In This Issue

Editorials & Opinions
What Every LLMD Needs to Know About PTC... p. 2

Dr. James Schaller’s ground breaking news and research concerning Babesia p. 1

Sue Vogan interviews Dr. Betty Martini on Aspartame p. 3

Donna Reagan 3 Ring Circus: Part 4 Big Pharma p. 3

Ginger Savely The Patient as Diagnostician p. 4

Kathy Blanco discusses the increase of Autism and how it relates to the Lyme epidemic p. 6

Get your Lyme Advocacy & Activism updates here p. 7

Barbara Gerami’s Special Moments: Avery’s Will to Live p. 11

PJ Langhoff It’s All in Our Heads: No Credence For Lyme Patients p. 12

PUBLIC HEALTH ALERT

Think Tank to Examine Link Between Autism and Lyme

Why are doctors saying that up to 90% of children with autism are infected with Lyme disease? The Lyme Induced Autism Foundation held a physician's Think Tank in January to discuss these recent findings.

Corona, CA (PRWeb) --

New reports indicate up to 90% of children with autism are infected with Lyme disease. With autism being diagnosed at a staggering rate of 1 out of every 166 children, parents are questioning this new finding.

Doctors and parents alike have been examining the potential causes of autism for years, some of which include thimerosal filled injections, environmental factors and most recently Lyme disease. With more doctors supporting the link between Lyme disease and autism, parents have joined forces to create the Lyme Induced Autism Foundation.

The foundation held a physician's Think Tank on January 26-28th in San Diego, CA to discuss this recent finding. Co-founder Tami Duncan states, "The Think Tank is an opportunity to bring the Lyme disease specialists and the autism specialists together to create testing and treatment options for our kids." This is a groundbreaking effort that will hopefully analyze this even further to provide some answers to families.

Duncan says, "We are not saying that Lyme disease is the exact cause of autism for every single child. Let me clarify; what we are saying is that Lyme Disease could be an inciting factor that is suppressing the child's immune system, which would make them more susceptible to heavy metal toxicity, environmental factors, etc. There is a large subset of autistic children in which this is happening. However, most children with Lyme induced Autism cannot begin to heal until this infection is under control.

Exciting News About Babesia

by Dr. James Schaller, M.D.

During the last twenty years, physicians and patients who were knowledgeable about Lyme disease increasingly realized that tick bites were "dirty" and carried a wide range of infections. Perhaps the most important of these co-infections is Babesiosis. This is an infection of red blood cells loosely related to malaria.

In 2006, I realized there was no up-to-date book addressing cutting-edge Babesiosis diagnosis and treatment, so I wrote a textbook on this critical infection, intended for doctors and patients alike. The article below offers some important key elements from this past year of research.

First and foremost, the notion that Babesia is rare is false. In one study which took place just over the United States border, 36% of Mexican citizens tested were infected with the strain Babesia canis. This infection is not supposed to be common in humans, but is sometimes found in dogs. In another study, 3-8% of blood donors in the United States had Babesia microti.

Second, one study found that Babesia, as a co-infection, is common and present in 66% of patients with Lyme disease. This co-infection makes the patient commonly suffer from nearly fifty different symptoms which may include fever, waves of warmth, sweats, chills and fatigue. Babesia can also cause red blood cells to become deformed and stick in tiny organ capillaries and cause dozens of debilitating symptoms.

The current state of diagnostics is unfortunately very poor. Typically, patients with known Babesial infection have lab tests which return negative on both PCR’s (DNA) and antibody tests. These results occur despite the routine use of large, respected national labs. Further, the blood stains used are a fraction of those infecting humans and can require hours of manual searching with 1000x power magnification with oil. This tedious searching is rarely performed. To understand the magnitude of the blindness in blood smear testing, we need only to look at a similar illness, the process of malaria testing. Under the microscope, Malaria appears very similar to Babesia when present within the red blood cell. In one Baylor Texas Medical center study of 59 patients with clear malaria, 80% were given the wrong initial diagnosis, and some patients died.

"Babesia"... cont’d on pg 16

Dr. Warren Levin, M.D. of Vienna, Virginia recently tested 10 Autistic children and 100% of the children tested positive for Lyme Disease. Parents want their children healed of autism. Where is the proof that Lyme disease is a factor in autism? Currently, several doctors have stepped forward talking about this issue. Dr. Warren Levin of Vienna, “Lyme-Autism”... cont’d on pg 16
The symptoms of Lyme disease are so vast that it has been called "The Great Imitator" since it mimics many other diseases such as ALS, Lupus, Multiple Sclerosis, Parkinsons, Autism and Alzheimers. Some of the more vague symptoms like extreme fatigue, frequent headaches, tinnitus, and eye floaters are often hard to tag down, and many times it is just assumed to be part of the irritating symptoms of the disease. But there may be something more to these symptoms than meet the eye.

The following information is something that every LLMD needs to understand and consider as they treat their patients. Several medical journals from Neurology to the journal of the American Board and Family Medicine have published research showing that doxycycline and minocycline, which are usually the first line of defense in treating Lyme bacteria in its many forms: the spirochete, the cyst form, and the cell wall deficient form. It is a delicate balancing act.

An optic nerve with mild swelling (papilledema). Note the pathologic "C"-shaped halo of edema surrounding the optic disk (Grade I papilledema).

For the sake of prevention, LLMDs should not prescribe the tetracycline drugs to patients that are overweight. Other antibiotic options should be considered in light of the risk factors for PTC. Diagnosing and treating Lyme disease is difficult enough, and long-term antibiotic use is not without certain risks. With the constant scrutiny of our LLMDs, we need to do all we can to educate ourselves, and fellow medical professionals, of this potential problem with what would normally be our first line of defense in treating Lyme disease.
Is Aspartame the Kiss of Death?

An Interview with Dr. Betty Martini

by Sue Vogan

Dr. Betty Martini is the woman to go to when you want information regarding aspartame. She is the founder of Mission Possible International. The organization is committed to eradicating deadly aspartame from our foods. This volunteer force was started in 1991 and now has operations in most states and more than 25 countries.

Dr. Martini spent 22 years in the medical field and in 1970 established a model for the nation by creating Physicians on Call, a network of five emergency medical clinics in Atlanta, staffed with physicians 24/7. She was also a candidate for Mayor of Atlanta in 1973.

Dr. Martini has been the featured guest on hundreds of radio broadcasts, answering questions and giving facts on the corporate filth and the FDA corruption which places little blue packs of a neurotoxin on tables world wide. Both the FDA and the National Soft Drink Association published damning evidence of aspartame toxicity which is now buried somewhere in the cemetery of truthful revelations. The truth is out and aspartame has become the kiss of death, so now producers are substituting a new poison, Splenda, which is now chemical sweetener #1.

For her years of unrelenting service in behalf of humanity Betty Martini was honored with the degree: Doctor of Humanities. Her husband, Don, is an ordained minister. They have 5 children and 7 grandchildren.

