

## Amazing Results from Clinical Trial on Tick Repellent by Geno Print Corporation

by Dr. Toby Watkinson

Tick-borne disease is spreading at an alarming rate and much of the needed attention is upon the treatment as we all know is important. However, we would all agree much more needs to be done for prevention and public awareness.

With this very thought in mind, I attacked the prevention aspect of the disease as an outgrowth of my seeing Lyme cases in my office sent by physicians who had exhausted their approaches.

It seems many more people could avoid tick bites if there was a product which did not smell bad and was safe for pets and small children.

Alternatively, there are many natural bug repellent products on the market too but very few, if any, specific to ticks.

Present products break down into two types: ones that are chemically based and ones which are from natural ingredients.

Some of the chemical products are suspected to cause cancer. Others of these pesticides are bio-pesticide and others are titled as not probable to cause cancer. Many of these products contain chemical which can damage plastics, clothing and cause eye injury. Some will migrate into the blood stream of the user. Many of these products are not suitable for use on small children.

The natural products are made from herbs and strong smelling scents which may repel insects but again are not specific for ticks. Here again these products often contain

oils as carriers of the scents and some products may stain clothing as well.

In looking at all these products, both chemical and natural, I realized if there was a less toxic non-oily fragrance-free product on the market, more people might use a repellent and thus avoid tick bites and therefore avoid disease including Lyme.

I surveyed the mechanism of action of the presently available products, both chemical and natural. I purchased samples of products, read labels and spent hours reading EPA test data. At the end of an exhaustive literature search and bench-testing of products, it was clear a new product needed to be tick specific, without fragrance, without chemicals or even natural poisons and should be non-toxic and utilize some new and different mechanism of action.

With these stringent product design requirements in place, I set out to understand the tick and how it tracks its blood meal. I looked at the mechanism of action of the current tick repellents, as well as common complaints and negative reactions. It seemed there were few easy possibilities for a unique design yet realizing there had to be a solution to the many problems posed by my design requirement, I pushed forward.

Realizing nature has its own unique systems to balance "good" against "bad", I began to match as many polar opposites as possible. When I landed upon a potential solution, the mechanism of action was purely theoretical and difficult to prove. We had certain data

which supported our theory but the only way to prove it was to test it in a small pilot study. Subjects were recruited from my patients and because all the ingredients were considered consumables and were even registered as dietary supplements there was no risk of reaction, especially figuring we were going to spray them on the skin.

Our test subjects were members of three large families. The objective was to see if the product would protect people who were not users of tick repellents currently but who were at very high risk of tick exposure. It was important to have people who were active outdoors, playing sports, going to summer camp and playing with the family dog.

Many of the subjects already had confirmed cases of tick-borne illness and some were currently being treated for Lyme disease. They were not users of repellents because of all the very reasons which had driven the design of my product. This was also important because they would be the worst critics of a product which had any aggravating properties at all.

In all the test families, the Mom became the trial coordinator keeping me advised of usage, any reactions, and any important issues I should be informed about. They were also in charge of the completion of the test questionnaires.

The trials took place over a two year period which included the peak tick seasons during both years. At the end of this period, questionnaires were completed and returned to our office for review by my



staff.

The results were amazing ... not one tick contact was experienced by any test subject where previously there were body tick sightings, in some cases on a weekly bases and sometimes more. There were no known bites during the tick trials either. The product review was equally successful. The product was shipped as a concentrate and diluted for use. Everyone thought the dilution process was easy and not a problem for a final product. No one complained about the lasting effects of the product or need for reapplication. There were no complaints about any smell or irritation of any kind from the product.

So I would imagine you are asking why is it I am going to conduct another study. It is

simple: I want to be sure. I want to test it with a larger group of subjects. I want to do it through a governmental agency so the results are monitored and all the compliance requirements are met and verified before entering the market. Bottom line, I want to be sure the product really works and a larger trial is the only way to have the confidence.

If you would like to be considered as a participant in the upcoming clinical trial please go to the website [www.GenoPrintCorp.com](http://www.GenoPrintCorp.com) and sign up. We will send you a pre-qualification questionnaire and a human subject release form to complete. The study is targeting late winter 2011 as the expected start date for the trial to begin.

pha

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# UNDER OUR SKIN

THERE'S NO MEDICINE FOR SOMEONE LIKE YOU



# What is Wrong With the American Medical Health Care System?



by Valarie Murphy

I haven't written since March as I've finally started feeling better and branched out my community of interest to include a little political dabbling. I suffered the heartbreak of the political world this year but will go on and look for a better day.

I got a PICC line placed and started on IV Rocephin on May 24, 2010.

**This is what's wrong with the American medical system:**

For four weeks:

\$19,320 = infusion company billed to Blue Cross (including

\$9,804 for the medication)

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I reduced my share of the national health care bill by a whopping 93%. I did it by shopping carefully, spending my own money, and being able to operate in a free market, unrestrained by government. Surely, those from whom I buy are making a profit or they wouldn't be selling. The initial infusion company was not only making a fair profit, but was absolutely taking insurance (and Medicare) for a ride. My sense is the slush fund we call Medicare has destroyed any sense of sanity in American health care.

Government and insur-



ance companies like Blue Cross base their decisions on the guidelines written by the Infectious Disease Society of America (IDSA). IDSA denies that late-stage Lyme exists, and that any Lyme, regardless of how sick the person is or how long she has been sick, is treated with just four weeks doxycycline. Period!

Interestingly, IDSA's guidelines were challenged by the Connecticut Attorney General. He found many irregularities in their writing and found numerous conflicts of interest. Some of the conflicts included various panelists who advise insurance companies and testify for them against Lyme-literate physicians. The group was required to hold new hear-

ings and reconsider. No Lyme-treating physicians were allowed to participate. We don't have to wait for Obamacare death panels. They are already here.

Fortunately for me, there is an opposing group, International Lyme and Associated Diseases Association (ILADS), that understand late-stage Lyme and contends that it can indeed be treated. This group understands that the longer someone has been sick, and the sicker the person is, the longer treatment is going to take. The good people from this school of thought have given me a chance for life.

