President Bush's Lyme Diagnosis Raises New Awareness for the Disease

by Dawn Irons

The White House recently disclosed that President Bush was diagnosed and treated for Lyme disease in 2000 when he was a presidential candidate. This comes at a time when the national debate over the diagnosis and treatment of Lyme disease is at the center of controversy within the medical community. The details concerning the treatment protocol that were used to treat President Bush have not been released to the public as the White House cited doctor-patient privilege. This type of omission was not used in many of the other medical reports that were released to the public. There was great detail given about the coelomocyne and polyphs that were removed from the President's colon, but no information whatsoever was given to show exactly how the medicine was used. The President was treated for Lyme disease.

Lyme disease is primarily a tick-borne illness, but many health agencies have also identified the bacteria in other vectors such as mosquitos, flies, fleas, and ticks. President Bush has spent much time at Camp David riding his bicycle on the trails. He is said to have had numerous ticks bite throughout his life. The President is also well known for doing his own chores at his home in Crawford, Texas. He often clears his own brush on his land at the wooded ranch. He spent most of August 2006 at the Crawford ranch when he was diagnosed with Lyme disease by a Dallas physician. Although it is unknown exactly when and where Bush was infected, he believes it to be while he was at Camp David riding the trails and he further believes it was discovered while he was in Texas.

There is an abundance of mis-information in the media regarding Lyme disease. The Washington Post writer David Brown reported, "There are no documented cases of Lyme disease in the president’s home state, where he spent much of last August on vacation."

This could not be further from the truth. The Texas Department of State Health Services lists Lyme disease (Borrelia burgdorferi) as a significant reportable zoonotic disease in Texas. Lyme disease was first discovered in Texas in 1984 and the state has had two major universities open laboratories to study tick-borne diseases. Texas A&M University and The University of North Texas are both involved with research regarding tick-borne illnesses in Texas. The Texas Lyme Disease Association has established support groups state-wide to help Texas Lyme patients get accurate information and medical help. Donna R too and the Dallas-Fort Worth area support group leader said they have over 200 members in the DFW metropolis alone. That does not include the support groups in Houston, Austin, Denton, and Victoria. Gary Wormser, chief of infectious diseases at New York University Medical College and an "expert" on Lyme disease said if President Bush "was infected with Borrelia burgdorferi that it was undoubtedly STARI and not Lyme disease.

FDA Approves First Drug for Treating Fibromyalgia

by FDA News

The U.S. Food and Drug Administration today approved Lyrica (pregabalin), the first drug to treat fibromyalgia, a disorder characterized by pain, fatigue and sleep problems. Lyrica reduces pain and improves daily function for some patients with fibromyalgia.

"Today's new approval marks an important advance, and provides a reason for optimism for the many patients who will receive pain relief with Lyrica," said Steven Galbraith, M.D., director of FDA's Center for Drug Evaluation and Research. "However, consumers should understand that some patients did not experience benefit in clinical trials. We still have more progress to make for treatment of this disorder." Persons with fibromyalgia typically experience long-lasting or chronic pain, as well as muscle stiffness and tender joints. Fibromyalgia affects about 3 million to 6 million Americans in the United States each year. The disorder mostly affects women and typically develops in early to middle adulthood.

There is no test for the diagnosis of fibromyalgia. Doctors make a diagnosis by conducting physical examination, evaluating symptoms, and ruling out other conditions. Individuals with fibromyalgia have been shown to experience pain differently from other people. Studies have shown that such patients have decreased pain after taking Lyrica, but, the mechanism by which Lyrica produces such an effect is unknown.

Two double-blind, controlled clinical trials, involving about 1,300 patients, support approval for use in treating fibromyalgia with doses of 150 milligrams or 300 milligrams per day. The most common side effects of Lyrica include mild-to-moderate dizziness and sleepiness, Blurred vision, weight gain, dry mouth, and swelling of the hands and feet also were reported in clinical trials. The side effects appeared to be dose-related. Lyrica can impair motor function and cause problems with concentra- tion and attention. FDA advises that patients talk to their doctor or other health care profession- al about whether use of Lyrica may impair their ability to drive.

Lyrica already is approved for treating partial seizures, pain following the rash of shingles and pain associated with diabetes nerve damage (diabetic neuropathy). Lyrica is manufactured by New York-based Pfizer Inc. Pfizer has agreed to perform a study of the drug in children with fibromyalgia and a study in breastfeeding women.

To see a consumer arti- cle called Living with pain, visit www.fda.gov/consumer/update s/fibromyalgia062107.html
It is Monday night, August 13, 2007, around midnight. Everyone in the neighborhood is fast asleep. I am reclined on a lawn chair in the backyard of my home in south- ern Wisconsin. The night is cool, but easy to breathe, and to my relief, there are no mosqui- tos. It is perfect for a night watching the Perseid meteor shower with tiny bits of cos- mic debris which appear to rain into the atmosphere from the constellation Perseus (in the northeast). As I lay watching the beauty of this precious event, I think about the wonderful things which have brought me to this moment of my life, and the appreciation for all things large and small, which I am blessed to be able to witness, because I am a living and feeding soul in the world day with Lyme disease. I regard the stars and liken them to indivi- duals. I regard each one unique, with varying "bright- ness" of energy; all collectively beautiful with much in common but each so singularly far apart from one another, separated by space and perhaps time. One basic advantage of another. Yet each struggle to shine as they should, as possible as the inevitable burn-out of a lifetime spent dealing with our collec- tive illnesses. 

Like others who run support groups for Lyme patients, in my or our day activities, I am amazed that I meet a new person nearly every day that has had Lyme disease and touch them in some manner. Usually they have contracted it themselves, like the hairstylist that I randomly picked out of a phone book to do my hair, or a family member or friend who just found out they have Lyme disease and don't know what to do or where to turn and just "happen" to come their way. What an honor it is to me, to be able to assist these individuals in their "journey of the soul", the journey that is Lyme dis- ease. It is a chance to perhaps help them circumvent some of the years of discouragement which could befoul them if their illness is misdiagnosed or under treat- ed. I believe there is a chance to be able to afford them if our "chance" encounter had not occurred. Most of the time, we are led to one another through a higher power, and in my life that would be God, though some with other beliefs might label it otherwise. A chance meeting of these individuals as a treasurable brother or sister in fight against this incredibly under- understood and powerful adver- sary. Each of these individuals is a star within their own right, each one unique as a story tells of humble beginnings, and the necessity of the air life on their beings, willpower, perseverance, and fortitude in order to survive an "Achilles heel" of Lyme - and each one shines to me, as brightly as the stars they travel to the mesmerizing night sky.

I would like to tell you about one of those stars whom I had the honor of meeting through our support group. A seemingly "innocous" email was sent to me recently, from an individual inquiring whether my group holds meetings and when the next one will be. Upon talking to this individual, I met someone who is quite a bit different. Mr. Brin King. Brin is a small town in central Illi- nois, about 40 miles from Chicago, and quite coincidentally, it also happens to be where my father commuted to work every day (when he was alive), many years ago - and a town not far from where I spent the majority of my childhood.