When I caught up with her, she had just returned from overseas - a working vacation with her husband. And a well-deserved one, I might add. Dr. Martini fields hundreds of emails and calls on a daily basis regarding aspartame.

What is aspartame and why is it not good for us?

"Aspartame is an addictive, excitotoxically, and carcinogenic drug. It has triggered a global plague with a 1,038 page medical text, Aspartame Disease: An Ignored Epidemic by H. J. Roberts, M.D. (www.sunsent-press.com). The FDA revoked the petition for approval of aspartame because it triggered brain tumors and other tumors, cancer, seizures and it could not be proven safe.

Don Rumsfeld called in his workers to get it approved as he was CEO of Searle. Aspartame is a molecule composed of three components: aspartic acid (40%) an excitotoxin, in or product that literally stimulates the neurons of the brain to death causing neurological damage; a methyl ester that immediately becomes methanol (10%) and converts to formaldehyde and formic acid causing metabolic acidosis; and phenylalanine (50%) as an isolate floods the brain, a neurotoxin lowers the seizure threshold and depletes serotonin. Lowered serotonin triggers psychiatric and behavioral problems, and aspartame interacts with all drugs and vaccines. It is a chemical hypersensitization agent."

How did the discovery of aspartame come about?

"According to the records, James Schlatter who worked for Searle, was trying to create an ulcer drug, got some on his finger and discovered it was sweet. Being a chemical poison, Searle couldn't get it to show safety and the FDA tried to have them indicted. Both U.S. Prosecutors, William Conlon and Sam Skinner hired on with the defense team and the statute of limitations expired.

Our food is governed by the FDA – do they know it's not good for us? And, if so, why is it still on the market?

"The FDA revoked the petition for approval. (http://www.waho.net/fda_petition1.doc) But once approved, the "Aspartame"...cont'd on pg 5"
MG is a progressive disease, and although remissions are common, a reduction in brain lesions is not. This improvement in the patient’s MRI was quite a surprise for the neurologist and served to strengthen my belief that the patient’s problem all along had been neuroborreliosis rather than MS.

Maria lived in Austin, Texas and is a petite, 49 year old lady who appears younger than her age. During our first encounter she explained that she was frustrated and unwilling to accept a recent diagnosis of multiple sclerosis (MS). She had been experiencing recurrent right-sided facial pain (trigeminal neuralgia) for five years which had led her to consult a neurologist. An MRI brain scan had shown white patches indicative of nerve inflammation. A spinal tap had revealed unusual proteins consistent with an MS diagnosis, and a recent repeat MRI had shown progression of the disease with increased number and size of the inflammatory lesions. Based on her symptoms and these findings, her neurologist had diagnosed her with MS and advised her to begin immunosuppressive therapy in order to decrease inflammation.

Maria had been researching her symptoms on the Internet, and years earlier, followed by a 5 inch bullseye-shaped rash. This had occurred while she was camping in a rural area of central Texas.

Symptoms had started soon afterward. Some of these symptoms were typical of both Lyme disease and MS, such as insomnia, anxiety, confusion, dizziness, weakness, numbness, blood pressure fluctuations, constipation, acid reflux, urinary urgency, and exhaustion. She was also experiencing symptoms that were typical of Lyme disease but not of MS: joint pain, muscle aches, jaw and tooth pain, ringing in the ears, and a stiff neck. Many classic MS symptoms were missing, such as optic nerve inflammation, double vision, abnormal eye movements, spasticity, muscle atrophy and balance problems. Her in-office physical exam did not reveal any obvious abnormalities.

I was familiar with a study published by the Texas Department of Health in 1994 that had revealed that over 1% of ticks collected in eight Texas state parks had tested positive for borrelia spirochetes, the corkscrew-shaped causative agents of Lyme disease. In fact, per the International Lyme and Associated Disease Society (ILADS), borrelia-carrying ticks had been found in every state in the union. The rash Maria had described on her leg certainly pointed to a diagnosis of late-stage neurological Lyme disease (neuroborreliosis) rather than MS.

After three months of intra-venous (IV) and oral antibiotic treatment, Maria reported several subjective improvements. Her overall fatigue, urinary frequency, and discomfort were lessened. The numbness in her hands and feet was gone, as was her subjective sensation of weakness.

Maria continued to tolerate the treatment well. After six months of IV antibiotics a repeat MRI showed a 25% reduction in inflammatory lesions. She reported overall improvement, with continually decreasing fatigue, malaise, weakness, cognitive problems, and muscle pain. She continued to improve on IV antibiotics.

MS is a progressive disease, and although remissions are common, a reduction in brain lesions is not. Diagnosis of a sick patient and qualification for epidemiologic inclusion are two different matters!

I chose to use the highly reputable IGeneX Laboratories in Palo Alto, California. Through IGeneX testing the patient was positive for Lyme both by the Western blot IgM and by antigen captured in the urine. The history, symptoms, and now the lab results were pointing to a diagnosis of late-stage neurological Lyme disease (neuroborreliosis) rather than MS.

May be useful for:
- Heavy metals
- Liver detoxification
- Weight loss
- Cholesterol
- Lyme disease
- Arthritis
- Fibromyalgia
- Crohn’s disease
- Fatigue
- Diabetes
- Headaches
- Double vision
- Cancer

I have nasty Lyme arthritis in my knee, and the pads are helping to decrease the swelling and flexibility. It was my Lyme doctor who first told me about the pads...she swears by them!  
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Page 4 www.publichealthalert.org Public Health Alert
Aspartame just in the US? "Aspartame is in over 100 countries of the world."

What food contain aspartame? "Since the patent has expired aspartame is in a minimum of 6000 foods and drugs. You have to read the labels and not use things with artificial or natural flavors where they can hide the components of aspartame. Aspartame and MSG has a synergistic and additive effect. It is marketed as aspartame, NutraSweet, Equal, E951, Canderel, Benefina, etc. There is a 2% law where they don’t even have to label. The Yogurt industry has petitioned the FDA to allow aspartame in yogurt without labeling on two different occasions. You have to go organic to be safe. It is now in almost all of Wrigley’s gums. These are some of the worst products, the aspartame goes through the saliva straight to the brain, like nitroglycerin."

Once aspartame is in our bodies, can we ever get rid of it? "Cells regenerate and with detox, most symptoms disappear. (See Dr. Blaylock’s detox program, "What To Do If You Have Used Aspartame" www.wnho.net/wdaspartame.htm ). However, the Trocho Study shows that the formaldehyde embalms living tissue so the chances are you will never get it all out. You become chemically hypersensitive and must watch what you eat the rest of your life."

How and when did you get involved in the aspartame arena? "I got involved in the early 90’s when a friend who had been recently diagnosed with Parkinson’s appeared to be dying. My husband had just sold his business and retired and was about to show me the world. However, it was at this time I met Dr. Roberts and he told me what was probably happening was that my friend was drinking Diet Coke with his l-dopa and it was causing a drug interaction. That’s what exactly happened. Four days off of NutraSweet and he was fine. I read Dr. Roberts first book and for months was getting people off aspartame to see their seizures, MS, joint pain, headaches and other problems disappear.

