day I established the new blog, I had no idea how I was going to run the site.

Suddenly, an idea sparked in February of 2009 when I realized that the majority of my friends with Lyme Disease were Christians. Even though I wasn't certain if it was due to my own Christianity, and the tendency to befriend those with the same beliefs, or if it was because when people get that sick they look for a higher power to believe in. My dream to run a blog about praying for those with Lyme Disease came to fruition in March of 2009.

The new blog was dubbed Praying for Lymies. As its name implies, the purpose

for Praying for Lymies was to be praying for a specific Lyme friend at a time. This was to let them know we were thinking and praying over them. As quickly as the blog was assembled, I had messages from people wanting to be featured. They wanted their stories told. I created a simple questionnaire to guide me while writing each friend's biography. The first three months of the blog's existence saw the blog explode with activity. Not only were people sending in their own written prayers for friends to be uploaded on the blog, but people were sending in suggestions for musical videos to be used in uplifting their friends.

The features have slowed down over time, but it still gives me terrific satisfaction to receive comments or a message requesting to be featured. If you have a desire to be featured in the Praying for Lymies blog, simply go to the blog at <http://prayingforlymies.blogspot.com>.

There are two options to

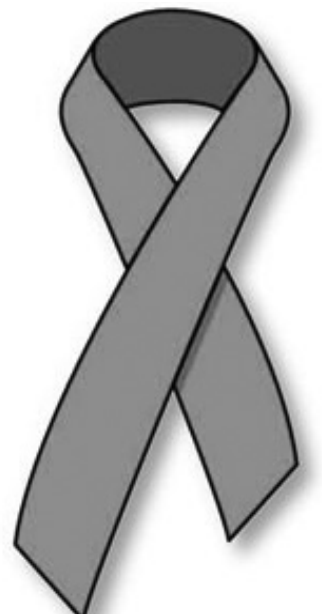
be able to reach me. The first is by leaving a comment on a biography already written. Just leave your first name and email address. I moderate all comments and will not allow those comments left with email addresses to be seen by readers. Once I receive your comment, you will receive a couple of emails. The first email is designed to make sure your email address is working properly while the second gives you the questionnaire designed to assist me in writing the biography. There are approximately ten questions for you to answer. The quicker I receive your answers, the earlier your biography for prayers can be posted.

The second option to reach me is located at the top of the blog where it says, "Click here to post to blog." By clicking this, it will actually open up an email message for you to send. Now keep in mind, I will not receive an actual email this way. This sends a message to my blog only and I will be unable to see your email

address. Please be sure to include your email address in the body of your message along with your name so I can connect with you. I look forward to featuring more patients with Lyme Disease. Come check it out to see the 36 patients that have already been featured.

<http://prayingforlymies.blogspot.com>
<http://jmgarnet76.blogspot.com>

pha



Praying for Lymies

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God Makes All Things Beautiful in its Time...

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By Les Roberts

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“Buhner Protocol” ... cont'd from pg 1

they are terrified. "Employing means to reduce fear is one of the most significant factors in their healing," he shared. People need to know that "they will be companioned in their suffering and that someone will be there to offer them compassion," he said. This, unfortunately, is often missing in Western practice.

The first session that Buhner has with a Lyme patient can be quite lengthy, sometimes in excess of two hours. He works psychotherapeutically as each disease has a psychotherapeutic dimension which must be addressed. He establishes a deep rapport with people such that they do not feel alone in this terrible place. Simply doing this alone will raise immune function, reduce anxiety, and enhance trust; thus improving patient compliance and ultimately outcome.

Buhner is not generally supportive of the use of antibiotics but, for Lyme disease, he does believe they have a place. An herbal approach combined with an antibiotic approach may produce the best outcome for initial infection. However, most of the patients that he has seen have done antibiotics and no longer experience further benefit from them. In his work with about 700 Lyme disease patients over the past five years, he has seen about a 75% eradication of the disease. 15% have had complete or near complete remission of symptoms. 5% have had partial relief, and 5% experienced no improvement.

