Wisconsin Lyme Doctor Under Fire During Governor-Proclaimed “Lyme Disease Awareness Month”

by PJ Langhoff

Three Lakes, WI - He drives an old pickup truck, wears cowboy boots and would rather spend time in his cabin in the woods than in the hospital. When he drives through town, everyone who is anyone waves to him. As the man who is known, good-hearted “old-school” county doctor. When a Lyme patient could not afford the cost of a certified service animal, the physician went to great lengths to facilitate the certification for the patient’s dog "Jetta" after the animal underwent appropriate training.

Physician Gregory Hoffmann has dedicated his entire life to serving patients in northern Wisconsin in general practice, for pain management, and for the last several years, for the treatment of Lyme disease. His fees would make any mainstream physician blush, often providing services pro bono, and even meeting out-of-state patients at a motel when they were too sick to travel further.

Recently, despite current personal problems with the state, this dedicated doctor drove several hours over the weekend on a holiday to personally visit one of his patients.

Hoffmann has in the process of being investigated by the Wisconsin Department of Regulation and Licensing (and ultimately) the Wisconsin Medical Examining Board for alleged complaints that seem a pretext for attacking Dr. Hoffmann’s treatment of patients with Lyme disease. The investigation is all the more confounding when you consider that just weeks ago, Wisconsin Governor Jim Doyle signed a proclamation declaring the month of May, “Lyme Disease Awareness Month” for the state. The prosecuting attorney in the case against Hoffmann is Arthur Thexton, known for prosecuting “alternative” medicine practitioners. The pretext involves Hoffmann’s decision to deny a former patient a prescription for controlled substances upon concluding that the patient was abusing narcotics. Apparently the former patient, through an attorney, contacted Thexton saying, “We’re going to get him.” I’d be unaware or in spite of this motivation, Thexton decided to try and use a case out of the allega-

Walk For those Who Can’t,
Run for Research

Minnesota Group Holds 5K Run for Lyme Disease Awareness

by Marina Andrews

Lebanon, KV - Last fall one tiny Lyme disease-suffering person, Jill Kuschel, told the Minnesota Lyme Action Group, “I want to have a 5K race and walk to raise money for Lyme disease. I know nothing about having a 5K but I can call this lady who heads one every year. What do you think?”

On Saturday, May 5th, only seven months later, Jill watched hundreds of walkers and runners fill the 3.2 mile course in Forest Lake, Minnesota, proving her little idea was worth all the effort that went into the Minnesota Lyme Action Group’s first “Walk—for someone who can’t/Run for Research”.

Jill shuddered much of the organizing work for the Lyme-Walk fundraiser to bene-
fit the Minnesota Insect-Borne Disease Education Council even though five other women volunteered to be on the event’s planning committee.

Like Jill, four of the five planners suffer from Lyme disease. At times, the Lyme-caused limitations of the group members made planning the Lyme-Walk feel like a walk in the dark. Not one of the Jill’s five volunteers had ever organized a fundrais-
er. I was one of those vol-
unteers but I was completely in the dark on how to raise money.

“There the people you know in the area for dona-
tions,” the committee told me. But the Olson Fellowship

I had to embarrass myself with my unpolished donation-seek-
ing performance, I’d at least know the people I’d be stand-
ing in front of, blushing and stammering.

First stop, my insurance man. He wrote out a check on the spot! Next stop, the gal who used to cut my hair twenty years ago, she owned her own salon now, which looked pros-
perous. She remembered me and offered a duffel bag full of hair care products. Another success! What about the veteri-

nary who cared for my ani-
mals for more than twenty years? He wrote out a check too.

Feel pretty good about myself and my fund-raising abilities. I wondered what more I could do. With the phrase “walk for someone who can’t” stuck in my head I thought of friends like Torey in Madison, Wisconsin whose chronic Lyme disease keeps her in a wheelchair she may never leave. Was there a way to show the world, or at least people in Forest Lake, Minnesota, that thousands of people like Torey endure pro-

found crippling effects of Lyme disease?

For many home-bound

“Run...”cont’d on pg 13
Dear Editor,

PHA subscribers may know an experienced LLMD, Dr. J David Kocurek, is under investigation by the Wisconsin Department of Regulation & Licensing. The organization announced the complaint appears to have turned into an investigation of Dr. Hoffman’s “treatment methods.” No one in the Lyme/Lyme community believes the investigation to be anything but a direct assault on Dr. Hoffman’s “treatment methods” employed by Dr. Hoffman. He has decided to challenge the treatment stipulations issued by the state because he knows his patients would never receive adequate treatment under the conditions the state has imposed. We’re in awe of Dr. Hoffman’s courage and compassion. It is unacceptable and astounding that patients and the nationwide Lyme community will be with him every step of the process. We wish him the strength and fortitude to stand up to the insurance companies and the state’s continual attacks. We believe so strongly in his compassion, skill, and medical knowledge that we must do everything we can to support his work.

We are no longer talking solely of the nation’s finest LLMDs be railroaded out of his practice. In the twenties, patients and the nationwide Lyme community were with him every step of the process. We wish to stand with everyone for the enormous outpouring of support. This is literally speechless. This is the single most important battle for our care for his plight.

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Harriet Bishop was just six years old when she lived all summer in northern Arizona's cool pine forests with her father and brothers. Later, when she was 13, the first bitten. “I remember my parents were very upset upon seeing my ‘Clean up my back,’ she recalls. “My older brother even remarked that he could use a mule for a pet!” It turns out that the tick had worse repercussions than an eroded and irritated back. The year was 1934, a virtual Dark Ages in terms of tick-borne diseases.

That winter, the little girl was terribly ill with nausea, vomiting, digestive disruption, and pain. “After that, I was a weak child and couldn’t keep up with my peers in any sports. From that time on, I had painful symptoms throughout my life-time, and just I managed it, thinking everyone had these problems,” she admitted. It would not be until the year 2005, 71 years later that Harriet would be properly diagnosed. In spite of her illness, this mother of five has had an adventurous life.

In the 1940s, she worked various summer jobs in Rocky Mountain National Park, and Big Bear Lake, California. “I remember often being a tick from my body during that time,” Harriet remembers. “In 1954, after I had several hundred times all over my body while spending a night in a company tent halfway up the side of Mt. Fuji in Japan where we lived.” In July 1956, she moved into a house in Panama City, Florida, where she experienced overwhelming spells of nausea and vertigo, and uterine bleeding that lasted for days. She underwent surgical intervention. “That house and its garden were discovered to be completely infested with ticks. They were so tiny as to be nearly invisible but, once noted, they were seen to all. They were crawling up the interior plastered wall, thousands of them all at once!”

In the early 1960s, Harriet had lived in Germany. “We hiked the Black Forest, kicking through ankle-deep leaves in the fall. Only in this setting, I joke,” she remarks. By 1968, she had moved onto a ranch in south Texas that was home to several breeds of cattle and horses common to Texas.

The tough times were not over. “I noted scratches all over my body from the barbs that spuas even though her respected mentor had referred me to her. I became indignant, and told her I couldn’t find any one who could help? Who would she suggest?”

The doctor gave Harriet the name of an infectious disease specialist. “This doctor seemed only to look at me while standing up in the waiting room and, in the presence of all I never did find one.” Meanwhile, Harriet’s husband, who holds a Masters degree of Public Health, is also intensely interested in epidemiology, was encouraging her to make slides of the things that she extracted from her fingers. She describes, “My local general practitioner tried every所谓的 medicine he knew, and even used his own microscope to examine the

“My course of action seemed clear: put myself in the hands of the LLMD and comply fully. I received a diagnosis, and then took, for however long it took.”

When asked about her prognosis, Harriet has energy and an energy with which she believes her 78 years. “It is two years, or maybe one, however Harriet cannot have constant nausea, frequent debilitating dizzy spells, and experiencing fatigue. But best of all, my fingers are healing. They are 85% better.”

Subsequent Western Blots of Harriet’s blood are now nega-tive for Babesia, Bartonella, and Ehrlichia.

“Now I can race my grandchildren in our kayaks on the Guadalupe River,” she states.

Harriet credits several therapies to helping her on her journey towards wellness. “The antibiotics to get at the Lyme spirochetes and the blood cell parasites, and the anthropo- ponia for the inevitable infesta-tion of the worms we all seem to accept. Also, an over-the-counter (OTC) topical treatment with painkilling ingredients also helped in removing the skin; Mary Kay Extra

Emollient Night Cream; and Arvada topical oils from Shankara.com. Daily very deep breathing to maximize oxygen to the tissues; yoga to induce a deeper, more healing level of sleep and lessen muscle spasms, and deep sleep, however you can get it. And I simply must put in a plug here for a product that allegedly increases the body’s supply of glutathione by 500%! It is the Skin Care Patch by LifeWay” a technol-ogy company. And yes, it did get worse before it got better; so don’t get discouraged when the con-dition seems to worsen, because it will be on the right track. “The real test of perseverance is key.” Harriet has put her perseverance and knowledge to use, serving on the newly formed Texas Lyme Disease Association since September 2006.