My husband is a minister and he realized we had to warn people. This was already a global plague. He gave me his retirement funds to finance and start Mission Possible International. We’ve been getting people off of Aspartame and educating the world ever since — about 15 years now. I work with the world experts and they dedicated the medical text in my name. We have operations in about 50 states and 35 countries of the world, all staffed with volunteers."

What is currently being done to remove aspartame from the market? "We are constantly trying to get aspartame banned. Here is a new article written for Health Freedom News that goes to all members of Congress, listing the recall efforts. http://www.thenhf.com/articles_408.htm."

Are there alternatives to aspartame sweeteners? "There are only two alternatives that I personally consider safe. One is Stevia which you can get in any health food store, and the other is Just Like Sugar made from chicory and orange peel you can get in Whole Foods, Wild Oats and other such health food stores. Both are safe for diabetics."

Where can readers get more information? "Readers can join the following Aspartame Information Lists: www.mpwhi.com www.wnho.net www.dorway.com. The Aspartame Toxicity Center at www.holisticmed.com/aspartame. They can always e-mail me at bettym19@mindspring.com. There is also a movie, Sweet Misery: A Poisoned World available at www.amazon.com. I recommend books by experts such as Dr. Roberts (www.sunsentpress.com) and Dr. Blaylock (www.russellblaylock.md.com)."

Has anyone ever died from aspartame? "More people have died from aspartame poisoning than have died in many wars. It is an abortifacient chemical and some women have lost as many as 8 babies via miscarriage. Millions die in their mother’s wombs or have birth defects. Athletes are dying because aspartame damages the cardiac conduction system and it can cause sudden cardiac death. (http://www.wnho.net/aspartame_msg_scd.htm). The medical text is full of fatal diseases from Lou Gehrigs and Alzheimers to cancer. It is killing diabetics. It can actually precipitate diabetes. It aggravates and simulates diabetic retinopathy and neuropathy. It can cause diabetics to go into convulsions, and it destroys the optic nerve. It even interacts with insulin. It ravages every organ in the body. It has caused epidemics of MS, lupus, sudden death, blindness, cancer and neurodegenerative diseases, as well as diabetes and obesity. The list doesn't stop."

What are the symptoms of aspartame poisoning? "There are 92 symptoms on the FDA list on www.dorway.com. They symptoms include four types of seizures, to coma and death, but even more symptoms are listed in Dr. Roberts medical text."
The Incidence and Rise in Autism and How it Relates to the Lyme Epidemic

by Kathy Blanco

It was about three years ago that I began to notice something. I noticed it at the stores, the libraries, at church, or wherever I had been...I noticed that there seems to be more children with autism. I know what autism looks like, feels like, and most of all sounds like when found in such places as these because I have two children with autism, a boy who is 25 and a girl who is 19. My son is severely autistic, and my daughter is considered “high functioning.” I have two so-called “normal” daughters in between my autistic children. Because of this fact, I have an uncanny desire to figure out just why the rates of Autism are climbing.

In the 1980’s, when my son was born, the occurrence of autism was about 3-5 individuals per 10,000 births with variations that depend upon diagnostic criteria. The diagnostic criteria use the terms high, middle and low functioning autism, and even Aspergers Syndrome. According to the National Institute of Health (NIH), today the rate of Autism is 1 out of every 166 births.

The story of autism started to unfold for many families around our country...including mine. Some families noticed abnormalities arise soon after birth when observing funny, colicky babies with rashy bottoms that were not feeding or sleeping well and they seemed to have ongoing ear infections.

Other groups of parents saw a slow and steady decline in their children’s language skills after previously acquiring it. Some children did not acquire new language at all. Some children had a great regression of social skills, with increased aggression, biting, and awkward clumsy movements...sometimes even seizures. This sometimes occurred at the same time as vaccination schedules or illnesses. The theory is that there is something going on in Autism other than genetics.

Perhaps there are environmental changes in our world: global warming, increased vaccinations in weaker immune-compromised children, food intolerances, heavy metal exposure (found in vaccines and the environment), viruses, bacteria, fungi or other stressors that worsen metabolic predispositions. An example of such would be the profound glutathione deficiency, and metallothionein deficiency (needed to detox the environment at large) and the new theory of oxalate problems and the huge issue of oxidative stress.

During that time of observing so many more autistic children, I noticed I was getting very tired. Perhaps it was all those challenges years of managing my own autistic children. I but the fatigue was more than usual. I started to notice I didn't have the strength to wipe down a counter. My throat felt as if I had hand on it, and I couldn't even swallow simple pills. At night I would experience something like Restless Leg Syndrome. I had tingling feelings in my toes. I noted that I had 14 amalgam fillings, and upon learning about the mercury link to autism, I decided to get all of them removed safely per the DAMS method. I began chelation therapy along with my children.

The day of my surgery to remove the fillings was very dramatic. I remember shaking violently after being in the dental chair for a total of 7 hours. I decided I needed that day to chelate to make sure nothing accumulated during this surgery. Before my chelation therapy, I went through all my symptoms with the doctor. He began to look for Babinski signs, of which I knew nothing about. I started to feel a little stressed that he was concerned. I closed my eyes and felt unbalanced. I also complained of vertigo and feeling very tired. I was so tired that I was not able to function in the afternoons without lying in bed for two hours. My husband was with me that day, and he looked concerned too. The doctor sat me down gently and proceeded to tell me, "I am charged to tell you this, but I think you have Multiple Sclerosis(MS)."

I began to cry. How can this be? The doctor said I had other symptoms such as Hashimot's Thyroiditis, low potassium and Vitamin D, which are said to accompany the diagnosis of many MS patients. But as he backed up his explanation, he said he believed that MS is not really MS as most would understand it. He believes MS is a toxic, infectious disease. He said, "If we treat the mercury and the other heavy metals, then work on what infections are present, I think you will never have to ever see MS blossom in you...we caught this early. You are lucky.

To confirm this, he ordered a follow-up MRI and found white matter lesions and T2 weighted imaging of hyperperfusion on my brain. This was a confirmatory test, but others could be done, like SPECT scans, that would conclusively diagnose the situation. So how "lucky" was I? When I got down to the nitty-gritty, we did viral panels, bacterial panels, and genomic SNPs. My mercury levels were off the chart, even higher than my children with Autism. To say these were AHA moments, is an understatement.

One day on the internet I read there was a connection between LYME DISEASE and MS. It made sense. I lived in highly endemic areas of Lyme disease, and my parents did too. I had pinpointed times in my life where I felt the most sick. I knew in Lyme disease infected people that stresses in life (emotional or physical illnesses, vaccinations) often accompany what they call "Lyme flares."