Herbs are exceptionally complex. They are not "raw drugs" though they may still be viewed in that manner by the Western model. Most possess between 100 and 1,000 chemical constituents and have complex actions within the body. "They are not amenable to reductionistic approaches and this is a factor that drives linear, reductionistic people crazy about herbs. Their complexity scrambles the circuits of people that want to control the wildness of the world. Their use is more an art than a science," he said. The actions of herbs are highly synergistic and the outcome of combining herbs cannot be predicted from a study of the herbs themselves.

Dosages of herbs are highly variable. Some clients may require a few drops while others may require table-spoons to achieve the full effect. The "Buhner Protocol" was the outcome of a study of the organism itself. Buhner attempted to understand why Lyme disease mimics so many different diseases. His first approach was to understand it so that he could approach it intelligently. "I am looking to make an accommodation with the disease, not to kill it," he said.

Buhner Protocol

The "Buhner Protocol" consists of four key factors which are important in order to understand how to treat the disease effectively. First, the organism uses specific mechanisms, primarily inflammation, to breakdown the collagen tissues in the body in order to generate nutrients such that it can live. "That is what it does; that's all it does," he said.

Second, it is where this breakdown occurs that determines where the symptoms emerge. If it is in the joints, arthritis presents. In the meninges, neurological Lyme is observed. In the brain, the disease gets worse. In the heart, Lyme carditis presents.

Third, every study shows that immune function and Lyme are inversely correlated. If certain immune markers are high, Lyme infection is either non-existent or mild. If certain markers are low, the course of the disease is much worse. The organism possesses the ability to manipulate the immune system of whatever host it is in. Once it is inside the body, it inactivates the components of the immune system that can affect it. This, along with the body spending energy to fight the disease, creates a severe fatigue in many people with Lyme disease.

Fourth, antibiotics are not very effective. Studies show they are effective only about 60% of the time. Doxycycline may be the best initial pharmaceutical for Lyme disease. It is better to start with Doxycycline vs. a weaker antibiotic so that the organisms do not have the ability to adapt. Lyme is a very smart organism. Some reports show that Doxycycline is effective in 95% of patients, but these same reports do not convey that there is a 35% relapse rate after treatment.

There are a number of reasons that antibiotics may not work for Lyme disease. One of the most obvious is the genetic flexibility of the Borrelia organism. Immune function is certainly a factor and while Borrelia changes its outer protein coat rapidly, it is difficult for the immune system to mount an effective response.

The rapidly changing organism is effectively not seen by the immune system as the same organism it might have perceived just moments earlier or moments later. The organisms sequester themselves into locations in the body where immune surveillance and blood flow are low. It effectively disguises itself. It can encyst and remain in that form for a year or longer. Due to the many

complications involved in killing the Lyme organism, the goal is accommodation and balance.

Anti-spirochetal therapies as adjuncts or complementary therapies to a more complex protocol will often work to eradicate the disease. Buhner believes that "if all of your symptoms go away and your energy is great and your life is working great, it doesn't really matter whether you have the disease or not." He went on to say that "the one thing about a good chronic disease is that one

Turmeric can shutdown inflammation as well, but it uses very different mechanisms.

Knotweed, on the other hand, affects the exact pathways that are problematic in Lyme disease. It is very specific for the inflammation related to Lyme disease. "If a genetic biologist had designed something, it could not be any better," he said.

Knotweed crosses the blood brain barrier. It is specific for inflammation in the meninges. If a person presents with a stiff neck and headaches as part of a neuro-cognitive Lyme presentation, Knotweed is very specific for these symptoms. It is a potent antioxidant and has protective effects on the brain. It calms the central nervous system and helps with arthritis symptoms in Lyme disease. Knotweed is an herb and drug synergist meaning that when it is used with antibiotics, it makes them powerfully effective even in cases where they previously failed. "If I could get every Lyme-infected person to do one thing, it would be to take Japanese Knotweed along with their antibiotic therapy. It increases the effectiveness by at least double," he said.

