Evidence Mounts Implicating Lyme Disease in the Autism Epidemic

By Texans for Patients' and Physicians' Rights

On Friday, November 2, 2007, Dr. Steven Hotze, founder of Texans for Patients' and Physicians' Rights with his attorneys, Terry Scarborough, of the Austin law firm, Hance Scarborough, and Wayne Meisner, of the Austin law firm, Fitzgerald Meissner, met with Gregg Cox, Director of Public Integrity Unit. The purpose of this meeting was to discuss the abuse of power by Board Drs. Patrick & Kalafut, Texas Medical Board (TMB) president, and Don Patrick, TMB executive director, and to file a formal complaint against both these individuals with the Travis County District Attorney, Ronnie Earle. Dr. Hotze charged that Kalafut had had her husband, Dr. Ed Brandecker, file anonymous complaints against their competitors in Ablaine and by Texas for Patients' and Physicians' Rights.

Formal Complaint to Texas D.A. Ronnie Earle's Office are Made Against Medical Board Drs. Patrick & Kalafut

Power as well as the federal anti-racketeering RICO Act. Attorneys Cox and Langman enthusiastically received the information which was provided them and gave promised specific remedies provided that Dr. Hotze would not publish the information which he has compiled on Kalafut, Patrick and other TMDB members and would not meet with the Ronnie Earle's office or with Federal Prosecutor Johnny Sutton's office. The attorneys viewed this as an effort by government officials to cover up miscon- duct. They informed Dr. Hotze that they would be seeking subpoenas for information from the TMB and would be interviewing the long list of physician and attorneys, who are aware of the Kalafut's and Patrick's abuse of power, with which they were provided by Dr. Hotze.

For more info on Texans for Patients' & Physicians' Rights go to www.tsppr.org
by Laura Zeller

The holidays can be a very difficult and stressful time for chronic illness sufferers. Many of us will find ourselves sitting around a table full of family, friends, or both, eating and discussing everything from the latest political issues to our hopes and dreams for the future. Many of us will feel grateful for what we have, but we may also feel a sense of loss. We may feel depleted of energy, or we may feel like we have no control over our lives. This can lead to feelings of isolation, depression, and anxiety. But there is hope. By taking the time to be grateful, we can find a way to turn our focus from what we have lost to what we still have. And in doing so, we can find a way to be more content with our lives.

Laura Zeller rises above the adversity of her illness and finds a grateful spirit throughout the holiday season. This photo is Laura atop Mount Everest, typical of her character, she is always climbing to higher heights!

Grateful... cont’d on pg 18
By Dawn Irons

As 2008 is looking bright on the horizon, once again I take time to pause and reflect on the year that has passed.

I am somewhat ashamed when I step back and look at the "big picture" of the previous year in review because I can see all it from the vantage point of seeing the end result.

I understand that my life is much more complete and accurate picture of the year on December 31st than I ever did on January 1st.

I remember the roller coaster ride and counter not being able to see the forest for the trees as each month passed on the calendar.

To look at each month in review is almost overwhelming, but...when I look at the big picture the year has a whole new perspective.

Last January started with our neurologist contemplating whether to rely on excess spinal fluid and pressure on my optic nerve.

He brought about the horrid nightmare of my daughter being in a coma with a diagnosis of the Infectious Disease doctor refusing to run Lyme tests as we requested.

March brought about a trip to Louisiana to see my LLMD and had their last thread to medical care.

She came back in positive.

Late April my Father-in-Law passed away and we buried him in May. The heartbeat just kept going.

In June we took two sons to be tested for Lyme as well...and I was in shock.

In July my oldest son came down with pneumonia and we began treatment that went through all of August.

September brought about my nephews military graduation.

I had promised my niece I would take her and her daughter to a dance that night. September was also brought about a severe outbreak of mine of my migraines and joint pains...and 2 days in a van driving across the country did not sound like anything I could pull off and still survive.

By the grace of God, we made it onto the flight, and I have written more about that and beyond what I ever thought I could.

I mean reουot for you the things I accomplished this year that were partly due to the fact that I had Lyme. If I were not for the disease I might never have had these opportunities to make better and find a new path for medical care is something I would never have done prior to Lyme. But finding my doctor has been a major blessing to my well being.

I count my friend, not only my doctor.

How do you say "Thank You" to someone who has given you back your life and that of your family? It was worth the trip?

Our medical care in March of this year, we decided, since the kids were off for spring break, that we would add a vacation on to the end of our medical trip.

This was the opportunity of a lifetime that we had been waiting for in 16 years of marriage!

After leaving Louisiana we continued up to Mississippi and through Tennessee where we stood outside the gates of Graceland where my husband last saw Elvis! It was after hours so we could not go inside, but we were close enough to say we had been there!

In November we were having Graceland we continued our journey up to St. Louis where we stayed with some close friends and had a core time of a lifetime.

We got to see the landmark and in the garden that night we would not have made had we not have a medical trip and spent time and money on it.

For that I am grateful!

The summer brought about two more trips to Graceland with the kids. I was blessed to have met my friend Victoria and her daughter and we all made the trip with me.

Victoria took us driv- ing way up to St Louis all the way back one trip when I was too tired to drive at all. I was surprised by them to be able to spend that time with her!

You can learn a lot about someone by being in a car with them. Due to Lyme and traveling outside of state, I have had the opportunity of making friends with people I wouldn't trade that for anything!

Last year brought about another soul searching moment when I couldn't even drive. This was a long shot since it was just 2 years ago that I had to quit school due to Lyme. It is amazing time, what a great doctor and a preying church can accomplish in one's health!

