

## Finally an Answer to the Most Common Medical Complaint - Fatigue

© By Garth L. Nicolson, Ph.D.,\*  
Department of Molecular  
Pathology, The Institute for  
Molecular Medicine, USA

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### Abstract

The most common complaint of patients seeking general medical assistance is fatigue. Fatigue occurs naturally during aging and in most degenerative diseases, including neurological, respiratory, coronary, musculoskeletal, metabolic and gastrointestinal diseases as well as infections and cancer, and it is characterized at the cellular level by diminished mitochondrial function through loss of efficiency in the electron transport chain. Lipid Replacement Therapy administered using an all-natural nutritional supplement containing membrane glycopospholipids and antioxidants can reduce or prevent fatigue and membrane oxidative damage and restore mitochondrial function. Recent clinical trials using patients with chronic fatigue have shown the benefit of Lipid Replacement Therapy in restoring mitochondrial electron transport function and reducing moderate to severe chronic fatigue.

### Introduction

Chronic or intractable fatigue that is not reversed by sleep is the most common complaint of patients seeking medical care. It is also an important secondary condition in many degenerative diseases and occurs naturally during aging. The phenomenon of fatigue has been defined as a multidimensional sensation, and clinical studies have determined the extent of fatigue in various medical conditions and its possible causes. Many diseases are associated with fatigue, including neurological, respiratory, coronary, musculoskeletal, metabolic and gastrointestinal diseases as well as infections and cancer. Most patients understand fatigue as a loss of overall energy and inability to perform even simple tasks without exertion. At the cellular level fatigue is related to cellular energy systems found primarily in the cells' mitochondria. Damage to mitochondrial components, especially mitochondrial membranes, occurs mainly by oxidation, and this can result in increased ion leakage across mitochondrial membranes and impair the ability of mitochondria to produce high-energy molecules needed for survival and growth. During aging and most chronic diseases the production of oxida-

tive molecules, such as Reactive Oxygen and Nitrogen species (ROS/RNS), can cause oxidative stress and cellular damage, resulting in oxidation of lipids, proteins and DNA. When oxidized, these molecules are structurally and sometimes functionally changed. Important targets of ROS/RNS damage are mitochondria, mainly their phospholipid-containing membranes, as well as cellular and mitochondrial DNA.

One of the most important changes in tissues and cells during aging and in chronic degenerative diseases is accumulated oxidative damage due to ROS/RNS. ROS/RNS are oxidative and free radical oxygen- and nitrogen-containing molecules, such as nitric oxide, oxygen and hydroxide radicals and other molecules. Critical targets of these cellular oxidants are the genetic apparatus and cellular membranes, and in the case of cellular membranes oxidation can affect lipid fluidity, permeability and membrane function. Similar damage occurs in fatiguing illnesses, such as chronic fatigue syndrome (CFS), where patients have intractable fatigue for at least six months and show increased susceptibility to oxidative stress and peroxidation.

In this brief review I will concentrate on recent clinical trials that have shown the effectiveness of lipid replacement therapy (LRT) plus antioxidants in the treatment of certain clinical disorders and conditions, such as chronic fatigue. LRT is not just the dietary substitution of certain lipids with proposed health benefits; it is the actual replacement of damaged cellular lipids with undamaged (unoxidized) lipids to ensure proper function of cellular structures, mainly cellular and organelle membranes. During LRT lipids must be protected from oxidative and other damage, and this is also necessary during storage as well as during ingestion, digestion, and absorption in vivo. LRT must result in the cellular delivery of unoxidized, undamaged membrane glycopospholipids in order to replace damaged lipids and restore function to oxidized cellular membranes. Combined with antioxidant supplements, LTR has proven to be an effective method to prevent ROS/RNS-associated changes in cellular activities and functions and for use in the treatment of various clinical conditions.

### Lipid Supplements and Health Benefits

Dietary supplements made up of mixtures of lipids

have been used to improve general health. They have also been used as adjunct treatments in various clinical conditions. For example, n-3 fatty acids have been used in the adjunct treatment of cardiovascular diseases and inflammatory disorders. Most studies have documented the value of dietary lipid supplements that favor certain types of lipids, such as n-3 polyunsaturated fatty acids (mainly fish- or flaxseed-derived) relative to n-6 lipids. However, not every clinical study has found health benefits from lipid dietary supplementation.

Lipid replacement is possible because in the body cellular lipids are in dynamic equilibrium. Orally ingested lipids diffuse to the gut epithelium and are bound and eventually transported into the blood and lymph using specific carrier apolipoproteins and also by nonspecific partitioning and diffusion mechanisms. Within minutes, lipid molecules are transported from gut to endothelial cells, then excreted into and transported in the blood circulation bound to lipoproteins and blood cells where they are generally protected from oxidation. Once in the circulation, specific lipoprotein carriers and red blood cells protect lipids throughout their passage and eventual deposition onto specific cell membrane receptors where they can be taken into cells via endosomes and by diffusion.

After binding to specific cell surface receptors that bring the lipids into cells, lipid transporters in the cytoplasm deliver specific lipids to cell organelles where they are taken in by specific transport, partitioning, and diffusion. The concentration gradients that exist from the gut to the tissues are important in driving lipids into cells. Similarly, damaged lipids are removed by a similar reverse process that may be driven by lipid transfer proteins and by enzymes that recognize and degrade damaged lipids.

### Oxidative Damage to Mitochondria and Chronic Fatigue

Excess ROS/RNS production can result in lifetime accumulation of mitochondrial and nuclear oxidative damage. On the other hand, cellular free-radical scavenging enzymes neutralize excess ROS/RNS and repair the enzymes that reverse oxidation-mediated damage. Although some ROS/RNS production is important in triggering cell proliferation, gene expression and destruction of invading microbes, with aging oxidative damage accumulates. When this occurs, antioxidant



enzymes and enzyme repair mechanisms along with biosynthesis cannot restore or replace enough damaged molecules.

Disease and infection can result in excess oxidative damage that exceeds the abilities of cellular systems to repair and replace damaged molecules, and this also occurs in fatiguing illnesses, such as Fibromyalgia Syndrome and CFS. In CFS patients there is evidence of oxidative damage to DNA and lipids, as well as the presence of blood markers that are indicative of excess oxidative stress. CFS patients also have sustained elevated levels of the RNS molecule peroxynitrite due to excess nitric oxide, and this results in lipid peroxidation and loss of mitochondrial function as well as changes in cytokine levels that exert a positive feedback on nitric oxide production. In addition to mitochondrial membranes, mitochondrial enzymes are also inactivated by peroxynitrite, and this could also contribute to loss of mitochondrial function. In addition, cellular molecules that could counteract the excess oxidative capacity of ROS/RNS, such as glutathione and cysteine, have been found in lower levels in CFS patients.

### Antioxidants Help Prevent Oxidative Damage

Preventing oxidative damage of cellular and mitochondrial membranes and DNA are important in preventing loss of cellular energy. This can be accomplished, in part, by neutralizing ROS/RNS with various antioxidants or increasing free-radical scavenging systems that neutralize ROS/RNS. Thus dietary antioxidants and some accessory molecules, such as zinc and certain vitamins, are important in maintaining

antioxidant and free-radical scavenging systems. In addition to zinc and vitamins, there are at least 40 micronutrients required in the human diet, and aging increases their need to prevent age-associated damage to mitochondria and other cellular elements. Antioxidant use alone, however, may not be sufficient to maintain cellular components free of ROS/RNS damage, and it cannot reverse the damage once it occurs. Thus, LRT is necessary to replace oxidation-damaged membrane lipids.

Dietary antioxidant supplementation has partially reversed the age-related declines in cellular antioxidants and mitochondrial enzyme activities and prevented mitochondria from most age-associated functional decline. For example, in rodents fed diets supplemented with antioxidants the antioxidants were found to inhibit the progression of certain age-associated changes in cerebral mitochondrial electron transport chain enzyme activities. These animal studies have shown that antioxidants can partially prevent age-associated changes. However, antioxidants alone cannot completely eliminate oxidative damage to mitochondria, and this is why LRT is an important addition to antioxidant supplementation.

Dietary antioxidants can also modify the pathogenesis of certain diseases. For example, antioxidant administration has been shown to have certain neuroprotective effects. The dietary use of antioxidants has been shown to prevent age-associated mitochondrial dysfunction and damage, inhibit the age-associated decline in immune and other functions and prolong the lifespan of lab

"Fatigue" ...cont'd pg 5



# Immune Health and the GI Tract

## Part One



By Peter J Muran, MD, ABIM

The immune system of each individual must ultimately assume the management of infections like Lyme disease. In my experience, antibiotics level the playing field by reducing the abundance of bacteria, leaving the work of sustained recovery to our own immune system. Without the body's own immune vigilance there is a slow progression to health.

Our understanding of the immune system is ever evolving and the most recent 2010 research casts the spot light on the impact of gastrointestinal health on the ability of the immune system to function effectively.

In this Part One of a three-part series we will explore the most recent understanding of the enormous role the gut plays in the health of the immune system. Part Two will discuss evaluation and testing of immune dysfunction caused by the GI tract. Part Three will be putting it all together discussing how to strengthen the immune system.

### Immune Triggers

There are approximately 100 Trillion bacteria in the human gut. Astoundingly, this represents 10 times more cells than what makes up the body. The presence of these bacteria has an immunological effect on the rest of the body. Under most circumstances, this immunological effect is greatly beneficial. However, disruption of this normal flora, if not tolerated, is inflammatory and can be significantly harmful. Intestinal bacterial disruption and inflammatory conditions are seen in the association of *Klebsiella* with ankylosing spondylitis; *Citrobacter* and *Klebsiella* with rheumatoid arthritis; *Yersinia* with thyroiditis; *Escherichia coli* and *Proteus* with autoimmune disorders. These examples may not reflect a direct cause by the bacteria, but rather molecular mimicry taking hold and eliciting an autoimmune response.

In addition to disruption of the normal flora, diet is the other major contributor to overall health of the GI tract. Diet has a direct response of an important component of the immune system within the "gut associated lymphoid tissue," or GALT. The GALT is a chain of lymph glands attached to the intestines. These lymph glands

are very similar to the lymph glands located at the neck under the jaw. When one has a throat infection, these glands become swollen and inflamed - as when the gut has inflammation, the GALT becomes swollen and inflamed.

Food sensitivities have a direct insult on the GALT. The response to this assault is more complex than just formation of antibodies. Thus, the measuring of the typical immunoglobulin titers for food allergies does not suffice in uncovering the source of this inflammatory component.