“Lyme disease can be prevented in children, or even diag-nosed and treated sooner, will have more opportunities throughout their life-times for healthful activities and a better chance to reach their full potential,”

The antibiotics to get at the Lyme spirochetes and the blood cell parasites, and the anthropo- ponia for the inevitable infesta-tion of the worms we all seem to accept. Also, an over-the-counter (OTC) topical treatment with painkilling ingredients also helped in removing the skin; Mary Kay Extra Emollient Night Cream; and Arvada topical oils from Shankara.com. Daily very deep breathing to maximize oxygen to the tissues; yoga to induce a deeper, more healing level of sleep and lessen muscle spasms, and deep sleep, however you can get it. And I simply must put in a plug here for a product that allegedly increases the body’s supply of glutathione by 500%! It is the Skin Care Patch by LifeWay” a technol-ogy company. And yes, it did get worse before it got better; so don’t get discouraged when the con-dition seems to worsen, because it will be on the right track. “The real test of perseverance is key.” Harriet has put her perseverance and knowledge to use, serving on the newly formed Texas Lyme Disease Association since September 2006.

If Lyme disease can be prevented in children, or even diagnosed and treated sooner, they will have more opportuni-ties throughout their lifetimes for healthful activities and a better chance to reach their full potential,” she asserts. “I think it is vital that those of us who have ‘been there’ do all we can to spread the knowledge, we have gained through our experiences in order to attain that goal for our youth.”
The symptoms of Cheese usage

Cheese is up to 8% heroine. It being addicted to heroine, since teenagers. They buy the tar-is being smuggled over the bor-

Authorities say that the heroine ed in Dallas but has now moved streets in 2005. It initially start-

to the rest of the country. It surfaced on the country. It was first seen on the streets in 2005. It initially started to appear as early as six

life of a 15-year-old middle old. It has already claimed the treatment, along with parental clients was 15-17 years old. Now that Cheese is on the street, they say they are getting hooked due to the low cost of the drug.

It is so highly addictive that the withdrawal symptoms start to appear as early as six hours after use. Because it is so cheap, parents now have to seek drug rehab for their kids. One Dallas teen center estimates its normal age range for drug rehab clients was 15-17 years old. Now that Cheese is on the street, they say they are getting kids admitting themselves into treatment, along with parental requests for treatment in chil-

When parents are ill, I didn't believe myself either. I couldn't handle the pain any-
more, so my mom and I started searching harder for answers. Doctors said it was all in my head and that I needed atten-
tion… and I believed them. She had told me she knew a girl with some symptoms and that she would test me. Two weeks after being tested I got the results back and they were pos-
tive for Lyme! Now I had to find the right doctor. I started going to a specialist in Dubuque for 6 months, but I didn't feel any better so they gave up on me. I was around two years old my family. My name is Whitney, I was two years old when I first thought I was dying. I finally thought about it and I started going to an ENT where they found a cyst in my sinus cavity. They removed both.

A few months later I couldn't handle the pain any-
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tive for Lyme! Now I had to find the right doctor. I started going to a specialist in Dubuque for 6 months, but I didn't feel any better so they gave up on me.

Dear Editor,

My name is Whitney, I was born on August 6, 1991. I was breach because I was upside down, but this was only the start of my problems. When I was around two years old my parents divorced and we moved to a small apartment where just my mother and I lived. We never met my step-father. Around this age I started getting constant symptoms that were minor at the time, but didn't feel minor. The symptoms included leg pain, stomach pain and jaw pain. I would visit the doctor many times, but it never seemed to help. By the time I was six I couldn't do much without getting an infec-
tion or illness of some kind. This was also straining the fam-
ily of money and I guess every-
thing… By the time I was 8 my symptoms were still bothering me, but doctors couldn't find any good answers. This was just the beginning of the pain. I was blacking out and fainting. I was also very weight rapidly from starving. I could not eat for my stomach was too full. I went to an ENT where they found a tumor in my head which was pushing on my right eye and they found a cyst in my sinuses cavity. They removed both.

About 6 months later I had hip surgery and another cyst was removed, and then another… and the only explanation was Lyme disease.

Dr. Hoffmann is saving my life! I hadn't been able to watch TV, to go to my radio, go under water, or even ride in a car because my ears were so sensitive, and I couldn't walk up my stairs from my bedroom. I faint every time. I would call crying to my mom to help me up the stairs and she would help. I also had a wheelchair. I stopped walking almost completely. My mom or sister had to help me wash myself because I would faint if I got too fatigued. I always saw spots and I was used to it. I stopped eating and I wanted to die.

Now with Doctor Hoffmann's help and treatment I can ride my bike. I'm back at school, I can walk up the stairs and even around the block!!! I don't faint anymore and I'm off heart medicine.

I love hanging out with my friends and my family now. I feel like I have a chance to live. But if Doctor Hoffmann loses his practice, then I will give up… and I won't go back to what I was!

HELP ME AND HELP OTHER LYME SUFFERERS! Don't let us die! Well I've said a lot. I'm tired, but if I wrote real bad you know why. I'm still getting treated and my doctor is sure that I will live another 50 years. I'm on the treatment for Lyme. I have improved a lot since we started the treatments and my doctor (Dr. Hoffmann) is all I have. He was the only one who stuck by me.

Whitney Busby 15, is at treatment for 6 months, but I didn't feel any better so they gave up on me. I was around two years old my family. My name is Whitney, I was two years old when I first thought I was dying. I finally thought about it and I started going to an ENT where they found a cyst in my sinus cavity. They removed both.
It was a spur of the moment decision to drive to Atlanta, Georgia. My husband, Jose, was expecting that if I could make up my mind in 30 minutes! Whoa! Some friends were moving to Atlanta and needed us to carry their musical instruments for them in our van; their moving truck was packed! The thought of packing, wrapping up details at home and off the office, as well as driving for 30 hours across the country was a dreadful thought for me at the time. My husband really wanted to go, though, and because our friends offered to pay for gas and open their home to us in northeast of Atlanta, I mustered all the strength and courage within me and agreed to go. Jose was really glad that I was willing to go with him, and it made me happy for him to feel that way. This made it much easier for me, living with my impulsive decision.

I frantically finished many last-minute details for the non-profit I founded, L.E.A.P. Arizona. Lyme Education Awareness Program. It was April 28th and May was Lyme Disease Awareness Month in Arizona. I had newsletters to prepare and a tremendous amount of information to gather to take with me on week in Atlanta in order to present at an AIDS conference and volunteer who would take care of the day-to-day responsibilities while I was away. I got around to packing my suitcase and was ready to go by one o’clock a.m. I tossed onto my bed, closed my weary eyes and drifted off into very deep, sleep-at-once sleep. Never came for me. Instead, I had scenes of all my ideas crawling into my mind that struck me like a bolt of lightning! I was going to Atlanta! Home of the CDC, Centers for Disease Control and Prevention! I have been writing to them for two years demanding that the CDC (International Lyme and Associated Diseases Society) Treatise Guidelines for Lyme disease be posted on their website for physicians and patients so that they could make this trip worthwhile for patients! I could light a torch in honor of Lyme patients like Dr. Jones and Jemsek, who are being proscribed by their state medical boards. I could present at the front of the CDC! I could call the return trip to Arizona the 2007 Lyme Disease Patient/Physician Benefit Road Trip! I could ask every Lyme advocate to contribute an amount to help follow patients and these two doctors who need our support! If the patients couldn’t afford to donate, they could find someone else who would be able to afford it! I could fulfill L.E.A.P.’s Mission of providing financial assistance to patients! What a way to celebrate our May Proclamation?!

I roped him out of bed and turned on the computer again. I created a new webpage for Lyme patients and Drs. Jones and Jemsek the next morning. So, I decided not to visit the hospital.

My husband was a bit deflated, left Monday the 14th, and drove to the CDC in Atlanta. The CDC conference building was across the street from the gated entrance and got our signs read by the guards at the security bashberry. I could barely stand at *Road Trip:...cont’d pg 18*

### Analysis: US May be Funding Germ Warfare Research

Under US law, recipients of US research funds for biotech research must comply with NIH-narrated guidelines. These guidelines include provisions for biotech safety (IBC) meetings, describing their operations and plans. In a number of instances, these IBCs have never bothered to hold a meeting. In other cases, the guidelines themselves are devoid of any substance.