God bless them, and God bless America. *pha*

## Public Health Alert

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

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

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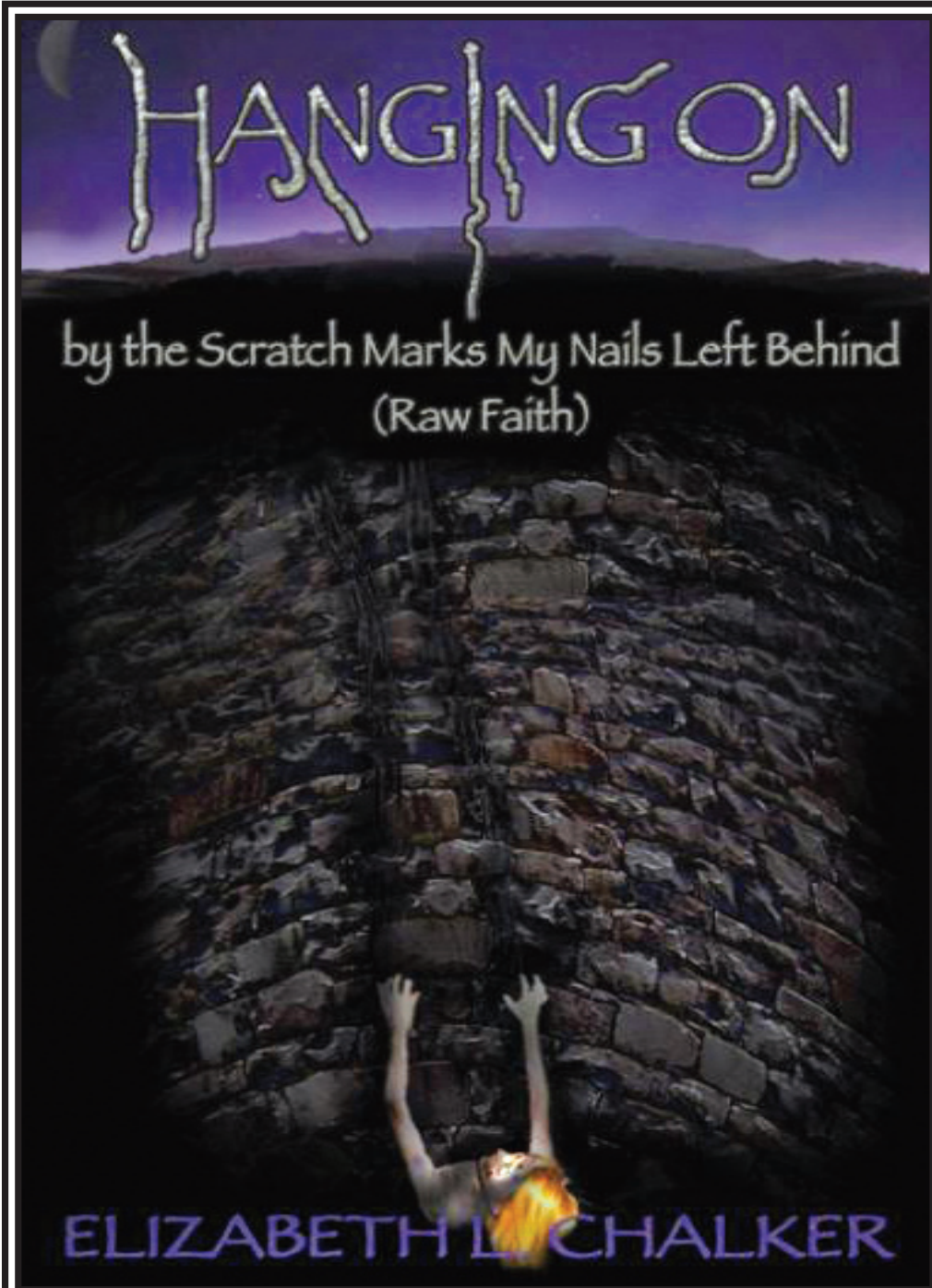
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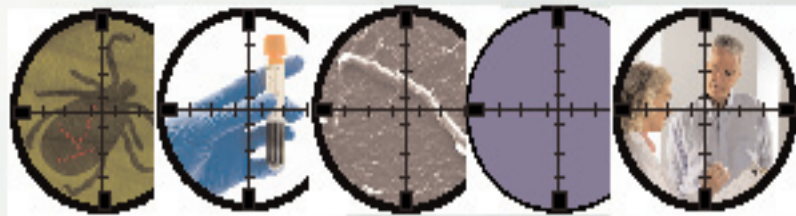
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# Thrive to Survive



© By Dottie L. Heffron

Researching for this article, I found myself whirled into the quagmire of Kaiser Permanente. I immersed myself into hundreds of stories, lawsuits and web pages all claiming horrific treatment by Kaiser Hospitals and Kaiser doctors alike. I had no idea that Kaiser had been caught patient dumping, let alone defected doctors writing books about their time spent at Kaiser called "The Killing Fields" and "Talk about Kaiser Chutzpah."

Sometimes we get blinded by what we are shown on the outside, all shiny and bright, and we tend to take things at face value. We forget to delve deeper into issues until it affects us or our loved ones. Then and only then, we think to ourselves, hey wait a minute that is not right and then start to question the authority that put the issue into place. This is where I found myself.

One story in particular kept haunting me, the story of John Pellini of the San Francisco Bay area. I interviewed his daughter, Teresa, who was very distraught with the handling of her beloved father by the Kaiser doctors, the Kaiser hospital and the Kaiser medical personnel as well. I viewed videos and pictures all showing horrific treatment by Kaiser Permanente Hospital in Hayward California. Among my first thoughts were, why was Kaiser not held accountable?

## Meet John Pellini

John Pellini stood over 6' and weighed 250 pounds when he was taken to the Kaiser hospital. In his prime, John worked three jobs, was in the U.S. Navy and helped his beautiful wife raise a family. He was a strong man, who at 85 was on no medication for any ailments of any kind. He was mentally sharp and had a quick wit. His big mistake came when he leaned over to tie his shoe and heard "a little bit of a crack." He experienced leg pain radiating from his leg to his back and from his back to his leg. Paying it little attention, he went out for the afternoon with a long time family friend, as he did many days.

Being the kind of person who still did everything for himself, Teresa knew he must have felt pretty bad when he agreed to let her make him something to eat Saturday evening. Sunday came and he grew worse with every hour. On Monday he agreed to let Teresa call 911 and have him taken to the hospital to have someone look at his leg. He was in terrible pain,

but he walked to the ambulance on his own accord, even though it hurt. Teresa carries the guilt of that phone call to this very day.

Once he arrived at the Kaiser Permanente Hospital in Hayward California, he stayed there for what seemed like a bazillion hours in the emergency room until Teresa called the hospital's complaint department. Mrs. Pellini, Teresa and her sister were there almost all night with him in the emergency room. The trio, being very tired and whipped out emotionally, decided to go home, shower and regroup. Upon arriving back at the hospital, they found out the hospital had admitted John, moved him to another room and now they couldn't locate him! This was all executed without telling the family.