It was then, that I began to get busy, trying to learn all I could about Lyme disease. Interestingly, it seemed as if the Lyme epidemic began to parallel the autism epidemic; all beginning in the late 70's.

That got me thinking... what if my children have Lyme disease? So I had them tested. All of us, including my brother and sisters and their children..."TESTED POSITIVE FOR LYME DIS.

EASE. We all, additionally, tested positive for the different co-infections found in Lyme: Bartonella, Babesia WA-1, Mycoplasma Ferramentas, and co-infection viruses such as the Epstein-Barr Virus, CMV and HHV-6. Our HHV-6 titers were 3-4 times the normal range. Lyme disease had made itself a home in us. Literally.

When I was pregnant my son, I came down with the Epstein-Barr Virus. I was told to stay in bed, for weeks, if not months at a time. It happened at a bad time, with a new career, but I had to do it. I had moments where I would actually close up my office to go sleep in the back room because I was so sick. When I pressed upon doctors to see if this was connected to Autism or Lyme, they had no answers. I saw one brief news clip about how viruses or bacteria could hamper the immune system of the unborn baby, and or have some effect on the myelin sheath (the insulator of nerves). In my subsequent children, the two without Autism, I didn't have any illnesses during the pregnancy, but when I had my youngest daughter, a simple sore throat turned into strep.

Lyme disease was literally explaining the following diseases and symptoms in my own family! Autism, MS, Chronic Fatigue Syndrome, Encephalitis, Autoimmune Liver Disease, Seizures, Mitochondrial Disorders, Tetany, Restless Leg Syndrome, Hashimoto's

"Lyme-Autism...cont'd pg 7"
“Lyme-Autism”...cont’d from pg 6

Thyroïditis, Panic attacks, Sensitivity to light, Myeloma (my mother), Heart disease (father), ADD, Arthritis, Headaches, PMS, Vertigo, insomnia, etc... etc... etc.

As I began to study Lyme disease, I also began to look at literature concerning syphilis. Syphilis is a cousin to Lyme disease. Both are spirochetal bacteria diseases. Lyme disease behaves like syphilis, and sometimes can stay dormant in the body for years, and activate at key immune suppression times. Lyme disease is sexually transmitted in some vet models and in human studies. This of course expands how many people actually have Lyme disease, or unknowingly carry it symptom free.

In 2005, the International Lyme and Associated Disease Society (ILADS) published information that Autism Spectrum Disorders are included in the many illnesses that Lyme disease can mimic. At present, the Centers For Disease Control (CDC) believe Lyme disease is under reported by almost 20 times the actual number of reported cases.

We have recently started a non-profit organization called the Lyme Induced Autism Foundation (www.lymeinducedautism.com). The purpose of the organization is to disseminate this information to parents and physicians, and to fund major researchers on the Lyme-Autism connection. We are researching different treatment options which include: nutraceuticals, Hyperbaric Oxygen Therapy, other stratagems, and long-term antibiotic therapy. Research money should be spent wisely on the infection-based model of Autism, and it's related cell mediated immune events such as toxins, vaccinations, and other oxidative events. Autism research also needs to further investigate the direct connection with the major bacterial infection called Lyme disease.

Congressional Letter Update

A Congressional Member Letter was recently sent to the director of the Centers for Disease Control, Dr. Julie Louise Gerberding, stating the IDSA Lyme disease guidelines have the potential to effectively shut down all treatment for chronic Lyme disease. The letter expressed concerns about patients who are having great difficulty obtaining treatment beyond the IDSA’s limitations. It also spoke of physicians who prescribe necessary treatment risking malpractice and other charges from their state medical boards, as well as, doctors being unable to participate in insurance networks due to the insurance company’s demands to stop prescribing necessary antibiotics. It expressed concerns about how some insurers’ denied treatment reimbursement, citing the recommendations in the IDSA guidelines as the basis for their denial. Furthermore, it pointed out the IDSA Guidelines Panel is dominated by researchers with little or no clinical experience in diagnosing and/or treating Lyme disease. Congress requested the CDC review the IDSA Guidelines, ensure physicians treating Lyme patients are brought into the process, and that the CDC provide information on how they complied with peer review requirements.

Department of Health Chastised by State AG for Gross Underreporting of Lyme Disease

The Connecticut Attorney General’s office publicly chastised the Department of Public Health for underreporting the incidence of Lyme disease by “huge, horrendous magnitudes”, and for, “misleadingly reassuring the public.” They stated the “underreporting deprives [states] of federal resources for research, improved diagnosis, enhanced treatment and testing.” Since numbers drive funding and policy, inaccurate numbers do a disservice to all citizens. Their office promised to “continue to fight for better diagnosis and care, as well as adequate insurance, addressing the insidious and horrific effects this disease may have on individual lives.” According to the CDC’s estimates, thousands of cases of Lyme disease go unreported each year.

ILADS President Dr. Stricker Calls for Retraction of IDSA Guidelines

The International Lyme and Associated Disease Society submitted a formal request for the retraction of the IDSA Lyme Treatment Guidelines saying, “authors of the article employed exclusionary data selection that substantially biased the resulting diagnosis and treatment recommendations.” They confirmed the IDSA guidelines threatened to “harm patients and patient care due to the biased methodology used by the authors”. ILADS contends, “the failure of the authors to disclose dissenting views presents a false sense of consensus on an issue that is in fact highly controversial, misinforming patients and physicians alike about available treatment options and denying the exercise of clinical discretion and individualized medical decision-making that is central to any complex illness.”

Continue to Sign the LDA Lyme Disease Petition

To date, over 21,000 people have signed the Lyme Disease Association’s Petition, which states, in part, that the adoption of the IDSA guidelines by practitioners, insurers, and government entities will “cause real and egregious harm to many patients by inhibiting physicians who otherwise would be free to clinically diagnose and treat this disease.” They state no medical society should be able to dictate patient healthcare through guidelines that “fail to meet the basic goal of medicine-to improve the quality of life of the patient.”
**continents, e.g., microti and diver-
US or Europe are found on other
are supposed to be limited to the
time, Babesia forms which
EU1:
A form discovered in Europe
Babesia in Europe.

**Microti:** The most common
in the United States, which
often carried by mice.

**Divergens:** A form commonly
thought of as cattle Babesia, but it
also infects humans and is very
aggressive. It is the most common
Babesia in Europe.

**Equi:** A form common to horses
but which can infect humans.

**"Unidentified":** Increasingly
various forms of Babesia are
described as "unidentified." This
does raise a question about the
clinical abilities of some patholo-
gists and the education they are
receiving about Babesia. It also
raises the issue of how many
forms of Babesia species are yet
to be identified. Perhaps they are
unidentified because they are
unique new species.

**Babesia Signs and Symptoms**
Babesiosis can cause many
different signs and symptoms. See
the inserted chart above for the
most common that should raise
suspicion.

Since Babesia lives within
red blood cells, it can cause slug-
ging of the red blood cells and
make them slightly deformed.
Injury and death can result from
slugging blood vessels, e.g., in the
lungs and kidneys.