In other words, the operations of such laboratories are in many cases being kept secret, reports Austin, TX, based Sunshine Project (Sunshine), a non-profit body attempting to protect the public from the risks of biotechno-logy experiments. The 1972 Biological Weapons Convention (BWC), to which the US is a signatory, prohibits research on offensive biological weapons. While lab research continues to be performed in secret, however, weapons designs and defensive use could ostensibly be concealed. An example of such a covert research facility was based in the 1950s when the Japanese military based its secret germ warfare scheme as a weaponization project. As the US government-funded labs engage in "dual-use research," (pathogen studies having both offensive and defensive applications), Sunshine's Edward Hammond reports he has "encountered grave problems with the sys-tem." Such troubling issues include "risk experiments approved with dubious safety precautions ... inadequate IBC review, dysfunctional and other-wise noncompliant committees, and other types of bio-safety problems."

Francis Boyle, an international legal expert at the University of Illinois, Champaign, puts it more blunt-ly. He called the in-house uni-veristy committees "a joke and a fraud" that provide "no protection to anyone." Boyle, who drafted the Biological Weapons Anti-Terrorism Act of 1989 enacted in 1989 to close the Pentagon’s "now gearing up to fight and win biowar-ning warfare" pursuant to a national strategy dictates pushed through by George W. Bush and adopted "without public knowledge and review" in 2002. Hammond lodged a complaint two months ago with Dr. Amy Patterson, director of the NIH Office of Biotechnology Activities, accusing 113 institutions of "non-compliance with the NIH guidelines," and more specifically, of refusing to honor requests for IBC meeting min-utes.

Honing these requests is not only a statutory under the NIH guidelines that you are charged with enforcing [but] transparency is also a moral duty of institutions that contract research ... and select Complementary Biological (IEB) agent work that could endanger the public," wrote Hammond to Patterson. He also pointed out to the NIH Biotechnology Activities director that: "Failing prompt com-pliance with these guidelines we note that your office must do its duty under NIH Guidelines and terminate funding." In the meantime, Patterson apparently had trou-ble with his own obtaining information from labs on the Federal payroll. She issued a *notice* December 6, 2004, to universities engaged in research stating: "compliance with the NIH guidelines is criti-cal to the safe conduct of research and to the fulfillment of institutional commitments to the protection of staff, the environment, and public health.

It was bearing remembering that since 9/11, biotech houses, military bases, research labs, and private universities across America, as well as others situated in Canada, Latin America and South Africa, have collectively lumped up record sums in Federal research and develop-ment dollars.

Just how bad is this international biotech research enterprise? Sunshine reports that at San Antonio, TX, South Carolina, and Biomedical Research (SFBR) alone, there are 6,000 caged chimpanzees, baboons, and other primates, whose mere upkeeps costs US taxpayers $6 million annually. Authorities also state that SFBR genetically engineers monkeys and harbors some of the world's most dan-gerous viruses such as those causing Ebola and Lassa fever.

The CDC is according to the Washington Post December 25, 2006, another institution bene-ficial to our US biotech research drive is the Battelle National Biodefense Institute (BNBI) of Columbus, OH, which has just received a five-year $250 million award from Homeland Security (DHS) to run the new bio-defenseanaly-sis center under construction at Fort Detrick, MD. Earlier in the year, July 30, The Post had reported $162 million dollars to transpire at BNBI may never be publicly disclosed as the Bush administration wants to operate the facility largely in secret." Battelle also does not maintain a defensive IBC, Sunshine charges.

*Some of the research falls within the "Germ Warfare" commend pg 17*
Diving Deep for a Cure: Part II

by Laura Zeller

In Part 1 of “Deep Diving for a Cure” I discussed the basics of the use of Hyperbaric Oxygen therapy (HBOT) in Lyme disease treatment. To summarize, the basic principle is that by exposing the entire body to 100% pure oxygen, under pressure, the Lyme disease bacteria (borrelia burgdorferi) will be destroyed. HBOT offers a strong alternative to traditional antibiotic therapy, as well as a powerful adjunctive therapy. HBOT has shown promise as a powerful treatment option for those afflicted with Lyme disease, especially when combined with antibiotics. In my opinion, monoplace (single person) chambers gave me the best results during my Lyme treatment.

Hyperbaric oxygen increases circulation to the body and that includes the brain. Oxygen crosses the blood brain barrier. This is why simultaneous use of antibiotics with HBOT is highly recommended. The increases of pressure and oxygen allow the antibiotics to penetrate deep into the body tissues where spirochetes like to hide. Hyperbaric oxygen, administered at 2 ATA has been shown in studies (see references below) to directly kill borrelia burgdorferi.

How does HBOC kill the Lyme bacteria? Borrelia burgdorferi (BB) is a bacterium that does not survive under increased oxygen. Just as a fish would not survive out of water, these bacteria cannot exist in an increased oxygen environment. Lyme bacteria are microaerophilic, which means that they are deactivated in high oxygen environments. The spirochete that causes Lyme prefers an environment with decreased circulation because of the lack of tissue oxygenation in those areas of the body. According to a study by Dr. Charles Pavia, spirochetes were shown to die in the presence of hyperbaric oxygen both in vitro and in vivo. As the oxygen penetrates deep into the blood plasma and tissues, it stimulates the formation of new blood vessels, increases circulation to existing blood vessels, and helps those with decreased circulation heal. Most importantly for Lyme disease treatment is the potential for HBOC to increase the effectiveness of antibiotics. As demonstrated by Dr. Glen Burkland in a "Retrospective Review of Lyme Patients who received Hyperbaric Oxygen,” Borrelia burgdorferi cannot survive in an oxygen-rich environment, because it is a facultative anaerobe. HBOT increases the amount of oxygen in the body, which in turn causes spirochetes to die. When combined with HBOT, the effectiveness of antibiotics to kill the Lyme bacteria that滻ures deep into the body, attacking the spirochetes.

What is a typical treatment protocol?

Treatment protocols vary depending on the condition of the patient. They range from 1.5 ATA for brain injury to 2.4 ATA for Lyme disease. This does not account for Decompression Sickness (DCS) where you would require a repetitive dive sequence. Therapeutic sessions are typically 40 sessions long. However, in the Lombard/Burkland study, it was observed that results may be dependent on how many patients were selected. The DHHS guidelines recommend up to 60 to 80 sessions. Individual results vary. Typically, Lyme patients begin a protocol of 20-60 initial treatments, followed by 10 treatments every 4-6 weeks for as long as necessary to resolve symptoms and treat the patient. Each patient's LIMD will prescribe an individual protocol specifying the length of treatment. Each patient responds differently. Some patients dive once daily, while others prefer the more aggressive approach of 2 dives per day. You must have a doctors prescription for HBOT. With HBOT, we have brought in Hyperbaric Medicine specialist at Texas A&M University, helping to establish the Lyme disease protocols for HBO.

Is HBOC covered by insurance?

Currently, the insurance industry has only been friendly to a limited amount of indications. Reimbursement is limited to the 13 approved conditions by the Undersea Hyperbaric Medical Society (UHMS). Lyme is not one of the diseases that is approved, and although it has shown to be a significant benefit to Lyme patients, it is still labeled as investigational.

What are some preparations for HBO therapy?

A completed physical is indicated, including a chest x-ray. Before any session, it is advisable to consume a healthy meal, free of any carbonated drinks. Failure to have a history of upper respiratory infections, it is advisable to take a decongestant the evening before diving. “Diving Deep…cont’d pg 14

What's New in Research?

An interview with Dr. Brian Fallon, Columbia University

by Sue Vogan

Is the New Lyme & Diseases Research Center at Columbus University for research only or will victims of Lyme disease be able to receive treatment there?

It's going only to be for research. In the context of treatment, we will be doing treatment trials, so patients will be involved.

F. Dettick and Phum Island are/were doing tick-borne disease research. How will the new center be different?

I can’t speak to what other places are doing, but I can say that the facility at Columbia has brought together a number of outstanding scientists - some of whom are among the best in the world in their area of expertise. For example, just to look at tick co-infections we have brought in Dr. Ian Lipkin, one of the world experts on the identification of foreign pathogens. Using this biotechnology that he's developed for rapid assessment of unknown pathogens, (by) applying that technology and his scientific brilliance to study what else might be inside ticks, we might be able to find what else may be inside spinal fluid in some of our patients.

How will the new center be funded?

It's partly funded by Columbia, partly by the donors, partly by New York State. The ongoing research that we do is going to be funded in an ingoing way by the donors for pilot studies and by Federal grants we are awarded from promising results from pilot studies.

How many people/researchers will be employed at the new center and how were they selected?

Hiring someone full-time takes a significant amount of money, as you can imagine. Bringing in an outside scientist, to recruit someone to the university, takes approximately $6 million alone. Rather than use the $3 million that I have for that purpose, we decided to make access of the physicians who are already employed here (Columbia University). We won't be paying the salaries of the senior researchers, but rather paying the salaries of more junior researchers.