Teresa's request of the emergency room was that if her father was to get a MRI, it had to be an open MRI. In the presence of the family, she explained to the nurse on duty that her father was a big man and would not fit in the closed MRI. But instructions were ignored. Once they located John, the hospital discovered that they had crammed him into a closed MRI machine and it was "unsuccessful." The nurse even agreed that they should have never done that to him, and now the pain was incredible.

The next step was to drug him with Morphine to the point they could not wake him up. Teresa sat whistling at him as instructed, "Dad, breathe" - to no avail. "He was just so stoned," said Teresa, "he had no water, and they put a plate with a hamburger on it under his nose." She sat in disbelief and thought to herself, 'look at this guy, he is drugged to the point of incoherency and they think he's going to eat a hamburger.'

During the next few hours many different doctors came in. One doctor actually tried shaking John to revive him, but to no avail. Teresa told each doctor, "Look! This man has no water, no substance and he is drugged out of his mind." Dr. Rita Patel was one of the 50 or so doctors that were asked by Teresa if they could administer an IV and place him on a heart monitor. Teresa asked the doctor if she would come out in the hall to have a meeting of the minds, so to speak. "Besides, you're talking in front of my father even though he was fearfully unconscious," Teresa stated.

The following is a statement from Dr. Charles Phillips, Kaiser defector who wrote "The Killing Fields", on Morphine: "Morphine is a miracle drug to relieve pain, very effectively in most cases. However if given inappropriately, it is a loaded gun."

The following information is a recipe for MURDER! Morphine is a deadly drug in cases of COPD or emphysema and should not be given unless specifically warranted for that patient if ordered by a physician or trusted nurse that has actually assessed the patient in person. Oxygen is the preferred treatment for shortness of breath.

No family should rely



Photo by Teresa Pellini

on such general instructions. Morphine is like a loaded gun, which is so powerful that it can kill a patient by lowering their blood pressure and stopping the breathing."

Once out in the hall, Dr. Patel called in another doctor and they started reading the patient's rights to Teresa. Teresa said, "Wait a minute, that's my father in there, so we're going to work as a team, so to speak." The second doctor and Dr. Patel walk back into the room. Dr. Patel said, "Wait. Don't give him another shot." The other doctor replied, "But I just did." John was not moved anywhere close to ICU, but continued to receive Morphine to sedate him. The family kept military watch over John, staying by his side 15-20 hours at a time. Just as he would start to come around from his comatose state, staff would come around and sedate him again.

The Easter Sunday before the Pope died, John wanted pictures of some beautiful flowers people had sent him. He asked Teresa to take some, but as she arrived, she had the worst feeling of her life. There laid her father unconscious, yet again. Instead of taking pictures of the flowers, she started taking pictures of her father. Pictures of John's suction lying on the floor are memories that Teresa endures to this day.

Eleven or so hours later, after watching her father gasp for air, all hell breaks loose. They found that John had high carbon dioxide levels. Teresa told the nurse, "Do NOT use a breathing pad on my father, he will aspirate." The nurse looked at Teresa with dismay and stated, "I have never heard of such a thing." His blood pressure shot up and they laid him completely flat to put a breathing pad on him - and he aspirated.

Before they moved him to ICU, the torture included the staff using him like a test dummy, sliding x-ray equipment behind his back and tossing him over liked a stuffed toy. Teresa said, "Hey! Be careful with him." At that time his testicles were all bruised and purple, the hose for his catheter was behind him and then on the floor, where they continued to step on it making his whole front traumatized. All the while they were taking him to ICU, they were laughing. However, Teresa Pellini found little to be pleased about.

When they arrived at ICU, they explained that they had to "take care" of him. With Teresa between the door and the curtain, she hears them call a code blue. She said she knew

it was her father. "They locked my mother out, locked my sister out," explained Teresa. Then they called for security. "I heard myself saying to them, 'I know it's my father, isn't it? I know it's my father. It's him, isn't it?'" The security guard nodded. It was my father; he had gone into a pulmonary relapse.

Watching her father balance between life and death, there sat Teresa on this little stool. Medical workers were surrounding his bed like they were standing around a roulette table. Sitting silently in shock, she could not believe what was happening to her father. She kept a vigil and watched everything they did. One of the workers pointed to her as if saying, 'there she is.' More and more people kept surrounding the bed like a feeding frenzy, making it impossible for Teresa to see what tasks they were performing.

When they cleared the area, Teresa noted that there was blood on the sheets that surrounded her father. She immediately started to cover it up as she did not want her mother and sister to see it. When she saw the doctor come out of the circle, Teresa said, "You did this to him. You let this happen to him. You knew. You knew he would aspirate. I warned you people all day that this would happen and not one of you would listen to me. You did this to my father." The doctor said nothing.

Can you, for one instant, imagine John Pellini's horror when he became aware he was strapped down to the bed and on life-support? The last thing he remembers is being able to eat on his own, shaving himself, and his loving family being all around. Upon seeing him for the first time after he aspirated, Teresa's sister made a comment, "gosh it looks like dad's been crucified, God forbid." Dr. Richard Park who was in the room said, "Aren't you being a little melodramatic?" They said they had to strap him down because "he is being anxious".

John's son and some friends came to see him in the hospital. During their visit, the life support machine malfunctioned. The hospital has only one person taking care of the life support systems for the entire hospital. The maintenance person was called into the room where he inspected the failing apparatus. He told the nurse he needed a specific part for the machine in order for it to function properly. The nurse replied, "Well, we don't have any more. We will have to order it." At this time, John is

trying to let someone know that he can't breathe by pointing at his non-functioning life support. The nurse paid no attention and left the room. At that time, John said he remembers everything before everything went black. He ripped out all the tubes that he was hooked up to - so he could breathe! Later that day, Teresa received a call from Dr. Richard Park, "Your father is doing perfectly fine and he's off life support, and he should be coming home in a few days." That was so far from the truth. John Pellini was suffocating and he alone pulled out all the wires so he could breathe. If someone hadn't acted, he would have surely died.

John was moved over 11 times and lost by the hospital a few times. Once he was found by Teresa's sister in a quarantine room while at the Kaiser Hayward facility. He received a staph infection, MRSA from the suction being on the floor, and his body received trauma beyond belief.

John Pellini displays horrific bruising he received from his stay at the Kaiser Permanente Hospital in Hayward, Ca.

Enough is enough. After being moved to another hospital, John was finally able to come home. Once home, the Pellinis attempted to sue Kaiser, but the policy with Kaiser is to use a patient arbitration method and they therefore are not accountable in a court of law. The Pellini family tried to find an attorney to represent them during arbitration, but could not find one attorney that would go up against Kaiser. They were ultimately left to represent themselves. Teresa said she would represent her father, but the Kaiser attorneys said policy is that the family cannot be represented by a family member while in arbitration. Kaiser attorneys even accused Teresa of "practicing law without a license" and wanted her arrested and jailed.