Knotweed is a mild antibacterial and is effective against other spirochetal organisms such as Leptospirosis. It modulates the immune system by either raising or lowering immune function as required in each unique person. Knotweed reduces the dynamics involved in autoimmunity. It is an angiogenesis modulator and controls the healthy generation of blood vessels. It stimulates microcirculation to the eyes and joints thus helping to facilitate the movement of drugs or herbs to those locations. It is cardioprotective and helps to remove endotoxins, which is a benefit to those with Herxheimer reactions during treatment.

The chemistry of Japanese Knotweed is incredibly complex. It contains resveratrol at a level higher than any other known plant. Buhner is not a fan of resveratrol itself, but the only product on the market that contained Japanese Knotweed at the time of the writing of his book "Healing Lyme" was Source Naturals Resveratrol with 500mg of Polygonum per tablet. Isolated resveratrol alone will only be partially effective and will not be very potent for Lyme disease if it was derived from grapes.

Ideally, people would use the plant itself. There are more products available now that are made using the root, which is what Buhner prefers. In terms of making the protocol as simple as possible and easy to follow, the Source Naturals Resveratrol product is still a reasonable option.

Knotweed is clearly the most important herb for Lyme disease. It continues to emerge more and more strongly and is incredibly good for cognitive Lyme and for inflammation. The dosage of the Source Naturals Resveratrol is 1-4 tablets 3-4 times daily for 8-12 months. Buhner finds that some people begin to experience symptom relief within two weeks to two months, but it takes up to a full year to really turn the disease around.

For Knotweed, Buhner prefers the use of the raw root, dried and taken internally. Generally, Buhner believes that whole herb (by this he means the whole root) is the best option when using herbs. He has found that the whole herb works best as the body takes what it needs from the herb. The use of decoctions and tinctures is not ideal as it results in a product that does not contain the full spectrum of components in the whole herb.

Japanese Knotweed should not be used while pregnant and may cause a metallic or odd taste in the mouth.

The second herb is Cat's Claw. Cat's Claw is the one herb that will reliably raise CD57 white blood cell counts and is a very good anti-arthritis herb. The dosage for Cat's Claw is 1-4 capsules 3-4 times a day. Once people are at the maximum dose of 16 capsules, Buhner suggests remaining at that dose for two months and then reducing to 2-3 capsules three times daily. It is difficult for the spirochetes to develop immunity to this type of an herbal regimen due to the complex constituents of the herbs.

In some cases, people have experienced that they cannot tolerate full-spectrum Cat's Claw but they can tolerate TOA-free. Buhner has not found the studies on TOA-free to be very convincing. He generally suggests using full-spectrum Cat's Claw.

The third herb is Eleutherococcus. It is a member of the Ginseng family. Buhner only recommends a 1:1 or 1:2 formulation. The tincture should be almost black in color. If it is golden, it is a 1:5 formulation which is not effective for Lyme disease. If fatigue is an issue, the protocol may not be effective without eleutherococcus. The dosage is ½ to 1 teaspoonful upon rising and at lunch. It can lead to insomnia if taken too late in the day. Eleutherococcus stimulates immune function, decreases fatigue, reduces brain fog, and reduces depression. It is a must for anyone with neuro-cognitive Lyme.

“Buhner Protocol” ...pg 10

Buhner "Core Protocol"

Japanese Knotweed (Source Naturals Resveratrol with 500mg Polygonum cuspidatum per tablet) - 1-4 tablets 3-4 times daily for 8-12 months

Cat's Claw - 1-4 tablets 3-4 times daily for 2-3 months then 2-3 capsules three times daily

Eleutherococcus - 1/2 to 1 teaspoonful upon rising and at lunch

Astragalus - 1000mg daily; not to be used in chronic Lyme

Note: Each protocol should be customized to the unique needs of an individual person. Though the above represents the foundational protocol, there are a number of adjunct options that may be considered. See the book "Healing Lyme" by Stephen Harrod Buhner for more information.