Babesia, Bartonella,
Mycoplasma and mold mycotoxin
exposure should always be consid-
ered in patients who do not
respond well to solid Lyme treat-
ment usually only has one to
number of treatments suggested
to be extremely weak, only recognizing
approximately 1 out of 25 Babesia
positive patients.

Currently, **igeneX** offers a
special FISH probe test that offers
100x better visibility for Babesia
microti in a blood smear. Bowen
Labs offers a stain that makes
Babesia microti highly visible, but
I would suspect it might uncover
new patent-pending blood stain is
now in use that will very likely
completely revolutionize Babesia
diagnosis, because it shows all
species of Babesia as highly visi-
tible infections. It does the same
thing for the many strains of
Bartonella. This new blood stain
does not require new DNA or anti-
body technology and is being suc-
cessfully used by only a few
research oriented clinicians at
present. Results are clear to any-
one and no special training is
required to see the infection pres-
ent in the blood pictures provided
to physicians and their patients.

**Treatment**
Most Babesia research sug-
gests the best treatment for adult
patients is Mepron (atovaquone)
750 mg twice a day combined with
Zithromax (azithromycin) 250 mg
twice daily. The research on all
treatments is very limited and each
treatment usually only has one to
two studies, most of which are not
performed at an advanced academ-
ic level. Much of the current
research represents only small
groups of patients or animals
receiving clinical care utilizing
various treatment options. Further,
most of the treatments suggested
are applications of malaria
research since malaria has some
similarities with Babesia.

The other treatment options
for Babesia include combinations
of Malaron, Lariam, Bactrim DS,
Flagyl, Macrolides (Zithromax,
Biaxin and Ketek), Doxycycline,
Plaquenil, Clindamycin, the Chinese
Artemisinin and Artesunate. The
latter two treatments are taken
from Chinese medicine and are
now recommended as leading
treatments against malaria accord-
ing to the World Health
Organization (WHO) and the
United Nations Children's Fund
(UNICEF).

We have published the
most up-to-date English language
book on Artemisia, Artemisinin,
and Artesunate because we were
finding physicians and patients
had no understanding of these
products. For example, many
drugs are derived from the
Artemisia plant and some are
potentially toxic to hearing and the
brain, while others are well tolerat-
ed because the Artemisinin
advertisements call this herb "Wormwood",
which is false since it is actually
called "Sweet" or "Annual
Wormwood," and does not have
Babesia..."cont'd on pg 16
Blood Donation
Can Save Lives...
Or Destroy Them.

Lyme Disease is the second leading infectious disease in the United States. There is no test currently available to prove that Lyme Disease has been eradicated from one’s blood supply.

The Red Cross does not screen the blood supply for Lyme Disease.

A general rule of thumb if you have ever had Lyme Disease:
Never donate blood or blood products
Never donate your organs

---

Track Your Progress...

- QMedRx announces an exclusive online tool that will assist your Doctor in managing your treatment from day one to recovery.
- Developed by the "QMedRx Advisory Board" a committed group of forward thinking Lyme Literate physicians, pharmacists and nurses, with a common goal of simplifying and improving the quality of Lyme patient care.
- Our Website is secure, confidential and user friendly to both Patient and Doctor.
- QMedRx reimbursement team is highly experienced at working with providers and facilitating initial and extended insurance coverage of IV antibiotic therapy.

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or visit us online:
www.qmedrx.com
hallowed halls of legislation. Why? Because Big Pharma has got the money; and if you remember what my momma told me, and possibly what your momma told you about emotionally incompre-
ensible issues: “Follow the money!”

In doing so, I hope you don’t find it objectionable for me to suggest that such beasts do not satisfy themselves by tampering with legislative matters alone, for indeed, that is not the source of their wealth. Big Pharma makes its money by peddling its wares.

On any given day or night, you can see what Big Pharma has to offer as it utilizes its back-pocket relationship with major media networks to bring you news stories of the latest, greatest miracle pill, and an endless array of commer-
cials trying to convince even the healthiest of persons to “Ask your doctor…”

This brings me to that most noble of professions - the healer - the one who has formed a back-pocket relationship with the "beast".

The beast has also, and perhaps more unfortunately, cor-
rupted the doctors and scientists that perform medical studies and work to develop treatments for the variety of ailments that afflict us. The beast has infiltrated our institu-
tions of learning - providing sponsorship for quasi-academic studies that will influence a variety of other "professionals" as they evaluate the need for care, and develop treatment guidelines used by the unsuspecting front-line physicians seen by the masses… the naïve masses with their wallets out, ready to pay for any remedy to their suffering.

So what does this long-winded, confusing analogy have to do with the IDSA's new Lyme dis-
case treatment guidelines? Perhaps nothing? Perhaps every-
thing?

Suppose if you will that the 14 IDSA guideline writers had vested interest in particular phar-
maceutical corporations. Suppose if you will, that one, two, some, or all were offered an enticement either directly or indirectly? After all, research is expensive. Salaries must be paid. If that were the case, and far be it from me to suggest that it is, I wonder what side of a contro-
versial medical issue they would land? Hmm…. I suppose it would be dependent upon their perceived need for funding, and of course, their personal level of greed.

What IS this column all about today, you might ask? It is really very simple.

For the patient suffer-
ing from a chronic infec-
tion of Borrelia burgdorferi, or some other form of a tick-
borne disease, long-term antibiotics have been the most effective treatment utilized by those physicians who actually treat those conditions. However, a select group of members of the IDSA formed a committee of doc-
tors to update their treatment guidelines for Lyme disease. It is my contention that one, some, or all were blinded, perhaps by their own greed, or just their need to replace all that lab equipment they secretly broke; or office supplies they accidentally confiscated from the hospital or university for which they are actively employed. Petri dishes and paper clips are expen-
sive.

At first glance, the fact that the IDSA guidelines suggest a litany of medications, such as most of the antibiotics and anti-malarial medications (used for specific co-
infections), as "not recommended" for the treatment of Lyme disease seemed illogical to me on so many levels. Let’s face it - long-term antibiotic treatment should seem like a coup to Big Pharma. Therefore, shouldn’t Big Pharma rise up and attempt to denounce guidelines that would discourage the masses from obtaining and purchasing long-term medication?

And yes, I realize that many folks may argue that antibi-
otics are cheap because generics are becoming more plentiful, but I, also being a patient, must shrug in disagreement. There is a large quantity of antibiotics that certainly cannot be classified as ‘cheap’ - at least not by the ‘average’ con-
sumer. There are significant quan-
tities of antibiotics that Walmart is NOT selling for $4 per prescrip-
tion. Just ask the really sick peo-
ple!