How can Kaiser set their own rules of arbitration and ignore national arbitration guidelines? How can they not be sued in a legal court of law, since they choose to govern themselves? Why can't Kaiser be held accountable? Better yet, why are we not making them accountable? Would you want a loved one treated in this manner and learn there are no recourses?

I have learned that Channel 5 dropped the ball in this case and has not done a



# Counting Blessings, Remembering the Children

by Barbara Loe Fisher

Every Christmas and New Year, when I give thanks for the people who have blessed my life, I remember the mothers and fathers of severely vaccine-injured children, who have taught me the most about love and courage. I know that my son, Chris, who developed brain inflammation within hours of his fourth DPT shot in 1980, could have been hurt so much worse.

Chris's vaccine reaction at two and a half years old left him with milder forms of brain dysfunction - multiple learning disabilities and attention deficit disorder - but he and I both understand that he could have suffered medication resistant seizures, autism, profound mental retardation, or he could have died that day. So when I meet parents whose children have died or are more seriously affected, I always wonder what kind of mother I would have been and what kind of choices I would have made if Chris's brain inflammation following his DPT vaccination had been much more severe.

This past fall, my husband, Paul Arthur, and I traveled to a family wedding in New England and, on the way, we stopped in Connecticut to visit Kim and Mark Stagliano and their three daughters, Mia, Gianna, and Bella, who have autism. Kim is the managing editor of *Age of Autism* and the author of a new book, *All I Can Handle: I'm No Mother Teresa*. Like Kim's fascinating, irreverent, often touching book that I could not put down, the time I shared with Kim and her family was a reminder that great courage is often defined by

great love.

How many mothers and fathers with healthy preteen and teenage children can imagine what it is like to spend every waking (and sleeping) moment helping their children navigate the smallest details of life? How many can imagine doing that with joy and not despair; with purpose and not resignation; with a sense of humor and not bitterness? It is hard to imagine what we would do if we were responsible for raising not one or two, but three children with autism spectrum disorder, the kind of brain and immune system dysfunction that has exploded among American children in the past three decades and now affects 1 in 110 of them.

When Kim and Mark welcomed us into their warm, inviting home in Trumbull, Connecticut, we soon felt like we were part of their lively Irish-Italian family. Over a home-cooked lunch, we laughed a lot and talked about how they met; their early days as newlyweds; and when Mia, their first daughter, was born in 1994. Then Kim told the all-too familiar story I have heard so many times before: how she took a perfectly healthy baby into the pediatrician, where multiple vaccines were given at once, and everything changed. In Mia's case, her head started to swell after her first round of vaccinations at two months old; and it became more misshapen after the second round of vaccinations at four months old; and, by the time Mia was six months old, the doctor was worried about Mia's head size but still gave her another round of vaccinations. By nine months, Mia was showing signs of brain

dysfunction that would eventually be diagnosed as "autism."

What is it about doctors not understanding that the first vaccine - smallpox - and every vaccine created since smallpox vaccine has had the ability to cause brain inflammation followed by a range of mild to severe chronic brain dysfunction? Why don't doctors know that it is very risky to give more vaccines to a baby if the baby is getting sicker and regressing after each round of vaccines? Why do doctors unreasonably assume that every vaccine is safe for every person rather than understanding that every vaccine carries a risk that can be greater for some than others?

Kim and Mark talked about their ups and downs, the adventures and near-misses, of raising three daughters with autism. They talked about their faith and their determination to never give up searching for ways to help their girls learn, grow and heal. I found myself waiting for the inevitable sadness for "what might have been" to emerge during our conversation but it never did. Then I realized that this was a man and woman, a mother and father, who had chosen to rise above "what might have been" and had moved on to exploring and celebrating "what can be." When it was time for the special ed buses to arrive, we waited outside as, one by one, the girls got off: I met the stunning 16 year old Mia, who has big



blue eyes just like Kim's and loves to watch *Sesame Street* on the computer; and cute, bubbly 14 year old Gianna, who never stops moving and lights up a room with her bright smile; and the pensive, dreamy 10 year old Bella, who is fascinated with running water and struggles to communicate. I watched Kim patiently and resolutely juggle the whirlwind of after-school activity with Mia and Gianna, while Mark rushed upstairs to rescue the flooded upstairs bathroom from Bella, and I was spellbound by the symphony of controlled chaos. All through it, I could feel how genuinely happy these three girls with autism are because they know how much they are loved.

But I could not help but think about what could have been. The thought of what could have been took my breath away.

Why some people face adversity with love, faith and courage, while others do not, is an age-old question. Kim Stagliano, with her remarkable husband by her side, is a very human woman who may be no

Mother Teresa, but has chosen to face adversity with the kind of strength and good humor that we all want to believe we have inside of us. Her fearless, funny autobiography is not just for families raising children with autism. It is a book that everybody should read because it allows us to imagine that we could do it, too.

You can get a copy of Kim's new book, *All I Can Handle: I'm No Mother Teresa* by going to the website of the National Vaccine Information Center and ordering through Amazon.com, which helps support NVIC's public service programs. And while you visit our website, please stay for a while and learn more about how to prevent vaccine reactions to help protect the health of those you love.

During this holiday season, in memory of the many families across America, who are meeting the challenges of raising vaccine injured children with hope, and for a healthier future for all children: Merry Christmas and may you have many blessings to count in the New Year. *pha*

## When Lyme Goes Under-Treated or Undiagnosed

### Lyme is a Brain Disease as Well as a Multisystemic Disease



by Dr. Virginia T. Sherr, M.D.

Lyme borreliosis is a brain disease as well as a multisystemic disease caused by spirochetal bacteria.\* Quite frankly, it is an infection that has been burdened with a thousand inaccurate medical diagnoses. The manner in which the current pandemic of tertiary Lyme disease, neuroborreliosis, has usually been handled---either angrily dismissed or strangely misdiagnosed---throughout the 30 years following its "discovery" has blemished the historic excellence of modern American Medicine.

After all the years, neuroborreliosis is still actually considered rare by a majority of physicians, most of whom are spirochetally naïve. Officially tallied patients (the numbers

showing a dip down to 19,804 cases in 2004 after flawed reporting styles were instituted), when combined with uncounted cases may approach upward of an annual quarter million new borreliosis infections in the USA alone. And Lyme infections have been verified as present on all but one continent, globally. The disease is more often than not accompanied by several of a half-dozen or so of the other serious tick-borne co-infections that currently have been identified.