Most foods contain lectins, specialized proteins, which may be inflammatory for that individual without causing the classic antibody response. Studied food groups which include high levels of lectins are grains, legumes (that is beans, including peanuts), dairy, and plants in the nightshade family. Many other foods contain lectins but are less well studied and the amounts of lectins present are not thought to be as high or as potentially toxic. Other inflammatory triggers of the immune response are pathogen associated molecular patterns (PAMPs-typical structures of non-vertebrate pathogens); damage associated molecular patterns (DAMPs-intracellular components); advanced glycation end products (AGES- produced when food is fried, grilled, dried, smoked or pasteurized); free radicals; trauma; and toxins.

The culmination of these inflammatory triggers occurs within the GI tract leads to a measurable systemic inflammatory response. The integrity of the cellular lining of the gut, epithelium mucosa, changes because of this inflammation leading to what is known as leaky gut syndrome. Leaky gut syndrome is the central antecedent of a wide range of disorders associated with chronic inflammatory condition.

This is best described by Dr Alessio Fasano in the article, "Mechanisms of Disease: The role of intestinal barrier function in the pathogenesis of gastrointestinal autoimmune disease." He states, "Together with the gut-associated lymphoid tissue and the neuro-endocrine network, the intestinal epithelial barrier, with its intercellular tight junctions, controls the equilibrium between tolerance and immunity to non-self-antigens. When the finely tuned trafficking of macromolecules is dysregulated in genetically susceptible individuals, both intestinal and extra-intestinal autoimmune disorders can occur. This review is timely given the increased interest in the role of leaky gut in the pathogenesis of gastrointestinal diseases and the advent of novel treatment strategies, such as probiotics." (Nature Clinical Practice Gastroenterology and Hepatology, Sept. 2005, Vol 2 No 9).

### The Immune System

Briefly, the body's immune system is divided into the innate and adaptive response. The innate response is usually within 0-96 hours. It is divided into 2 groups. One group is non-induced and/or nonspecific. The second group is broadly specific.

This broadly specific group contains a large list of immune responders including macrophages, mast cells, cytokines, complement system, polymorphonuclear leukocyte (PMN), antimicrobial peptide, natural killer cells and dendritic cells.

Current research shows that if there is a modulator of the innate and adaptive immune system, it would be the dendritic cells. Dendritic cells are throughout the entire body. Dendritic cells "sample" everything and determine if it is a friendly or a danger-stranger to the body. This sampling sets up a priming of the dendritic cells, which will then communicate with the remainder of the cells of the immune system, and respond accordingly.

The adaptive response system is usually activated within 4-5 days. The adapted system characteristically gives a sustained response to the offending agent or establishes antibodies to react to and prevent re-infection. It is a highly evolved specific system which specializes in effectors T and B lymphocytes cells. The information which the T and B cell lymphocytes use to differentiate is derived from the dendritic cell.

The B cell response is known as the humoral (circulating in our bodily fluids) mediated system. It is in this system where the antibodies for specific protein or infection are formed. The T-cell lymphocyte response is also known as the cell-mediated system. The T-cell lymphocytes can have many different responses, including triggering a B-cell response. The dendritic cell is primed for response by the previously described triggers. This dendritic priming will derive differing sets of T-cell instructions resulting in conversion of naïve Th0 cells into Th1, Th2, Th17 and T-regulatory cells.

Depending on the signaling, a pathway can be redirected to express a healthier response. This is most dramatic for the person with significant allergies and an underlying infection impacting the efficacy of the immune system to handle the infection. By modulating or balancing the pathways, an excessive response and its draining complications is decreased, thus allowing the immune system to focus on the more critical problem at the time.

Th1 cells produce cytokines that are involved in many types of cell-mediated immunity and delayed hypersensitivity response. It does this by increasing cell-mediated

activation macrophages and neutrophils. The more predominant diseases seen with Th1 are rheumatoid arthritis, multiple sclerosis, thyroiditis, Lyme arthritis and Crohn's disease.

Th2 cells produce cytokines which are involved with further B cell activation and consequent allergy antibody response. It does this with the recruitment of mast cells, basophils and eosinophils. The more predominant diseases seen with Th2 are allergic diseases, asthma, contact dermatitis, scleroderma, ulcerative colitis and systemic lupus erythematosus.

Th17 cells mediate mucosal immunity to GI and pulmonary pathogens (especially *Candida* and gram-negative). This is a primary driver of chronic inflammation. It is the predominant driver to initiate inflammation of tissues and organs in Lyme arthritis, allergy, tumorigenesis, transplant rejection and autoimmune diseases (multiple sclerosis, Crohn's disease, ulcerative colitis, systemic lupus erythematosus, rheumatoid arthritis, scleroderma, alkylating spondylitis).

As mentioned earlier, the gastrointestinal tract is full of potential immune triggers. For the most part, the immune system is able to recognize and tolerate non-harmful triggers. It does this by the means of the innate immune response. It is when there is a trigger (such as a harmful bacteria or fungus) causing the inflammatory response that cannot be completely removed, resulting in continued inflammation. If this continued inflammatory response is not switched off, then there is a move to the next level of chronic inflammation.

This next level of chronic inflammation has many facets. It includes leaky gut syndrome and dysregulation of the immune system's inflammatory profile. One can also develop an autoimmune response where there is a decrease in self recognition; a continued imbalance in the TH1/TH2/TH17 lymphocytes; and depletion of the natural killer cells, which could lead to an increase in chronic disease and cancer.

Most chronic diseases have been linked to excessive or persistent inflammation. This chronic inflammation is a systemic phenomena with local manifestations. Chronic inflammation occurs when the injury is ongoing or a predisposed immune system fails at counter-regulation. Unaddressed chronic inflammation can completely obstruct the path to recovery from an infection such as Lyme disease. In order to properly manage Lyme disease the immune system needs to be optimized. The first area of optimization is the GI tract. [www.longevityhealthcare.com](http://www.longevityhealthcare.com) Tel: (888) 315-4777. *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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### Website:

[www.publichealthalert.org](http://www.publichealthalert.org)

### e-mail:

[editor@publichealthalert.org](mailto:editor@publichealthalert.org)

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# The Effects of Our Toxic Environmental Bio-Terrain on Life

Trisha Springstead, RN, MS  
David Curtis, MS  
Sue Hageman

## To the truth seekers and The ones who suffer:

On April 20th, 2010, the largest manmade disaster in the history of the United States of America blasted the Gulf of Mexico. The Explosion of the Deep Water Horizon murdered 11 men and injured 17 more. This was not just your ordinary spill. Despite all warnings to upper level management, BP did not listen and told these men to move forward and keep drilling, as the company was losing money with each passing day. The deaths of these men, with brothers, sisters, mothers, wives and children, were homicides. The crime scene spewed out poison of unprecedented proportions while the powers-that-be sprayed toxic chemicals in order to cover up the crime.

The men that died or were disabled from the Macondo blowout should be treated as war heroes, since the fate of these men is the same one soldiers face. These men were put in harm's way by corporate and government decisions over "wars that are fought in places where their business interest runs." [1] The families of the brave men who died have not received any

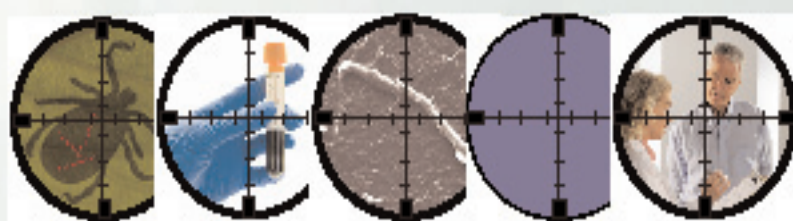
compensation from the perpetrators of this crime. Unfortunately, the death and injury has not been limited to the original victims. It is an ongoing tragedy that continues to expand in scope, affecting the health and the lives of millions more.

When the well exploded, I was researching a disease pandemic some call Morgellons. [2] This is not the name for this disease now. It is clearly Hyper-Toxicity, Degradation of the Bio-Terrain [3], Neurocutaneous Syndrome [4], and recently has surfaced as the BP Oil Gulf Plague [5]. Before I submit the evidence from this crime scene, I want to give you a heads-up on what I had been working on for years here in the southern United States. I find it interesting that, in early 2006, I began pulling strange PCBs, fibers and other organisms out of the skin of humans and was just astounded. I wanted to know what this new disease was. I called an old professor of mine, as these samples I was viewing looked almost shrimp-like. He had never heard of this. His advice was to call the Department of Marine Biology in Washington, DC.

I was excited and very curious, and the next morning I dialed a phone number. In my "Toxic" ... cont'd pg 5



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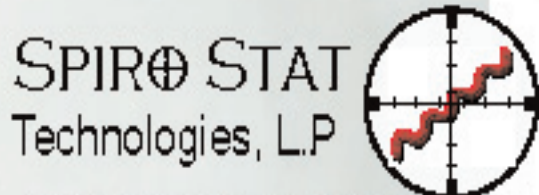
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# Kaleidoscope of Hope Guided Imagery



by Tina Juliette Garcia

## The Lake of Tranquility Introduction to Guided Imagery

This is the first in a series of six meditations that may provide a way for you to diminish stress in your life. I am a patient and advocate who has suffered with chronic Lyme disease, which has caused a great deal of stress in my life for more than twelve years. I have experienced much physical and emotional pain, pain due to denial of health care and rejection from physicians.

I have learned to value my time and energy enough to not waste these personal and valuable resources on visits to disinterested doctors who fall short in abiding by the Hippocratic Oath through their failure to provide desperately-needed medical treatment. Yet, I gratefully acknowledge that I have been blessed by interested physicians who provided ongoing treatment that improved the pain level and my cognitive ability.

The physicians who have showed interest in treating the infection that ravages my body view the treatment of chronic disease as a responsibility not to be shirked, as a university of higher learning beyond medical school and as an opportunity to enrich the lives of patients through their efforts to improve the patients' quality of life. It is my hope that the Kaleidoscope of Hope Meditations may also serve to improve your quality of life, through assisting you in achieving a state of balance and relaxation.

Each meditation may be read silently or aloud with periodic pauses to close your eyes and reflect upon the meditation. However, the most effect may be achieved by having someone else read a meditation to you, as you relax with your eyes closed. The Kaleidoscope of Hope Meditations will be recorded with music on CD and available for purchase in the future.