I have been living life now like I should be-- with great purpose!

I have been growing and learning and through the DFW area about launching another newspaper for the Christian community.

I want you to know that this is for Lyme disease keeping me from work-

ing a job outside my home, and to work or go school, I had to make decisions that I never thought I would have to make.

I am very thankful for the success that has come from this disease, the people who have given me a place in my life and I thank all my LLMDs for their support and care and for being in my life the way they should be-- with great purpose!
What "Used to Be" Doesn't Count Anymore
Moving Beyond Our Past Baggage

by Johanna Lake

Selling my things in a too-much-work-garage sale last month turned out to be a glimpse into parts of my life that died with my disease—Bon Appetit and Gourmet magazines from the days I considered myself a cook, brand new downhill skis from the sport shop I used to enjoy, and patterns, fabric, and yarn from sewing and needlepoint I used to do. These days were definitely past times.

Letting go of the accumulations of activities wasn’t hard; they’d been gathering dust for years. However, when I looked inside the purse I hung on the sale on the rack, I felt differently—I wanted to keep the clothes. I knew some of the past owners wore the knock out red silk dress, the Anne Klein blouson, and the Pendleton wool skirt. I tried to concentrate on the money people pushed into my hands, which would ease strained family finances, and tried not to remember how good the things inside might make my friends feel. The purses had made me feel some. Some outfits brought back memories of teachers, moments of different, beautiful days, of winters I went out on dates, and days and nights I worked in a fine dining restaurant.

I tried on a denim blazer I’d worn with a short, tight, sleeveless T-shirt in the days before disease. I remembered I’d been able to button the buttons and then say I wanted to keep the clothes, so I looked closely at the hands of strung-up sweaters, and the thinness of the denim skirt in the days I went out on dates, and the jewelry box I’d never looked at the tailored clothes that bound clothes had made me feel. Some outfits brought back memories of teachers, moments of different, beautiful days, of winters I went out on dates, and days and nights I worked in a fine dining restaurant.

I tried on a denim blazer I’d worn with a short, tight, sleeveless T-shirt in the days before disease. I remembered I’d been able to button the buttons and then say I wanted to keep the clothes, so I looked closely at the hands of strung-up sweaters, and the thinness of the denim skirt in the days I went out on dates, and the jewelry box I’d never looked at the tailored clothes that bound clothes had made me feel. Some outfits brought back memories of teachers, moments of different, beautiful days, of winters I went out on dates, and days and nights I worked in a fine dining restaurant.

I tried on a denim blazer I’d worn with a short, tight, sleeveless T-shirt in the days before disease. I remembered I’d been able to button the buttons and then say I wanted to keep the clothes, so I looked closely at the hands of strung-up sweaters, and the thinness of the denim skirt in the days I went out on dates, and the jewelry box I’d never looked at the tailored clothes that bound clothes had made me feel. Some outfits brought back memories of teachers, moments of different, beautiful days, of winters I went out on dates, and days and nights I worked in a fine dining restaurant.

I tried on a denim blazer I’d worn with a short, tight, sleeveless T-shirt in the days before disease. I remembered I’d been able to button the buttons and then say I wanted to keep the clothes, so I looked closely at the hands of strung-up sweaters, and the thinness of the denim skirt in the days I went out on dates, and the jewelry box I’d never looked at the tailored clothes that bound clothes had made me feel. Some outfits brought back memories of teachers, moments of different, beautiful days, of winters I went out on dates, and days and nights I worked in a fine dining restaurant.

I tried on a denim blazer I’d worn with a short, tight, sleeveless T-shirt in the days before disease. I remembered I’d been able to button the buttons and then say I wanted to keep the clothes, so I looked closely at the hands of strung-up sweaters, and the thinness of the denim skirt in the days I went out on dates, and the jewelry box I’d never looked at the tailored clothes that bound clothes had made me feel. Some outfits brought back memories of teachers, moments of different, beautiful days, of winters I went out on dates, and days and nights I worked in a fine dining restaurant.

I tried on a denim blazer I’d worn with a short, tight, sleeveless T-shirt in the days before disease. I remembered I’d been able to button the buttons and then say I wanted to keep the clothes, so I looked closely at the hands of strung-up sweaters, and the thinness of the denim skirt in the days I went out on dates, and the jewelry box I’d never looked at the tailored clothes that bound clothes had made me feel. Some outfits brought back memories of teachers, moments of different, beautiful days, of winters I went out on dates, and days and nights I worked in a fine dining restaurant.

I tried on a denim blazer I’d worn with a short, tight, sleeveless T-shirt in the days before disease. I remembered I’d been able to button the buttons and then say I wanted to keep the clothes, so I looked closely at the hands of strung-up sweaters, and the thinness of the denim skirt in the days I went out on dates, and the jewelry box I’d never looked at the tailored clothes that bound clothes had made me feel. Some outfits brought back memories of teachers, moments of different, beautiful days, of winters I went out on dates, and days and nights I worked in a fine dining restaurant.
Volunteers are the salt of the earth and none more so than in the Lyme disease com- munity. I have known some volunteers that have gone the extra mile without so much as a thank-you. I have also known some that if they aren’t thanked for every little thing will com- plain to anyone who will listen and for as long as they have breath.

Still others do what they can, follow guidelines, and share some terrible ideas. They get along with most everyone, remain from their idle gossip, and are not seeking a pat on the back or the spotlight.