It was a typical day in July 1990 when he was infected with Lyme disease, is similar to the experiences of many Lyme patients. He has difficulty sleeping. He aris- es, showers, cooks meals and takes the medications that he has an appetite, he will eat. He rests 3-4 hours and sometimes goes outside for a walk. When through his joints quickly remain that he is ill. Projects require extended time, and so does perhaps days, weeks or even a month. His body is giv- ing up. Following his symptoms he says "payback is inevitable". He states that he is too fatigued, lack of appetite, joint pain, a headache, a lack of bal- ance, difficulty sleeping, and he has difficulty sleeping. His usual memory loss to feeling incoher- ent, confused, and not knowing who people are, or where he is. And yet Brin considers himself one of the "lucky ones" because he had Lyme disease and did not succumb. He has knowledgeable doctors who helped him even- tually get treatment as well as disability benefits. But knowing Brin for the last four years, I have learned that this quiet and very humble man has actually become a Lyme dy- namic, much harder than most people I have known with Lyme disease. He says that his courage and the desire to help others has remained intact and does what he can to help others. His story appears in one of my newest books coming out this fall. In his story he speaks of overcoming incredi- ble symptoms, debilitating seizures, brain surgeries, a heart attack, and recovery from a stroke and pneumonia. He has suffered and completed cancer, surgical "accidents" and tremendous losses incurred from having Lyme dis- ease. Brin has spoken about Lyme disease to support groups, seminars, and at univer- sities, high schools, church groups, several agencies and organizations. At one point he even received what he described as "death threats" to speaking out about Lyme dis- ease. Brin has difficulty travel- ling. Following his symptoms he continues to help raise awareness for Lyme disease. One of the most out- standing ways he has been achieving success at this

Mr. Brin King at his computer, the only link to the outside world for the most disabled Lyme patients.

Brin King met his computer, the only link to the outside world for the most disabled Lyme patients. His hope was that the blanket would be used to help elevate the awareness of Lyme disease. Brin's dream was to work to change the perception of Lyme disease to support the blanket which he is campaigning to get a "unified voice of all Lyme victims". The Blanket of Hope. Begun in 1995, once in Chicago, Illinois, and then in the Grant Park in the spring, and then in Washington D.C. in the fall.

Brin has had the blanket in his home for twice since he began this work, and it is an important project. Both showings were in 1995, once in Chicago, Illinois, and then in the Grant Park in the spring, and once in Washington D.C. in the fall. In order to make it possible, the blanket had to be paid out-of-pocket (with some help from others), the expenses to move it via an 18-wheeled flatbed truck, and to pay for special display permits. The blanket has been spread out over the United States, Germany, Austria, England, and Sweden. Brin was overwhelmed by the responses he received, and although he received letters (including several from the United States, Germany, Austria, England and Sweden), he was humbled and exci- ted at such a positive response so much so that he cried when I received the first panels, as one after another box was brought in. Of a laptop, a car, a truck, a box of Fedex, UPS, and USPS.

As Brin began to receive blankets, he sent this statement out to Lyme dis- ease support groups, to doctors, and to businesses. "Let the word go forth. Let the

"Hope..." cont'd on pg 4
Dear Friends & Supporters in the Lyme Community,

As many of you know, the White House just acknowledged that President Bush has been treated for Lyme disease. The Connecticut Attorney General is investigating whether the IDSA has improperly settled its conflict of interest in relation to its Lyme treatment guidelines. In several states, Lyme treating physicians and patients with their hands tied themselves each month as Lyme disease and tick-borne illnesses claim more lives.

The story of the play is over 14-21 days of antibiotics. In the latest high profile person that has wrestled with this disease. It seems the political

Dear Editor, Alicia McGary, Megan Blewitt, Susan Williams, Laura Zeller, ginger savely, FNP, Marjorie Tietjen

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We have been moved to tears and called to action by your stories, and now it’s time to share these stories with the world.

Thank you again for your confidence, support and love that has kept us going in the past few years!

Sincerely,
Andy Abrahams Wilson
Producer/Director

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It all sounds like a cheap B movie from the 1980’s, but it is more horrific than the 13th. halloween, or Freddy Kreuger ever dreamed of being. At least in the movies, it eventually ends. But the letters from the very one’s who adopted the guidelines. Isn’t that tantamount to writing the script and then grading it themselves? Doesn’t anyone else see the conflict of interest there?

But that is exactly what we are facing when we look at the controversy over treatment standards and the con- lines are “evidence-based,” but BIASED “evidence-based” research should never be upheld as the standard of care. These guidelines were so suspicious that they caught the attention of the Attorney General of Connecticut, Richard Blumenthal, who began an investigation of the IDSA on basis of anti-trust violations.

In-fact the protocol was written by the layman’s terms, that means he believes the IDSA is trying to monopolize the treatment of Lyme disease and exclude everyone else from trying to cruel the competition (ILADS). It is sad that we have to call on legislators to stop a medical tyranny by the IDSA. But it is time the strategy is reversed and the final move is played and we can effectively check- mate the life threatening reversal guidelines that leave many people in a state of disability and chronic illnes. If you can’t play fair, then the next move is not to play.

It is never met...people that some- how have a piece of my heart. I have seen families bring their children to the doctor and from the desk. They claim their guide- lines work. But this is a debate of the final move is played and we can effectively check- mate the life threatening reversal guidelines that leave many people in a state of disability and chronic illness. If you can’t play fair, then the next move is not to play.

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In several states, Lyme treating physicians are being threatened by medical boards of review. And, all the while, Lyme patients continue to lose their insurance coverage, their liveli- hoods and even their lives.

The issue and epidemic of Lyme is rapidly growing. We’ve been covering the untold story of Lyme for the past three years. Now we’re getting closer to finishing our film, and changing the picture of Lyme disease once and for all.

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I was 10 years old, my neck was stiff and I couldn’t move from bed. I had just been sent home from sleep away camp in Madison, CT with a 104 degree fever, convulsions and severe tonsillitis.

When I started middle school, suddenly my thoughts were disorganized. I couldn’t concentrate and my processing was slow. I had difficulty making it through the school day without pain or fatigue, but I managed to put a smile on my face and pretended everything was fine.

I was given allergy shots and put on short rounds of antibiotics for various sinus infections and tonsillitis over the years. For the first time the allergy shots and the courses of antibiotics were not helping. I kept getting Sinusitis and allergic reactions.

The next year, my pedi- atrician told me I had Mononucleosis. When I had it, it was discovered that my immune system was overactive and I was diagnosed with Chronic Fatigue Syndrome and took me to the hospital. A neurologist and per- chiatrist held my hands down and told me I could stop shaking. I was given an EEG, which was shaking so hard that it was difficult to interpret. I was told I had seizures. They felt my problems were purely emo- tional and sent me home with- out me.

I have nasty Lyme arthritis in my knee, and the pads are helping to decrease the swelling and flexibility. It was my myofascial therapist who first told me about the pads... she swears by them! -Satisfied Customer
When I first heard about the “NEW” Lyme disease treat-
ment guidelines produced by the Infectious Disease Society of America (IDSA), I thought: “Hummm…can actor Ashton
Kutcher actually "PUNK" an entire nation? Can we somehow
be on a really big BIG hidden camera? Is that ‘Candid
moment guidelines produced by this "professional" society,
comprised of individuals who supposedly took Hippocratic
Oath to first do no harm.
For those of you brave
enough to have actually read that lengthy text, I know I don’t
have to tell you how erroneous information, possibly
harmful to our patients, which will certainly bring harm to thousands upon thousands of Lyme disease
patients if unwitting physicians choose to embrace this
apparently inappropriate treatment of Lyme disease.
As unhappiness and frustration are a fairness to the
IDSA, they include a disclaimer indicating utilization of the
guidelines is voluntary. However, when the Centers for Disease
Control (CDC) quickly adopt such guidelines and
recommend them on their website as THE ‘guidelines’ I’ve
read, I wonder if Lyme doctors feel more insidious than
colicks…like a clown performing an act of a sickly patient
inside a stick, smiling all the while. It should also be noted,
it did not take the health insur-
ance industry much time at all
to seize what “voluntary” content
it used to desire to use as a means
to deny coverage of important
treatment options for patients,
such as specific and standard
antibiotics. Some may argue the
guidelines are not a legally binding document, but the
patients and their physicians can choose to follow whatever
treatment options they desire. It was worse!
When I first heard about
these “NEW” guidelines, I
briefly scanned through the
70-page document and real-
ized I’d rather make cocktails
outside of Syrup of Ipecac
than to read all the drivel which was
clearly going to make me sick to
my stomach anyway; Ipecac
cocktails seemed to be, more
efficient.
Unfortunately, our
liquor cabinet contains neither
Ipecac nor any liquor, so I
forced myself to peruse the
treatment options outlined by
this “professional” society,
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While that may be
true in the legal sense - we
must not forget that perception makes
reality, and the patients and their physicians who treat this
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great deal of authority. Let us forget – these new
guidelines also have the power and authority of the CDC behind them, although it
might be a bit unethical, we
have given away that power and authority with every patient who needlessly suffers
with this atrocious disease.