### The Effects of Stress

The stress you experience may be caused by a strain on your health, which may affect you in physical, emotional and spiritual ways. Perhaps you are experiencing stress related to your career or financial problems, family or other relationship issues. Whatever the cause or causes, meditation can help you proactively respond to whatever is causing stress in your life.

Stress is a natural response in which our body's autonomic nervous system

(ANS) helps us cope with the stressing event. There are two parts of the autonomic nervous system that seem to be running a constant relay race. When we are not experiencing stress, the one part of our autonomic nervous system, the parasympathetic nervous system (PNS), keeps us calm and level.

However, when faced with a stressful outside stimulus or a disease that alters the function of the central nervous system (CNS), the sympathetic nervous system, representing the Fight or Flight response, takes the baton from the calming parasympathetic nervous system and begins running faster.

As the sympathetic nervous system gains speed, chemical reactions occur within the body. The chemicals (hormones) increase certain bodily functions, such as blood flow to the muscles, increased heart and respiratory rates and a state of heightened alertness. At the same time, other bodily functions that are not immediately needed to respond to the stressful event, such as the immune and digestive systems, are depressed.

In this state of high alert, we are able to quickly respond to the stressful event, and that serves a valuable purpose. However, living with constant stress causes an overabundance of chemical reactions that creates an imbalance in bodily functions. Thus, constant stress creates an unhealthy condition for us physically and emotionally, which may alter our spiritual awareness. Chronic illness or treatments that affect the central nervous system can produce such a constant state of stress, stimulating the sympathetic nervous system continually.

It is, therefore, important for the sympathetic nervous system to pass the baton back to the parasympathetic nervous system, which allows us to relax and our bodily systems to return to their normal state of function.

Meditation is a useful tool that we can use whenever we need to return to the relaxed, parasympathetic state. As we lean more toward and spend more time in that calm state of being, we become better able to focus our thoughts, not on the disease or other stressing event, but on physical, emotional and spiritual healing.

### The Lake of Tranquility

Above the tops of the tall pine trees that stand across the meadow, the sky is clear blue and painted with white, cotton clouds. The sun is high in the sky, and the sound of cicadas buzz all around you as you find yourself stepping into the flowered meadow that is between you and the forest beyond. Your bare feet feel the tender grass of the meadow, and the high meadow grasses and flowers gently brush against your legs with each measured step you take. Surrounding you are the beautiful scents of all the colorful meadow flowers. You feel the beautiful fragrances enter your nose, you feel them tickle the nerve endings inside, and you

feel them enter your brain, creating an intoxicating sense of Joy throughout your whole being.

As you look around you, you see that the flowers offer you Joy in many colors - bright yellow, cool lavender, exciting pink, fiery orange and rich violet. When your eyes focus and take in all the colors together, you see a kaleidoscope pattern of colors reflected in the mirror of your mind. If you're willing, stop for just a moment, and sit down among the flowers and grasses of the meadow. Take in a long, deep breath, breathing in the fragrant potpourri of God's handiwork that adorns the meadow that leads to the Tranquil Forest. As you exhale and release each breath, allow your shoulders to fall, as you feel the muscles in your neck and the muscles in your shoulders and arms relax. Just relax, and feel the deep sense of Joy expand within you.

Breathe deeply now, allowing your diaphragm to make room for the fragrant air to fill your lungs, and with each breath in and out, as your lungs expand and contract with each inhale and exhale, you take in and feel gratitude and love for your body, your body, that works so hard to serve you each moment of your life. The heartfelt gratitude and love you feel flows through your lungs, through your respiratory system, into your heart and on to the rest of your body. Your gratitude and love for your body is carried to each and every cell within it, acting as nourishment to sustain and heal. You think to yourself, "Thank you, for all you've done for me. Thank you for all you do for me. And thank you for all you will do for me in the future. I have great love and respect for you."

Now, take one more deep breath of flowery fragrance, and after you exhale, stand up once again, and resume your walk toward the pine trees at the entrance to the Tranquil Forest. You have now passed the middle of the meadow, and as you continue to walk through the grasses and flowers of the remainder of the meadow, you notice a new fragrance that seems to be swirling among the sweet scents of the meadow flowers. The new scent is crisp and pungent, and your mind remembers smelling this scent before - somewhere, sometime - and it brings back a distant feeling of connection to the ground - to the dirt - to the earth. Far away in the distance, you hear the faint beating of drums that intensifies your connection to the earth you call home. As you move closer to the forest trees, your mind recalls what you have been wondering - ahhhhhhh, that's right - it is the smell of forest pine trees - that is the smell that is weaving its way through the fragrance of the flowers, and reawakening your connection to the earth and to your ancestors.

The sound of the distant drums fades away, and the meadow grasses and flowers thin out as you approach the edge of the Tranquil Forest. The cicadas quiet, and you begin to hear a new chorus of song. It is the song of the birds

that make their homes in the Tranquil Forest. And as you step forward toward the edge of the forest, you see a path between two pine trees, and at the beginning of the path, you see a painted sign that lets you know that you are, indeed, in the right place, and on the right path. The sign reads, WELCOME TO THE TRANQUIL FOREST - FOLLOW THE PATH TO THE LAKE OF TRANQUILITY.

You pass the sign and enter the forest, where you notice that the sun is no longer visible in the sky as the branches of the tall trees create a lace canopy above you. Only the sun's guiding rays are shining through the canopy of branches above and ahead of you, lighting your way, and guiding you down the path, toward the Lake of Tranquility. The singing and chirping birds twitter and fly among the trees. You see squirrels eating nuts on the branches of the trees and in the brush around you, friendly chipmunks watch you curiously as you make your way along the forest path that will soon lead you to the Lake of Tranquility, the peaceful water that is the home of the Dragonfly Clan.

As you walk along the path and feel the softness of the rich, black earth, and the deep green moss carpet, you find yourself breathing deeply, taking in the rich, moist, earthy smells around you. Breathe in - and breathe out. And feel your connection to the earth beneath your bare feet. As you make progress on your path to the Lake of Tranquility, ahead of you, you see a tree that has fallen across your path. And as you approach the fallen tree that blocks your way, you wonder how you will get past it. Will you avoid it by walking all the way around? Will you try to pick it up and move it off the path, to clear it for yourself and others? Or will you place one foot upon it to pull yourself up, place your other foot on it also, and then jump off the tree, landing on the path again? Whatever way you choose to overcome the obstacle in your path to the Lake of Tranquility, please take a moment now to imagine that you have found a way to do that. And after you have imagined passing the obstacle, continue walking down the forest path in your own unique and amazing way.

The moss-covered path continues to wind through the majestic trees, and as you make your way toward the Lake of Tranquility, you see more and more light filtering through the tops of the lacy, pine canopy of branches above you. The path begins to widen and slope downward. You begin to hear a light, whirring sound. It is the sound of delicate, transparent wings, and you realize you are approaching the home of the Dragonfly Clan that lives on the Lake of Tranquility. You notice more space between the trees, and as you walk down the sloping path toward the lake, you can see the sunlight shimmering on the water that lies beyond the trees in front of you. The rapid flapping of many dragonfly wings becomes louder in your ears as the dragonflies fly right past you, toward the Lake of

Tranquility. Now, you are within a few yards of the lake. The water is turquoise and full of white water lilies resting upon bright green lily pads. There are many dragonflies flying all around you now. They are flying and dancing together, and landing on the many water lilies that adorn the beautiful, shimmering lake. A few more steps take you right to the water's edge.

As you stand at the edge of the Lake of Tranquility, and contemplate the beautiful scene before you, you feel the vibrations of the dragonflies' wings encircling you. You feel the vibrations of their wings resonating and harmonizing with your own human vibration. Little by little, the vibrations merge into a harmonic resonance that lifts you off the ground at the edge of the water. The dragonflies carry you, effortlessly, over the water to a large water lily pad in the center of the Lake of Tranquility. Without feeling the pull of gravity, you turn on your back in a horizontal position, and you gently float down to the large lily pad, where you lie down on your back, and feel the weightlessness of your body. The lily pad is completely supporting you in the center of the Lake of Tranquility, where you close your eyes and feel the warmth of the sun's healing rays upon your body. The healing rays of the sun warm your skin, and your body tingles all over. The warm, healing rays penetrate your skin and enter the cells of your body and revitalize them into creating more health and energy. The weightlessness you feel brings you to a complete state of relaxation. Your breathing is slow, even and relaxed. You feel calm and peaceful. You are one with the Lake of Tranquility.

Your senses are magnified now, allowing you to feel the slightest vibration touch your body and soul. As each member of the dragonfly clan visits you at the water lily upon which you rest in the middle of the Lake of Tranquility, you feel each small ripple that each dragonfly creates. As each dragonfly lands upon your body, a ripple begins in the center of your body, near your solar plexus, and travels outward, in a very gentle and soothing ripple, that rocks the lily pad ever so slightly, in the water where you float, weightless. You feel a sense of harmony - you have become one with the lily pad, the water, the dragonflies, the gentle ripples of tranquility, and the healing rays of the golden sun, that shines its energizing and healing light upon you. With the visit of each dragonfly, and the soothing ripple each one creates, that radiates outward from your solar plexus, you feel more and more tranquil. All the muscles in your body relax, as you feel each ripple extend outward in circles, toward the edge of the Lake of Tranquility, where the water stops and meets the damp earth of the Tranquil Forest.

*"Meditations" ... cont'd pg 10*



## “Toxic” ... cont'd from pg 3

enthusiasm at finding something that was so interesting, I began telling my story to the man who picked up the phone in D.C. He listened very intently. Then these words, that I shall never forget and in retrospect haunt me. "Lady," he said, "if you know anything about this disease, you start screaming and you keep screaming, because if you don't and something happens to you, you will be missed." He went on to say, "You have not reached the Department of Marine Biology. You have reached the Department of Geology. I want you to stay away from this god-forsaken town (D.C.). I have 3 years left in this hell-hole before I retire, so you scream - and don't stop." I began screaming like a wild woman then, and heeding his advice, will not be silenced now.

I do not believe in accidents any more. This scientist knew something, and he knew I was on to something. Could it be that this was a warning sign of things to come, and this honest geologist knew something and had seen evidence of what I was relating? The answers to these questions may never be forthcoming, but the Universe reveals things to us when we need to look at them. It is a shame that more scientists are not curious about the human condition, because people continue to be polluted by food [6], water [7], environment [8] and man's greed to tear apart and alter the perfection of Mother Earth's gifts.