Source Naturals Resveratrol is a source of Polygonum cuspidatum



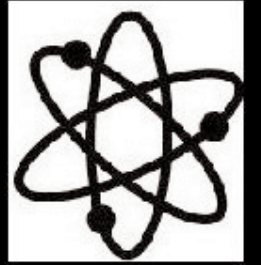
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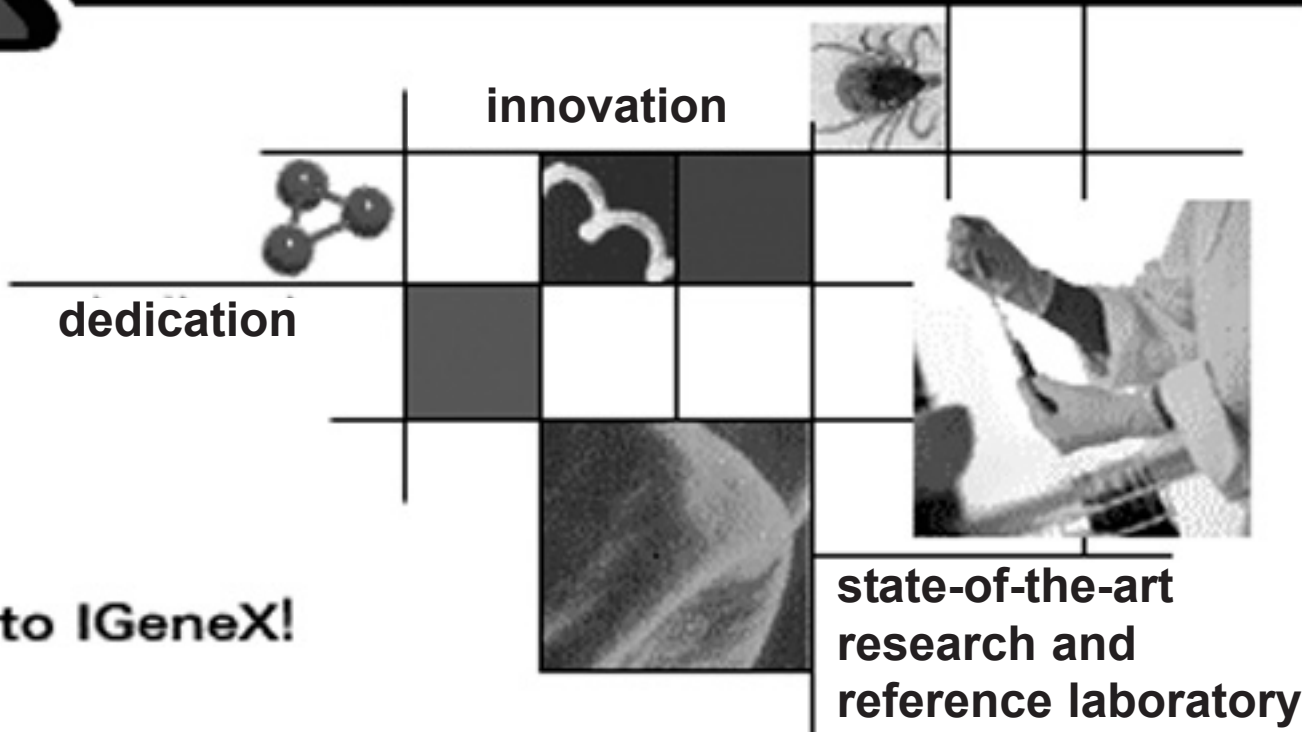
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“Gloves Off” ...cont’d from pg 2

been in your hands. As we are dying, what are you doing?

Dr. Sigel, I doubt that you remember me, but I remember you. I wish that you had informed me that you were getting paid big bucks from the insurance companies to deny life-saving treatment to thousands for Lyme disease treatment. And yes, your patients are sick, not hypochondriacs.

Lyme disease takes lives, and changes lives, possibly forever. I never thought that at such a young age, I would be challenged on so many fronts. But through it all, it has given me a greater compassion towards those that are less fortunate, the ability to see the beauty in small things, friends that I wouldn't otherwise have had, a passion to fight for what is right, and overwhelming desire to fight that which is wrong.