Get Your Popcorn & Peanuts Here!
In a nutshell, which is where
guidelines belong behind the
big top, there are absolute
"nuts" – the IDSA requires the
practitioner to base her/his
diagnosis of Lyme disease upon
the observation of the erythema
migrans (bullseye rash) if
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to be more effective, and are in fact, clinically tested guidelines provided by the International Lyme & Associated Diseases Society (ILADS). Yet the CDC’s own website fails to mention them. I find it intriguing that the CDC does not choose to recognize how the recommendation of these “NEW” and rigid ILADS guidelines, in lieu of the more effective ILADIS guidelines, reflects poorly upon the attainment of their own mission statement: “To promote health and quality of life by preventing and controlling disease, injury, and disability.” (http://www.cdc.gov/about/mission.htm )

How can they be so blind to the contradiction these guidelines pose to their own pledge to the American people:

“To base all public health decisions on the highest quality scientific data, openly and objectively derived. To place the benefits to society above the benefits to the insurance industry.”

Perhaps the biggest irony here is the CDC guideline writers do not treat chronic forms of this spirochetal infection because they don’t believe in it. “In many patients, post-treatment symptoms appear to be more related to the aches and pains of daily living rather than to either Lyme disease or a tickborne coinfection. Put simply, there is a relatively high frequency of the same kinds of symptoms in ‘healthy’ people.” (CDC Guidelines - Post Lyme Disease Syndrome pg 33)

Keep in mind these physicians are more ‘researchers’ than actual ‘healers’, and many conclusions they assist are based on findings from the laboratory and the behavior of the bacteria isolated in a test tube or dish, rather than the findings derived from hands-on experience with patients, providing them with much needed clinical experience. After all, is the human body not perfectly and expertly designed and complicated as a test tube? Are we all the equivalent of walking test tubes?

Because these infectious disease physicians do not believe this spirochetal infection is even a worry for a very limited necessary to antibiotic therapy, they choose to include findings which seems much more like a slur in these “voluntary” instructions - implying that of us with continuous symptoms are big whiners unable to cope with ‘daily living’.

Yet a reasonable question to me is “How can CDC dictate the method and manner other physicians are to employ to treat or rather, NOT to treat, various forms of this chronic disease when they don’t believe in it?” To me, that’s like an atheist dictating to Jews, Muslims, and Christians how they are to worship, or rather, NOT to worship God. Isn’t it?

The new stringent requirements provided by the ILADS guidelines and promoted by the CDC will actually punish that subset of patients who do not fit the new, erroneous criteria. If those patients do not produce the overly relied upon bullseye rash, or test positive on an inaccurate blood test - their future health may be determined by the CDC with no hands-on experience with patients, providing them with much needed clinical experience.

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Animals on Parade

In that nutshell, we have big business interests where the health insurance companies are pacified by having the assumption to deny what amounts to potentially expensive short-term treatment over the more expensive long-term, palliative pharmaceuticals which may be necessary for the duration of the patient’s miserable life. At first look, we may assume the insurance industry is by far the dumbest animal in this scenario; but we know their true agenda is to make money which means they will attempt to deny claims until the patient tires of filing multiple appeals, dies from the disease process, or suffers worse than the umbrella of the company’s endless ‘Examination of Benefits’. With these “NEW” guidelines, Big Pharma comes out smelling like a rose, although they are one of the more filthy animals in this analogy. Antibiotics are some of the cheapest medications they produce, thanks to the availability of generic brands, therefore life-long dependence on pharmaceuticals needed to alleviate a myriad of symptoms is best for their bottom line.

As for Big Brother - what I have to share may make me sound like a conspiracy nut - but be it. But it all boils down to the fact that a few decades ago (post World War II), there were Nazi war criminals secretly transported to America so that we, the people, could gain the knowledge of that exciting new field of germ warfare. The idea was to change the face of medicine so these criminals would receive immunity for their horrendous war crimes. Don’t believe me? It’s called ‘Project Paperclip’.

These scientists, along with many of their secret successors have tinkered with a wide assortment of nasty microorganisms that can be delivered upon a population through various vectors (Vectors are ‘carriers’ which may include ticks and mosquitoes. See http://www.cdc.gov/ncidod/dvbid/). Such laboratory achievement comes with risk, and it also requires experimentation. Some of us are victims of poorly enforced laboratory safety standards, and some of us are the unlucky subject of said ‘experimentation’ simply because of our weakened immune systems, and its ability to keep a host of unwelcome microorganisms at bay.

Again, I may sound like a conspiracy nut - which would be the precise impression many of the players in this scenario would prefer. But sometimes the ugly truth must be exposed. To borrow a phrase from a friend - Lyme is a weapon of mass infection. Focus on the facts; follow the story. There’s a steady undercurrent in some of our other stories - the CDC has no problem with the UN and what they are considering, much to the horror of the American people: “IDSA Guidelines...cont’d from pg 5
Sleep is the caretaker of the brain, and sleep is essential to well-being. In sleep studies where healthy patients were kept awake, at seventeen hours symptoms of impaired cognition and fatigue began to emerge, and worsened as time progressed. But sleep is more than just “not awake”. It is clear that certain phenomena which are necessary for quality of life, is disrupted and does not occur. Natural estrogen and progesterone replacement may improve the quality of sleep, andprogesterone are likely helpful, but are unproven.

Another study revealed that the pre-elimination of sleep, TNF-alpha increases as the nocturnal awakening progresses. When physiologic somnolence occurs, this cytokine and its activity is increased. However, if insomnia persists, then TNF-alpha continues to rise the following day, and was not surprisingly associated with generalized myalgia and pain. It is well known that growth hormone, which is a necessity for quality of life, secreted during delta sleep. Since most Chronic Fatigue Syndrome/Fibromyalgia (CFS/PM) patients have inadequate growth hormone levels, impairment of delta sleep is a postulated mechanism for these symptoms. Most CFS patients are overweight, a fact that may be associated with lack of sleep.

In the Prinsloo Cohort Study, those patients who slept 5 hours or less were found to secrete 15% more ghrelin during a night of peaceful sleep. Another study has shown that the delta-wave and the improving of delta sleep. So if not eliminated, pain on the subsequent days is often three times as severe as on the previous day.

Intervention. The alpha wave on the EEG is an “awake” wave occurring during daytime hours and should disappear during sleep. If it occurs during sleep, it disrupts and dis- torts delta sleep. This probably repre- sents dysautonomia in part due to an abnormal sympathetically induced neural discharge(s) likely due to the pain. Alpha waves are predictors of alpha-intrusion and cause the pain sufferer more pain the following day. Therefore, it is an enemy to both restorative sleep and quality of life.

Nightly alpha waves may be compared to a mild thunderstorm in the brain with frequent lightning strikes, disrupting normal electrical brain activity during a nighttime period of sleep.

Pain/Fatigue States

Major Causes of Sleep Disorders in Chronic Pain/Fatigue States

by Dr. Jonathan Forester, M.D.