Marine Toxicologist Dr. Riki Ott [9] helped countless individuals while fighting valiantly for the people of Alaska in the aftermath of the Exxon Valdez spill. She could have earned \$250,000 a year in the employ of various companies, but instead chose to assist people and wildlife. Dr. Ott worked diligently over years on books and documentaries which illustrate her knowledge and concerns. She duly warned us of the treatment that was inflicted upon the people by the Exxon Valdez spill. Now she has taken her time and her dime to come to the Gulf Region and educate people up and down the coastlines of our

precious Gulf of Mexico.

It is the nature of an ignorant man to say, "Oh, this is just a little spill. We will just cover it up with a little poison and a few pesticides that won't hurt anyone, and a few Genetically Modified Nematodes won't hurt anyone, either." On top of that tanker spill in Alaska, Exxon dumped Genetically Modified Organisms (GMO's) called *Pseudomonas Putida*. [10] After meeting Dr. Ott, I discovered that thousands were reporting symptoms of rashes, brain fog, neurological problems, crawling and biting and itching to Dr Ott's group. The average life expectancy in Alaska where that spill occurred is 51 years, and that was just a tanker, mind you. The people were told by Exxon, "Oh don't worry, we'll take care of you and 'NOT ONE DROP' will be found when we are done." Exxon took good care of them all right - their way of life was almost destroyed. The divorce, alcoholism, suicide and a literal wedge that was driven between the people proved disastrous. That spill decimated the way of life for those people, their culture and their world. The one hope, though, is that the humans who live on in that region of Alaska are praying for us as we face eerily similar circumstances. They were never fully nor even partially compensated for the havoc and hell that Exxon put them through. I highly recommend that you read Dr. Ott's book, *Not One Drop*. Read this book and read it well, because history has repeated itself. [11] But there is a kicker here, and an elephant in the living rooms of this whole Gulf Region and indeed the world.

The draconian powers-that-be sprayed Corexit (which is outlawed in many other countries, including England) and other organisms on that spill. They continue to spray even now on the waters of the Gulf and the East Coast of Florida by night. The amounts of poisons that were spewed into our precious air and water, and what is being added in a misguided attempt to rectify it, are not just chemicals but a very, very toxic soup.

They do not give a damn about the impact on the people who worked hard every day. The honest fishermen won't sell you dirty fish. [12] They are not lazy, they know it is poison. The world is unfortunately filled with smoke and mirrors. "Oh, a few dead here and a few spilling blood there and a few Cajuns whose life is tied to the sea won't be missed." When BP, Halliburton and the money-grubbing corporations say they are going to take care of you, you better find a lawyer and a good friend, because they will not. History repeating, these beautiful souls are sick. They have rashes, brain fog, lesions, and families with no food. Suffering themselves, they refuse to compromise by going out and fishing to sell poison to you and your families.

The health and human impact of this spill is already driving wedges through the social fabric of society all along the coast. The depression deepens with each passing day, the alcoholism rates will skyrocket, and the suicides will escalate and fighting among brothers will increase. [13] The sociological ramifications are already heightened between people. Proud people have no work unless it is to work for the perceived enemy. This is just what BP and the Corporate Dynasties like to see. BP wants people so worn down that they have no fight in them, no air to breathe to yell, no doctors to treat these people who are ill. If we open clinics and treat these people that BP and Nalco poisoned, these people who are sick and dying, then the poisoners will have to take some responsibility, admitting that they made the wrong choices and caused HARM.

To the people who think they fooled us, I say, "We are not fooled by you liars." To the people who are spraying Corexit and flying those planes of genocidal chemicals we say, "Find an honest job, because you are helping the devil do his deeds." To the people who told us, "It's gone - the spill has disappeared, there is just a little poison out there," we say, "Dilution is not the solution to pollution." To the wealthy who

did not want to see this wash up on their shores, so if not seen, it doesn't exist, or the universities taking billions to study this, I say, "TAKE CARE OF THE PEOPLE WHO ARE DYING AND ARE GOING TO DIE. GO TO THEIR HOMES, THEIR SHORES AND THEIR ONCE-SACRED FISHING GROUNDS." These people are the sidewalk scientists. They have lived on the land for generations, and they know their terrain and the waters they love and respect. Get out of your institutions of delusion, your board rooms and legal money-laundering, ivy-covered ivory towers, and look at the full picture. If you lose the people, you have no stewards and in the end you will choke on greed, money and oil.

I now submit evidence from independent researchers who have honestly documented aspects of this crime scene that has devastated the health, safety and welfare of human beings and all life along the Gulf of Mexico. Estimates grounded in science predict that this will affect 10 to 20 million people in the United States of America. [14]

What really came out of that Gulf of Mexico Macondo well of so-called "Fossil Fuel" - a term used very loosely in the lexicon of oil geohazard professionals? If we knew what was in the mixture that we put in our gas tanks, we might think twice about this destruction in the Gulf - especially when it only supplies 10% maximum of our oil consumption in this country. People exposed to these toxins are becoming sick very quickly and dying, their immune systems are highly compromised, they are bleeding from every orifice, bruising is occurring spontaneously, lesions are horrific, lung capacities are declining and hearts are enlarging with every moment we waste not paying attention to the human condition.

Dr. Tom Termotto, an Integrative Health Advisor, head of the Gulf Spill Remediation Task Force and prolific researcher and educator, has written compelling scientific articles on this subject. The information has been

affirmed by other scientists. He poses this question: "What do you get when you mix oil & methane gas with oil dispersant (Corexit), with radioactive effluent, with surface-burning oil slicks (petroleum + dispersant), with lots of dead marine life of every sort and kind in the Gulf of Mexico during a hot and humid summer?" His answer: "A toxic petrochemical stew which is neither safe to eat from, nor swim in. The affected beaches, wetlands, marshes and estuaries should also be viewed with great caution, or avoided altogether." [15] Dr. Termotto goes on to list established facts to substantiate his conclusion. The origins for his citations are found in his article, a small portion of which is quoted below, and which I highly recommend be read in full.

"It only takes 1 barrel of oil to effectively pollute one million barrels of seawater. Using the 87 days till the geyser was controlled; an estimated 87 X 100,000 barrels per day totaling 8.7 million barrels of hydrocarbon effluent (oil + methane + particulates such as sand, stones, gravel, and other debris from deep down under) and its many derivatives were released. This bio-accumulates within living organisms and will concentrate in adipose tissue in human beings. It contains many different chemical constituents that will break down, each of which possesses different levels of toxicity to marine and human life.

Crude oil is a mixture of many different kinds of organic compounds, many of which are highly toxic and cancer-causing (carcinogenic). Oil is acutely lethal to fish, that is, it kills fish quickly at a concentration of 4000 parts per million (ppm) or 0.4%. It only takes one quart of motor oil to make 250,000 gallons of ocean water toxic to wildlife. This would be a concentration of only 1 ppm. Crude oil and petroleum distillates cause birth defects.

Benzene is present in both crude oil and gasoline and is known to cause leukemia in humans. The compound is also known to lower the white

**"Toxic" ...cont'd pg 7**  
blood cell count in humans,

## “Fatigue” ... cont'd from pg 1

oratory animals.

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In animal studies this LRT supplement has been used

to prevent hearing loss associated with aging. Seidman et al. found that this LRT supplement prevented hearing loss associated with aging and shifted the threshold hearing from 35-40 dB in control aged animals to 13-17 dB in the treatment group (P<0.005). They also found that it preserved cochlear mitochondrial function, increasing mitochondrial function by 34%. It also prevented aging-related mitochondrial DNA deletions found in the LRT. It has also been successfully used in clinical studies to reduce fatigue and protect cellular and mitochondrial membranes from oxidative damage. For example, this dietary supplement has been used in a vitamin and mineral mixture in cancer patients to reduce the effects of cancer therapy, such as chemotherapy-induced fatigue, nausea, vomiting and other side effects

associated with chemotherapy. This double-blinded, cross-over, placebo-controlled, randomized trial on cancer patients receiving chemotherapy showed that LRT improved fatigue, nausea, diarrhea, impaired taste, constipation, insomnia and other quality of life indicators.

LRT has also been successfully used in a study with severely chronic fatigued patients to reduce their fatigue. Using the Piper Fatigue Scale we found that fatigue was reduced approximately 40.5% (P<0.0001), from severe to moderate fatigue, after eight weeks of LRT supplementation with NTFactor®. Recently we examined the effects of this form of lipid replacement therapy on fatigue in moderately and mildly fatigued subjects and to determine if their mitochondrial function improved. Use of this LRP dietary supplement® for 8 or 12 weeks result-

ed in a 33% or 35.5% reduction in fatigue, respectively (P<0.001). In this clinical trial there was good correspondence between reductions in fatigue and gains in mitochondrial function. After only 8 weeks of LRT, mitochondrial function was significantly improved (P<0.001), and after 12 weeks LRT supplementation, mitochondrial function was found to be similar to that of young healthy adults. After 12 weeks of supplement use, subjects discontinued the supplement for an additional 12 weeks, and their fatigue and mitochondrial function were again measured. After the 12-week wash-out period, fatigue and mitochondrial function were intermediate between the initial starting values and those found after eight or 12 weeks on supplement, indicating that continued dietary LTR is probably required to show improve-

ments in mitochondrial function and maintain lower fatigue scores. The results indicate that in moderately to severely fatigued subjects dietary LRT can significantly improve and even restore mitochondrial function and significantly improve fatigue. Similar results were found with CFS and/or Fibromyalgia Syndrome patients indicating that LRT plus antioxidants for 8 weeks reduced moderate to severe fatigue by 43.1%.7 d.

Address correspondence to: Prof. Garth L. Nicolson, Department of Molecular Pathology, The Institute for Molecular Medicine, 16371 Gothard St. H, Huntington Beach, California 92647, Email: gnicolson@immed.org, Website: www.immed.org.