Losses of acuity in the human brain's visual cortex have been observed as early as 6 hours following the toxic bite of an infected tick. Lyme may persist after too brief a period of treatment or if there has been no treatment, and may result in chronic infections whereupon Lyme borreliosis becomes a potential cause of every symptom in medical and psychiatric lexicons. It is the "Great Imitator" of this Millennium, spirochetal paresis (neurosyphilis) having been its precursor and its model.

Chronic or persistent Lyme disease--neuroborreliosis--seldom is identified by the symptoms of its most frequent form--subacute encephalitis--an infected/inflamed brain as well as an infected nervous system. However, this is the form in

which it most commonly exists. Unfortunately, the syndrome that is falsely considered typical--a bull's eye rash, fever, positive ELISA test, and/or a swollen large joint--occurs in fewer than half of proven cases. Instead, Lyme borreliosis confirms itself in subtle to profound neuro-psychiatric symptoms, such as overriding confusion, loss of organizational skills, decreased concentration, memory loss, mood disorders, irritability, and unprovoked rages--to mention just a few. These symptoms can be very obvious to an experienced professional practicing in a Lyme-endemic area. However, cerebral-behavioral symptoms of neuro-Lyme remain invisible to those whose diagnoses are solely based on old-fashioned concepts limited only to the aforesaid doctor-viewed rashes, swollen knees with positive ELISA blood tests.

Blood tests completed by local labs most frequently show false negatives due to general laboratories' inadequate understanding of proper diagnostic technique and choices of poor quality spirochetal samples on which to base tests. Of course, insurance companies prefer their negative tests. As mentioned, Lyme can rapidly go from Stage One (Early borreliosis) to Late (Tertiary) Stage

disease following attachment of an infected deer tick's or other vector's bite so that quick and competent treatment are of the greatest importance. Later, accurate findings by sophisticated laboratories may be helpful, especially if Late Stage symptoms appear many years after the infection.

Over the years, I have been asked to create a compendium of my published and unpublished works on the subject of *Borrelia's* neuropsychiatric epidemic. These literary contributions advocate for correction of medical neglect--the usually inadequate, sometimes cruel, diagnostic and treatment neglect experienced by victims of chronic Lyme borreliosis and its co-infections. I also have had articles published in an effort to attract attention from Organized Medicine--attention badly needed on behalf of a nearly invisible but serious epidemic that is more significant by far than anything this country has experienced since the Spanish Flu of 1918, the causative spirochete being less immediately deadly than was the virus of that epidemic, but deadly, nonetheless, cerebrally.

Sadly, Organized Medicine has mostly ignored or deserted the field of neuro-Lyme's immense proportions. The American public rapidly is

becoming jaundiced toward doctors' lack of updated knowledge of spirochetal science and, having read the latest (indeed copious) peer-reviewed recent literature for themselves, are turning to other disciplines--even to veterinarians for accurate medical advice on the subject of Lyme disease and its co-infections. Veterinarians are more up-to-date on the diagnosis and treatment of human Lyme than the "Diagnose-and-treat-by-the-old-Guidelines" types of powerful but passé Academic physicians who cling to outdated medical dogma.

I have written about the rampant epidemiology of neuro-Lyme disease and its potent co-infections (especially the red cell parasite that causes babesiosis) and the fact that these are being systematically ignored, minimized, or distorted by this Nation's overseeing Healthcare Agencies. Astoundingly, there are Agencies that, in ignorance or arrogance, may actively persecute the victims of such borreliosis, pan-systematic illness, traumatizing parents and children as well as their treating physicians. There are those in authority who sponsor the official separation of children from parents whose only sin is that they persist in seeking help for "Under-Treated" ...cont'd pg 7



# MEDICAL PERSPECTIVES



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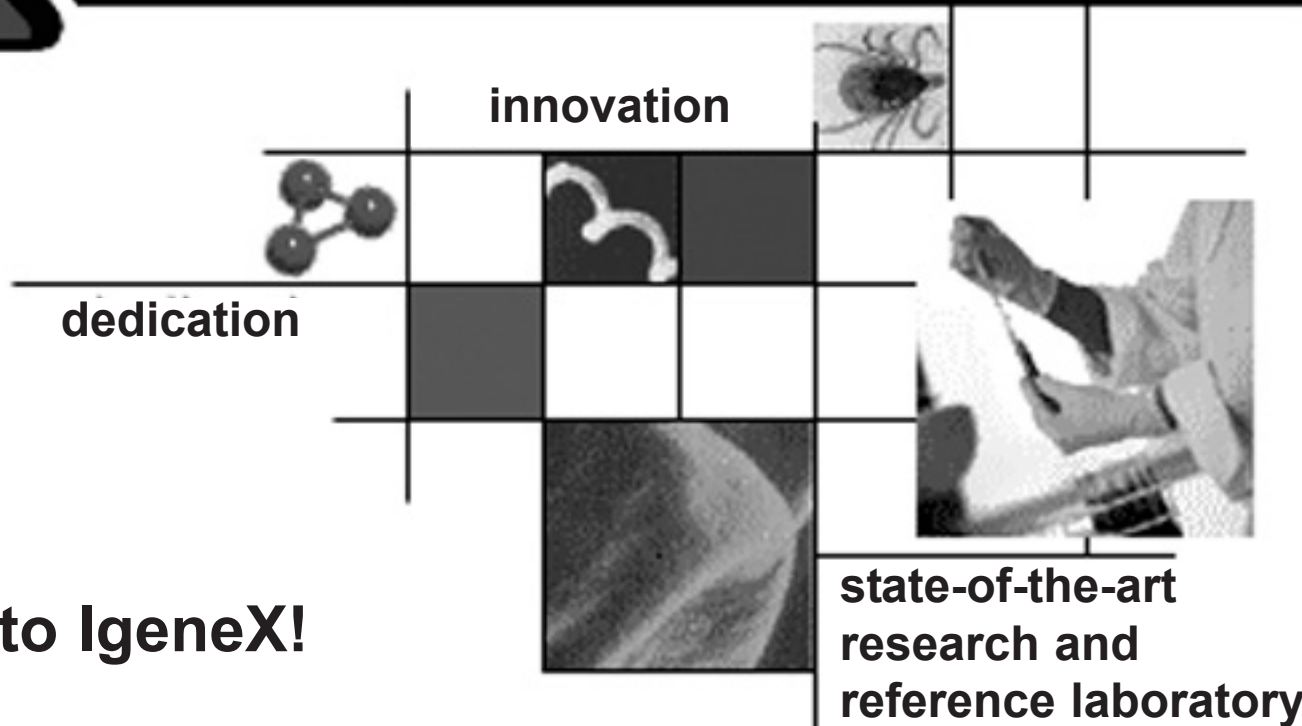
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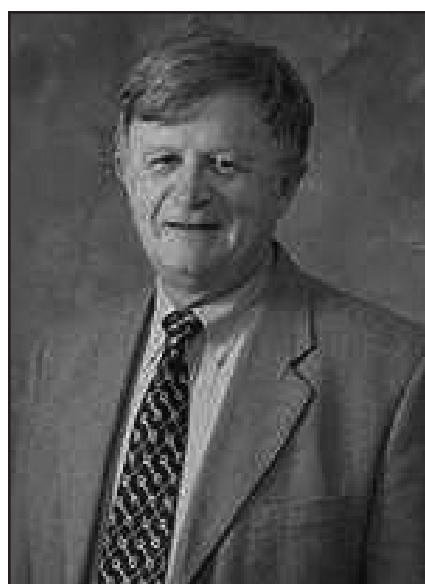
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# Spirochetes on the Brain