You’ll be at a Lyme disease symposium in West Haven, Connecticut on May 19, 2007. What do you expect to hear from you?

I'm interested in summarizing what's been learned by the studies of chronic Lyme disease to this point, including my own studies, indicating where we should go in the future. What are the promising studies that came out of this research, what questions remain, what problems emerged, how studies should be designed in a better way so as to elicit the true test of hypothermia that you want to test.

The Lyme disease community is anxiously awaiting the results from your last research project - when will the results be published?

I hope very soon. I can't give you a date, but I think we are getting closer to that point.

Is there anything in particular holding the publication up?

Whenever you're the CM of a paper that has findings that are somewhat different from the rest of the medical literature, the reviewers justifiably want to be cautious and careful about exactly what was done in the study, so they ask lots of questions. It's not unusual when you have a study that is complex and has results somewhat different from the mainstream.

You have a research project that you're currently working on - "hypochondria." (Dr. Fallon chuckles ever so slightly - perhaps because I did my homework before the interview) Yes, that's right.

Do you see many hypochondriacs or is it prevalent with chronic disease?

I don't see a lot of hypochondria within the Lyme patients. My interest in hypochondria stems from an earlier portion of my life when I was studying obsessive-compulsive disorders. Whenever you're doing research, you have to keep the grants coming from whatever source you can get them because I also have a major expertise in hypochondriasis, this is not a logical one to do on the treatment of hypochondria. One of the advantages of a Lyme center is that once the endpoint or the funding gets big enough or we get more grants in, we can focus more on the things that other than that you need to be focusing on in order to keep the salary of the employee and other things you have going.

In your opinion, is long-term antibiotic therapeutic effective for Lyme disease patients?

In my opinion, long-term treatment can be helpful. “Effective” is a complicated word because it implies a number of things. It can be helpful to improve symptoms. Unfortunately for a number of patients, that improvement may not be sustained. So, even though they're helpful, they're not necessarily always a cure.

How did you first become interested in Lyme disease?

I live in Connecticut and a lot of people around here get Lyme disease. Polly "Research...cont’d pg 16

The Hidden Epidemic may be the cause of your pain

visit our new website at: www.truthaboutlymedisease.com

Lyme Patient Stories Resource Links New LD Support Forums

Lyme Awareness Store

Acute and Chronic Patients Welcome Frequently Asked Questions

Everyone has a story. Share yours. Help those who are searching for answers!
Why Doesn’t My Doctor Know This?

by Kent Helbock, MD

A question that is often raised by patients is “Why doesn’t my doctor know all this?” The reason is that overwhelming majority (all but a few percent) of physicians (medical researchers, internal family practitioners, rheumatologists, etc.) do not read medical journals. When asked, most doctors will claim that they routinely read medical journals, but this has been shown not to be the case.

The reason is multi-fac- torial, but it comes down to the fact that the doctors do not have the time. They are too busy running their practices. The overwhelming majority of physicians rely on what they learned in medical school and on pharmaceutical sales repre- sentatives to keep them “up-to- date” on new drug information. Obviously, the studies brought to physicians for “educational purposes” are highly filtered to support their product.

There has been signifi- cant concern by health care organizations and experts that physicians are failing to learn of new information presented in medical journals and lack the ability to translate that information into treatments for their patients. The concern is essen- tially that doctors erroniously rely on what they have previ- ously been taught and don’t change change treatment philosophies as new information becomes available.

The concern is particu- larly that doctors are prac- tically running their practices based on information that is out of date. This concern has also been documented by The Journal of the American Medical Association in 1980 states, “A physician shall continue to apply, and advance scientific and clinical knowledge, make relevant information available to patients, and the public.”

A “physician shall continue to study, apply, and advance scientiﬁc and clinical knowledge, make relevant information available to patients, and the public.”

"The concern is essentially that doc- tors erroneously rely on what they have previously been taught and don't change change treatment philosophies as new information becomes available. This is especially true for endocrinological conditions, where physicians are very resistant to changing old concepts of diagnosis and treatment despite over- whelming evidence to the contrary, because it is not what they were taught in medical school and residency.”

Dr. Lenfant discusses the fact that the proper practice of medicine involves "the combination of medical knowledge, intuition and judgment" and that physicians’ knowledge is lacking because they don't keep up with the medical literature. He states that there is not enough difference of opinion among physicians and reviewing enti- ties, but that judgment and knowledge of the research per- taining to the patient's condition is central to the responsible practice of medicine. He states, "Enormous amounts of new knowledge are barreling down the information highway, but they are not arriving at the doorsteps of our patients.”

These thoughts are echoed by physicians who have researched this issue as well, such as William Shankle, MD, Professor, University of California, Irvine. He states, "Most doctors are prac- ticing between 10 and 20 years behind the available medical literature and continue to practice what they learned in medical school... There is a breakdown in the transfer of information from the research to the overwhelming majority of practicing physicians. Doctors do not seek to implement new treatments that are supported in the literature or change treatments that are not.”

The Dean of Stanford University School of Medicine understands that there is a prob- lem of doctors not seeking out and translating new information to benefit their patients. He states that in the absence of translational medicine, “the delivery of medical care would remain stagnant and unin- formed by the tremendous progress taking place in bio- medical science.”

This concern has also received significant publicity in the mainstream media. In an article published in a 2003 Wall Street Journal article entitled "Too Many Patients Never Reap the Benefits of Great Research," Sidney Smith, MD, former President of the American Heart Association, is very critical of physicians for not seeking out available infor- mation and applying that infor- mation to their patients. He states that doctors feel the best medicine is what they’ve been doing and thinking for years - because that is what they’ve been doing. They discount new research because it is not what they have previously been taught and don't change change treatment philosophies as new information becomes available.

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Why…"count’ on pg 13

"A physician shall continue to study, apply, and advance scientific and clinical knowledge, make relevant information available to patients, and the public.”
Personality and Character Flaws Caused by Infections and Inflammation:

Lyme, Bartonella, Babesia, Biotoxins, Indoor Mold and Inflammation Routinely Alter Mood and Relationships

by Dr. James Schaller, MD

Do you see any of these in yourself or others in your life?
* Moody and irritable
* Rigidity
* Impulsivity
*Poor boundary awareness
* New distractibility
* Routine lateness
* Acting unwisely with money, drinking, drugs, sex or speech content
* Decreased speech speed and smoothness
* Decreased coordination
* Stress with transitions or change
* Routine lateness
* Empathic deficits
* Social group-think perception deficits
* New distractibility
* Poor boundary awareness

All of these behaviors, mood problems and cognitive troubles listed above were found in seven patients whose blood imagery is below. None of the physicians who treated them diagnosed their Bartonella and Babesia-perhaps because these are newly appreciated emerging infections are best visualized with a new specialized blood stain.

They missed the infections in the two images above and did not report the Babesia or Bartonella on a manual blood smear, and they also missed these two infections and Lyme in tests for antibodies against each of these infections.

As I reflect on this physician’s extreme rigidity, unreasonable behavior and routine false negative results in patients with obvious Lyme disease, I realized something was cognitively wrong with him. Upon reflection, I realized when I talked with him for over thirty minutes that I observed many personality, character and neurological flaws; then I realized I had many patients with similar flaws. Many of my patients had very subtle, pathological person-ality signs, not merely obvious bull’s-eye rashes. So I began testing for all major tick-borne infections whenever I noticed any small personality abnormalities, cognitive changes or emotional troubles-things commonly missed by relatives, friends and physicians, and which were called “character troubles.”

I believe the most common symptoms of Bartonella, Babesia, Lyme, indoor mold and biotoxins are small emotional and personality changes.

The laboratory is CLIA-certified, inspected by the Department of Health and Human Services for Medicare testing, and is also licensed in those states with special requirements (California, Florida, Maryland, New York, and Pennsylvania).

Welcome to IGeneX!

www.igenex.com
“Personality & Infection”...cont’d from pg 8

**Personality** and **Infection**

Personality is often thought to be a stable characteristic of an individual, but recent research suggests that it can be significantly influenced by various infections and neurobiological processes. Some infections can alter brain function, personality traits, and behavior in profound ways, sometimes leading to conditions that were previously unexplained.

**Clinical Laboratory**

Samples of Bartonella Attached to the Outside of Blood Cells

Bartonella is a bacteria that can cause long-term, chronic infections, often referred to as “stealth infections.” These infections can be difficult to diagnose, as they may not present with typical symptoms. Bartonella has been linked to a variety of neurological and psychiatric conditions, including cognitive impairment and depression.

**Sample**

After treatment, she slowly had a SPECT scan done by IGeneX, had a numbness in feet and hands, and was diagnosed with Lyme. Her blood tests came back positive for Lyme and Bartonella, and had a SPECT scan done by IGeneX.