Treatment of this abnormality includes:

a. Low dose tryptophan antidepressants (such as Tryptophan, Elavil), doxepine (Sinequan), imipramine (Tofranil), the latter having the most sedative effects on the alpha EEG disorder and on RLS/PLMS. On paper it appears an almost perfect match for the chronic pain sleep disorder, but side effects may limit its usefulness.

b. GABA agonist baclofen (Lioresal) a drug previously removed by the US FDA, but can be prescribed now for the use of sleep disorders. It has an incredibly positive effect on the sleep cycle, including removal of the alpha wave and the improving of delta sleep.

c. Hormone therapy including growth hormone, DHEA, and testosterone, if abnormal, or if replacement may improve the quality of sleep. Natural estrogen and progesterone are likely helpful, but are unproven.

d. Gabapentin (Neurontin), an anti seizure medication, used more so in neuropathic pain, migraine prevention, now proven to be effective in RLS/PLMS. This GABA agonist (most likely the mechanism of action) also decreases central pain sensitization, and is one of the very few medications that improve delta sleep. Prescribed in increasing doses at bed time, it is my drug of choice for CFS and chronic pain.

e. Antidepressant medications, includes L-DOPA/carbidopa, Pramipexole (Permax), pergolide (Mirapex)... to name a few. My experiences with these medications have been disappointing due to side effects. However, one of these dopamine agonists, ropinirole (Requip) is the first drug to have a U.S. approved indication for RLS. With a low dose start one due to side effects, the effectiveness is virtually unmatched. The major side effect, nausea, is usually transitory, and the second most common, sedation, in my view is welcome, since this medication is administered the night before. It is my drug of choice.

3. Obstructive sleep apnea (OSA). OSA is a sleep disorder characterized by loud cyclical snoring associated with cessation of breath- ing. Risk factors include obesity, hypothyroidism, and narrow upper airway, to name a few. Hypersomnolence, fatigue, pain exacerbation, coproluminal, hypertension, atrhythmias, and sudden death are complications. The diagnosis is made by a polysomnogram in a sleep lab, in which apneic episodes may be observed to last up to one to two minutes.

Treatment includes:

a. Weight loss is the most important recommendation for patients, since a significant number have a BMI greater than 27.

b. Continuous positive airway pressure (CPAP).

c. Uvulopalatoplasty if indicated.

d. Allergen immunotherapy or allergy medication.

e. Nasal septoplasty if gross abnormalities exist.

F. Mandibular surgery.

g. Dental splints.

ONE FINAL NOTE: for those patients who are chronically impaired, dozy and ataged after a poor night’s sleep, the non-addicting medication, modafinil (Provigil) may be the answer. It was curiously given a schedule 1 drug classification by the US FDA. Its mechanism of action is thought to be in the histaminic and orexin pathways of the hypothalamus, and not in the adrenergic system of the CNS, like sympath- omimetics, which induce alertness and habituation. It is very well tolerated, and very effective for hypersomnolence in most patients.

Dr. Jonathan Forester has a medical practice in Pineville, Louisiana where he deals with Chronic Lyme. He has recently begun taking pediatric cases with children over 3 years old. He is the owner of The Christian Oasis and he recently returned from a medical mission trip to Zimbabwe, Africa.
NVIC Analysis Shows Greater Risk of GBS Reports

When HPV Vaccine Is Given with Meningococcal and Other Vaccines

Gardasil. Nearly 10 percent of all Gardasil adverse event reports to VAERS involved avoidable medical errors. A total of 1,930 reported Gardasil adverse event reports involved administration of Gardasil alone, and 135 adverse events involved co-administration of Gardasil with Menactra. NVIC’s comparative analysis of those two categories of VAERS reports indicates that when Gardasil was given simultaneously with Menactra rather than given alone, there was a statistically significant increased risk of reported adverse events:

- respiratory problems reports increased by 114 percent;
- cardiac problems reports increased by 118 percent;
- neuromuscular and coordination problem reports increased by 234 percent;
- convulsions and central nervous system problem reports increased by 301 percent;
- reports of injuries from falls after unconsciousness increased by 674 percent; and
- GBS reports increased by 1,150 percent.

On February 21, NVIC expressed concern about the safety of administering Gardasil simultaneously with other vaccines because the manufacturer (Merck), the FDA and the CDC had not provided evidence to the public that co-administration was safe. (1) On March 12, the CDC published recommen-
dations for Gardasil use in MMWR that acknowledged there is a lack of evidence that Gardasil can be safely adminis-
tered with other vaccines, while encouraging physicians to co-
administer Menactra and other vaccines with Gardasil based on assumption of safety. (2)

Adverse Event Reports to NVIC: Shannon Nelson

Nineteen Gardasil adverse event reports from 12 states have been made to NVIC’s Vaccine Reaction Registry involving uncon-
sciousness and injury, convulsions, numbness, weakness and other neuromuscular and coordi-
nation problems and GBS. Shannon Nelson, 18, a Chicago area athlete, musician and artist entering college reported to NVIC that she received HPV vaccine (Gardasil), meningococcal vac-
cine (Menactra) and chicken pox vaccine (Varivax) simultaneously on June 21. Symptoms of tingling, numb-
ness and muscle weakness began within a week and pro-
gressively got worse. By July 3 she could barely walk or raise arms. She was hospitalized, paralyzed with GBS on July 5, and spent 22 days in the hospital.

“Before the shots, I ran six miles a day,” said Nelson. “The doctors told me that I might have been put on a respira-
tor if I hadn’t been in such good shape,” she said. “I am out of the hospital now and get-
ing a lot of physical therapy. I just want to go to college and do the things I did before, like play the guitar and draw or even just be able to smile. My Mom and I wish we had known about HPV vaccine risks, espe-
cially what could happen if I got other vaccines at the same time.”

To view a copy of NVIC’s report on HPV vaccine (Gardasil) safety, go to www.nvic.org/Diseases/HPV/HPVHOME.htm.

* Reported GBS and Other Serious Adverse Events

NVIC found that, as on May 31, there have been 2,227 Gardasil adverse event reports filed with VAERS, including 13 sus-
ppected or confirmed cases of GBS (two more GBS reports were made in June for a total of 15) and 239 cases of syncope (fainting with temporary loss of consciousness), many of which resulted in head injuries and fractures. Seven deaths have been reported after receipt of Gardasil. Nearly 10 percent of all Gardasil adverse event reports to VAERS involved avoidable medical errors. A total of 1,930 reported Gardasil adverse event reports involved administration of Gardasil alone, and 135 adverse events involved co-administration of Gardasil with Menactra. NVIC’s comparative analysis of those two categories of VAERS reports indicates that when Gardasil was given simultaneously with Menactra rather than given alone, there was a statistically significant increased risk of reported adverse events:

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administer Menactra and other vaccines with Gardasil based on assumption of safety. (2)
The behaviors of addicts may begin early in the addiction process? Correct?

Correct. We typically think of addiction as the result of addiction of addicts and their ability to "train" those around them to be addicted to nicotine. However, after observing kids at various levels of the addiction process. Though it is unknown how these behaviors typically present, it is of paramount importance to know how they present.

This includes addictive disease, dishonesty in relation, lack of character, unwillingness to take responsibility, tendency to run away from problems, moodiness, low self-esteem, family problems, poor job performance, legal problems, etc.

As you go through this list, you could apply these characteristics to any particular patient. That is why many authorities conclude that addiction is not a disease of the addict's behavior, but rather of the disease itself. The only after growth and maturity do they become responsible, caring adults who can parent others. Addicts never transition to maturity. They become incapable and rotten-stained, self-centered, deceptive immature existence. This becomes so extreme in some cases that young children in a family of addicts do not know that they play the role of parent for the addict in a very unusual and unexpected way.

Is drug addiction preventable and how?

YES! The facts are quite striking. The classic symptoms of addiction are no more than their keeping their kids from using any addicting substance until at least age 18, they will have done a lot (and much more than most parents) toward lowering the risk of addiction to near zero. The other important things to note, but this is of paramount importance.