by Dr. Robert C. Bransfield

To know Lyme disease is to know medicine, neurology, psychiatry, ecology, law, politics, and ethics. Clearly this disease is too complex for any one individual to possess such a broad range of expertise.

My perspective is that of a psychiatrist in private practice in a Lyme-endemic area. For many years, I noticed a significant number of Lyme disease patients complaining of sleep disorders, depression, and a number of other central nervous system (CNS) complaints. Whenever the sleep disorder and other psychiatric symptoms were effectively treated, often there was an improvement in the Lyme disease symptoms. With time, I began to better appreciate the wide range of cognitive, psychiatric, neurological, and somatic symptoms that were a part of Lyme disease.

One such patient led to my greater involvement with Lyme disease. She had been previously diagnosed with the disease and was treated with the usual protocol that was considered curative. Following her for several years, I found her mental status to follow a malignant downhill course, in spite of every psychotherapeutic treatment possible. Apart from the headaches, joint pain, cognitive impairments, etc., it was the mood swings, homicidal, and suicidal tendencies that were the most threatening symptoms. An extended period of IV antibiotics were clearly lifesaving and she significantly improved. This case was subsequently published with Dr. Fallon in *Psychosomatics*. Over time, I have seen hundreds of Lyme disease patients with a broad range of symptoms affecting CNS functioning.

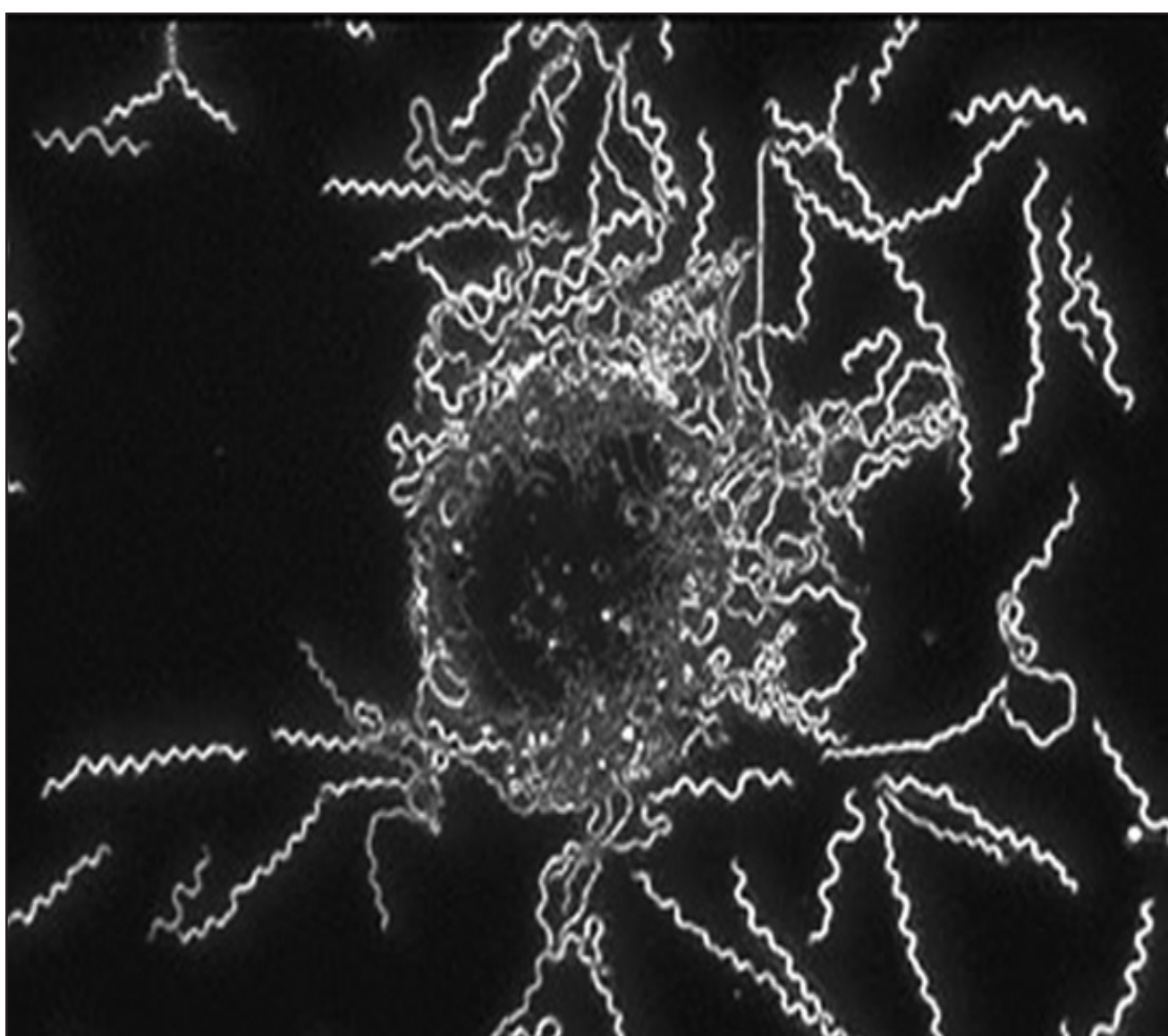
After seeing how Lyme disease causes psychiatric, cognitive, and other neurological symptoms, it certainly raises the question - How much CNS disease is caused in some way by infectious disease? *Borrelia burgdorferi* (Bb) is a major, but not the only causative agent. The greater issue is whether an active infectious process exists,

the second issue is which infectious agent(s)? Very consistently, most of these neuropsychiatric patients show CNS herxheimer reactions followed by improvement in response to antibiotic treatments.