**Impairment**

Impairment can be seen in a variety of ways, from mild restlessness to severe neurological problems. These infections can cause significant biotoxins, which alters brain function, and can lead to cognitive impairment. The brain inflammation can be severe, and can cause significant behavior changes, personality disorders, and neurological impairments.

**Partnership**

A partnership between a physician and patient is crucial in managing these infections. Early detection and treatment are key to preventing long-term damage. Patients should be encouraged to seek medical help if they suspect they may have been exposed to these infections, and to follow up with their healthcare provider to monitor their progress.

**Conclusion**

In summary, infections can have a profound impact on personality and behavior. Early detection and treatment are crucial to preventing long-term damage. It is important for patients to seek medical help if they suspect they have been exposed to these infections, and to follow up with their healthcare provider to monitor their progress.
The Top 10 Lyme Disease Treatments
Defeat Lyme Disease with the Best of Conventional and Alternative Medicine

By Bryan Rosner
Foreword by James Schaller, M.D.

New Lyme disease treatments are desperately needed. This book provides them. In the book you will learn about the following 10 cutting-edge conventional and alternative Lyme treatments.

The 5 Core Treatment Protocols:
1. The Antibiotic Rotation Protocol
2. The Marshall Protocol
3. The Salt / Vitamin C Protocol
4. Detoxification
5. Electromedicine (Rife Therapy)

The 5 Supportive Supplements:
1. Systemic Enzymes
2. Mangosteen
3. Lithium Orotate
4. Co-enzyme Q10
5. Magnesium

An easy & painless detox at home
A pain killer with low addiction risk
Transition off any pain medication in 24-72 hours
Does NOT require in-patient treatment

Having had access to the final drafts and being acknowledged for some technical assistance in finalizing the text, I have no hesitation in recommending this book to anyone interested in obtaining a concise guide to Suboxone. Suboxone (Buprenorphine-Naloxone) is THE major advance in the treatment of opiate/pain medication dependence/addiction in the last 30 years, and this book is an excellent explanation of the what, why, when and how it should be used. This book is useful to anyone who is interested in using Suboxone as a consumer, or prescribing physician, or learning about the details of this drug's use. If you have a heroin, opiate or pain pill problem, or know someone who has, buy this book to get an informed and concise reference to the most promising treatment for opiate dependence, a highly disabling, dangerous, and potentially fatal illness. This book could save your life.

Michael F. Sheehan MD, Board Certified Addiction Psychiatrist
CALLEING ALL TEXAS LYME PATIENTS AND CAREGIVERS!

STAND UP FOR LYME (SUFL) invites you to join our email list to receive news of advocacy activities and events promoting awareness of and solutions to issues faced by Texas patients.

To join the list, go to www.standupforlyme.org and click the “Contact Us” link in the left hand side menu bar. Then have a look around the site to learn more about Lyme in Texas and the nation.

SUFL has been busy cultivating important state legislative supporters to develop a strategy which will lead to protection of our Lyme Specialists, and our work continues.

We are planning important future events for all to participate in. Please join the SUFL list for news and coming announcements with all the details!

Working together we can make Texas a leadership state for quality care of those suffering from Lyme and associated vector-borne diseases.

Join us!
The STAND UP FOR LYME Team

www.standupforlyme.org

“Book Review”...cont’d from pg 15

the whole human race. The information it contains is key to the survival of our species. We desperately need to return to a simpler way of life which includes families and communities producing their own foods. Of course in the cities this is not entirely possible, but we need to begin somewhere.

Support your local farmers and encourage them to produce their food in the most natural way possible. This will be a major step in taking back the control and safety of our food supply.

We must begin now to avoid the restrictive laws (under the guise of protection) which are traveling towards us, down the road, at an ever increasing speed.  

For more information, please visit the Price Pottenger Nutrition Foundation at www.ppnf.org

Tickfloods

BRILLIANT DIAGNOSIS MOMENT

by Terri Reiser

YEP THAT THA’ S A BULLSEYE "YEP THAT THA’ S A BULLSEYE" 

WildCon’dor’s World

Lyme Disease Information & Links

laura@wildcondor.org

Texas Lyme Disease Association

www.txlda.org

All donations are tax exempt. Donate online with PayPal: donations@txlda.org
Lyme disease sufferers' connection to the world runs through the wires of their computer. They work as colleagues or the homes of these people through Internet connections to interest them in the Lyme-Walk event.

Because Lyme disease sucks away brain cells and financial resources I needed something easy and free to involve Lyme-suffering cyberspace friends.

In a LymeNet (www.lymernet.org) message I asked for "paper participants." I asked people affected by--Lyme disease--"who can't walk to the mailbox let alone run in an event."--to send in their name to me.

I promised each name sent to me would be written in a Lyme-green paper circle along with the county and state of each paper participant. Name circles would be physically carried on the Forest Lake trail by people walking and running in the event.

Names trickled in. My posting directions were poor, and I realized I was not clearly considering my original message. My thoughts of the Lyme-Walk participants centered on people visibly crippled by Lyme disease but I realized the illness cripples in other ways.

I enlarged the circle of Lyme by writing a reply to my own posting: "You don't have to be in a wheelchair or walk with a cane. Maybe you can't drive a car any more, or you can't return to the job you had before Lyme, or you were sick in bed with Lyme but you're better now. You count too!"

Names filled my email. I wrote back to every sender.

Later, in response to the email plea for more names sent by a friend who strayed from my original message, people sent in names of family members who didn't have Lyme disease but were affected by the sickness of one family member.

Lyme disease support group leaders began collecting names for me. I fell behind in my email responses and struggled to write every name in a new paper circle.

When names poured in from thirty-two states, Canadian provinces, and England, the circle of Lyme disease victims came in from all over the country and were worn on the skirts of the race participants.

They let me know they would be walking or running in Minnesota for their loved one if they could. Another consideration: The circle of Lyme disease expanded outward.

I wrote of whole families infected--with Borrelia burgdorferi--the Lyme-disease-carrying bacteria, of job loss, lost family connections, and friends, of financial devastation, and misdiagnoses.

One Wisconsin woman, Mary Jean, had been misdiagnosed with Multiple Sclerosis for twenty-five years before she learned she has late-stage Lyme disease. I asked her name for myself. Her husband also has Lyme disease. I took his name too.

As I pinned and stapled paper, acknowledging at least for a moment the pain of a person suffering from Lyme disease.

When the walkers and runners were gone and it was time to tear down tents and pack away tables and chairs, Jill's husband held out a bouquet to me: "Thank you for doing that with the names. It made this more than what was here; it was a spiritual event."

In the past I have written to the Wall Street Journal and other prominent newspapers that the problem of addiction is greater than ever and something needs to be done. People need help.

But in this event, it was easy for me to say yes to people who wanted to help others. It was easy for me to say yes to the people who wanted to help others.

One thing to stop the problem. Some officials deny that Cheese is a growing trend, and there isn't much information available to kids about why it's dangerous, or how they could die on their first use of the drug. One Dallas News station reported that some drug pushers are adding Nestle's Strawberry drink mix into the Cheese in order to have a younger crowd with "strawberry flavored Cheese."Cheese is not an original drug mix, though. Last year there was a scare with Pepto Bismol mixed with liquidesta-

"It is a growing problem. It is a growing problem. We need to do something about it."

Further, on how and who can help.

"I can now work again! I told my doctor & my support group friends!"

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Not a substitution for professional medical care.
Most physicians will satisfy their required amount of continuing medical education (CME) by going to a conference a year, usually at a highly desirable location such as the Maldives, golf, boating, etc. A physician is rarely monitored as to whether he or she actually showed up for the lectures.

Thexton’s office appears to be rushing the Hoffmann case, delivering the means of mounting a legal defense. Hoffmann’s clinic is the last privately-owned means of treating chronic Lyme disease, and are going to lose their license because of this,” said Thexton. “I wish to make clear that this is not the reason for this investigation. This investigation was possible because of your marketing of controlling substances. It had nothing to do with Lyme disease,” wrote Thexton, contrary to Hoffmann’s statements. The issue of course, is not what caused the investigation to be opened, but what is motivating Thexton to continue the case, given Thexton’s own words to Dr. Hoffmann about Lyme disease treatment and treatment methods which follow a “respectable school of medical thought.” Hoffmann’s patients are speculating as to what that “respectable school of medical thought” might be, as Thexton has previously been connected to “Quackbuster” Stephen Barrett, and Robert Baratz through DLRS cases against Wisconsin Physicians Eleanore Kadile (Green Bay), Richard (Rick) Vander Heyden DDS (Green Bay) and Stuart Suster, MD (Milwaukee). Stephen Baratz operates the web site, Quackwatch.com, where Infectious Disease Society of America (IDSA) associate Edward McGrew posts a Lyme disease web page criticizing [ILADS] Lyme treatment guidelines. Hoffmann follows ILLADS treatment recommendations, which are contrary to the IDSA treatment guidelines under investigation.