For 20 years, I have promised myself that if able, I would make a difference to the injustices that men, women, and children are now facing due to Infectious Disease Society of America's flawed guidelines. For many years, I have wanted

to thank the physicians from the International Lyme and Associated Diseases Society (ILADS) for saving my life. Through the care and guidance of my skilled Lyme Literate Medical Doctor (LLMD) I was finally diagnosed with Lyme disease, Babesiosis, Bartonella, Ehrlichiosis, Tularemia and Mycoplasma. I have made incredible progress and my health is vastly improved. I want to thank my amazing husband who has stayed by my side through a 20 year battle with Lyme disease, whose faith and spirit has been an inspiration to my healing, and the words, "To have and to hold, from this day forward, for better, for worse, for richer, for poorer, in sickness or in health, to love and to cherish 'till death do us part. And hereto I pledge you my faithfulness" would be put to the ultimate test.

The time has come for me to give back, and stand up for Lyme patients worldwide. I am co-founder of the Adirondack Lyme Disease Foundation (ALDF) which is dedicated to raising awareness and educat-

ing the public on the truth and injustices of Lyme disease. We are working on saving lives by presenting current and correct educational materials to our community. We encourage you to browse the pages of our website www.adirondacklyme-diseasefoundation.com and welcome any questions or comments you might have.

The lives lost, the battles fought, shall never be forgotten. From here, we draw our strength. We will continue our battle for justice on behalf of the hundreds of thousands who will have to fight this insidious disease, and for those who are now fighting for diagnosis, proper treatment, access to educated physicians, their livelihoods, and lives.

Linda Mc Allister *pha*

This photo shows the great controversy and suffering that has been aggravated by the IDSA 2006 Lyme treatment guidelines. The IDSA has been investigated by the CT AGs office and was found to have "financial conflicts of interest" that made the treatment guidelines suspect. Photo by Lynn McCabe



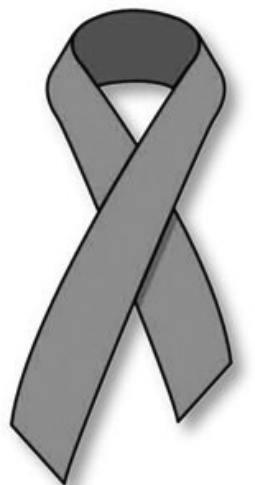
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“Buhner Protocol” ...cont'd from pg 5

The fourth herb is Astragalus. It is a very good immune tonic. If an uninfected person lives in a Lyme endemic area, they should consider the use of 1000mg of astragalus per day for life. After a known bite, it may be appropriate to increase the dose to 3000-4000mg per day for a short time. Astragalus raises the immune markers that will either prevent infection when bitten or make the course of the disease milder. If Th1 markers are low, a person is susceptible to infection. For those with chronic Lyme disease, astragalus may cause autoimmune problems and is best avoided.

Andrographis is the last of the main herbs. Andrographis is an extremely potent herb that crosses the blood brain barrier. It needs to be taken at least three times a day as it moves out of the body rapidly. It modulates autoimmunity, protects heart tissue, and is anti-inflammatory for the central nervous system. A standardized 10% andrographolide formulation is used. The dosage is 1-4 tablets 3-4 times daily.

Andrographis is very bitter tasting. Planetary Herbals Full Spectrum Andrographis is what Buhner suggests. He noted that the label suggests that one should not use the herb longer than 10 days, but he does not agree with this cautionary statement. The main side effect of andrographis is that 1% of the people that take it will get severe hives that takes as long as two months to resolve. He recommends starting with a lower dose to see if a person may have this side effect.

Buhner is no longer a major fan of Andrographis, however. He has found that it has only been about 60% effective whereas Japanese Knotweed has been 90% effective in treating Lyme disease. He considers it a good adjunct spirochetal option, but it is no longer a key part of his core protocol.

Adjunct Treatment Options

In looking at hypercoagulation, Buhner uses Red Root. Red Root is a good herb for coagulation problems as well as sluggishness in the spleen or liver. It helps to clear the lymphatics and improve overall functioning of the body. It can also be helpful in dealing with coinfections. In some cases where Red Root may not be strong enough for lymphatic support, Poke Root may be considered.