However, not all volunteers are pleasurable or enjoyable to work with. Personalities play a large role in organizing and managing volunteers. Everyone has his or her own reason for volunteering, but not everyone who volunteers has the same personality. Sometimes it can be difficult to make sense of the many personalities when you aren’t aware of the many personali- ties.

Common Personalities:
- The Know-It-All personality is famous for being a poor listener and speaking far more than he or she is competent on all subjects. This personality will offer advice - even bad advice - whenever wanted. Their way is better - even though no proof of this exists.
- The Name-Dropper personality is known for self-inter- ested agendas and less attention to the needs of the group (i.e. meetings). These people are mostly about self-promotion. This personality has a way of link- ing themselves with accom- plished people so they will still be thankful to Him and bless
Psalm 100 we are told that the many blessings - count them - be thankful to Him and bless
This personality is often pushy - depending on the personal agenda needs. They often want information that they have no business having or any use for.
- The Complainant personality will find something to complain about - their job, fam- ily, home, vehicles, others - until they eventually start complain- ing about you. It’s always someone else’s fault.
- The Self-Improver personality takes volunteering seri- ously because it makes them feel good about themselves. They get satisfaction from donating their time and service.
- The Experience Seeker personality is curious and wants to learn all they can. This personality wants to try it all - every volunteer to jump from a plane to test a new para- chute - they’ll be the first in line.
- The Autonomous personality will volunteer as long as the project is something they believe in and progress is made. This personality must care about a project deeply enough to offer their time and energy. The quickest way to lose this kind of volunteer is to not provide positive progress.
- The Drama personality will create drama wherever they go and leave a wake behind them. This personality looks for attention and sympa- thy. Their situation is far worse than it appears. They want others to come to their rescue or to offer a pitiful be, so be it.
- The Quiet or Invisible personality will go about any task assigned them. These are normally diligent workers who get the job done in a quiet and unobtrusive way. They either don’t like the spotlight, or they simply don’t want to be noticed.
- The Grumpy personality
will offer to participate in the group plan and then realize that there’s nothing personal in it for them. This personality insists on a piece of the fundraising pie, cannot under- stand why they aren’t entitled to it, and may attempt to bash the group’s efforts. If there’s nothing personal to gain, they have nothing to offer.
- The Attention Seeker personality wants the spotlight on them - not the project or task. This personality will zip across the volunteer stage to grab the spotlight - shadowing anyone/anything else currently in the spotlight.

The 101-Question person has gone the extra mile without so much as a thank-you. I have also known some that if they aren’t thanked for every little thing will complain to anyone who will listen and for as long as they have breath.

Unclear things can (and often do) happen - this is life. However, it does not have to slow or stop activities if some- one is there to step in when necessary. Be sure to keep the backup informed by including them in meetings, changes, announcements, progress, etc.

Let the group know what this person’s position is so there will be no problems should they find it necessary to take leader- ship control.

Tips: Planning is every- thing - including taking on vol- unteers. Recruit volunteers with forethought. Describe the posi- tion/task on paper. Decide what personality is already involved and examine what personality would best work with these personalities and still make progress.

Provide an orientation. This will familiarize the volun- teer with the history of the group, the mission, and intro- duce them to the team. This will also give you the opportunity to recognize the different personality types in the group.

Training is essential for any volunteer. They may have “Volunteers...” cont’d on pg 13
Most dosing in medi-
cine follows medical journal ad-
timonials. The company repre-
sentative materials, the simplicistic PDR or mentors who are semi-author-
ities. The answers. The same applies to alternative medicine. Both tradi-
tions can become too rigid and stuck on a select treatment delivered in the same manner for all patients. As physicians continue to treat patients we have learned that cookbook dosing or “protocols” are not appropriate since no patient is the same, and so treatment should be the same.

Currently, top phys-
cians treating tick and flea infec-
tions need to be versed in Babesia, Bartonella, indoor mold biotoxins, Lyme biotoxins such as the neurotoxin Bbtox1 and many other issues. Indeed, treatment failure begins with the fact deer ticks rarely have one infection in their complex stomachs, and it is simply a fact that most labs are worthless at the detection of these many dif-
ferent infections. This is why, these highly common “co-infec-
tions” are perhaps better called potential pathogens, because most of these infections cause clear lab documented types of inflammation. Including inflam-
mation chemicals in the blood which make the brain require unneeded and careful dosing.

Yet another major rea-
son for failure in the treatment of ill patients is dosing errors of a wide range of medications, such as antibiotics, parasitic treatments, herbs and psychi-
atriac medications. First, it is important to understand that any infection, inflammatory process or a decrease in anti-inflammation chemicals means the brain will behave as if you have gasoline in your blood. Specifically, these three situations entirely alter the way medicines or herbs are dosed.

Many medications, herbs or other traditional or alterna-
tive treatments are “dosed” in a bell curve manner. This means very simply, that the most people fit into a common range such as 2-4 times the smallest tablet, whereas a percentage gain benefit from 1 capsule/day or 5 or more sup-
plex/day. For other treatments that do not involve swallowing it might mean 2-4 treatments a week usually give the best ben-
efit. However, if you have an infection that reaches the brain or high inflammation in the brain or bio-toxic diverti-
cing normal metabolic paths this can cause the bell curve dosing to be a disaster. Or at the very least cause a patient to have significant side effects. Why? Because the body treats very different to different treatments when the brain is infected or is covered in immune overreacting chemicals or hijacked by biotoxins. In this situation the bell curve in the end is replaced with a “smile face” dose pat-
tern. What is a smile face dose?