Thexton states that the financial sponsor of the study, the International Lyme and Associated Diseases Society (ILADS), a group of Lyme-treating physicians with diverse backgrounds, whose guidelines, both researched and clinically-proven as beneficial, have saved the lives of countless Lyme patients according to recent research. Americans arediagnoised with Lyme disease at a rate of about 100,000 a year. Thexton states that the most important determinate of the outcome of the study is who paid for it. An analysis in the Archives of Internal Medicine states that it is “not the spon-

References
2. William Shankle, MD. Key Note Presentation. International Conference on the
9. California Assembly Bill Number: AB 592 Amended Bill Text; Amended in Assembly April 22, 2002 An act to amend Section 2234.1 of the Business and Professions Code, relating to
healing arts.
10. The Principals of Medical adoption of the American Medical Association in 1980.

Note: This information has not been evaluated by the FDA. It is not intended to prevent, diagnose, treat, or cure any illness, condition, or disease. It is very important that you make no change in your healthcare plan or regimen without researching and discussing it in collaboration with your professional healthcare team.

Dr. Kent Holthur, MD, is Medical Director of the Hoffman Medical Group Center for Hormone Imbalance, Hypothyroidism, and Fatigue in Torrance, California.* He specializes in treating CFS and FM patients.

“Lyme Doc”...cont’d from pg 1

“Lyme Doc”...cont’d from pg 1

Public Health Alert

FEATURES

“Why”...cont’d from pg 7

and advance scientific knowledge, make relevant information available to patients, colleagues, and the public.”10 The system of medicine in America fosters this thinking, as the worst physicians are financially rewarded by insurance companies. The best physicians are rarely monitored as to whether they are providing cutting edge treatments and superior care that the insurance compa-

Public Health Alert

www.publichealthalert.org

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Proceed to bed and in some cases before your session. Make a list of all the medications that you are taking, and make sure you give them to the technician before your sessions. There are several absolute rules which patients must follow during HBOT. Smoking is not compat-
ible with HBOT. Once HBOT has been prescribed, patients should stop the use of tobacco in any form until therapy is complete. This “no smoking” rule applies to cigarettes, pipe tobacco, and cigars, as well as chewing tobacco and snuff. If a person just cannot stop the use of tobacco, HBOT will not be effective. Cosmetics such as hair spray, nail polish, perfume, or shaving lotion containing petroleum, alcohol or oil base are not allowed while in the hyperbaric chamber. However, those products may be reap-
plied after each treatment. It is important to discuss all skin care products with the HBOT technician so they may assure safety. All patients are provided with 100% cotton scrubs to wear during treatment. No articles containing nylon or poly-
ester can be worn in the cham-
ber. Watches and other jewelry, dentures, contact lenses and other prosthetic devices will also need to be removed before treatment. No titanium glasses, heating patches or dressings that have not been approved by the technician are permitted during treatment. No battery operated items are ever allowed in the chamber. All medical records, prescription drugs, over the counter drugs, vita-
mins, and herbs are carefully reviewed for any contraindica-
tions. Additional tests may be ordered as a such as a chest x-ray, pulmonary function testing, examination of ear drums, pres-
scriptions for sinus issues, etc. All patients should be exam-
ined by their physician, and patients will attend an orienta-
tion session with a Certified Hyperbaric Technician (CHT) or RN in the chamber.

What are the risks of a HBO dive?

Hyperbaric therapy is generally safe and well toler-
ated. Most side effects are mild and reversible, although severe consequences can occur in rare cases. There are risks associat-
ed with HBOT, similar to some diving disorders. Pressure changes can cause a “squeeze” or barotrauma in the tissues surrounding trapped air inside the body, such as the lungs, behind the eardrum, inside para-nasal sinuses, or even trapped underneath dental fill-
ings. This is why a complete physical is essential to mini-
imize these risks. Middle ear barotrauma is the most common side effect of HBOT. It is prevented in most patients by teaching the auto-
inflation maneuver or by use of tympanometry tubes for those who need it. However, this rarely is a prob-

well defined for continuous exposures in normal people. Pulmonary symptoms are not produced by daily exposures to oxygen at 2.0 or 2.4 ATA for 2.0 or 1.5 hours respectively. The incidence of oxygen con-
vulsions when using similar exposures is about 1 per 1,000 patient therapies. Even when oxygen convulsions do occur, there are no residual effects if mechanical trauma can be avoided. Although rare, one of the risks of HBOT is oxygen toxicity which is treatable by removing the oxygen. It is common to take a five minute “air break” to avoid oxygen toxicity and breathing compressed air through a spe-
cial mask inside the chamber. Pulmonary barotrauma during decompression may rarely occur. Patients with airway obstruction have an increased risk for pulmonary barotrauma during decompression. Patients must be cautioned against breath holding during decom-
pression. All patients should attend a private orientation ses-
tion accompanied by a CHT or a R.N.

What happens if you feel claustrophobic?

Reassurance, emotional support and entertainment go a long way in preventing confine-
ment anxiety. In some cases, a mild sedative may be required. If you still have anxiety during the treatment, your technician can safely and gradually bring you up from pressure depth. Each chamber is equipped with a telephone system, so your technician can hear you and talk to you while you are undergoing treatment. There is always a technician by your side monitoring you.

Can you bring books, food, or CD’s in the chamber with you?

Many centers will allow you to bring items into a multi-
ple chamber. However, the Undersea and Hyperbaric Medical Society (UHMS) that governs hyperbaric medicine

Will you herx from HBOT?

Most Lyme patients do experience some form of a Jarisch-Herxheimer reaction during HBOT. It has been noted anecdotally that a few divers have had “reactions” seemingly out of nowhere and later went on to test positive for Lyme. I can not tell you what the mechan-
anism of action is however. It appears to be a herx brought on by the pressure. Also, some people respond to the oxygen immediately. Others do not herx for several days afterward. It is not unusual in either case. You should start to see herx reactions within the first ten sessions. Some herx immediately and it is not uncommon to herx while in the chamber. You should see gains by forty ses-
tions and in order to maintain those you should do a mainte-
nance session at least once every 4-6 weeks. A Herxheimer reaction occurs when the Lyme bacteria are killed off quickly, and the body suddenly has to deal with a tremendous amount of toxins. The higher the amount of toxins, the stronger the herxheimer reaction will be. The Herxheimer reaction can be used as a clue to help clini-
cally diagnose the presence of Borrella Burgdorferi.

Are there any contraindica-
tions?

Some commonly used medications may potentiate side effects from HBOT. They must be limited or substituted with another drug. These include: high doses of aspirin and pred-
nisone (or similar cortisone type drugs), and morphine, or alcohol within 8 hours of treat-
ment. Some of the drugs that are contraindicated with HBOT are Doxoxonin (Atridiumycin), Bleomycin, Cis-platinum, Disulfiram (Antabus), and Insulin. HBOT can lower blood sugar, and so any hypoglycemic patients require blood monitoring and proper diet. Empysema with CO2 Retention (COPD) is con-	raindicated. Pregnant women are not advised to undergo HBOT unless it is an emer-
gency situation. Patients with

Photo printed with permission from Seachrist /Lyme.pdf.
A Book Review of Nutrition and Physical Degeneration

By Weston A. Price, D.S.

by Marjorie Tietjen

Weston Price, a dentist, traveled around the world in the 1920s and 30s comparing the diets of remote indigenous groups to those who live in more civilized areas. Because Dr. Price was a dentist, he focused much of his attention on the tooth structure. However, he also observed disease susceptibility in these populations. He studied the natural foods of different cultures and observed the natural diet of the native people in those areas. He found that eating their native pure diets to those who had been raised on Westernized, highly refined diet, caused heart disease and sometimes heart failure. In recent years we have been conditioned to believe that meat and other animal products are fatty and unhealthy and that the natural diet causes heart attacks. Weston Price shares his findings with us, from first hand observation, for he has travelled the world and it is our experience that what Price observes and concludes is true. Here is an interesting quote from page 79 of the book: "In some villages near our camp were some of the neighboring Ethnic are agriculturists and grew corn, beans, squash, and potatoes. We found the milk from their Kafir cow, and other grains, as their chief articles of food. Physically they are not as well built as others tribes using dairy products literally or those using fish from the fresh water streams. They have been dominated because they possess less courage and resourcefulness."