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# MEDICAL PERSPECTIVES



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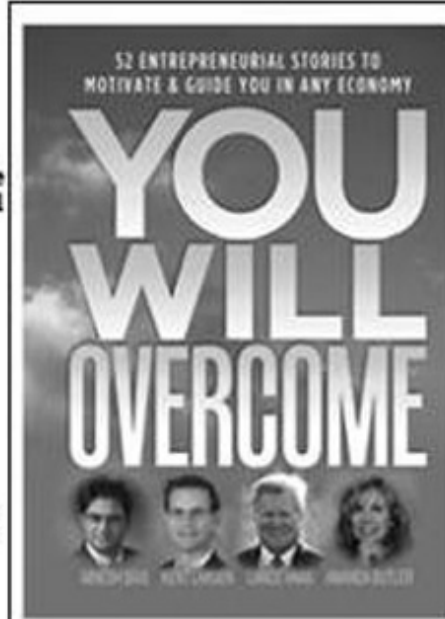
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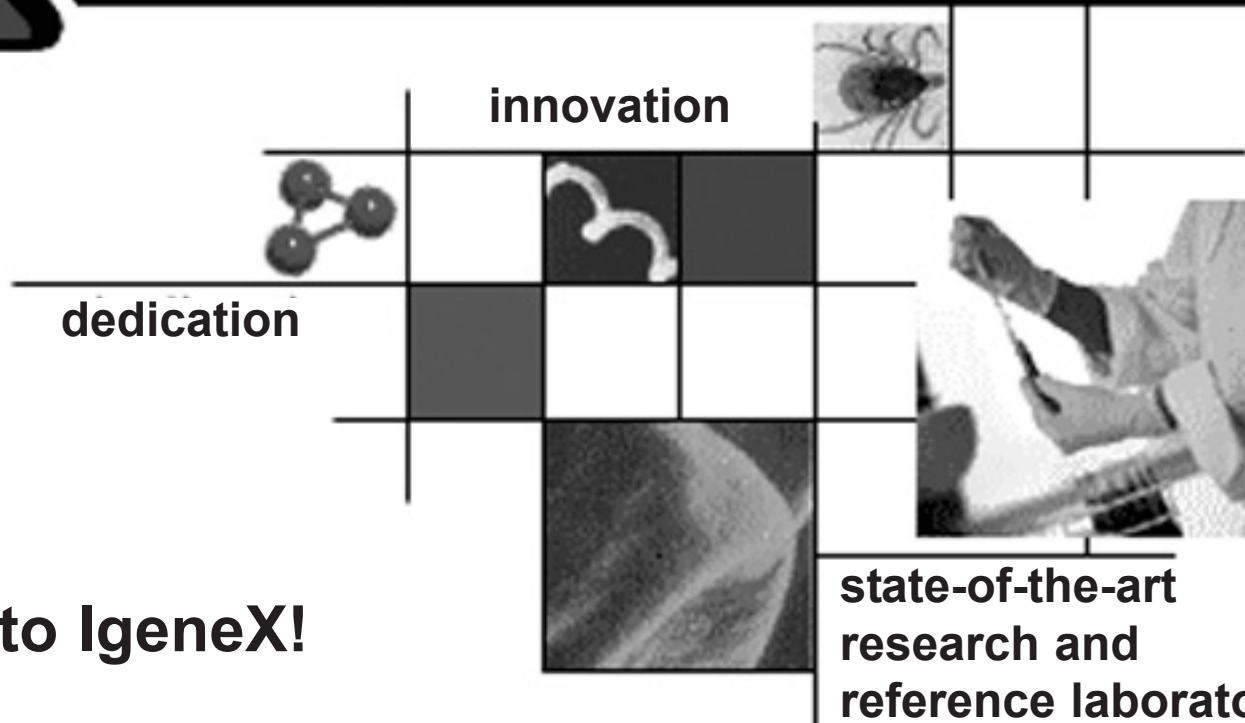
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“Toxic” ... cont’d from pg 5

which would leave people exposed to it more susceptible to infections. Studies have linked benzene exposure in the mere parts per billion (ppb) ranges to terminal leukemia, Hodgkin's lymphoma, and other blood and immune system diseases within 5-15 years of exposure. Benzene exposure at below 1 part per million (1 ppm) causes hematotoxicity in exposed workers."

Dr. Termotto also addresses the main health hazards associated with breathing methane. "Methane is not toxic below the lower explosive limit of 5% (50,000 ppm). However, when methane is present at high concentrations, it acts as an asphyxiant. Asphyxiants displace oxygen in the air and can cause symptoms of oxygen deprivation (asphyxiation). The available oxygen should be a minimum of 18% or harmful effects will result. Methane displaces oxygen to 18% in air when present at 14% (140,000 ppm). It is not expected to cause unconsciousness (narcosis) due to central nervous system depression until it reaches much higher concentrations (30% or 300,000 ppm), well above the lower explosive limit and asphyxiating concentrations. Effects of oxygen deficiency include:

- \* 12-16% breathing and pulse rate are increased, with slight muscular incoordination;
- \* 10-14% emotional upsets, abnormal fatigue from exertion, disturbed respiration;
- \* 6-10% nausea and vomiting, inability to move freely, collapse, possible lack of consciousness;

Below 6% convulsive movements, gasping, possible respiratory collapse and death.

Since exercise increases the body's need for oxygen, symptoms will occur more quickly during exertion in an oxygen-deficient environment. Survivors of oxygen deprivation may show damage to some or all organs including the central nervous system and the brain. These effects may or may not be reversible with time, depending on the degree and duration of the low oxygen and the amount of tissue injury.

Another significant environmental impact caused by methane is the rapid depletion of oxygen in the aquatic environment. This will have many adverse effects on all marine life, especially those aerobic microbes that assist in biodegrading the petroleum. Their oil-eating effectiveness will surely be compromised, just as all other aerobic organisms will suffer due to hypoxia (insufficient oxygen).

**Surface dispersant used:**  
1,072,514 gallons  
**Subsea dispersant used:**  
771,272 gallons  
**Total dispersant used:**  
1,843,786 gallons

But some scientists say the chemical mixture, which at one point was being released at a rate of about 70,000 gallons a day, causes more harm than good, and may have contributed to huge plumes of

hydrocarbons below the ocean surface.

The fact that Corexit now seems to have been so widely used also poses the question of who, exactly, is calling the shots in our once pristine and sacred Gulf of Mexico?"

In a short YouTube clip, Dr. Riki Ott, John Walthen, Holt Web, Lorrie Williams, Cheri Foytlin and Sherry Alan present some crucial evidence of what was going on in December of 2010 along the shore lines of the Gulf of Mexico. [16]

On May 23, the EPA ordered BP to find a less toxic substance than Corexit for bioremediating the oil. The Coast Guard gave BP seventy-four exemptions. The workers were not permitted to wear respirators and were told by BP management to take them off. Reporter Anderson Cooper and other mainstream media were told that they could not come within 65 feet to photograph any of the cleanup or spill [17], and this was on public land.

BP in fact made workers sign non-disclosures and warned that if they spoke of what they saw they would lose their jobs. They could not even tell anyone the identity of their employer, and were watched the whole time by BP supervisors and police officers.

I was up in that area, along with David Curtis, trying to obtain samples. During two of these attempts we were nearly arrested. If arrested, we would have been jailed and charged with a class 4 felony and each given a \$40,000 fine. The FDA will tell you the seafood is safe, but independent scientists will tell you that 2,604,000 barrels of crude petroleum hydrocarbons came out of that Well From Hell. Even now as I write this, methane is still seeping from the Gulf floor.

I ask you, as one human being to another, would you eat the seafood, or let your child play in the waters?

Would you trust the Government, the EPA, CDC and FDA, who are entrusted to look after the health, welfare and safety of our environment and our citizens, to tell us that the waters are safe and the spill is GONE? Here is the truth about the seafood:

- \* Oysters tested contained 9,780 mg of petroleum hydrocarbons
- \* Blue Crabs contained 2,230 mg of petroleum hydrocarbons
- \* Mussels contained 6,900 mg of petroleum hydrocarbons
- \* Flounder contained 21,575 mg of petroleum hydrocarbons
- \* Shrimp purchased by Mac McKenzie and studied by veteran chemist Bob Naman contained 193 ppm of petroleum hydrocarbons. [18]

As a concerned citizen, I know that this food is not safe. The smell and taste tests prove nothing. Just because you cannot see it or smell it does not mean it is not there. Many people do not want to believe that this could happen in the United States of America. While we have been busy minding others' business all over the world and fighting wars in far countries, we have

been terribly asleep at home. We have allowed corporations to rule this country over the rights of the people.

On August 20, 2010, the CDC walked out on those people, just as they have walked out on others with Hyper-Toxicity aka NCS and Morgellons and Lyme Disease. They have let our own nation down, by not telling us the truth and by walking away from the humans suffering. We can additionally place many health care providers and heads of Health and Human Services in this same category. In fact, sufferers in that spill have told me personally that doctors have called them depressed and delusional. Kindra Arneson, a whistleblower against BP's tactics, went to doctors and was told that she was depressed. She was not depressed - she was sick. She insists they are still spraying Corexit on people of the Gulf Coast. The question she asks is, "What are we - some big science experiment?" [19]

Dahr Jamal, a dedicated reporter with Aljazeera News, interviewed Dr. Rodney Soto on January 5, 2011. [20] **[Editor Note: Aljazeera is known to say anything anti-american whether it is true or not.]** The following paragraphs are copied from that interview. Dr. Soto explained the health impacts on his patients. "Many of the chemicals present in the oil and dispersants are known to cause headaches, nausea, vomiting, kidney damage, altered renal functions, irritation of the digestive tract, lung damage, burning pain in the nose and throat, coughing, pulmonary edema, cancer, lack of muscle coordination, dizziness, confusion, irritation of the skin, eyes, nose, and throat, difficulty breathing, delayed reaction time, memory difficulties, stomach discomfort, liver and kidney damage, unconsciousness, tiredness/lethargy, irritation of the upper respiratory tract, and hematological disorders."

Dr. Soto classifies two types of symptom groups: acute exposure that includes skin and respiratory problems; and a second, larger group of people with no symptoms, but who still have toxicity. He believes the pathways of exposure occur through air, skin, and contaminated seafood.

While there are many examples of acute exposures, Dr. Soto's concern is that most residents who are being exposed will only show symptoms later. "This latter group develops symptoms over years," he told Al Jazeera. "I'm concerned with the illnesses like cancer and brain degeneration for the future. This is very important because a lot of the population down here may not have symptoms. But people are unaware they are ingesting chemicals that are certainly toxic to humans and have significant effect on the brain and hormonal systems." Dr. Soto is most concerned about the long-term effects of the toxins, because they have "tremendous implications in the human immune system, hormonal function, and brain function." The toxic compounds in the oil and dispersants are "liposolu-

ble" - meaning they have a "high affinity for fat," according to Dr. Soto.