One of the things that lead people to addiction is depression. What causes depression and what are the top 3 signs of depression?

Depression is a strongly inherited disease that strikes 10-20% of the population at some time in their lives. It occurs when one or more of three main neurotransmitters of the brain do not reach normal levels. Treatment requires anti- depressant medication, which does not affect the brain's naturally occurring levels to normal. This means that the depression of patients include feeling depressed, feeling hopeless and insomina.

In recent years research has found that several depression disorders include a lot more symptoms than this. We now know that many people with depressive disorder do not even feel depressed at all. Recent research shows that depression of brain neurotransmitters may manifest itself as fatigue, anxiety, short temper, overactive thoughts and behaviors, chronic pain, bowel and bladder problems, just to name a few. So, any depressed person may have any combination of these symptoms. We have called this problem depression for many years because that was what brought us to understand this disorder. We now know that the symptom of feeling depressed is just the tip of the iceberg.**

Do people suffer from depression always know they are depressed?

No, often they do not. Sometimes they feel and never know what to do. And this is how they make it feeling that way. They feel as though a health medication makes them feel normal again. Even more surprising is the fact that depressed people feel that they are perfectly normal. They will feel as though they have no need for medication. They may not have any insight into their problem except that people make a lot of fun of them. This is why many people with depression are much more pleased to live with. Parentically, I must add that these antidepressants have absolutely no potential for abuse or addiction. I care more to explain why in my book.

What type of help is there for depression and is it safe?

Antidepressants are the “gold standard” for treatment. They are safe and effective. They have been so successful and have no potential for abuse and addiction. The number of patients treated for depression has increased more than we have seen in the past. This is quite rare. Many people with depressive disorder may benefit from a combination of therapy and medication. However, because stress and life problems can be contributing factors.

Many have said that antidepressants put people at risk for suicide. This is a myth. in the use of antidepressants is to reduce the risk of suicide. In a recent study, the number of suicide attempts among patients taking antidepressants was reduced by 30%.

The "zombie" complaint was much more common when we used the older forms of anti- depressants. The modern medicines we use today will rarely cause any such effects in proper doses. The goal is always to feel normal. If that doesn’t occur, the medicine should be changed.

There is no question that antidepressants can cause delayed orgasm in both men and women. In men this is usu- ally viewed as a benefit, since premature ejaculation is a common male problem. In higher doses, however, this can also be a problem. There is one antidepressant, Wellbutrin, which appears to be a potential effective treatment for depression. In fact, and I other doctors have heard anecdotal stories from female patients that it enhances their organic intimacy. Therefore, sometimes we will substitute it for other antidepressants or give a combination of both.

Is ADD also an cause for depression? What causes anxiety?

Humans, though we have the highest intelligence among all mammals, have the lowest self-esteem in our society. This is why kids aren’t sent to school just after birth. The reason is that the human brain matures slowly. Some parts of the brain develop slower than others. There is a genetic tendency in about 3%, which is an advantage for them to mature very slowly in the part of the brain that makes attention span. So, while young children have a much better chance of understanding their problems.**

Sometimes kids are pre- sented by parents or teachers with a complaint of ADD, yet they turn out to have something else. Most commonly this turns out to be ADHD in our society. In the future they are properly diagnosed and treated, these kids will blossom.

Sometimes kids are pre- sented by parents or teachers with a complaint of ADHD, yet they turn out to have something else. Most commonly this turns out to be ADHD in our society. In the future, they continue to have trouble with this problem. Children are "train" those around them to be ADD and not sure.

As Ususally these kids are sim- polored as they are highly intelligent and are simply not challenged enough.

Is ADHD among the list of chronic diseases?

No. By chronic disease, we refer to a disease that lasts for more than 3 months. By this definition, ADHD is not a chronic disease.

What are the top 3 signs of chronic diseases?

The most common chronic diseases in these two categories are either preventable or manageable all the time until death from old age---100.

The top three chronic diseases (diabetes, cancer, Alzheimer's) are a serious concern for the American public. The top three chronic diseases that we should take to reduce our risk of these diseases?

Presently I would consider diabetes to be of paramount importance. We will split the two major groups into subgroups and indicate what we can do to prevent diabetes and death from them.

1. Heart Disease: We refer to coronary artery disease and peripheral vascular disease here. These lead to strokes, heart attacks, congestive heart failure and kidney failure.

a. Prevention

b. Treatment

c. Early detection

2. Cancer: The most common cancers are the ones that we can prevent or treat early.

a. Prevention

b. Treatment

c. Early detection

3. Stroke: The most common stroke is a transient ischemic attack. It is not a chronic disease.

The most common chronic diseases in these two categories are either preventable or manageable all the time until death from old age---100.

What are parents need to know about alcohol and drug addiction?

Part 2: An Interview with Dr. John Fleming M.D.

by Sue Vogan

In the next part of this series, we will explore the different causes of addiction and their effects on society. We will also discuss the role of parents in the addiction process and the importance of early intervention. We hope you will find this information useful and informative.
by NIH News

Hundreds of thousands of babies around the world are born each year with HIV — more than half a million in 2006 alone. Caring for these children is complicated by the fact that their immune systems are not fully developed in the first year of life, which makes them especially susceptible to rapid HIV disease progression and death. The current standard of HIV care in many parts of the world is to treat infants with antiretroviral therapy — but only after they show signs of illness or a weakened immune system.

Now the initial results of an ongoing clinical trial sponsored by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), suggests that more HIV-infected infants survive if they are given therapy early on, regardless of their apparent state of health.

This trial, called the "Children with HIV Early Antiretroviral Therapy" (CHER) study, is a phase III, randomized clinical trial led by Avy Violari, M.D., FCPaed (SA), of the University of the Western Cape in Cape Town, South Africa, and Mark Cotton, M.B.Ch.B., of the University of Witwatersrand in Johannesburg, South Africa, and, in South Africa, by James Volberding, M.D., of the University of Stellenbosch in South Africa, and Mark Cotton, M.B.Ch.B., of the University of the Western Cape in Cape Town. By August 2007, 377 babies were enrolled in one of three groups — those receiving immediate antiretroviral therapy for 40 weeks, those receiving immediate antiretroviral therapy after 40 weeks, and a control group whose treatment was initiated after doctors observed signs of clinical or immunological progression toward the development of AIDS (the current standard of HIV care in many parts of the world).

The trial is designed to help them live longer.

Starting in July 2005, HIV-infected infants between 6 and 12 weeks old without immunosuppression or severe symptoms of clinical disease were enrolled at the Perinatal HIV Research Unit in Soweto and Tygerberg Children's Hospital in Cape Town. By early 2007, 377 babies were enrolled in one of three groups — those receiving immediate antiretroviral therapy for 40 weeks, those receiving immediate antiretroviral therapy after 40 weeks, and a control group whose treatment was initiated after doctors observed signs of clinical or immunological progression toward the development of AIDS (the current standard of HIV care in many parts of the world).

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tributed to the severity of her proper tick-removal likely con-

One of my goals as Miss Cumberland County has been to present my Lyme Disease Awareness platform to a wide variety of age groups. In the spring I focused on edu-
cating children, while this sum-
ered to the senior citizens. At the end of the spring, I continued working with children, and started to target senior citizens as well. I chose to focus on the facts that Lyme disease likes to dis-
guise itself as many other ill-
nesses, such as Parkinson's dis-
ease, Alzheimer's disease, Molec-
ular Sclerosis, Lupus and Rheu-
matoid Arthritis. Many of the seniors share with me their own experiences with Lyme disease.