In a smile, the ends of the bell curve are off the scale. When you apply this image to dosing it means that many people will be at the two extremes of dosing. Some will only be able to tolerate a 1/8th or 1/4 of the smallest tablet. If this good dose can be taken even benefit from having the smallest pill compounded into 1/16th of the smallest tablet because the brain is so raw and reactive that if the minor base has been burned and the med-
ication or herb is like acid. Some of these people are on time and after a period of treatment can handle more traditional dosing but usually in the first months.

The good news is that some of these people may have useful benefits on these low doses. What medications are we talk-
ing about? This principle probably applies to antibiotics, herbs, anti-inflammatory omega 3 fish oils with a dash of inflammato-
ry omega 9, magnesium sublin-
gual troches, antidepressants, anti-anxiety medications, sleep medications, anti histamines, cholesterolometry and any alterna-
tive medicine treatment. Again, your starting dose may not be your ending dose, not just because your liver will be bet-
er at removing any swallowed treatment, but because you may have to lower down your inflammation and remove some biotoxins under-
mine normal metabolism. 

While some sick patients take normal doses, we always start in the first few days or week with very low dosing, then try to make due to not seeing severe side effect due to brain inflammation. These indi-
viduals are an unknown per-
centage of patients with tick, flea and indoor mold related ill-
esses. The other extreme of smile face dosing is very high doses. Some examples of this might include people who slowly reach a high dose or are able to reach it in a couple working days. For example, anti-inflammation treatments, antibiotics or mental-focused herbs or biotoxins. In this situation the bell curve in the end is replaced with a “smile face” dose pattern. What is a smile face dose?

In this situation the bell curve fits every patient” dosing and how to read an HLA result. The editor sug-
Suggests you look for the book Dr. Schaller’s new book, The 15 Reasons Why Tick and Flea-Borne Infection Treatment Fails, out due in 2-3 months.

Dr. Schaller is working with Dr. Charles Roy Jones on a new book, The 15 Reasons Why Tick and Flea-Borne Infection Treatment Fails, due out in 2023. Dr. Schaller has 25 National and International Medical Publications in such journals as WAMA, Medicine, and some of the largest pedi-
atriac journals in the world. He is the first to publish a prac-
tical cancer cure which blocks a single enzyme for a deadly cancer. His book, The 15 Reasons Why Tick and Flea-Borne Infection Treatment Fails, has been translated into many languages, and is the best selling book in the world-possibly more common than Lyme. Dr. Schaller has 25 National and International Medical Publications in such journals as WAMA, Medicine, and some of the largest pedi-
atriac journals in the world. He is the first to publish a prac-
tical cancer cure which blocks a single enzyme for a deadly cancer. His book, The 15 Reasons Why Tick and Flea-Borne Infection Treatment Fails, has been translated into many languages, and is the best selling book in the world-possibly more common than Lyme. Dr. Schaller is working with Dr. Charles Roy Jones on a new book, The 15 Reasons Why Tick and Flea-Borne Infection Treatment Fails, due out in 2-3 months.
Pat Smith, President of the Lyme Disease Awareness Coalition, arrived in Minneapolis on Monday, November 12th for a whirlwind three days of meetings with members of the Minnesota Lyme Action and Support Group, the Minnesota Lyme Association, and many of her fellow Lyme survivors. The Minnesota Lyme Action Coalition also gave a cable television interview and a press conference. Pat took all the time she had to give to the people of the community forum presentation on Lyme disease and, in the evening, gave a disease. Pat also gave a talk on the surveillance criteria and issue and we explained what was happening. The thing I suggested was that they put out the information [on the importance of using CDC criteria for diagnosis] to the state public health departments and they in turn could put that information out to their physicians, they have records of their physicians. Has it happened? No.

Last August, in 2007, I was invited to Fort Collins, Colorado, the home of the CDC’s Vector-Borne Disease Division. I spent the day with them. I presented to it. I came out and I said, “I am not a doctor. I’m not a scientist and I want you to want to know I am coming here as a patient advocate. I need you to hear what kinds of things are occurring as a result of your official and unofficial policies.” I was honest with them. I thought it was a very good meeting and it has opened a door to possible meetings/discussions with some of our physicians.

How would you describe your relationship with the Centers for Disease Control and Prevention (CDC)?

We’re forming a relationship because you can’t have a disease that doesn’t talk to people. It’s like having a marriage and not talking to one another and having all sorts of problems that arise and you just say, “Oh, well, let’s just shove it under the table and we’re never gonna talk.” That doesn’t work. We need to start having open dialogues and discuss things. We’ve got to start looking at this issue. We’ve got to examine why doctors are not talking to old patients. We’ve got to examine why doctors are not talking to patients. Why doesn’t the CDC notify doctors by mail that they are suspects regarding the length of the disease? Why has the 1994 CDC-proposed alternate criteria superseded what had previously been the standard of acceptance for a positive IgM to become the new standard? Why has the 1994 CDC-proposed alternate criteria superseded what had previously been the standard of acceptance for a positive IgM to become the new standard?

I could have changed too. No, the CDC has not changed by now, and the only thing that the CDC is doing is trying to get some of these newer [test] methods [out there]. That’s why we need to get some of these newer [test] methods [out there]. They’re interested in that. Why do you think the US now has European strains of Borrelia?