Let's step away from clinical observation, and instead look at disease from a more abstract view. Darwinian medicine looks at causes of disease from an evolutionary perspective. One view is that microbes evolve faster than humans and, as a result, infectious disease will always exist. What is the greatest predator of man? Lions, tigers, bears, white sharks, serial killers? No, microbes. When we consider how effective evolution has been, why is there so much disease? The National Comorbidity Study shows 48% of the population suffers from a mental disorder at some point in their lives. Why is there so much mental illness? Most disease is a result of a unique combination of a vulnerability and an environmental circumstance. One theory is that we are genetically adapted to stone age life, but are living in a very different environment. Such a view has complex implications and can readily explain problems such as fear of flying. However, some other mental illness appears to be a failure of regulatory systems as a result of some type of neural injury, and dysfunction from infectious disease.

Currently there is a considerable recognition and research in the role of infectious disease in some of the common mental disorders. In addition to Bb, other infectious diseases such as strep, syphilis, AIDS, toxoplasmosis, and other infectious agents are recognized to cause psychiatric illness. The tentative conclusion of this research is - infectious disease causes a significant amount of mental illness. There are several mechanisms by which neural dysfunction can occur from Bb - cerebral vasculitis, Bb attachment and penetration into nerve cells, excitotoxicity, incorporation of Bb DNA into host cell DNA causing auto immune disease, etc.

When infectious disease causes neural dysfunction, it is relatively easy to see the causal relationship associated with injury to the peripheral nervous system, autonomic nervous system, endocrine system, and the gray matter of the cerebral cortex. Brain stem/mid brain injury results in dysfunction of vegetative modulation systems. Cerebral cortex white matter and subcortical dysfunction is associated with specific processing impairments. However, dysfunction of the limbic and paralimbic systems is the most



challenging to understand.

To look at the basic structure of the limbic system, it is an emotional modulation center. Injury can result in a failure of an ability to evoke or inhibit an emotional function. The end result can be disorders such as depression, panic, OCD, mania, hallucinations, apathy, etc.

The cognitive and processing dysfunction is much easier to correlate with anatomy and physiology. For example, prefrontal cortex dysfunction correlates with executive function and attention span deficits, and can be demonstrated on SPECT and PET. Some deficits are correlated with very specific areas of the brain, while other dysfunction, such as violence, can correlate with injury in many different areas.

Any standard of diagnosis for late stage, chronic Lyme disease must incorporate the fact that it is a very complex disease with not only CNS, but also many other different presentations in its later stages. Therefore, the diagnosis of chronic Lyme disease is considered by personally performing a thorough and relevant history and examination, ordering and/or reviewing relevant laboratory tests in the proper context, and exercising sound clinical judgment by a licensed physician who is knowledgeable and experienced about chronic Lyme disease and is held accountable for his decisions.

In summary, Lyme disease is a very exciting area of investigation. Infectious disease can cause mental illness by way of a number of mechanisms. Psychotherapeutic interventions can help in the treatment of

infectious disease, and antibiotic treatments can help in the treatment of psychiatric, cognitive and neurological disease. With such potential to better help our patients, why is there such resistance to these ideas? Why is there such resistance to the concept of chronic, persistent infection?

Most disagreement is a lack of awareness, and an honest difference of opinion when approaching a very complex issue, but bias factors may retard progress as well. Of course, most bias is rooted in issues of money and power. Who feels they would lose from these insights? Not the health care consumer, who could benefit from a more knowledgeable treatment approach. The insurance and managed care industry that has denied thousands of requests for treatment? Doctors who have made substantial income from these companies to negate the validity of this disease? Individuals who want research money diverted elsewhere? Bureaucrats who have been slow to respond? Real estate developers in endemic areas? Tourism interests? Who else? Has the combined effort of these groups intimidated some doctors into not giving Lyme disease proper attention? Our best clinical judgment should never defer to any bias factor.

Clearly we can overcome the usual resistance to progress with the usual approaches - education, research, legislation, litigation, and regulation. A major problem, however, is we have lost precious time, and the havoc of this disease is increasing. We need more research into the effective management of

patients with severe chronic disease. The National Institute of Mental Health needs to be more actively involved in research into the effects of Lyme disease on the brain. Since this is such a complex disease, the greatest challenge is the ability of individuals from very different disciplines to work together effectively in a unified direction.

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Dr. Bransfield is the President of ILADS



## “Under-Treated” ...cont'd from pg 5

their ailing children. Tragically, those authorities are empowered to permanently remove sick or partially healed young ones from their devoted families.

To their everlasting shame, medical authorities have stood by while innocent mothers have been sent to jail for insisting that their children were ill and again have stood

by while the parent's belief was verified by the death of their sick child while under State "care". The rights of patients and their treating physicians have been trampled by governmental and insurance agencies in ways reminiscent of the era when AIDS was trivialized and its victims spurned as "psychosomatic". Today's infected millions worldwide show how

wrong they were. The phenomenon of that epidemic is being repeated with the spread of Lyme borreliosis. My writing is an effort to illuminate this dark and now vast expanse of Medicine and to inspire activism and compassion for those patients who are suffering in agony while having to hear caretakers say, "I don't know what you are worried about--

you look just fine--maybe you are just depressed." Or as one unknowing, dismissive and flip-pant doctor joked to a frightened patient who came to him for treatment and reassurance, "Well, we all have to die of something, sometime."

**Quotable Quote:**

\*Alan G. Barbour, MD:

"These tick-borne infections are notable for multiphasic antigenic variation through DNA recombinations in the case of relapsing fever, the occurrence of chronic arthritis in the case of Lyme disease, and invasion of and persistence in the brain in the case of both diseases."

*pha*



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### Great Philadelphia ALS Chapter

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[alsassoc@alsphiladelphia.org](mailto:alsassoc@alsphiladelphia.org)

### Lyme Disease Support Arizona

**Southern Arizona** - Donna  
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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

#### Arkansas

Mary Alice Beer  
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[abeer@artelco.com](mailto:abeer@artelco.com)

#### California

Dorothy Leland  
website:  
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### Mid-Peninsula Lyme Disease Support Group

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Dana Floyd, director

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### Dallas/Ft Worth

John Quinn  
[Jquinn@dart.org](mailto:Jquinn@dart.org)  
214-749-2845

### Houston

Contact: Teresa Lucher  
[lucher@sbcglobal.net](mailto:lucher@sbcglobal.net)

### League City/ ClearLake & NASA Area

Sandra Mannelli  
[smannelli@comcast.net](mailto:smannelli@comcast.net)

### Washington State

Alexis Benkowski  
WA-Lyme-owner@  
[yahoogroups.com](mailto:yahoogroups.com)

### Western Wisconsin Lyme Action Group

Marina Andrews  
715-857-5953



## Military Lyme Disease Support

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

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

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## “Survive” ...cont'd from pg 4

follow-up story. Why would Channel 5 drop a story about shabby healthcare, especially since this does not seem to be an isolated case? Kaiser has been involved in "patient dumping" and violations of their kidney transplant program. Is this not important news? To view the Channel 5 video go to: <http://cbs5.com/local/joe.pellini.teresa.2.446500.html>.