Several people experienced coming illness. Anna's symptoms display with insomnia. Anna explains that she had been feel-
ing unusually drained, and increasingly anxious, both of which she attributed to the stress of a recent relationship breakup. Even after two or three nights without sleep, Anna often awoke in the middle of the night, Anna took naps of a few minutes before waking again. When she did wake up, she felt like she had been asleep for a slightly long time. Anna experienced vi-
lent, horrific nightmares filled with terrors, and vivid dreams.

One night, Anna described it as "weird." It con-
sisted of a constant "buzzing and vibrating" sensations that made the inside of her head feel like it was buzzing and vibrating. After a dreadful week of suffering, Anna's doctor called and told her that she was in the clear for Lyme disease," because her Western Blot test had come back negative. By this time, Anna had done some research on the Internet. She asked her doctor to consider that the test result might be a false negative. She begged her doctor to prescribe another course of antibiotics at a higher dose. Anna's doctor refused to prescribe further treatment, and explained this to her in the gen-
eral way possible. Still, Anna felt that her doctor was not lis-
tening to her, and instead treat-
hed her like a patient on a spec-
ulation of her work day lying on the bathroom floor. Small details that had been second nature to her began to cause confusion. She was flinging things in the wrong places and her co-
workers had to help her hunt down all her misplaced docu-
ments. Labels Anna put on envelopes were found upside down, and out of order. Anna could no longer handle her job responsibilities, especially ones which required extended peri-
s of concentration. Towards the end of her work day, Anna would often make frantic phone calls to her mother, whom (she moved back in with because she was so sick) and asked her to drive her home. Driving was a night-
mare for Anna because the noise and heat from traffic made her feel even sicker. Anna

The Anna Duffy Story

by Laura Zeller

LauraZ@wildcondor.com

Anna knew in her heart that something was wrong. During the trip, Anna became horribly nauseated by the St. Louis sum-
mer heat. The light from the sun hurt her eyes, and the noise of the children talking and laughing filled deafeningly loud. Weak and dizzy, Anna drove herself back to her doctor. At Anna's insistence, and for her peace of mind, her doctor ordered a Western Blot test, and prescribed a single dose of Doxycycline. Relieved, Anna

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The FDA - Is The Agency Beyond Fixing?

Lester Crawford, former FDA administrator, was recently called before a Congressional subcommittee (i.e. on behalf of consumer, industry, and medical community services, 3 years supervisory experience), and provided testimony. Crawford spoke of future regulatory concerns, legislation and regulatory changes. Crawford argued for regulatory changes to improve the FDA's ability to ensure safety and efficacy of new drugs, and for increased funding for the FDA to improve its ability to inspect and monitor pharmaceutical manufacturers. Crawford also discussed the need for increased transparency and accountability in the drug approval process, and for greater collaboration between the FDA and other regulatory agencies.

The FDA was able to approve a new drug for amyotrophic lateral sclerosis (ALS), a disease that affects the nervous system and causes muscle weakness and ultimately death. However, the FDA has been criticized for its slow approval process and for allowing some dangerous drugs to reach the market before they are thoroughly tested. The FDA has also been accused of accepting industry money and failing to adequately regulate the drug industry.

In 2016, the FDA approved the first drug for the treatment of Alzheimer's disease, a condition that affects millions of people worldwide. However, the effectiveness of the drug has been questioned by some experts, and its long-term effects are not yet known.

In 2017, the FDA approved a new drug for the treatment of a rare form of cancer, highlighting the agency's role in advancing medical research and providing new treatments for patients.

Overall, the FDA continues to play a critical role in protecting the public health by ensuring the safety and efficacy of drugs, and by promoting innovation and access to new treatments. However, the agency faces ongoing challenges and will need to continue to adapt and improve its processes in order to meet the needs of a rapidly evolving healthcare landscape.
Anna insisted upon further Lyme disease treatment, and begged for more antibiotics. Anna's new doctor left her in his office while he went to look up Lyme disease treatment. Thankfully, when he returned, he agreed to prescribe Anna one month of Doxycycline at 200 mg/day. Her doctor was astonishingly following outdated and incorrect treatment guidelines published by the Infectious Disease Society of America (IDSA). Her family doctor had also previously prescribed the "standard treatment" which was four pills of 100 mg of Doxycycline. According to the IDSA, this treatment would help with Anna’s symptoms. Neither doctor was willing to intentionally diagnose Anna with Lyme disease because her Western blot test came back negative. Despite her new doctor’s opinion, her begging for antibiotics had paid off, and she left the office with a prescription in hand.

Despite following the IDSA Lyme disease treatment guidelines, Anna’s symptoms continued to worsen. After completing the month of Doxycycline, Anna’s new doctor refused to give her further antibiotic treatment instead prescribed antiviral and antidepressant and suggested that Anna see a psychiatrist. Her doctor told her that together they would "get to the bottom of this," and Anna should consider him a "partner in wellness." Anna had no time to wait for the doctor to get to the bottom of things. She needed more than subtle assurances to feel that her doctor cared for her. Anna knew she was in big trouble! She knew the cause of her illness was physiological, not psychological. She felt bad enough physically to think she might be dying. Neglected by her doctors, Anna felt backed into a corner, and was forced to seek treatment on her own.

Through research on the Internet, Anna was able to locate a Lyme Literate Medical Doctor (LLMD). Even in her frightened state, she insisted on seeing him even though she had actually been accused of "doctor shopping" and the LLMD had a four-month wait for a patient.

Anna followed all the rules. She went to her doctor with Nick Republican, who provided the "standard treatment" for Lyme. Anna did everything "right" yet still ended up very ill. Anna believes the IDSA should be held accountable for their irresponsible and unprofessional guidelines that have resulted in the miseducation of many thousands of family doctors across the United States, and the world.

If a tick bites you, seek immediate treatment, and make sure your doctor follows the correct guidelines; those published by ILADS. There is no substitute for receiving care from one of the world’s top Lyme Literate Medical Doctors (LLMDs). Do not settle for inadequate Lyme treatment. Anna is still sick and suffering. It is your right to seek out the best pain and care, and always strive to achieve optimum health.

References
http://www.ilads.org/

St. Louis now has its own support group of people who can be easily contacted for help and information about finding a Lyme-literate physician in the region. The website is http://www.affinityhealth.org. Page 14 www.publichealthalert.org Public Health Alert

Daryl Hall Comments on President Bush’s Lyme Diagnosis

Los Angeles, CA — The news that President George W. Bush has been suffering from Lyme Disease for more than a year really caught the attention of Daryl Hall, one-half of the world’s biggest-selling music duo of all time Daryl Hall & John Oates, and someone who was diagnosed with the illness over two years ago. Hall is hoping the President’s admission will focus more attention on the causes and antides of the little-known malady.

"While I’m sorry when anyone gets Lyme Disease, maybe it takes a person in power to draw attention to what all of us who have the disease, are going through. The withholding of information for a year points out the confusing politics of the disease. Now, George Bush can feel our pain."

Lyme and other tick-related diseases are very seri-ous maladies that for some reason have been underplayed by the media and medical profes-sion: "I’m still under treat-ment, but I’ve made major improvements," he says. Because these illnesses are so often misdiagnosed, Hall encourages people with symp-toms to seek information online, at sites such as www.LymePA.org. They’re on the Main Line. They print a great brochure and talk about treat-ment and what people need to do."

Daryl Hall
I recommend Researched Nutritional® for my patients

Joseph Burrascano, M.D.

Due to the efficacy and the science behind the products, and the experiences in my clinic, I have found Researched Nutritional® very useful. A few of my personal favorites:

**NT Factor Energy™**
I prescribe this to my patients because it provides a noticeable improvement in their energy levels. By promoting healthy mitochondrial membrane repair (and not through the use of any stimulants), most of my patients report that they feel better.