I thought I read something recently that said a tick had been tested here and they found [rifiluf [a European strain]]? Is it possible? Yes. It’s a small world, and it’s getting smaller every day. People are traveling everywhere. Why would they think ticks don’t travel? It goes along with the lyme star tick issue--“They were concentrated in the South.”

But, what would they think ticks don’t travel? It goes along with the lyme star tick issue--“They were concentrated in the South.”

They’re informed. But here’s my contention. That’s why we need to get some of these newer [test] methods [out there]. They’re interested in that. They’re interested in that.
**MEDICAL PERSPECTIVES**

**Depression Linked to Bone-Thinning in Premenopausal Women**

This should be considered a risk factor for osteoporosis; immune system involved

by NIH News

Premenopausal women with even mild depression have less bone mass than do their nondepressed peers, a study funded in part by the National Institute of Mental Health (NIMH), part of the National Institutes of Health (NIH), shows. The level of bone loss is at least as high as that associat-
ed with recognized risk factors for osteoporosis, including smoking, low calcium intake, and lack of physical activity. Hip bones, the site of frequent fractures among older people, were among those showing the most thinning in depressed premenopausal women. The reduced bone mass puts them at higher risk of these costly, sometimes fatal fractures and others as they age, the researchers note in the November 26 issue of the "Archives of Internal Medicine." The report was sub-
mited by Giovanni Cizza, MD, PhD, MHSc, of NIMH and the NIH National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), Farideh Esfandari, MD, MHSc, of NIMH, and colleagues.

"Osteoporosis is a silent disease. Too often, the first symptom a clinician sees is when a patient shows up with a broken bone. Now we know that depression can serve as a red flag — that depressed women are more likely than other women to approach menopause already at a higher risk of fractures," said NIMH Deputy Director Richard Nakamura, PhD.

After bone mass reaches its peak in youth, bone-thinning continues throughout life, accelerating after menopause. Preliminary studies had sug-
gested that depression may be a risk factor for lower-than-aver-
age bone mass even in young, premenopausal women. The researchers found that 17 percent of the depressed women had thinner bone in a vulnerable part of the hip called the femoral neck, compared with 2 percent of those who were not depressed. Low bone mass in the lumbar spine, in the lower back, was found in 20 percent of depressed women, but in only 9 percent of nonde-
pressed women. Bone mass was measured via an X-ray tech-
nique called DXA scanning. There was no significant link between the degree of bone loss and the severity of depres-
sion or the cumulative number of depressive episodes, the researchers found. The depressed women had been diagnosed with mild depression and were having, or had recent-
ly had, a depressive episode. "Depression generally isn't on clinicians' radar screens as a major risk factor for osteo-
porosis, particularly for pre-
menopausal women. It should be," said Cizza. Blood and urine sam-

cles also showed that depressed women have imbalances in immune-system substances, including those that produce inflammation, compared to their healthy peers. This addi-
tional finding strengthens the case for a suspected link be-
tween depression-induced imbalances in the immune sys-
tem and accelerated bone loss. The blood and urine samples were taken every hour for a full day, providing a truer picture than does less frequent testing, as had been done in previous studies.

The immune-system imbalances may be tied to excess serotonin, since the part of the nervous system that pro-
duces serotonin is over-active in depressed people. Increased serotonin can over-stimulate the immune system. For the others, the depressed women in this study had higher levels of immune-system pro-
teins that promote inflamma-
tion, and lower levels of those that prevent it. One of these inflamma-
tion-promoting proteins, IL-6, is known to promote bone loss. At the molecular level, bones routinely break down, and their minerals, notably calcium, are reabsorbed into the blood, where they travel throughout the body to perform crucial functions in cells. At the same time, the body builds the bone back up. Imbalances in this nor-
mal loop of bone re-absorption and build-up, such as high lev-
els of IL-6, could promote bone loss, the researchers suggest.

Other NIH contributors to the study, in addition to NIMH and NIDDK, included the NIH Clinical Center and the National Center for Complementary and Alternative Medicine.

For more information about depression, visit the NIMH web site at www.nimh.nih.gov/health/topics/depression/index.shtml.

The National Institute of Mental Health (NIMH) mission is to reduce the burden of men-
tal and behavioral disorders through research on mind, brain, and behavior. More information is available at the NIMH website: http://www.nimh.nih.gov/.

The National Institutes of Health (NIH) - The Nation's Medical Research Agency - is comprised of 27 Institutes and Centers and is a component of the U. S. Department of Health and Human Services. It is the primary Federal agency for conducting and supporting medical research, and investi-
gates the causes, treatments, and cures for both common and rare diseases.
"I want to be one less! You’ve probably seen the com- mendable presence in my physi- over my appointment time slot who seem to have carte blanche tion here. In fact, when I must symptoms we explain so elo- privileged 5-minute face time, pay a co-pay, smile at our nearest managed-care facil- our cars to run, (not walk) to sheep, able to be directed into (in my opinion), consumers are interest at heart. And perhaps drug companies have our best ing picturesque lives, quickly our homes is, “Do you have demand for their products? The name pharmaceutical compa- seems primarily funded by big- effective, or even necessary? but is the vaccine truly safe, otherwise determine their own medicines or vaccines are by PJ Langhoff

There are different types of HPV virus, and the Gardasil® BBP’s address for Types 6 and 11 cause about 90% of genital warts; and types 16 and 18 cause about 70% of cervical cancers. The vaccine is administered intramuscularly as a series of three injections over a six-month period. Costs for the vaccine are $300-$500. Since males can transmit HPV to females, studies are under- way to determine if the vaccine would be safe and effective for men. Trials are underway to study the vaccine in young men aged 16-18 years. Gardasil® is only approved for use in females at this time between the ages of 9 and 26.[1] Like most parents, I have more than a young adult child fitting neatly into this wide age bracket. And with the skyrocketing rates of juvenile climbing in today’s generation, as a mother I would have con- duced to a vaccine—a vaccine promoted as a “safe and effective” preventative for any reproductive health.