Teasel is a good herb for Lyme disease in some cases. It seems to work better for people with Lyme around

Wisconsin and Minnesota but is not effective in terms of clearing the disease in people with Lyme disease on the East Coast. It does seem to help with arthritic symptoms regardless of where a person may live.

Stephania is a great herb used primarily in China and Japan. If someone presents with Bell's palsy, this is the herb to use. It is powerful for eye and ear involvement including balance problems. It is anti-inflammatory and considered to be as good as corticosteroids. 1/2 to 1 teaspoon three times daily may be recommended. With Bell's palsy, 1 teaspoon three times daily may be used. With eye and ear involvement, 1/2 teaspoon three times daily is used. Stephania is useful in treating peripheral neuropathy. The primary side effect is constipation which may balance out any diarrhea experienced from taking Cat's Claw. Stephania is contraindicated in those with AV block and has a number of drug/herb interactions that should be considered.

Many people with Lyme disease have neurotoxic involvement. Quinolinic acid is produced in the brain with Lyme disease. Reactive oxygen species (ROS) are also common in Lyme. Buhner primarily uses Japanese Knotweed for neurotoxins as well as 200-400mcg per day of selenium. Zinc picolinate at a dose of 20-30mg per day may be helpful. B complex helps with crawling sensations in Lyme at a dose of about 1000mcg per day.

For memory and brain fog, Japanese Knotweed and Eleutherococcus are helpful. For additional support, Vinpocetine at a dose of 10mg three times daily can be helpful. It may be useful when eye involvement is present such as severe floaters. Huperzine A at a dose of 50-100mcg twice daily often assists memory. If brain hypoperfusion is present, Ginkgo biloba may be used.

For general weakness, Buhner uses a tincture of pine pollen, American Ginseng and Aralia called "Muscle Tone Blend" at a dose of 30-60 drops three times daily. Pine pollen is high in testosterone and androgens. It is generally helpful for muscle weakness.

For Candida, a tincture combination of Desert Willow and Chaparro amargosa at a dose of 1 teaspoon three times daily may be helpful. Buhner finds that PB8 as a probiotic supplement helps with Candida.

For collagen support, glucosamine sulfate at a dose of 500mg three times daily is often beneficial. Pregnenelone at a dose of 200mg daily is useful for many collagen diseases.

Orthosilicic acid such as BioSil™ at a dose of 6-20 drops daily may be useful. Echinacea is very good for formation of collagen though it must be taken in larger doses. An effervescent solution of vitamin C stimulates the production of collagen. Using these collagen supportive products can help to restore collagen at a rate faster than the Lyme spirochetes are able to break it down.

In terms of coinfections, Babesia is the coinfection that Buhner is asked about the most. His preference is Artemisia annua, not isolated Artemisinin. In his experience, if you use Artemisinin for 30-40 days and it has not cleared up Babesia, it is not going to be effective. The isolated Artemisinin has side effects whereas the plant itself, Artemisia annua, does not. He suggests Artemisinin 300-400mg daily for 30-40 days only. If Babesia is still a problem, Cryptolepis tincture is used next. Cryptolepis is a powerful systemic herbal antibacterial. It is "the herb" according to Buhner. It is broad spectrum, very potent, and has minimal side effects. It is specific for Malaria. Buhner uses Cryptolepis for both Babesia and MRSA. For MRSA, Buhner has used 1 teaspoon to as much as 1 tablespoon three times daily. Cryptolepis seems to clear all forms of Babesia at a dose of 1/2 teaspoon three times daily for 60 days. Red root helps to clear cellular debris resulting from Babesia treatment at a dose of 1/2 teaspoon three times daily. Boneset tea is helpful for those with night sweats.

For Ehrlichia, astragalus at a dose of 1000-2000mg three times daily is helpful; though it is not recommended for those with chronic Lyme disease. Colchicum tincture is used in Europe for the treatment of Ehrlichia. With use of the isolated tincture, side effects may occur. 10-60 drops of tincture made from seeds or bulbs per day may be used.