Being a sick person, I’d like to comment that between my insurance company and myself - we collectively shelled out $4,427.00 for oral antimicrobial therapy to treat my Lyme disease and co-infections for the fiscal year of 2006. Being a sick person, I’d like to comment that between my insurance company and myself - we collectively shelled out $4,427.00 for oral antimicrobial therapy to treat my Lyme disease and co-infections for the fiscal year of 2006. This does not seem like chump change to me, as I would have gladly taken my portion of that sum and gone on a modest vacation.

Going on the assumption that 200,000 people are diag-
nosed with Lyme disease each year and that I am an "average" patient (stretch your imagination if neces-
sary) - then one year of long-term oral antibiotics would cost Big Pharma about $885,400,000.

However, if I, along with my 200,000 new friends had only been allowed about one month of antibiotics, as described in the new IDSA guidelines, that individual expenditure for oral antibiotics would have dropped to around a total of $368,92, assuming symp-
tomology, blood test results, and tick history would have even satis-
ified the IDSA's rigid criteria for diagnosis of Lyme disease in the first place. That would have dropped Big Pharma's take to approximately $778,400,000 - still a lovely number, but really no com-
parison to nearly $900,000,000 for that same group of friends.

Therefore, with that in mind, the idea that the IDSA guidelines writ-
ers could have a conflict of interest due to any connection with Big Pharma, initially, just didn't make sense to me….until I reminded myself, that once again, it's just not good business for anyone to peddle CURES. Treatments, yes. Cures, no.

While nearly $4,500 was spent on oral antibiotic therapy for me this year alone, my insurance company and I forked out over $20,360 on medications to ease the pain and misery associated with this disease.

It is really very difficult to say exactly what ‘Big Pharma’ is supposed to cure people? Aren't doctors supposed to cure people?

Question: They do under-
stand. They certainly do, and they are just hoping the majority of Lyme patients remain ignorant and live out their days, content with the label "Post Lyme Syndrome", or a wide array of other misdiag-
oses.

Question: But they are doctors, what would motivate them to want such? Aren’t doctors supposed to cure people?

Answer: Listen to your momma. Follow the money.

For the handful of mathe-
maticians reading this drivel, I'm sure you can surmise that $1,000,000 spent over a lifetime...
Special Moments: Avery’s Will to Live

by Barbara Gerami

My youngest son was a very sick baby. I began fostering him at 4 months old. I am unable to go into all of the details about his illnesses, but his first foster mom received him at 3 months old straight out of the hospital. She was told by an established doctor that she should not get attached to him, as he was not going to live long.

My son’s name is Avery. He is nine years old now. He just finished playing a season of baseball, and he plays excellently. He is one of the most healthy children I have, even if he was one of the most sick as a baby.

I took him to his doctor after the adoption was finalized just to show him how healthy Avery was. The doctor came in, and when I told him this was the same child he said would not live long, he turned around and left the room, never to return again. I do not know what was so wrong, I thought he would be happy for this child.

There are some very excellent doctors that God has given the true gift of a healing practice. Then there are others, hopefully just a handful, who think they can play God. I don’t believe that any person can tell you when, or how long, somebody has to live. There have been too many instances where doctors have told parents, foster parents and adoptive parents not to get too attached to their child because they are not going to live long, or that the child has a certain number of weeks to live. Who told this doctor the child has exactly so many weeks to live?

I believe that the parents need to know the facts, true facts. There are illnesses that do have a terminal end. When you tell a family that you do not know how long the child has to live, that can prepare them in advance, and it does not put other possibilities in a box. If the child dies before the time frame given by the doctor, then there is a sense of blame that the doctor promised life for a certain time and the child didn’t make it. If the child is old enough, the child could die just because he loses his will and thinks the doctor knows what is best.

Even if the child doesn’t die, but the parents /foster/ adoptive parents believe the doctor and choose not to show affection, such as holding, cuddling, bonding with or just simply paying attention to the child(ren), the children tend later to show sociopathic behaviors. These types of children have not had the nurturing they need to be able to respond when somebody else loves them. Unfortunately, if they do not have that kind of nurturing within the first 6 years of life they have a slim chance of ever caring for, or bonding meaningfully with, anybody else... ever.

I have not had the experience of a girl who was not loved. Avery is nine years old, he knows he is very loved and he is very healthy. He is on grade level at school and plans on being a Marine Biologist so he can swim with Shamu at Sea World. 

Specializing in Lyme Disease and Associated Tick-Borne Diseases

www.igenex.com
As I await my upcoming third trial in the course of a nine-year post-divorce/custody litigation marathon, (aka nightmare), I sit and reflect on the long road that has brought me to this point in my life. Many of you have read my first book, “The Singing Forest, a Journey Through Lyme Disease” which touched on my personal story.

In 1992 I was bitten by Ixodes Scapularis, a tiny eight-legged crater that nearly attached itself to my upper left shoulder blade and remained there for an indefinite time period until I discovered the tick, which I thought was a scab, and removed it.

Following the huge bullseye rash that I was fortunate enough to have experienced a few days later, there were perhaps a hundred football-shaped rashes that covered my trunk, back, neck and arms. Those, the flu-like symptoms and 104 fevers brought me to two doctors within days.

When I asked them if I had Lyme disease, my doctors told me, “we don't have that here in Wisconsin.” I also heard from other physicians: “it’s all in your head,” and “perhaps you should talk to someone,” or “I can find nothing wrong with you, you must be depressed”; and my personal favorites… “you have agoraphobia” and “you must be pre-menstrual.” Laugh if you want, it’s really hilarious how the medical professionals immediately label people, especially women, as delusional once the physician has no immediate causative explanation for their symptoms.

Fast forward to the year 2007. Just yesterday I had skimmed over a faxed report from the latest home-study custody evaluator (our fifth study). Upon the Western Blot tests, as well as the myriad of physical and mental symptoms both children display, and which remain, unchecked. My MRI showed imaginary lesions, and I really do not have an X-ray of when my picc line was not installed in my arm that did not leave a scar due to my imagined course of IV therapy I somehow did not receive but paid for at the cost of about $4,000 a month. If you give me a list of Lyme symptoms, as with many other Lyme patients, I will check off every single symptom on the list, save one or two. One of which is testicular pain, because, well, I don't have those, being of the female persuasion. But I have had, or am suffering from, every other symptom on the list. And yes, for a time when I was at my absolute worst, I had hallucinations and other cognitive difficulties. And I was understandably irritable and hostile. I had three major surgeries, acute symptoms during chronic Lyme infections, and people trying to take away my children after false allegations of child abuse that were proven never to have occurred. But I absolutely do not have a mental illness, and three separate psychological evaluations, and many people can attest to that, several of them experts. Before I received (off and on) years worth of antibiotics to treat the Lyme and co-infections, I never in my wildest dreams imagined that I would be involved in an arena so politically charged as Lyme disease. No one wishes to be cast into the wilderness that is this diagnostic and treatment hell. And I cannot think of any person who, having ever suffered from Lyme disease, would voluntarily, if given the choice, select the option of having it all over again.