The FDA approved the vaccine in June of 2006. Gardasil® is deemed to be reportable as a result of receiving the vaccine, were paralyzed, intractable pain, claustrophobic sensations, clamping and circulation disor- ders, and Guillain-Barre syndrome.[9] gardenia, the name of the tree used in the FDA in documents received by a Judicial Watch FOIA request. According to the report, since that May 2007, there have been an additional 1,824 vaccine-related deaths and 3,509 adverse events. Unfortunately, the FDA only supplied partial records in response to our FOIA request on October 3, 2007. Judicial Watch filed a lawsuit against the FDA for the remaining FOIA request as required by the Freedom of Information Act. The New England Journal of Medicine questioned the gener- al health benefits of the vaccine. Filed with the FDA/CBER (Center for Biologics Evaluation and Research) was an executive summary including the duration of efficiency. It is important to note that the availability of protection was identified from the Phase III trials.[5] It is unknown that the incidence of cases of respiratory illnesses and gastroenteritis among infants of mothers who were administered Gardasil during the time they were breastfeeding their infants, and discusses adverse events, including fetal abnormalities and recipient indication.

According to the sum- mary, most safety concerns were with four Nordic countries (Norway, Sweden, Denmark, and Finland) who have a long-term outcomes of 5,500 recipi- ents of the vaccine over a peri- od of 14 years. According to the European Union, the Norwegian government intends to make Gardasil® mandatory vaccines, whether mandated vaccines, whether the FDA only supplied partial records in response to our FOIA request on October 3, 2007. Judicial Watch filed a lawsuit against the FDA for the remaining FOIA request as required by the Freedom of Information Act. The New England Journal of Medicine questioned the gener- al health benefits of the vaccine. Filed with the FDA/CBER (Center for Biologics Evaluation and Research) was an executive summary including the duration of efficiency. It is important to note that the availability of protection was identified from the Phase III trials.[5] It is unknown that the incidence of cases of respiratory illnesses and gastroenteritis among infants of mothers who were administered Gardasil during the time they were breastfeeding their infants, and discusses adverse events, including fetal abnormalities and recipient indication.

According to the sum- mary, most safety concerns were with four Nordic countries (Norway, Sweden, Denmark, and Finland) who have a long-term outcomes of 5,500 recipi- ents of the vaccine over a peri- od of 14 years. According to the European Union, the Norwegian government intends to make Gardasil® mandatory vaccines, whether mandated vaccines, whether the FDA only supplied partial records in response to our FOIA request on October 3, 2007. Judicial Watch filed a lawsuit against the FDA for the remaining FOIA request as required by the Freedom of Information Act. The New England Journal of Medicine questioned the gener- al health benefits of the vaccine. Filed with the FDA/CBER (Center for Biologics Evaluation and Research) was an executive summary including the duration of efficiency. It is important to note that the availability of protection was identified from the Phase III trials.[5] It is unknown that the incidence of cases of respiratory illnesses and gastroenteritis among infants of mothers who were administered Gardasil during the time they were breastfeeding their infants, and discusses adverse events, including fetal abnormalities and recipient indication.

According to the sum- summary, most safety concerns were with four Nordic countries (Norway, Sweden, Denmark, and Finland) who have a long-term outcomes of 5,500 recipi- ents of the vaccine over a peri- od of 14 years. According to the European Union, the Norwegian government intends to make Gardasil® mandatory vaccines, whether mandated vaccines, whether the FDA only supplied partial records in response to our FOIA request on October 3, 2007. Judicial Watch filed a lawsuit against the FDA for the remaining FOIA request as required by the Freedom of Information Act. The New England Journal of Medicine questioned the gener- al health benefits of the vaccine. Filed with the FDA/CBER (Center for Biologics Evaluation and Research) was an executive summary including the duration of efficiency. It is important to note that the availability of protection was identified from the Phase III trials.[5] It is unknown that the incidence of cases of respiratory illnesses and gastroenteritis among infants of mothers who were administered Gardasil during the time they were breastfeeding their infants, and discusses adverse events, including fetal abnormalities and recipient indication.

According to the sum- summary, most safety concerns were with four Nordic countries (Norway, Sweden, Denmark, and Finland) who have a long-term outcomes of 5,500 recipi- ents of the vaccine over a peri- od of 14 years. According to the European Union, the Norwegian government intends to make Gardasil® mandatory vaccines, whether mandated vaccines, whether the FDA only supplied partial records in response to our FOIA request on October 3, 2007. Judicial Watch filed a lawsuit against the FDA for the remaining FOIA request as required by the Freedom of Information Act. The New England Journal of Medicine questioned the gener- al health benefits of the vaccine. Filed with the FDA/CBER (Center for Biologics Evaluation and Research) was an executive summary including the duration of efficiency. It is important to note that the availability of protection was identified from the Phase III trials.[5] It is unknown that the incidence of cases of respiratory illnesses and gastroenteritis among infants of mothers who were administered Gardasil during the time they were breastfeeding their infants, and discusses adverse events, including fetal abnormalities and recipient indication.