Buhner has found that Bartonella can be difficult to treat. Red root, Boneset tea, and Japanese Knotweed can be helpful, though these are not curative.

For Mycoplasma, Isatis tinctoria from Thorne Research at three 350mg capsules three times daily may be useful. Fermented wheat germ is a good option as well. Houttuynia may be useful.

In addressing fear commonly seen in people with Lyme disease, Buhner has found that Pasque flower tincture at 10 drops daily is often a good option. Coral root tincture and Motherwort tincture

are also useful.

In general, herbal therapies do not require the use of probiotics like antibiotics do. Grapefruit seed extract is the only treatment that Buhner has seen that does require the use of probiotics as it can adversely affect normal gut flora.

Buhner believes that sooner or later the cyst forms will reemerge within a period of about one year. Thus, if the protocol is continued for at least a year, cyst forms should be addressed. Some people attempt to go off the protocol after a year and experience a worsening of symptoms. For those people, Buhner recommends a maintenance dose of 1 capsule of Japanese Knotweed and 1 capsule of Cat's Claw three times daily.

Summary

Stephen Buhner has been looking at the challenge of Lyme disease for several years. He has created a protocol that has been helpful for many. In doing so, he has attempted to create an approach that is not only effective, but also cost-effective. He struggles with the economics of Lyme disease treatment and believes that everyone needs options that are reasonably priced. On average, the "Buhner Protocol" will run about \$200 dollars per month for the first year of treatment.

Buhner has worked tirelessly to not only understand the disease that impacts so many of us, but to identify and evaluate options that will help us return to a state of better health and well-being. I thank the universe for Stephen Buhner. Here's to your health!

About Stephen Buhner

Stephen Harrod Buhner is an Earth poet and the award-winning author of fourteen books on nature, indigenous cultures, the environment, and herbal medicine. He comes from a long line of healers including Leroy Burney, Surgeon General of the United States under Eisenhower and Kennedy, and Elizabeth Lusterheide, a midwife and herbalist who worked in rural Indiana in the early nineteenth century. The greatest influence on his work, however, has been his great-grandfather C.G. Harrod who primarily used botanical medicines, also in rural Indiana, when he began his work as a physician in 1911.

Stephen's work has appeared or been profiled in publications throughout North America and Europe including Common Boundary, Apotheosis, Shaman's Drum, The New York Times, CNN,

and Good Morning America. Stephen lectures yearly throughout the United States on herbal medicine, the sacredness of plants, the intelligence of Nature, and the states of mind necessary for successful habitation of Earth.

He is a tireless advocate for the reincorporation of the exploratory artist, independent scholar, amateur naturalist, and citizen scientist in American society - especially as a counterweight to the influence of corporate science and technology.

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 can be reached at Scott@BetterHealthGuy.com

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Resources

Stephen Buhner's web site is <http://www.gaianstudies.org>.

For additional information on Stephen Buhner's protocols or to participate in a forum, visit Planet Thrive at <http://www.PlanetThrive.com>. Questions can be posted to Stephen at <http://planetthrive.com/category/experts/buhner/>.

Stephen Buhner's excellent book on Lyme disease treatment is called "*Healing Lyme: Natural Healing and Prevention of Lyme Borreliosis and Its Coinfections*". It is available through Amazon.com.

Product Sources

Japanese Knotweed can be found as Source Naturals Resveratrol at retailers such as Vitacost at <http://www.vitacost.com>.

Another source for Japanese Knotweed is Healing Spirits Herb Farm at <http://www.healingspiritsherb-farm.com/>. They offer the raw herb, though it is not encapsulated. Encapsulated product is also available through Tim Scott in Vermont at 802-251-0888.

Cat's Claw is available through Raintree Nutrition at <http://www.rain-tree.com>. Stephania is available through Herb Pharm at <http://herb-pharm.com/>.

"Muscle Tone Blend" is available from Woodland Essence at <http://www.woodlandessence.com>. Fermented wheat germ is available from IHerb at <http://www.iherb.com> in a product called Ave.

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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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