"The human brain is 70 percent fat," Dr. Soto added, "and these will similarly effect the immune cells, intestinal tract, breast, thyroid, prostate, glands, organs, and systems. This is also why this is so significant for children." His particular concern for children involves toxins which cause "development of the depressed immune system and a resurgence of cancer." Dr. Soto believes that for residents along the area of the Gulf Coast affected by BP's toxic chemicals, the solution is either to relocate or to engage in an intensive, long-term detoxification regime that includes systemic detoxification programs."

You will see from my research and pictorials that the lesions and symptoms of these people are strikingly similar to those suffering from Morgellons, NCS, Hyper-Toxicity and Lyme Disease. Doctors continue to diagnose most of these patients with staph, but how do we know without a culture and sensitivity? This BP Oil Spill Plague is far worse.

Now, finally. the truth. We have ingested, sprayed into our environment and treated our bodies and homes with countless chemicals based on petrochemicals. Take a good look around. We have allowed science to tinker with the natural wonders of our world and disrupt the ecosystems of our Earth, skies, and waters - all in the cause of money and greed. We have allowed our Government to run roughshod over our rights to choose what we eat, drink and choose to supplement in the forms of herbals and pharmaceuticals. It is no wonder everyone is sick. This is what we and our governmental regulatory bodies have allowed since the beginning of the Industrial Age. Our country has consequently become a toxic dump - created of the Corporations, by the Corporations and for the Corporations. If we do not speak up to educate and protest, then they will take more of our personal rights. It is time to stop this madness, which benefits so few while harming so many.

B.K. Lim, a Geohazards specialist and researcher with over 30 years experience in the Oil and Gas Exploration industry, partnered with Dr. Tom Termotto to write an eye-opening article entitled "Phoenix Rising from the Gulf Part II". [21] They explain how our Government let this happen. The evidence and citations written in this piece are extremely lucid and revealing. The supporting documentation will be found within their article, parts of which are quoted here. In the responses section, B.K. Lim answered a question from Que.

Que asks, "It's hard to imagine so many things going wrong at once, but I have trouble imagining a plot to make failure deliberate. It seems like an accumulation of poor decisions leading up to the blowout, failure of key safety devices, and a failure of people to act decisively because of a

fear of overreacting."

Lim replies, "Que, I too had trouble believing this disaster was allowed to happen until these facts surfaced: Interior Department's Mineral Management Service (MMS) gave BP's lease at Deepwater Horizon a categorical exclusion that exempted it from a detailed environmental impact analysis in 2009. What's more, BP was engaged in lobbying efforts to expand such exemptions only eleven days before the April 20 explosion."

"An acoustic switch could have averted the disaster, and, Kennedy said in 2000, the Minerals Management Service while weighing a comprehensive rule making for drilling safety, deemed the acoustic mechanism essential and proposed to mandate the mechanism on all gulf rigs. But between January and March of 2001, incoming Vice President Dick Cheney conducted secret meetings with over 100 oil industry officials allowing them to draft a wish-list of industry demands to be implemented by the oil-friendly administration."

"Cheney also used that time to re-staff the Minerals Management Service with oil industry toadies including a cabal of his Wyoming carbon cronies. In 2003, newly reconstituted Minerals Management Service genuflected to the oil cartel by recommending the removal of the proposed requirement for acoustic switches."

"If you combine that with:

\* The massive shares sell-off by Tony Hayward & at least 4 other directors (London and New York), Goldman Sachs and many other executives unlisted - Former EPA attorney Jeanne Pascal had been unsuccessful in debarring BP for the last 12 years (someone in TPTB blocking her effort)

\* Clear bathymetric data and geological evidence that the Macondo Wells were the worst possible location to drill safely (or best possible location to look for trouble)

\* Multiple near-disaster misses (out-of-well control situations) and so many red flags on the way to disaster - Halliburton's buy-out of Boots & Coots for \$240.4 million on 12 April, 8 days before the blowout.

\* Stockpile of millions of barrels of Corexit and still being manufactured by and in stock after it was removed from a list of approved treatments for oil spills in the U.K. more than a decade ago. Turns out that Rodney F. Chase, who sits on the board of Nalco, was also a BP board member. Likelihood that he still holds shares in both companies is very high. So it wasn't JUST nepotism, it was a for-profit choice.

\* BP had been investing a lot of research time and money to pursue genetic modifications that would enhance natural microbial abilities to eat up oil spills on both land and sea."



## “Toxic” ... cont'd from pg 7

"Anyone independent enough would come to the logical conclusion that the battleground for a disaster was well prepared but not the prevention part (all the defenses left wide open). How come? Isn't Prevention better than Cure? Perhaps CURE or Disaster is a better windfall for some, especially those who happened to know well before the disaster to prepare the coffins?"

"Sorry Que, the more I dug into this disaster, the dirtier is this oily business."

I've discovered that genetically modified organisms, be they insects, foods, seeds or other life, have no place in our world. I strongly believe it is wrong for man to think he can tinker with Nature and change life to his will without unforeseen and devastating consequences. That thinking reveals ignorant shortsightedness. We as a species have become resistant to chemicals made by man. Our Medical system is based upon studies which focus on parts of a problem without looking at the human condition in the entirety. Likewise, our science does not see the whole picture of the water and our globe - it has been broken into fragments to study by universities with funding. Inch by inch to miles by miles in the process, we lose pieces of the full spectrum of our universe which cannot be recovered. Our government, sciences, food, soil, water, seas and skies have become compromised through the ignorant pursuit of this attitude.

The continuing effects of this Spill and its ramifications on man and our world are

tremendous. Man is a reflection of Nature. Every drop of water we drink, every morsel of food we eat, every breath we take, impacts us now and in future generations. We are tied to the soil, water, food, animals, birds and sea-life and to our Mother Earth. As we pollute our environment, we harm ourselves. It is not a question of Man overcoming Nature. There is no degree of separation between Nature and mankind. As a collective consciousness, we need to remember - this is an undeniable and irrefutable truth.

I thank that honest Geologist in D.C. who encouraged me to investigate, contribute, and inform, for his warnings years ago. I thank all that are mentioned above and cited, Deborah Dupre of the Examiner and my husband, Richard W Springstead MD who has endured my tantrums and passion. Tom and BK Lim for showing me the truth. I dedicate this labor of love to my mother, Phyllis Rummel, the truth seeker who set me on my path. My sincere gratitude and respect to all the individuals whose efforts are mentioned, and more, whose research, passion and generosity inspire us all. We must claim back our terrain, within and without, physically, environmentally, emotionally and spiritually. I hope you will take a closer look at the evidence presented here and beyond, and apply that knowledge for the healing of ourselves and our "irreplaceable world"

### RESOURCES:

- [1] Jackson Browne

"Lives in the Balance": <http://www.jrp-graphics.com/jb/lib.html>

[2] Multiple Sources including: Body Bugs Patrick Frazier for WSNV:<http://www.wsvn.com/features/articles/investigations/MI39689/>

<http://www.wsvn.com/features/articles/investigations/MI46364/>

<http://www.wsvn.com/features/articles/investigations/MI67897/BarbaraMinton>

for Natural News:

[http://www.naturalnews.com/025757\\_disease\\_Morgellons\\_fiber.html](http://www.naturalnews.com/025757_disease_Morgellons_fiber.html)

[http://www.naturalnews.com/025786\\_disease\\_Morgellons\\_WHO.html](http://www.naturalnews.com/025786_disease_Morgellons_WHO.html)

[http://www.naturalnews.com/023004\\_Morgellons\\_disease\\_fiber.html](http://www.naturalnews.com/023004_Morgellons_disease_fiber.html)

Dr. James Schaller:

<http://www.personalconsult.com/pubindex.html#morgellons>

Trisha Springstead RN, MS, click "Morgellons Help" at upper left: [www.espbotanicals.com](http://www.espbotanicals.com) [www.morgellonsfocus.com](http://www.morgellonsfocus.com)

<http://morgellonspgpr.wordpress.com>

[3] Bengt Robbert & Arnel Lindgren: [www.anuwater.com](http://www.anuwater.com)

Dr. Robert O. Young: [www.phmiracleliving.com](http://www.phmiracleliving.com)

Dr. Patrick:

<http://tinyurl.com/4md6h7r>

[4] Dr. Omar Amin, Study of 50 subjects with amalgam mercury and dental sealant toxicity: <http://www.parasitetesting.com/morgellons.cfm>

[5] Dahr Jamail: <http://bpoil.wordpress.com/2010/11/15/illness-plagues-gulf-residents-in-bps-aftermath-dahr-jamail/>

Alex Jones: <http://www.above-topsecret.com/forum/thread624755/pg1>

[6] Dr. Jeffrey Smith: [www.seedsofdeception.com](http://www.seedsofdeception.com) Michael Pollan: <http://michaelpollan.com/media/interviews-and-profiles/>

[7] [www.simplesteps.org/chemicals/hexavalent-chromium](http://www.simplesteps.org/chemicals/hexavalent-chromium)

[8] [www.ncbi.nlm.nih.gov/pmc/articles/PMC344268/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC344268/)

[9] Dr. Riki Ott: [www.rikiott.com](http://www.rikiott.com)

[10] [www.ncbi.nlm.nih.gov/pmc/articles/PMC235858/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC235858/) and <http://tinyurl.com/469ca4j>

[11] Dr. Riki Ott, Not One Drop: [www.rikiott.com/books.php](http://www.rikiott.com/books.php)

[12] [www.youtube.com/watch?v=NQk3cSAcl6l](http://www.youtube.com/watch?v=NQk3cSAcl6l)

[13] [www.time.com/time/magazine/article/0,9171,2007429,00.html](http://www.time.com/time/magazine/article/0,9171,2007429,00.html)

[14] <http://tinyurl.com/4fhgysf>

[15] <http://worldwellnesssymposium.wordpress.com/2010/08/05/environmental-and-health-impacts-of-the-bp-gulf-oil-spill/>

<http://www.morgellonsreport.com/2010/12/31/the-gulf-now/>

[16] <http://www.rawstory.com/rs/2010/07/coast-guard-bans-reporters-oil-cleanup-sites/#>

[17] Anderson Cooper for CNN: <http://www.rawstory.com/rs/2010/07/coast-guard-bans-reporters-oil-cleanup-sites/#>

[18] [http://www.democratic-underground.com/discuss/duboard.php?az=view\\_all&address=385x523115](http://www.democratic-underground.com/discuss/duboard.php?az=view_all&address=385x523115) <http://www.rawstory.com/rs/2010/07/marine-biologist-claims-coast-guard-involved-corexit-spraying/#>