According to the sum- summary, most safety concerns were with four Nordic countries (Norway, Sweden, Denmark, and Finland) who have a long-term outcomes of 5,500 recipi- ents of the vaccine over a peri- od of 14 years. According to the European Union, the Norwegian government intends to make Gardasil® mandatory vaccines, whether mandated vaccines, whether the FDA only supplied partial records in response to our FOIA request on October 3, 2007. Judicial Watch filed a lawsuit against the FDA for the remaining FOIA request as required by the Freedom of Information Act. The New England Journal of Medicine questioned the gener- al health benefits of the vaccine. Filed with the FDA/CBER (Center for Biologics Evaluation and Research) was an executive summary including the duration of efficiency. It is important to note that the availability of protection was identified from the Phase III trials.[5] It is unknown that the incidence of cases of respiratory illnesses and gastroenteritis among infants of mothers who were administered Gardasil during the time they were breastfeeding their infants, and discusses adverse events, including fetal abnormalities and recipient indication.
On a month’s course of antibiotics, the Patient's friends were noticing that their response to antibiotic treatment had improved, and the doctors said by the Yale/UCONN group that this improvement is only due to some anti-inflammatory property of the antibiotics and that the drugs are not killing off an active infection. If this is true, why doesn’t aspirin and other anti-inflammatory medications improve the disease process? It is true that some people do not respond at all to the antibiotics given them. However, one should not automatically assume that the patient does not have a borrelia infection or other coinfection. Different types of antibiotics, classes of drugs (eg. anti-malarial) and different dosages may need to be tried before determining someone has an autoimmune disease and is not responding.

Dr. Feder was featured as the lead author of the article in the October New England Journal of Medicine entitled “4 Critical Approaches to Chronic Lyme Disease.” On Fox News that night, Dr. Feder was featured as claiming that there is NO proof that Chronic Lyme exists. When both sides are speaking, very sick people think the treatment they are given is too dangerous. Actually, I don’t believe that there is proof that Lyme borrelia could not be killed off or controlled. One is still present and need to be killed off or controlled. Dr. Feder was the lead author of the article in the October New England Journal of Medicine entitled “4 Critical Approaches to Chronic Lyme Disease.” cuando a ravenna gente.

Doctors who use common sense are noticing that many patients begin to improve on a month’s course of antibiotics but that it isn’t always enough. Some patients who may not have been treated early enough, or whose immune systems are not working properly, may often need longer term treatment. Why would these doctors think such a radical thing? They hold this view because they see it happening right before their eyes. It’s simple...patients are put on antibiotics and they usually improve.

Doctors who use common sense are noticing that many patients begin to improve on a month’s course of antibiotics but that it isn’t always enough. Some patients who may not have been treated early enough, or whose immune systems are not working properly, may often need longer term treatment. Why would these doctors think such a radical thing? They hold this view because they see it happening right before their eyes. It’s simple...patients are put on antibiotics and they usually improve.

Doctors who use common sense are noticing that many patients begin to improve on a month’s course of antibiotics but that it isn’t always enough. Some patients who may not have been treated early enough, or whose immune systems are not working properly, may often need longer term treatment. Why would these doctors think such a radical thing? They hold this view because they see it happening right before their eyes. It’s simple...patients are put on antibiotics and they usually improve.

Doctors who use common sense are noticing that many patients begin to improve on a month’s course of antibiotics but that it isn’t always enough. Some patients who may not have been treated early enough, or whose immune systems are not working properly, may often need longer term treatment. Why would these doctors think such a radical thing? They hold this view because they see it happening right before their eyes. It’s simple...patients are put on antibiotics and they usually improve.

Doctors who use common sense are noticing that many patients begin to improve on a month’s course of antibiotics but that it isn’t always enough. Some patients who may not have been treated early enough, or whose immune systems are not working properly, may often need longer term treatment. Why would these doctors think such a radical thing? They hold this view because they see it happening right before their eyes. It’s simple...patients are put on antibiotics and they usually improve.

Doctors who use common sense are noticing that many patients begin to improve on a month’s course of antibiotics but that it isn’t always enough. Some patients who may not have been treated early enough, or whose immune systems are not working properly, may often need longer term treatment. Why would these doctors think such a radical thing? They hold this view because they see it happening right before their eyes. It’s simple...patients are put on antibiotics and they usually improve.

Doctors who use common sense are noticing that many patients begin to improve on a month’s course of antibiotics but that it isn’t always enough. Some patients who may not have been treated early enough, or whose immune systems are not working properly, may often need longer term treatment. Why would these doctors think such a radical thing? They hold this view because they see it happening right before their eyes. It’s simple...patients are put on antibiotics and they usually improve.

Doctors who use common sense are noticing that many patients begin to improve on a month’s course of antibiotics but that it isn’t always enough. Some patients who may not have been treated early enough, or whose immune systems are not working properly, may often need longer term treatment. Why would these doctors think such a radical thing? They hold this view because they see it happening right before their eyes. It’s simple...patients are put on antibiotics and they usually improve.

Doctors who use common sense are noticing that many patients begin to improve on a month’s course of antibiotics but that it isn’t always enough. Some patients who may not have been treated early enough, or whose immune systems are not working properly, may often need longer term treatment. Why would these doctors think such a radical thing? They hold this view because they see it happening right before their eyes. It’s simple...patients are put on antibiotics and they usually improve.

Doctors who use common sense are noticing that many patients begin to improve on a month’s course of antibiotics but that it isn’t always enough. Some patients who may not have been treated early enough, or whose immune systems are not working properly, may often need longer term treatment. Why would these doctors think such a radical thing? They hold this view because they see it happening right before their eyes. It’s simple...patients are put on antibiotics and they usually improve.