And I can attest, anecdotally or otherwise, that twenty-one, twenty-eight, or thirty days of antibiotics do not “cure” Lyme, even in repeated courses. If Lyme is not treated within a very short timeframe, it disseminates into the brain, body and nervous system, and becomes difficult to eradicate. IV antibiotics in my case did much to lower my bacterial load and reduce much of my condition, but I am not cured yet and still have active Lyme and a long ways to go. My children haven't even begun their fight and their attitudes are deteriorating even as I write this.

In the course of my illness, I have listened to numerous doctors try to tell me that I was crazy, all because those physicians came up short on the stick as to why I was so ill. Lab tests repeatedly returned “normal” results, when in fact, my body was harboring several-threatenning organisms that, over time, proved positive in the lab work. To quote a fellow Lyme patient, trying to find a diagnosis and treatment for Lyme disease is an exercise akin to “nailing jello to a wall.” It often times simply can’t be done.

In my family, I have had to listen to relatives, and even friends, turn away from me because they grew “tired” of hearing about my illness. I have heard “you are still sick” more than once. Some no-longer-friends once said I was “unreliable” when I couldn't show up for gatherings because I was too ill. I had one support group member tell me she was suicidal because her family refused to speak with her any longer due to the fact that her Lyme illness kept her away from a family funeral. According to them, her illness was all in her head, too.

I founded the website www.lymeleague.com and there are 328 members with stories similar to mine, and whose Lyme is also apparently “all in their heads.” Often Lyme patients' claims of pain or fatigue are dismissed, or compared by family members to their own aches and pains...as if fatigue from a long day at work even compares to the intense, debilitating fatigue brought about by chronic Lyme. People, this isn't a contest, Lyme disease is a very real illness and its patients need credence and support among other things, as well as someone to simply listen to them. First and foremost, we are human beings.

In the disability arena, I was one of the minority few who actually received benefits on my first application. This is apparently a rarity in the Lyme arena. However, the symptoms I suffered were listed individually instead of under the heading of Lyme disease where they belonged. My disabiity representative said, “I don't need to list Lyme disease, I just need to find out what is making you so ill.” What part of Lyme disease is so hard to understand and why is there such denial?

In the family court, I have been forced to listen to repeated attempts to describe my “facial expressions,” “attitude” and “demeanor” in various descriptive terms designed to bolster my ex-husband and his attorney's claims that I have some type of mental illness. I have had to endure repeated attempts to de-mane me by describing my physical illness, by persons who had no knowledge of the disease or its processes. I have had to listen to circuit court judges and family court commissioners claim that I didn't “look” sick. My face having a “flat” expression was commented on by more than one social worker and court appointee, while the only offense my face had was to have permanent nerve damage caused by facial paralysis. Apparently a “flat” facial expres- sion is indicative of a common mental illness. I can't help my face, but the generalized conclu- sion that my flat expression equals mental illness doesn't seem logical. I was found in contempt of court for failing to seek work despite being medically disabled. The judge didn't believe I was ill, and he didn't feel I could have...
Local inventor Brooke A. Lawrence has developed a new patented tool for safely removing ticks from people and pets. The device, called THE TICK TOOL, is a uniquely designed product which features a "V" notch scoop for safe removal of the tick and a slide closure to cover up and lock the tick in a collection cup after it has been removed from a victim.

"My principal design goal was to prevent people from having to come in contact with a potentially infectious tick, as was recently recommended by the Centers for Disease Control. Additionally, I wanted a device that would safely remove all species of ticks, including the very small deer tick, and I am pleased to announce that we have exceeded our goals," said Brooke Lawrence.

The Tick Tool (Ixodes scapularis) is a known carrier of Lyme Disease, which is one of the fastest-growing infectious diseases in the United States and Europe. Lyme Disease, however, is only one of many tick borne diseases. Others include Rocky Mountain Spotted Fever, Babesiosis, Ehrlichiosis, Q-Fever, Tularemia, and Relapsing Fever. "The longer the duration of tick attachment, the greater the risk of disease transmission. Early detection and complete removal of the tick are keys to reducing your risk of infection. Many experts recommend that you thoroughly inspect pets, loved ones, and yourself if you spend any time outdoors in the woods or grassy areas," Lawrence added.

This year's mild winter weather pattern is expected to aid in a boom in the tick population across the country. For additional information visit www.theticktool.com.

THE TICK TOOL

Launched just in time for expected boom in tick populations

For safe removal of the tick and a slide closure to cover up and lock the tick in a collection cup after it has been removed from a victim. The Tick Tool is a uniquely designed product which features a "V" notch scoop for safe removal of the tick.

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www.theticktool.com

LYME DISEASE AND RIFE MACHINES

In the 1930s, a scientist named Royal Raymond Rife discovered a method for killing microorganisms with electromagnetic frequencies. What resulted was development of the "Rife machine," named after Dr. Rife. Although experimental, and not adopted by conventional medicine, the Rife machine proved to be useful in fighting numerous bacterial infections. In the 1980s, a mechanical engineer by the name of Doug MacLean adapted the technology into a device that he used to heal his case of chronic Lyme disease. Since then, hundreds of Lyme sufferers have followed in his footsteps. Today, Rife machines are considered by many patients and practitioners to be one of the most useful therapies for killing Lyme disease bacteria. In comparison with antibiotics, Rife machines offer several intrinsic advantages:

- they have no known toxic side effects
- they are inexpensive with or without insurance
- treatments can be taken in the privacy of your home, on your schedule
- treatment only takes about 30 minutes, and is needed only once a week

To learn more about Rife machines, read letters from Lyme sufferers using them, and access a free online Lyme/Rife discussion group with over 1800 members, visit: www.lymebook.com

We do not sell rife machines and our only products are books and videos that offer unbiased assessments of various alternative Lyme Disease therapies.

If you'd like to connect with the Lyme disease community, consider joining this free online discussion forum where you can get support, ask questions, make friends, and learn about conventional and alternative treatments: http://www.lymecommunity.com

*The above statements have not been evaluated by the FDA.

Our products are not intended to prevent, diagnose, treat or cure disease.
Every year, on the last Saturday in February, people around the world host dinner parties in support of multiple sclerosis. Instead of bringing a gift, wine or flowers, each host asks their guests to make a donation for MS research. Every get-together is a step toward the goal of ending MS.

Launched in 2003, the MS Global Dinner Party has raised almost a quarter of a million dollars to help researchers worldwide find a cure. Year after year, Canadian hosts have raised more money than any other country, contributing close to $100,000 to help fund much needed research projects.

This year communities across Canada and the United States are invited to join hosts from around the world to open up kitchens this February in support of multiple sclerosis.

MS is an unpredictable and often disabling disease of the brain and spinal cord. Symptoms vary from person-to-person but include tingling, vision problems and even paralysis. MS can occur at any age but it is usually diagnosed between the ages of 15 and 40, when people are finishing school, building careers and establishing families.

Over 2.5 million people around the globe are now living with MS. With an estimated 55,000-75,000 people, and three more diagnosed each day, Canada has one of the highest rates of MS in the world.