[19] <http://www.youtube.com/watch?v=54mmmu6YNzs>

<http://www.youtube.com/watch?v=cksCB7HF-YI>

[20] <http://english.aljazeera.net/indepth/features/2010/12/20101230105158700342.html>

[21] <https://phoenixrisingfromthegulf2.wordpress.com/2010/12/11/bp-and-macondo-evidence-now-shifting-from-lihop-to-mihop/> *pha*

**NOTE FROM EDITOR:**  
*This article is written as an opinion piece of the author and does not necessarily represent the thoughts and staff of the PHA. We do want to make one factual correction we feel is misleading in the article. Morgellons is still called Morgellons and has not yet been PROVEN to have any direct correlation to hyper-toxicity or other problems mentioned in this article. Dr. Ginger Savely, the leading U.S. expert on Morgellons disease would be the best resource for info on Morgellons.*

## Insights into Lyme Disease Treatment: Ginger Savely, DNP

### Book Excerpt

*Insights Into Lyme Disease Treatment: 13 Lyme-Literate Healthcare Practitioners Share Their Healing Strategies*  
**By Connie Strasheim**  
Available from [www.LymeBook.com](http://www.LymeBook.com) or by calling (530) 573-0190

### Chapter 4: Ginger Savely, DNP Part 1 of 3

About this article: The following is an excerpt from the book, *Insights Into Lyme Disease Treatment: 13 Lyme-Literate Health Care Practitioners Share Their Healing Strategies*, by Connie Strasheim. The book is 443 pages and retails for \$39.95; it is available from BioMed Publishing Group by calling 530.573.0190 or online at [www.LymeBook.com](http://www.LymeBook.com). The book is based on interviews with 13 Lyme-Literate health care practitioners. Each doctor is given their own chapter in which to explain their Lyme disease treatments. This chapter focuses on the treatments of Ginger Savely, DNP, of San Francisco, CA. Note: This book excerpt will be broken up into multiple issues of Public Health Alert due to space constraints, so be sure to pick up the next few issues of the Public Health Alert!

### Ginger Savely, DNP: Biography

Dr. Ginger Savely is originally from Maryland but has lived in Austin, TX since 1979. In 2005, she opened her practice in San Francisco and currently resides there two weeks per month. She has Bachelor's degrees in Psychology, Music and Nursing. She graduated number one in her Bachelor's in Nursing program at U.T. Austin and was awarded the Outstanding Graduating Senior Award. Dr. Savely holds Master's degrees in Educational Philosophy and Nursing (specifically, the Family Nurse Practitioner program at U.T. Austin). She received her doctorate degree in nursing practice from Case Western Reserve University. She also holds advanced certification as a menopause clinician and as a master psychopharmacologist. She is fluent in Italian and conversant in French and Spanish.

Before entering the medical field, Dr. Savely worked for ten years as a performing singer/keyboardist/songwriter. She also worked for fifteen years as a Lamaze childbirth instructor.

Prior to treating tick-borne diseases, Dr. Savely had a special interest in fibromyalgia and chronic fatigue syndrome and gave professional presenta-

tions on these topics, including co-presentation of original research at the 1996 chronic fatigue syndrome conference in San Francisco.

In 1999, Dr. Savely started to gain expertise in the diagnosis and treatment of tick-borne diseases. She is now recognized as one of the top Lyme disease specialists in the country and patients come to her San Francisco office from all over the United States. Dr. Savely is an active member of ILADS (International Lyme and Associated Diseases Society). She also serves on the advisory boards of both the California Lyme Disease Association and the Charles E. Holman Foundation for Morgellons Research.

### Healing Philosophy

It is unlikely that any treatment for Lyme disease can completely eradicate the pathogens responsible for tick-borne infections.

Unfortunately, the pathogens have too many survival techniques. Instead, the goal should be to control the infections by reducing the body's bacterial/parasitic load and by strengthening the immune system so that it can take over the job of keeping the infections under control.

Antibiotics are the essential cornerstone of treatment but are not all that is required to get well. In order to facilitate the body's ability to heal, those with Lyme must do everything possible to strengthen their immune systems.

Getting one's health back is a full-time job. The chronically ill need to become aware of how everything affects their health, including their environment, diet, habits and attitude. Even once the infections are under control, those with Lyme will need to live the rest of their lives making healthy lifestyle choices so that their immune systems will remain strong and able to keep the "bugs" at bay.

### Treatments for Infections Borrelia

When treating Lyme disease, I see two types of patients. While each type may have symptoms of the other, overall, patients resemble one type more than the other. These two types are: 1) patients with primarily musculoskeletal symptoms which resemble syndromes such as fibromyalgia and 2) patients with primarily neurological symptoms that resemble syndromes such as chronic fatigue syndrome or Multiple Sclerosis.

I call those with musculoskeletal symptoms the "pain" people. I do an exam during my patients' first visit to determine which type they are, and to what degree. For example, I look for affected reflexes; are they hyper or hypo? Also, I test their pupil reaction to light, and perform balance and other neurological tests.

For treatment of the musculoskeletal patients, I tend to start with oral antibiotics, such as high dose doxycycline, a combination of clarithromycin and cefdinir, or a combination of Ketek and high dose amoxicillin.

For the neurological patients, if I see that they have a lot of neurological signs and symptoms, the first thing that I will do, if they are not allergic to penicillin, is give them Bicillin (penicillin G) injections. I prefer Bicillin to intravenous therapy because it is less expensive, less risky and requires less intervention. Rocephin (ceftriaxone) is another good medication that can also be given in shots but it has a short half-life so patients must receive injections often, which can be painful. Because Bicillin has a longer half-life, it can be given only once or twice per week. I prescribe Bicillin LA (and it must be the LA form),

*"Insights" ...cont'd pg 9*



“Insights” ... continued from pg 8

1.2 ml, or 2.4 ml intramuscularly every three to four days, depending upon how aggressive patients want to be with their treatment. I find Bicillin to work really well, and it's good to try first, before intravenous antibiotics, because some patients get just as beneficial an effect with the shots as with an IV.

If I then pair up Bicillin injections with Ketek, and pulse Flagyl (metronidazole), two weeks on, two weeks off, I find this to be my best "killer" combination for my patients. So for neurological types, my protocol is basically one or two oral medications, along with Bicillin injections.

Of course, everyone with Lyme disease has neurological symptoms to some degree, but in some people they are more pronounced than others, especially in those with MS-like symptoms, early-onset dementia, Parkinson's or fulminate psychosis.

I would actually give intravenous antibiotics to every Lyme patient, if it weren't for the expense and inconvenience. Intravenous treatments work better and faster, no matter what kind of Lyme disease patients have. Unfortunately, though, we (the patient and I) have to consider a lot of things in treatment, including cost.

**Babesia**

When it comes to Lyme

co-infections, I will sometimes treat my patients' Babesia right off the bat with the tried and true combination of Mepron (atovaquone) and Zithromax (azithromycin) or Biaxin, along with Flagyl. This combination of remedies integrates two different Babesia treatment approaches and also kills Borrelia. However, I use this three-drug protocol only if patients can tolerate it. Not everyone can tolerate Flagyl early on in their treatment.

In addition, I include artemisinin at a dose of 800-900 mg (300 mg, three times per day) in the antibiotic protocol. I find that using high doses of artemisinin makes a huge difference in treatment outcomes. In the past, I used lower doses of this herb but over the years have realized that it's important to use higher doses and to pulse it, four days on, three days off. It's an important part of the treatment protocol for Babesia.

When patients' insurance plans won't cover payment for Zithromax, I will prescribe Biaxin, or Ketek. The unfortunate thing about medicine these days is that patients' health care choices often have to do with finances; with what their insurance plans will cover or what they can afford. It's a sad state of affairs.

While Mepron, Zithromax and artemisinin are often an effective combination for some types of Babesia, they

don't always get rid of Babesia duncani, or Babesia WA-1, as it is sometimes called. Babesia WA-1 is extremely hard to get rid of. I don't always see patients improve with the aforementioned combination of antibiotics, even after months of use. With Babesia microti, I have found that patients can sometimes get well in as little as four to six months of treatment, but Babesia duncani is an entirely different matter.

Patients with this strain can often treat until kingdom come; indeed, after two years of treatment, some witness no change in symptoms. So I have to try other combinations of medications for patients with Babesia duncani, such as Lariam (mefloquine) and plaquenil, or chloroquine and primaquine. The drawback of the latter medications, however, is that they aren't well tolerated by patients so they aren't usually used as the first line of defense against the infection. I also use Malarone, and sometimes that works when Mepron doesn't, but we (in the medical community) don't know why, since Malarone, like Mepron, is atovaquone, but with proguanil added to it. But treatment usually means trying different things to see what works. Practitioners sometimes have to run through the mill of options. My approach is to start with the medication that has the best combination of

being both effective and well tolerated, although sometimes the most effective drug is the one that is the least well tolerated, which means I sometimes end up leaving the most effective one for later.

**Bartonella**

Take Bartonella, for instance. I used to start patients on a quinolone antibiotic such as ciprofloxacin or Levaquin (levofloxacin) to treat this infection, and wait before giving them the rifampin and doxycycline, because the latter two are not as easily tolerated as the former two. But the longer I treat Bartonella, the more I tend to lean towards using the least tolerated and most effective medications first, because I often end up using them anyway, when the others just don't work well enough. So for the treatment of Bartonella, rifampin and doxycycline generally work the best, in my experience. Note that patients in different geographical locations may respond better to different antibiotics.

Bartonella requires treatment for a minimum of four months, but some patients need to take antibiotics for much longer than that. In general, Bartonella is easier to treat than Babesia microti, but not necessarily easier than Babesia duncani.

If there's one thing that

I have learned from treating Lyme patients for so many years, it is that the more antibiotics that they are able to take and tolerate, the better off they will be. It's important to flood the system with antibiotics. Therefore, intravenous therapy, if tolerated, would be my first choice of treatment for patients, because it's the best way to get the most antibiotics into the body at the fastest rate. Intramuscular antibiotics would be my second choice, and oral antibiotics, third. That said, if patients have a cast iron gut, it may be possible for them to take five to six antibiotics at once, and in this case, oral dosing may be just as effective as intramuscular or intravenous dosing.