I discovered this product at a medical conference, and was intrigued by the research. One of the published studies reported that patients experienced a 40% decrease in fatigue in eight weeks. The product is formulated to deliver a stabilized unique phospholipid matrix (this is what composes the mitochondrial membranes), wrapped in pre and probiotics as well as Mitochondrial Pro-Regulator™ to optimize mitochondrial function. Kveio Cycle Glycine Absorb™ to propel the burning of glucose, creating energy and removal of excess ammonia which can cause fatigue, and RN Fatty Acid Metabolizer™ to maximize ATP production by regulating fatty acid buildup which, if left unchecked, reduces mitochondrial function and increases cellular toxins. Normally, cells produce and repair their own mitochondrial membranes. However, these membranes may become compromised during long-term illness or interesting, intense physical exercise by healthy individuals. This product helps the body help itself. By improving cell membrane potential, nutrients are better able to enter the cells for greater ATP fuel production, tissue removal is improved and oxidative stress is reduced.

**CoQ10 Power™ 400mg**
I actually tested the blood level of a patient on this product versus another well-known CoQ10. The patient using CoQ10 Power™ had three times the CoQ10 in the blood than the other product. The product is produced in the preferred softgel form, allowing the oil base to optimize absorption. As I have come to expect from Researched Nutritional®, the raw material is of the highest quality and is imported from Japan.

**Transfer Factor Multi-Immune™**
People have asked me what differentiates transfer factor from colostrum. I generally reply that it is supercharged colostrum. In every gallon of colostrum, you derive only an ounce or two of pure transfer factor. This is where you find the heart of immune support.

Maintaining natural killer cell function is essential for achieving optimal health. Each capsule of Transfer Factor Multi-Immune™ combines the following complexes to provide optimal natural killer cell support:

- **NK Maximizer Bioplex®** - Super blend of transfer factor, larch arabinogalactan, IP-6, shiitake and maitake mushrooms to promote healthy NK cell levels & immune modulation
- **Macrophage & T-Cell Pro-Blend™** - Proprietary blend of beta glucan, astaxanthin, and TMG for healthy macrophage an neutrophil support, aiding removal of cellular debris and recovery of damaged tissue. Unique blend also supports proper T-cell function, cellular replication and liver function. 
- **Healthy Cell GTP™** - Potent extracts of green tea and pomegranate to promote normal cell division and containing high levels of crucial antioxidants.
- **Plus an integrated blend of folic acid, vitamin B-12, zinc, and selenium to strengthen immune function, promote normal cell growth and boost antioxidant levels.**

I believe a healthy energy level and a fortified immune system are essential to good health.

Best Regards,
Dr. B.

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*These statements have not been evaluated by the FDA. This product is not intended to diagnose, treat, cure or prevent any disease.*
Hinchee claims that 2001 user fees paid by drug companies funded 32% of FDA’s budget from drugs and by 2005 it was up to nearly 50%. He further states that the FDA must negotiate with the industry drug user fees are allocated. It’s also been stated that 10 of the 32 scientists on the FDA’s Cox-2 advisory panel had ties to the manufacturer of the drugs.

In the 2004 elections, there were more good ideas with regards to fixing the ills of the FDA not covered by the Congressman: give power to FDA so that the user fees are not from patients. Kimball contacted the FDA in 1990 to point out that a small pharmaceutical company’s version had contained “detrimental to the actions of the product.”

Kimball changes, “The FDA threatened me with serious repercussions if Discovery made public any statement regarding any use of deprenyl not authorized by the FDA.” Kimball repeatedly approved for application of his product, but his paperwork never made it through the channels for reasons ranging from lost to ignored. Kimball claims that the small pharmaceutical company (owned by two large companies) had an interest in

In the NEWS

“FDA”... cont’d from pg 13

Ph.D., DPA)

If one wants a drug approved or label guidelines followed, but, doesn’t want to spend a lot of time going through proper channels, is there another way?

"In the 2004 elections alone, nearly $1 million was contributed to congressional candidates, $500,000 to his opponent John Kerry, and over $100,000 was contributed to 800 full-time lobbyists, including 40 former members of Congress. The drug and chemical industries employ over 1,200 full-time lobbyists, involving 25 from each major chemical industry that they aim to regulate. (Dr. Joseph Mercola’s website)."

From 1998-2005, the drug and chemical companies spent at least $760 million on lobbying politicians. Their goal was not to argue for what food and drugs can be marketed and the labeling guidelines.

Does anyone notice things out of control?

Dr. David Graham, epidemiologist and Associate Director at the FDA for over two decades, spoke against FDA policies and their inability to protect the public from harmful drugs. “I was hired to change my conclusions and recommendations,” Dr. Graham said. (FoxNews) It is stated that there were up to 139,000 heart attacks from the drug, 50-40% with no apparent good reasons, threats of incarceration, Graham sought help from GAP (Glenmark Association Project) offices after being referred by congressional staff and national media. GAP Legal Director Tom Devine warned FDA investigators, outlining how they were incurring personal liability by violating laws such as the Whistleblowers Protection Act and Anti-Deficit legislation, resulting in a swift halt of the investigations.

Others weren’t as fortunate.

"Joe DeStefano, a licensed nutritionist, and Daniel Mayer, an osteopath, had two Florida clinics in which they administered a product called Albarpin, an extract of aloe vera, to cancer patients. Albarpin had been developed by Ivan Dahnof, M.D., Ph.D., a retired professor of medicine known as the "father of aloe vera" because he had spent much of his career researching the plant’s properties. After two decades of research, he developed the intravenous extract, which proved highly effective against cancer. The clinical program was part of an investigational new drug (IND) application Dahnof had submitted to the FDA.

Dahnof, in Texas, was about to file data from these studies to support his IND application when the FDA raised the clinics and closed them down, in direct opposition to the wishes of the patients. One said to the FDA agent in charge, "We’re all adults here, making free-will choices. Why don’t you get out of here and leave us alone?" To which the FDA agent replied, "This will be your last treatment!" A number of complaints demonstrated repeatedly at the Tampa federal courthouse, and eight were dead by 2002.

The FDA conducted the raid because it had received complaints about the treatment-mems-not from patients. The complaints were from local oncologists, who regarded the clinics as crooked. Apparently satisfied with putting the clinics out of business, the FDA did not prosecute DeStefano, Mayer, and Albarpin. (GoodHealthInfo.net) There is also the case of John "Jay" Kimball, owner of a Boca Raton, Florida office. Kimball had been working with a product in the late 1980’s which showed success not only with cancer but with Parkinson’s and eliminating the competition. Kimball’s home was raided three times and he was incarcer- ated. (GoodHealthInfo.net) Can the FDA be fixed?

It’s bad as Congressmen Mark Hinchee (NY) says, the FDA needs a total makeover. Hinchee claims that 2001 user fees paid by drug companies funded 32% of FDA’s budget from drugs and by 2005 it was up to nearly 50%. He further states that the FDA must negotiate with the industry drug user fees are allocated. It’s also been stated that 10 of the 32 scientists on the FDA’s Cox-2 advisory panel had ties to the manufacturer of the drugs.

But, the Congressman has a few good suggestions: redirect the user fees to the U.S. Treasury; increase FDA funding; cut negotiations with drug compa- nies; and allow lawsuits for unsafe drugs.

In a 2005 Forbes article, there were more good ideas with regards to fixing the ills of the FDA not covered by the Congressman: give power to FDA so that the user fees are not from patients. Kimball contacted the FDA in 1990 to point out that a small pharmaceutical company’s version had contained “detrimental to the actions of the product.”

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In the USA

IN THE NEWS

Brooke was first diag- nosed with Lyme disease in 1995 and has spent twelve years fighting for her life. Physicians once told her that she may not live due to com- pensated brain functioning as a result of Lyme disease. Fortunately, Brooke was treated by physicians in an exper-imental study five years ago that saved her life and is now living at a level close to what she was before she con- tacted Lyme disease. Brooke is dedicated to the mission to support research, education, awareness and the need to find a cure.