The foods we choose to eat, and the manner in which we prepare them, directly determine our health. And even diets and advice from our supposed experts in the field of nutrition are often wrong. Often monetary gain. As a result we are in a constant of confusion, perplexed as to which recommendations to follow. No one could be certain then, what is the right diet, thus the opposite will be presented to us as fact. Everything is conditioned to us. I have often wondered why animals in the wild, know just how to keep themselves healthy and strong, yet modern humans seem to know nothing or are conditioned to the wrong advice. Occasionally, modest sounds, sunlight or people talk about the benefits of home grown vegetables. Often their children speak simultaneously, it seems to cut with him an invisible knife. So he yells at them. He is very hostile at the time. Occasionally, modest sounds, sunlight or people talk about the benefits of home grown vegetables. Often their children speak simultaneously, it seems to cut with him an invisible knife. So he yells at them. He is very hostile at the time. He seems to think in caricatures. People are smart or stupid, mature or childish, good or bad, mature or childish, grow flowers beds. She also is an exceptional dog breeder. Over the past years she has become less smart. She might think it is a quip, but by the time she with us, from first hand observation.

“Personality & Infection”...cool pdg 9 years ago. After full treatment for the Bartonella and the Lyme, she is finding it easier to think of her marriage as having a new lease on life. She is no longer stuck on problems from many years ago.

Excess Irritability

Tom has slowly become more hostile over the last fifteen years. He scares his wife for the last four months. He had been basically revved up, but not in a good way. He used to be short on patience; it seems to cut with him an invisible knife. So he yells at them. He is very hostile at the time. He seems to think in caricatures. People are smart or stupid, mature or childish, good or bad, mature or childish, grow flowers beds. She also is an exceptional dog breeder. Over the past years she has become less smart. She might think it is a quip, but by the time she with us, from first hand observation.

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“Personality & Infection”...cool pdg 9 years ago. After full treatment for the Bartonella and the Lyme, she is finding it easier to think of her marriage as having a new lease on life. She is no longer stuck on problems from many years ago.
If you would, please comment on the current testing available for Lyme disease. The current testing is helpful but not definitive - you can have false positives and negatives.

What is your opinion of the ILADS versus the IDSA’s guidelines issue?

Both sets of guidelines have limitations. The IDSA guidelines do an excellent job of summarizing acute and early-disseminated Lyme disease. In the chronic Lyme disease domain, they don’t summarize the current literature very clearly or very well. So I don’t think the guidelines are that helpful for chronic Lyme disease. ILADS, their main focus is on chronic Lyme disease and so they have a different treatment approach that involves longer courses of antibiotics. They did a nice job of summarizing what’s known about chronic Lyme disease in their guidelines. But, the problem with their guidelines is that there is really no clear endpoint of treatment, except for antibiotics until two months after all symptoms are resolved. That could imply that a person with relapsing, remitting symptoms should be on antibiotics until all of those stop and that sort of ignores the reasonable possibility that a number of patients have post infection problems that aren’t related to active infection.

Is Lyme disease, in your opinion, sexually transmitted?

Not that I know of. Do you think the new center may consider doing a research study on the possibility of sexually transmitted Lyme disease?

It wouldn’t be that hard to do a study on that. It’s not going to be one of our primary aims because if it were sexually transmitted, how would it be sexually transmitted? From blood (most time there’s not blood involved in sexual intercourse), presumably by semen (which is something someone suggested in the past), so that could be studied. I just don’t think it’s the case, so it’s not going to be high on my list of priorities.

Does DNA or genetic makeup determine the severity of Lyme disease in a person?

That’s a very important question. I think that gets to the heart of one of the areas that are important in studying Lyme disease, which is what’s going on in the genetic profile of these patients who have developed chronic, persistent symptoms. Why is it some patients get a much more protracted and difficult course and others have a much better response? Maybe their own immune system fights it off even without antibiotics. Clearly this very ability of the host response to the pathogen, and that has to be determined by the person’s genetic profile, and we have on our advisory board (Dr.) Claire Fraser, the scientist who mapped out the Borrelia Genome, one of the top people in the world on Borrelia genetics. We have (Dr.) Robert Winchester who is one of the world experts on autoimmunity and major histocompatibility complexes, genetic profiles that may predispose to chronic diseases. He actually did some of the early work on Lyme arthritis. So we have some top-notch people who I am going to ask to take a look at that question.

Do you have anything else you would like to add?

I think that the establishment of a center like this is basically a tribute to what patients, families, and concerned friends can do when they put their minds to it. It was a lot of work and it required years and years of fund raising, but they’ve done it. There’s more work to be done and more fund raising that needs to be done, but certainly the drive and intelligence and the creativity of those people has been magnificent and it’s a very hopeful sign for research in general that the public can play a major role in helping to shape research.

Brian A. Fallon, M.D., MPH, is the director of the Lyme & Tick-Borne Diseases Research Center at Columbia University. He is a graduate of Harvard College, obtained his medical degree from the University College of Physicians and Surgeons, and holds a master’s degree in health epidemiology from Columbia University.
control experts say is a legal gray zone, sketching the edges of an international treaty outlawing the production and use of small amounts of biological weapons," The Post reported. The newspaper added that: "The administration denies these concerns, however, insisting that the [biotech research] ... is purely defensive and thus fully legal. It has rejected calls for oversight by independent observers outside the [Homeland Security] Department's network of gov- ernment scientists and contrac-
tors." The Washington Post quoted University of Maryland weapons-expert Milton Leitenberg as saying: "If we were to publicly disclose which research, we would view it as an infringement of the bio-
weapons treaty we can't go around the world yelling about Iraqi and North Korean pro-
gress - about which we know very little - when we've got all this going on." The Post also reported the new Fort Detrick bio-
defense analysis center would encompass almost 14,861 gross square feet (169,000 square feet) of working area and accommodate a staff of about 120. The Post noted, "Fort Detrick's history as the incuba-
tor of germ warfare research casts a long shadow over the new lab. When the fort held the Pequot, a huge high-security biol-
ified and long-abandoned bio-
logical weapon program, it was a model for developing agents for the Viet-
Nam War era."

In such labs, scientists can create new strains of dis-
ease for which those attacked would have no ready defense. Bio-weapons, once lost, are notoriously difficult to control, and could ignite epidemics to wipe out targeted popula-
tions. Hammond believes there are about 400 bio-weapons agents across the US, some of which encounter unexpected difficulty when trying to com-
ply with the law. Hammond, NJ Public Health Research Institute (PHRI) president David Perlin, told USA Today: "We didn't ask PHRI to enter into an agreement with them so as "not to" publicly disclose which specific select agent pathogens ... or strains are stored at our fac-
tility." Those who tend to dismi-
iss NIH's laxity about enforc-
ing its own regulations only to recall the Anthrax attacks on Congress and the media in October, 2001. The deadly strain then released is believed to have come from a US germ warfare lab at Fort Detrick, although there is no certainty that the NIH has never disclosed any information about the attacks. Since then, the vast proliferation of such labs by the bio-industry has enhanced the risk for many new employees - in some cases undergraduate students - in germ warfare operations. As a grim corollary of such research, four employees at Fort Detrick are known to have died after performing biotech lab work.

"Germ Warfare Research"...cont'd from pg 5

Those who tend to dismiss NIH's laxity about enforcing its own regulations have only to recall the Anthrax attacks on Congress and the media in October, 2001. The deadly strain then released is believed to have come from a US germ warfare lab at Fort Detrick, although there is no certainty as the FBI has never discovered who was behind the attacks.

Pharmaceutical houses contracting NIH biotech disclosure requirements

Abbot Laboratories of Abbott Park and Worchester; Agncourt Biotechnology Corp.; Amgen; Aventis; Biologics of St. Louis; Bioresearch, Inc.; Bio/Path, Inc.; BrightGene Biosciences of San Francisco, New York, and Chicago with no earnings to the public or regard for the health consequences, Biotechnology Week reports. The Pentagon even sprayed naval warships to test the impact of germ warfare on US sailors. And even deadlier cock-
tails were secretly provided to the Saddam Hussein govern-
ment for his war of aggression against Iraq. Washington denied the allegations, but as Robert Fisk reported December 31 of last year in the British paper The Independent, "prior to 1985 and afterwards, US companies had sent government-approved shipments of biological agents to Iraq," including Anthrax.

Fisk gives the following eye-witness account of what he had seen then on a military hospital train carrying stricken men from Basra to Tehran: "I found hun-
dreds of Iranian soldiers coughing blood and mucus from their lungs - the very cartidges stuffed so much gas that I had to open the windows- and their arms and faces were covered with boils." Fisk adds that, "Later, new bodies of slain appeared on top of [that Iranian soldiers'] origi-
nal bodies. Many were fearfully burned. These same gases were later used against the Kurds of Halabjah."