I think that you can tell how long a practitioner has been treating Lyme disease by how aggressive their treatment is. The newbies tend to be wimpy. Those who have been treating this disease a long time, like Drs. Burrascano and Jones, will give up to five or six antibiotics at once. The longer that I have been doing this, the more aggressive I have become with my treatments, too. Dr. Jones tells me, however, that I should use the term "appropriate" instead of "aggressive", when referring to treatments! So I keep adding antibiotics into patients' protocols as long as they can tolerate them, and I find that this approach works

“Insights” ... cont'd pg 10

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“Insights” ...cont’d from pg 9

better. Interestingly enough, on several occasions, I have found that after my patients have been on two antibiotics, and I switch them to two new ones, instead of just taking the new antibiotics, they accidentally take all four—the former two plus the new two. They then come back a month later and say, “Wow, I am so much better! This was the best month I ever had!” They got confused in their protocol, but taking the extra antibiotics actually resulted in them taking giant leaps forward in their healing.

But then again, there are so many factors that come into play when it comes to healing, and as a practitioner, you can’t just say, “This is what you have to do,” because everyone’s needs are different.

So what should patients be able to tolerate in terms of antibiotic doses? Well, this is one of the biggest controversies in the world of Lyme. There are two camps of practitioners in the Lyme disease world. First, the “ramping up” camp, and then the “blast ‘em hard” camp. The “ramping up” camp believes in slowly increasing antibiotic doses and the number of medications

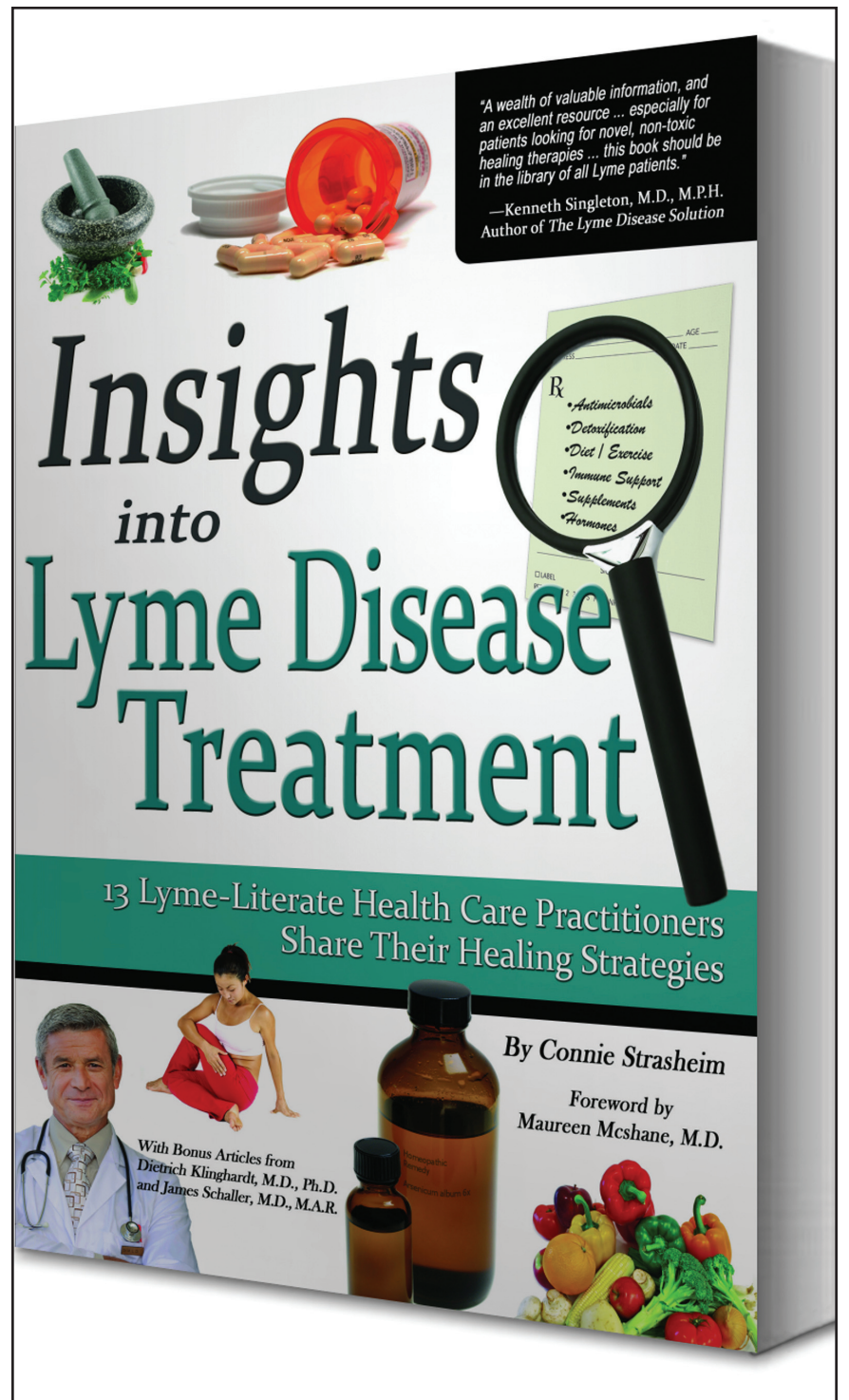
that patients take over time, so that they can avoid horrendous Herxheimer reactions. The concern with this approach to treatment is that the bugs get a warning of sorts from the lower dose antibiotics and can then hide from subsequent treatments. Conversely, the advantage of hitting the bugs hard right off the bat is that they are caught by surprise. The downside of the “blast ‘em” approach is that patients get stronger Herxheimer reactions. So deciding upon which approach to take can be a tough decision for practitioners. In my practice, I tend to start out with the latter one. However, if I notice that my patients’ Herxheimer reactions are so severe that their ability to heal is being hampered by the creation of a cytokine storm that could be damaging the body, then I will back off on their dosing. As a practitioner, you can’t know in advance which patients are going to be more intolerant of treatments. About 10% of my patients don’t Herx at all! I wish all of them could be this way, but unfortunately, that’s not the way it is. Others Herx so badly that they think they are going to die. So initially, I try to hit the bugs

hard first, to see if my patients can weather the storm, while supporting them the best that I can along the way.

Treating Mold, Candida and Environmental Toxins I treat my patients’ Candida towards the end of their treatment regimen, because the antibiotics for Lyme cause yeast, so there’s no point in treating for yeast as long as patients are taking antibiotics. When I do treat them for yeast, I also treat them for mold, using Cholestyramine (as advocated by Dr. Ritchie Shoemaker, M.D.) to bind the mold’s biotoxins. I think that mold is a huge problem for Lyme disease patients, too. For some, it may even be the main reason why they got sick, and is the reason why they stay sick. Recent work by Dr. Ritchie Shoemaker has also shown that Lyme patients who are continually exposed to environmental mold will not get well.

To be continued in the next PHA issue!

pha



“meditations” ...cont’d from pg 4

Again, and again, the dragonflies land, and with each landing, you feel the gentle ripples extend outward from your solar plexus, circularly, first a very small circle, then a little larger, growing, growing, extending outward. Each gentle ripple takes the stress with it, and carries it away from you, taking away the stress you had inside of you, all the way out, to the edges of the Lake of Tranquility, where the stress

loses its potency and settles onto the shore. Over and over, the ripples take the stress you feel and carry it away, one ripple at a time, outward, circularly, to the shore where it is lodged forever and you no longer feel it inside you.

The wisdom of knowing that you can visit the Dragonfly Clan at the Lake of Tranquility as often as you like provides you with a sense of empowerment,

knowing that this is a very special place and a special moment in time in which, with the help of the Dragonfly Clan and the warmth of the sun’s healing rays, you can let go of any stressful situation, ripple by ripple, becoming one with the Lake of Tranquility, until you are empowered to come back to your room again. And as you are strengthened by this knowledge, and filled with a sense of peace and harmony,

you may count the final five ripples as they move away from your body, and you feel them carry the final bits of stress you had to the shore of the Lake of Tranquility, and then you may come back into your room. The fifth ripple...The fourth ripple...The third ripple...The second ripple...And one...The very last ripple...And now, you are back in your room, feeling relaxed, revitalized, and refreshed, opening your eyes,

and cherishing your experience, filled with the knowledge, that you may visit the special, relaxing waters of the Lake of Tranquility any time you feel the need to do so.

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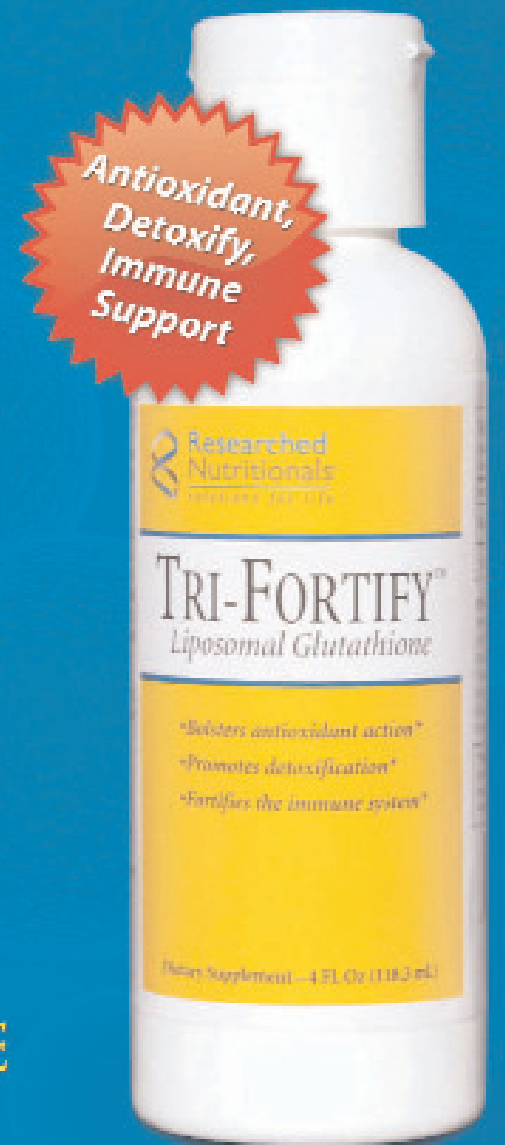
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NutraMedix also conducts extensive research to procure the very highest quality raw materials for its powdered capsule products, many of which have been designed to enhance the effectiveness of the liquid extracts. We are committed expanding our line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

info@nutramedix.com • www.nutramedix.com

Tel: 800-730-3130 561-745-2917 • Fax: 561-745-3017