The impact of MS is far-reaching as one in two Canadians knows someone with MS.

For More Information:

Register to host your own MS Global Dinner Party at www.msGlobalDinnerParty.ca or call 1-866-922.6065.


donata
to MS!

by Donna Reagan

"Big Pharma"...cont'd from page 10

multiplied by the 200,000 patients diagnosed with this disease each year means an endless supply of customers and a very complicated math equation...like with exponents and stuff. (And to be fair - this does not take into consideration the thousands of patients misdiagnosed with other very costly diseases such as Multiple Sclerosis, Lupus, ALS (Lou Gherig's Disease), Parkinson's disease, and so many more!).

So you see - these guidelines aren't about patient care at all...it's about following the money. It's about greed; and about serving the puppet master, that well-known beast, Big Pharma.

Now - far be it from me to point a finger at any one guideline contributor and accuse them of having conflicts of interest. I just think it interesting that a preponderance of the guideline writers' work with, or have worked with, medical schools who rely on government grants and pharmaceutical sponsorship in order to perform research and ultimately "stay in business". In addition, some of these writers have worked in conjunction with an array of pharmaceutical companies in the name of vaccine development; they've worked as 'consultants'; and also had their hands deeply invested in clinical trials. In fact, years ago the lead guideline writer, Dr. Gary Wormser, was even sued by patients who attested that Dr. Wormser mishandled their adverse reactions to the Lymerix vaccine, a product made available by...Big Pharma. Hmmm....

I'm sure if you dig - it would be possible to discover a wide range of potential conflicts of interest between the IDSA guideline writers, their employers, and Big Pharma. I could probably do it myself - but it would take away from my time lounging around in my pajamas, swallowing an assortment of colorful FDA-approved drugs, wondering why and how WE, the People have given away so much of our personal "power" to multiple "beasts", and wishing I had the energy to run away with the circus, or at the least, take a modest vacation.

In closing, I'd like to leave you with a quote from Groucho Marx. I have no idea how it applies here - I just like it:

"One morning I shot an elephant in my pajamas. How he got into my pajamas I'll never know. "

by Donna Reagan

www.publichealthalert.org
lesions is not. This improve ment in the patient's MRI was quite a surprise for the neurologist and served to strengthen my belief that the patient's problem all along had been neuroborreliosis rather than MS. Because of the many similarities in the two diagnoses, it is extremely important to pay attention to the patient's history and development of symptoms and to know how to test correctly for the presence of borrelia antibodies. MS is a diagnosis based primarily on subjective symptoms, and according to the CDC, Lyme disease is as well. The previously mentioned MRI and spinal tap findings in this patient were not diagnostic of MS per se, since they are often also present in Lyme patients with neurological involvement.

When clinicians complain about the incorrect medical information patients come across on the Internet or the tendency for patients to self-diagnose based on this information, they need to look at the bigger picture and realize that the occasional enlightening discoveries are well worth the inevitable false alarms. I continue to support patients who research their symptoms on the Web, believing it empowers them to be proactive about their health care. Sometimes, as was the case with Maria, this kind of patient collaboration can prove to be a lifesaver.

For more information:
“Babesia” ...cont’d from pg 8

Wormwood’s toxic chemicals.

Significant ignorance exists as to the proper dosing for the treatment of Babesia and is still evolving. Many advertisements report 400 mg per day of Artemisinin is optimal, but this is based upon limited advanced science. The WHO suggests for malaria, a dose of 1200 mg on day one and 600 mg any additional days. Further, Artemisinin has a radical drop in blood level over five days, so that 500 mg is roughly equal to 100 mg after a week. I have yet to see this reported in herbal advertisements. However, the active metabolite dihydroartemisinin seems to remain steady in preliminary research. Claims of “cures” on artemisinin alone are possible, but should not be based simply on a feeling of improved health. Artemisinin patients often eventually relapse, or Babesia residues are found in the blood so this is one reason why all Artemisia derivatives are paired with synthetic malaria drugs during malaria treatment.

In general, Artemunate from Hepapro.com is felt to be a stronger form of Artemisia and is taken in three divided doses in adults. Since it kills by methods multiple anti-oxidants are recommended to help the red blood cells regain their smooth surface and to prevent Artemunate from causing free radical damage.

In conclusion, we have discussed the rapid new emergence of many new Babesia stains, samples of the signs and symptoms of Babesiosis, the various options in diagnosis and some of the most common treatment options.

Dr. Schaller is the author of 25 National Publications and 16 books covering topics such as Babesia, mold biotoxins, Suboxone, Artemisinin and Youth Behavior problems. He treats children and adults from all over the world who have tick-borne infections. He is currently writing books on Bartonella and Pediatric Lyme.

Dr. Schaller’s book The Health Care Professional’s Guide to the Treatment and Diagnosis of Human Babesiosis: An Extensive Review of New Human Species and Advanced Treatments can be purchased for $34.95 through the www.amazon.com website.

“Lyme-Autism” ... cont’d from pg 1

VA recently appeared on the online radio show on www.autismone.com hosted by Duncan called “The Lyme-Autism Connection”. He stated that of the 10 children with autism he tested for Lyme disease, 100% of them also came back positive for Lyme disease.

More proof is needed to convince parents and the medical community to take action. The Lyme Induced Autism Foundation has announced its first fundraiser called “Laughter for Healing” at the Improv Comedy Club in Irvine, CA on February 24th, 2007. Duncan states, “The whole goal of the fundraiser is to raise money for our research program. We would like to fund a study that will test children with autism for Lyme disease to determine what actual percentage of children are infected. Only then will we be able to pull the top researchers and physicians together to come up with some answers. Lyme disease can be fatal, parents are scared, we need to help these kids now.”

For more information on Lyme Induced Autism, please log onto www.lymeinducedautism.com. Interested parties may also purchase tickets or become a sponsor for the “Laughter for Healing” Improv comedy event online.

About Autism

Autism is a disorder that currently affects 1 out of 166 children. Boys are the majority of those affected. The numbers of autism cases spiked in the mid-late 90’s and continues to remain high. The exact cause of autism is still unknown, however, many theories exist. Most children do improve with some sort of bio-medical intervention.

About Lyme disease

Lyme disease is generally caused by a tick bite. Symptoms of Lyme disease include, achy joints, confusion, slurring words or word retrieval problems, brain fog, sensitivity to light and sound. Lyme disease in its late stage can be fatal, causing MS like symptoms and debilitating its victims. Treatment for Lyme disease consists of antibiotic therapy.

About the Lyme Induced Autism Foundation

The foundation was started in September 2006 by parents of children with autism and Lyme disease. Kathy Blanco of Beaverton, OR and Tami Duncan of Corona, CA founded the non-profit organization. The foundation’s goals are to educate families and physicians on the link between Lyme and autism, bring physicians together to form a consensus for testing and treatment options and to provide funding for research studies related to autism and Lyme disease.