Thus, the Reagan administration, which escalated germ warfare research and allowed the deployment of pathogens to Saddam, took its place in the dark annals of military history. The administration of George H. W. Bush, Mussolini's, whose aviators dumped mustard gas on the Ottoman Empire and Japan under Emperor Hirohito, whose Imperial Army's germ warfare agents killed thousands of Chinese civilians. Because of their com-
parative cheapness to massifie-

Biotitech Century, noted a gov-
ernment study in 1993 found "the release of [only] 91 kilo-
grams [just over 200 pounds] of Anthrax spores from a plane over Washington DC could kill as many as three million peo-
ple."

The secret operations of the labs' would be less ominous if the Bush administration hadn't led the fight to demolish the international inspection system. As Striont, Robert A.; Blum, William; and Carlisle, Dr. John N. write in the journal Biosecurity and Bioterrorism: "In an attempt to comply with the inspection requirements of the Biological Weapons Convention, a system that would have made great strides toward ensuring that bio-defense labs

aren't abused for offensive pur-
poses, the Bush administration went on to allow "having thumbed our nose at the world, the US is now mas-
Sion of a bio-defense program, mostly in secretive facilities."

According to Boyle, author of Bio warfare and Terrorism, President Bush "sub-
tracted the Verification Protocol for the BWC" when it was on the verge of conclusion and success. He also said the US

"fully intended to get back into the research, development, and testing of illegal and offensive chemical warfare pro-
grams." And Eliza Harris, for-
mer arms control offi-
cial under US President Bill Clinton, told The New York Times in 2003: "[The Superpower's actions] will raise concerns in other cap-
itals in particular because the US has fought tooth and nail to prevent the interna-
tional community from strengthening these kinds of measures."

Returning to Hammond, Sunshine's operative said there has yet to be any offi-
cial NIH response to his letter of last November, adding he doubted if, "I will ever get a reply."

The NIH was also asked to respond to the charges tained in this article but has so far declined to do so.

University Universities contracting NIH biotech disclosure requirements

Alabama A&M; Albany Medical College; Ball State; Brigham Young; Bucknell; Central Michigan University; Cornell College of Medicine; Hackensack University Medical Center; Idaho State University; Purdue University; Loma Linda; Missouri State; New York Medical College; Queens College of City University of New York; Rider; Rockefeller University; Rosalind Franklin University of Medicine and Science; South Dakota State University; St. John's University; State University of New York; Brockport; Buffalo; Towson; Robert Johnson Wood Medical School; Texas A&M University; University of Northern Colorado; University of California at San Francisco; Maryland; Massachusetts; Mississippi; Puerto Rico; Rhode Island; Southern Mississippi; Texas at Arlington and San Antonio; Utah State; Wake Forest; University of Western Kentucky; Wilkes; University of Sydney; Australia; University of British Columbia; University of Wisconsin; University of Witwatersrand; Johannesburg; South Africa;

These listings consist over all of the containing entities nationalities in the Homeland Project to the NIH.

Sherwood Ross is an American reporter and columnist. You can reach him at: sherwoodr1@yahoo.com.
Gay Butler
Midlothian, Texas

Delicia Gay Pevytoe-Butler, of Midlothian, Texas, went to be with her heavenly Father on Wednesday, May 2, 2007, at the age of 48. Gay fought a good battle to defeat Lyme disease and ALS, also known as Lou Gehrig’s disease. The funeral was held at the Cowboy Church of Ellis County and buried at Little Bethel Memorial Park in Duncanville.

Gay was born July 27, 1958, in Dallas, the beloved daughter of Leroy and Frances Pevytoe. She was an “Oak Cliff” girl, graduating from Sunset High School in 1976. Gay’s heart was broken when she lost her sweet girl, Maggie, but Maggie is now in her arms once again.

Survivors include her husband of 16 years, Wes Butler; her son, Jordan Hansen, who was her pride and joy, stepson, Bradley Butler and his wife, Kelley; sister, Kelly McCaskill and her husband, Pat; and nieces and nephews Sam and Matt McCaskill and Nicholas Vela; brother, Jeff Pevytoe and his wife, Liz, and nieces; grand- mother, Lillie May Farmer; mother- and father-in-law, Pat and Jo Beth Butler; sister-in-law, Brenda and Darrell Hobbs and Debbie and David Simonson; brother-in-law, James Butler; many aunts, uncles, cousins, nieces and nephews; and her beloved pets, Babie, Annie and her donkeys, Jennie, Jesus, Applejack and Rowdy.

Gay was a member of the DFW Lyme disease support group. She began attending the meetings in November 2005 after receiving her Lyme diagnosis.

Karen J. Rose
Dallas, Texas

On April 18, 2007, LymeInfo.net email list moderator Rose passed away unexpectedly at the age of 59. Rose had been a chronic Lyme patient and advocate for many years. She was a beautiful, compassionate, loving and supportive person. Rose was also a beautiful singer, and she also enjoyed karaoke very much.

Karen J. “Rose” Rose served as LymeInfo moderator from 2002-2007. She had been previously known around the Lyme community for her postings on various Lyme email groups. All who knew her knew she was very warm, kind and dedicated. In joining LymeInfo, she was eager to make sure that the information needs of all Lyme patients were met. We all learned so much as a result of her energy and commitment.

Rose was a good friend and will be missed dearly.

Rose had written, “For those of you who don’t already know me, let me offer a little background explanation. I had never heard of Lyme disease until my ‘official’ diagnosis, and subsequent disability, in April 1995. However, my confusing, complex, and well-documented medical history strongly indicates that my Lyme infection occurred in 1958. My husband, James Martin was diagnosed a year later, and is also disabled from chronic, late-stage Lyme. His medical history also points to early-childhood infection. Since our dual-diagnoses, James and I have dedicated our time and energy to Lyme research, education, and advocacy, and have been involved with a number of online Lyme support groups. We’ve met a lot of wonderful people along the way...too many people whose lives have been devastated by Lyme.”

Karen J. “Rose” Rose was a woman of strong faith who was loved by so many. She left behind her husband, James and beloved children Marc, Shelli and Amy.

PHA Remembers Those Who Fought a Valiant Fight

Due to the excruciating pain, so my husband did most of the walking and held up the posters most of the time. I had to sit on the stairs to light the torch, but we did it!!

Then we began the Road Trip to Arizona. It was very difficult for both of us. I couldn’t help Jose drive because of the pain in my back and leg. He drove for hours and hours without falling asleep and helped me in and out of the van at the rest areas! We drove for three days from Atlanta through Alabama, Mississippi, Tennessee, Arkansas, Oklahoma, Texas, New Mexico and Arizona. We arrived home to Mesa on Wednesday, May 16th at 5:30 p.m. The trip turned out to be 1,870 miles and we kept the torch lit the entire way!

Even though the Road Trip was difficult for us, Jose and I appreciate the opportunity we had to visit our friends and Lyme advocates and turn our trip into an important benefit fundraiser to help Lyme patients and physicians. Our lives have changed drastically over the past five years since I became ill with chronic Lyme disease. Jose has had other health problems for many years. We are thankful that God has provided this opportunity to us to be able to serve others through our afflictions. We believe that the trials we experience in this life need to be utilized to benefit God’s children. We pray that the 2007 Lyme Disease Patient/Physician Benefit Road Trip will inspire other people to give of their time and means to help Lyme patients and physicians.

We are very, very grateful to the patients and advocates who have donated to L.E.A.P. Seventy percent of all Road Trip pledges received will be used for treatment of patients who have applied for financial assistance. Fifteen percent will be donated to Dr. Jones and fifteen percent will be donated to Dr. Jensen for their legal defense.

We will continue to accept donations for the 2007 Lyme Disease Patient/Physician Benefit Road Trip for the remainder of this year. If you are reading this article, please find it in your heart to give a little. We need every person to donate at least half a penny per mile, or $.90. If you are able to donate more, please do so. Treatment is so costly. Please reach out to those suffering with Lyme disease. Each small donation will really add up, and we will be able to significantly help a few patients pay for their much-needed treatment. Financial assistance is not limited to patients in Arizona; L.E.A.P. provides assistance to patients across the United States.

L.E.A.P. Arizona is a 501(c)(3) non-profit, public charity. Your donations are tax-deductible. To donate through PayPal, visit the homepage of our website at www.leaparizona.org. To donate by mail, send donations to L.E.A.P. Arizona, P.O. Box 2654, Mesa, Arizona 85214-2654.

“Road Trip”...cont’d from pg 5

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L.E.A.P. Arizona is a 501(c)(3) non-profit, public charity. Your donations are tax-deductible. To donate through PayPal, visit the homepage of our website at www.leaparizona.org. To donate by mail, send donations to L.E.A.P. Arizona, P.O. Box 2654, Mesa, Arizona 85214-2654.
Medical Perspectives

Blood Donation Can Save Lives... Or Destroy Them.

Lyme Disease is the fastest growing 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.

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Never donate your organs.

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