Turn the Corner Foundation Board Member

Brooke Landau, Discusses Lyme Disease Awareness on Good Morning America

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In the News

Parental Rights Violated in HPV Vaccine Case

Indiana - Parents in Indiana are in a state of shock after a local doctor gave their 14-year-old daughter a controversial vaccine without their permission.

The vaccine, Gardasil, protects against Human papillomavirus (HPV), a sexually transmitted virus that can cause cervical cancer. The parents of the 14-year-old girl said they would have refused the shot for their daughter, but were never given that option. So far, their doctor has declined to explain what happened. Gardasil has garnered significant attention in recent months. According to the University of Pennsylvania, 41 states have introduced legislation in the past year to either require vaccinations or fund educational programs about Gardasil.

At ParentalRights.org, we believe that parents have the right to ask questions and make medical decisions for their child before medical procedures are done.

Parental involvement is especially important in cases of emerging medical treatments, such as Gardasil. While the bulk of the scientific community favors the new drug, some important questions about the risks have been raised.

Research conducted by the National Vaccination Information Center found that patients who took Gardasil in conjunction with other vaccines had increased rates of respiratory and circulatory problems. In early June, the U.S. Centers for Disease Control and Prevention reported 13 cases of GBS (a disorder which causes the body's immune system to attack the nervous system, resulting in muscle weakness or paralysis) among persons who had received Gardasil.

Thankfully, American law still largely defers to parents' medical decisions, but this deference is constantly being challenged, particularly by the rising specter of international law.

The UN Convention on the Rights of the Child (UNCRC) seeks to undermine parents by changing American law so that the responsibility to determine "the best interests of the child" falls upon the government, instead of a child's parents. As one principal drafter of the UNCRC puts it, the Convention's premise "challenges the concept that family life is always in the best interests of children and that parents are always capable of deciding what is in the best interests of children."

Both the parents and child in Indiana said that they would have refused the Gardasil vaccine if they had been given the chance. But ultimately, that doesn't matter under the UNCRC, because acting in the "best interests" of children "provides decision and policy makers with the authority to substitute their own decisions for either the child's or the parents." In other words, the government becomes the new parent.

When it comes to the best interests of the child, no one knows children better than their parents. As parents, it's up to us to be aware of the risks and dangers they may face, whether medical or otherwise, so that we can guide them, provide for them, and protect them from harm.

Please forward this on to your friends and encourage them to join the fight to protect children by signing the online Petition for Constitutional Recognition of Parental Rights at www.parentalrights.org/.
OBITUARIES

**Bruno C. Malvezzi**

Bruno C. Malvezzi passed away at Morristown Memorial Hospital on July 29, 2007, at the age of 87; he had suffered and was paralyzed for the last year with Lyme disease. Born and raised in Weehawken, NJ he had summered in Devon, PA from the 1930s and moved there full time in 1952. Bruno served in the US Navy during WWII and received a Bronze Star and Presidential Citation for exceptionally meritorious achievement in the performance of outstanding combat service against enemy forces. He had been a jeweler, or platinum smith since 1940, and worked his last 25 years at Van Cleef and Arpels Jewelers in Manhattan before retiring in 1982. He was a member of the Elks Club in the Denville Rockaway area, and an avid gardener and farmer. His wife Mary (Pom) of 50 years preceded him in death in 2000.

**Steven F. Wells**

Steven F. Wells, PhD, Director of the Center for Human Genetics Research at Vanderbilt University Medical Center in Nashville, Tenn. and Margaret A. Pericak-Vance, MD, Director of the Institute for Human Genomics (NIH) and Alastair Compston, FRCP, Professor of Neurology at the University of California in San Francisco, and Alan R. Cooper, FRCP, PhD, Head of the Department of Clinical Neurosciences at the University of Cambridge, U.K. The other team, which focused on the search for a set of genes they considered potential risk factors to create a large risk, he and his grandchildren Matthew, Ben, Alex, Brett and Chloe survive him.

**SOUTH BERWICK —** Steven F. Wells, 41, of South Berwick, died suddenly on Aug. 7, 2007, at Frisbie Memorial Hospital in Rochester after a violent battle with lymphoma and ALS.

He was born May 14, 1962, a son of Joseph and Berenice Wells, in Warram, Ohio. He is survived by his loving wife of 17 years, Jennifer (Arabian) Wells Hiram College in Hiram, Ohio, with a degree in business management. He continued his studies throughout his life and earned an M.B.A. from Franklin Pierce College in 2004. For the past 10 years, he has been an executive for the Cooperative Alliance for Economic Development (COAST). Previously he had worked in public transportation for the RTA in Dayton, Ohio, for Apple Line Transportation in Gettysburg, Pa., at the Guthy-Jerger Country Transport in Chardon, Ohio, and as the county airport manager for Goshen County, located in Middlefield, Ohio. He had a devoted career at St. Mary’s Hospital in Dover. He enjoyed spending time with his family, snowmobiling and working to restore his house.

In addition to his wife, he is survived by two daughter, Stephanie, 16, a student at Marshwood High School, and Alexandra, 8, who was entering the Great Works School in South Berwick. Also, his mother Joseph and Southern Wells; brothers Gary Wells of Burlington, Iowa, and Mike Wells of Northfield, Ohio; brother-in-law Christopher Arabianbach of Portland, mother-in-law Olivia Arabianbach of Portland, and father-in-law Ron and JoAnn Arabianbach of Garretsville, OH; his sister-in-law Jessica Wells and goddaughter Amy Wheeless, nephews Matthew Wheeless and Scott Wells. Also, his grandparents Smith and John Wells, and his great-grandparents Smith and John Wells.

The trigger for MS is not fully explain the genetic basis of MS, scientists have long realized that one play a role that has been difficult to detect. Some studies of different genes, but neither of the two genes reported today belong to either the immune system or the immune system's mobile infantry – that allows the cells to respond to regulatory, secreted proteins called interleukins.

**Emily Powell**

Emily Powell, 15, of Centralia, Missouri passed away Wednesday, Aug. 29, 2007, at University Hospital in Columbia, Mo. from a tick-borne disease, encephalitis.

Friends and family are invited to celebrate Emily's life at the visitation from 10 a.m. to noon, Sept. 1, at Chester Boren Middle School, 110 N. Jefferson St. in Centralia. Services will be held in the school gymnasium of Friendship Christian Church officiating.

She was born June 3, 1992, in Osage Beach, the daughter of Michael R. and Angel K. Findley Powell, and they live.

Emily attended First Baptist Church and Friendship Place with the youth group, both of Centralia.

She graduated from eighth grade in May 2007 at Chester Boren Middle School and attended one day a week at Centralia High School before she became ill. Although she could no longer listen to music and enjoying her friends. Her charming personal- ity and winning way endeared her to family and friends. She will be sincerely and sad missed.

Survivors with her par- ents are her sister, Elizabeth Ann Powell of Centralia; two brothers, Justin Powell of Denville, NJ, and Nick Powell of Osage Beach; grandparents Linda and Ladder and Sue Findley of Centralia, great-grandmother Naomi Findley of Lew's Summit; four aunts, Lisa Gramke and husband John of Rose Hill, Ann and Nick Powell of Osage Beach; great-grandfather of Centralia, Tammy Hardieberg of Bethall, Ill., and Lucy Wan of Buffing Mo.; two nephews and many cousins.

Emily Powell is the third child in recent months to die of a tick-borne illness in the state of Missouri. IDSA claims tick-borne diseases are “easy to diagnose and easy to treat” and are rarely seen away from the east coast. Many cases of Lyme in the midwest and southwest are rapidly growing.
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.

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IN THE NEWS

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