Unfortunately, John Pellini passed away without getting his day in court. Teresa keeps vigil over her father's case and my resources tell me there will soon be a book published detailing all the events which led to John's passing. The saddest thing is, John Pellini's initial problem with his leg was never

addressed, the very problem he sought help for on the day that would be the beginning of his end.

### References:

1. <http://kaiserpapers.org/>
2. In order to contain costs, Kaiser requires agreement by planholders to submit patient malpractice claims to arbitration rather than litigating through the court system. This has triggered some discussion and dissent.( Chris Rauber.)

"Kaiser fires back in arbitration suit." San Francisco Business Times. February 20, 1998) Some cases proceed to court and one argument is over

whether the requirement to go through dispute resolution is enforceable. Kaiser established an Office of Independent Administrators (OIA) in 1999 to oversee the arbitration process. The degree to which this is independent has been questioned. (The Foundation for Taxpayer & Consumer Rights. "'Independent' Administrator Of Kaiser Arbitration System Is Rep For Corporate Lobby" News Release. January 8, 2003)

Wilfredo Engalla is a notable case. In 1991, Engalla died of lung cancer nearly five months after submitting a written demand for arbitration. The California Supreme Court found (Full opinion of the California Supreme Court in

the case of Engalla v. Permanente Medical Group, Inc.) that Kaiser had a financial incentive to wait until after Engalla died; his spouse could recover \$500,000 from Kaiser if the case was arbitrated while he was alive, but only \$250,000 after he died. The Foundation for Taxpayer & Consumer Rights contends that Kaiser continues to oppose HMO arbitration reform (The Foundation for Taxpayer & Consumer Rights. "A Placebo Kaiser Arbitration Bill Killed In Senate Committee: Kaiser's 'Independent' Arbitration System Administrator Lobbies For Kaiser." News Release. April 26, 2000).

Patients and consumer

interest groups sporadically attempt to bring lawsuits against Kaiser Permanente. Recent lawsuits include Gary Rushford's attempt to use proof of a physician lie to overturn an Arbitration decision. -

3. [http://en.wikipedia.org/wiki/Kaiser\\_Permanente,9/2009](http://en.wikipedia.org/wiki/Kaiser_Permanente,9/2009)
4. <http://www.latimes.com/news/printedition/la-me-dumping16nov16,0,2734413.story>
5. [http://www.nctimes.com/news/state-and-regional/article\\_4f9c34db-42c3-56e7-b12d-01c3e75fc0aa.html](http://www.nctimes.com/news/state-and-regional/article_4f9c34db-42c3-56e7-b12d-01c3e75fc0aa.html).

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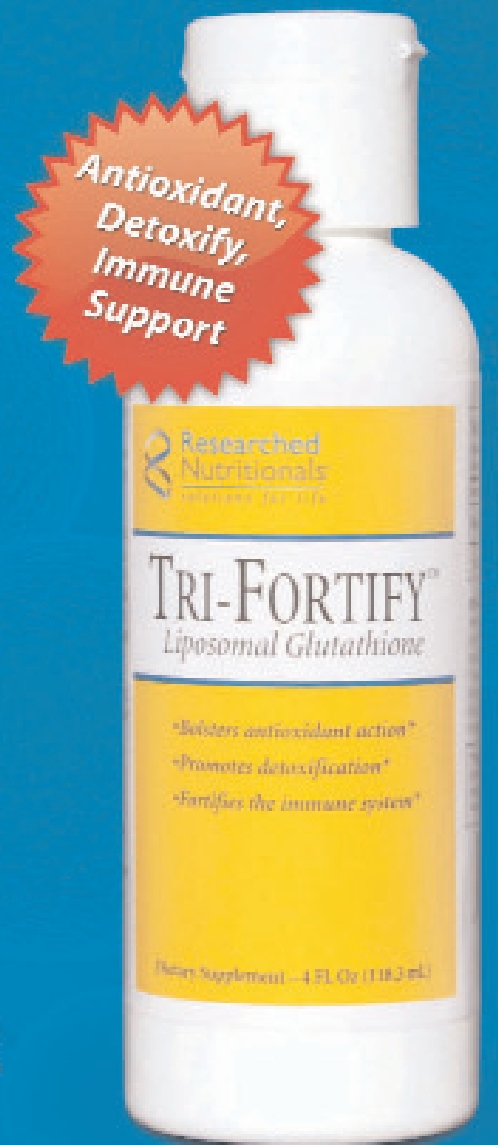
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Your patients get performance and convenience in one formula.

## LIPOSOMAL GLUTATHIONE

**Tri-Fortify™** provides the preferred reduced L-glutathione, the major intracellular antioxidant essential for detoxification in the body, in an absorbable liposomal delivery system. The unique liposome structure, developed as a pharmaceutical delivery system, allows it to combine effectively with the body's natural fluids and penetrate its protective membranes, bypassing the digestive system and directly entering the blood stream. Tri-Fortify™ promotes:

- Detoxification
- Healthy immune response
- Antioxidant protection



Antioxidant, Detoxify, Immune Support



Mental Acuity & Focus

## COGNITIVE PERFORMANCE

**CogniCare™** meets the needs of many patients requiring a well balanced cognitive support formula. Combining eight nutrients at research strength, each capsule of CogniCare™ includes:

- Neurotransmitter modulation and optimization
- Ultimate Focus Complex™ to nurture memory & brain function
- ProAcuity Mood Complex™ to promote healthy mood function

NEW PRODUCTS

*"ATP Fuel™ contains the top three ingredients clinicians know to be the most helpful for their patients with fatigue.*

*We all know the essential role of supplemental glutathione, and now it can be delivered orally!*

*I found CogniCare™ to be beneficial for many of my patients, of all ages, who have cognitive issues."*

*Joseph J. Burrascano Jr. M.D.*



**Researched Nutritionals®**  
solutions for life

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



## “CONDENSED” COWDEN SUPPORT PROGRAM



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

LIMITED AVAILABILITY – CONTACT US FOR MORE INFORMATION

#### ABOUT THE COMPANY

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

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



#### ABOUT THE PRODUCTS

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

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



#### ABOUT THE FOUNDATION

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



**NutraMedix** 

Providing Quality Natural Products Since 1993

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