Doctors who use common sense are noticing that many patients begin to improve on a month’s course of antibiotics but that it isn’t always enough. Some patients who may not have been treated early enough, or whose immune systems are not working properly, may often need longer term treatment. Why would these doctors think such a radical thing? They hold this view because they see it happening right before their eyes. It’s simple...patients are put on antibiotics and they usually improve.

Doctors who use common sense are noticing that many patients begin to improve on a month’s course of antibiotics but that it isn’t always enough. Some patients who may not have been treated early enough, or whose immune systems are not working properly, may often need longer term treatment. Why would these doctors think such a radical thing? They hold this view because they see it happening right before their eyes. It’s simple...patients are put on antibiotics and they usually improve.

Doctors who use common sense are noticing that many patients begin to improve on a month’s course of antibiotics but that it isn’t always enough. Some patients who may not have been treated early enough, or whose immune systems are not working properly, may often need longer term treatment. Why would these doctors think such a radical thing? They hold this view because they see it happening right before their eyes. It’s simple...patients are put on antibiotics and they usually improve.

Doctors who use common sense are noticing that many patients begin to improve on a month’s course of antibiotics but that it isn’t always enough. Some patients who may not have been treated early enough, or whose immune systems are not working properly, may often need longer term treatment. Why would these doctors think such a radical thing? They hold this view because they see it happening right before their eyes. It’s simple...patients are put on antibiotics and they usually improve.

Doctors who use common sense are noticing that many patients begin to improve on a month’s course of antibiotics but that it isn’t always enough. Some patients who may not have been treated early enough, or whose immune systems are not working properly, may often need longer term treatment. Why would these doctors think such a radical thing? They hold this view because they see it happening right before their eyes. It’s simple...patients are put on antibiotics and they usually improve.

Doctors who use common sense are noticing that many patients begin to improve on a month’s course of antibiotics but that it isn’t always enough. Some patients who may not have been treated early enough, or whose immune systems are not working properly, may often need longer term treatment. Why would these doctors think such a radical thing? They hold this view because they see it happening right before their eyes. It’s simple...patients are put on antibiotics and they usually improve.

Doctors who use common sense are noticing that many patients begin to improve on a month’s course of antibiotics but that it isn’t always enough. Some patients who may not have been treated early enough, or whose immune systems are not working properly, may often need longer term treatment. Why would these doctors think such a radical thing? They hold this view because they see it happening right before their eyes. It’s simple...patients are put on antibiotics and they usually improve.

Doctors who use common sense are noticing that many patients begin to improve on a month’s course of antibiotics but that it isn’t always enough. Some patients who may not have been treated early enough, or whose immune systems are not working properly, may often need longer term treatment. Why would these doctors think such a radical thing? They hold this view because they see it happening right before their eyes. It’s simple...patients are put on antibiotics and they usually improve.

Doctors who use common sense are noticing that many patients begin to improve on a month’s course of antibiotics but that it isn’t always enough. Some patients who may not have been treated early enough, or whose immune systems are not working properly, may often need longer term treatment. Why would these doctors think such a radical thing? They hold this view because they see it happening right before their eyes. It’s simple...patients are put on antibiotics and they usually improve.
CALLING ALL TEXAS LYME PATIENTS AND CAREGIVERS!

STAND UP FOR LYME (SUFL) invites you to join our 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
by Maggie Sabota

Throughout our year as Miss Cumberland County, I have had many opportunities to share my experiences about Lyme Disease. While quite a few of these opportunities were through formal presentations at schools, senior centers, and luncheons, many casual conversations arose on a day to day basis. During these conversations, I have found that many people have been misinformed about certain aspects of the Lyme Disease. Here is a sampling of some of the most common misconceptions:

"I received a negative test result so I'm sure I don't have Lyme Disease." Lyme is a clinical diagnosis. Standard tests such as the Elisa and Western blot tests are only 65% accurate. This is because the tests look at antibody levels which may not be present, even though someone has the disease. A positive test can be used to support a clinical diagnosis, but a negative test should not be used to exclude it.

"I never had a "ring-rash" so I must not have Lyme Disease." Only about 60% of individuals who present with a ring rash and many aren't classic erythema migrans or "bulls-eye" rash hear very frequently. Deer are perhaps the most well known animal to carry the black-legged or deer ticks, but other animals such as mice, birds or even the family dog can carry them. If I asked this question I normally also mention that dogs can also get Lyme Disease, which can cause them to have severe arthritis, among other problems.

"I wasn't in the woods, so I can't have Lyme Disease." I have encountered several families who have children with coexisting disorders and brought potentially significant new information to the world of understanding for youth with ADHD.

Another critical area of research for children with ADHD and coexisting conditions is the effectiveness of current treatments.

Preschoolers who are diagnosed with ADHD are not likely to respond to treatment with the stimulant methylphenidate, regardless of dose, the authors reported. They also have three or more coexisting disorders, according to a recent analysis of data from the Preschoolers with ADHD Treatment Study (PATS). PATS was funded by the National Institutes of Health's National Institute of Mental Health (NIMH). Previously reported PATS results showed that overall, low doses of methylphenidate were safe and effective in treating 3-5-year-olds diagnosed with ADHD. This most recent study, one of seven new PATS articles published November 5, 2007, in the "Journal of Child and Adolescent Psychopharmacology," sought to identify individual characteristics that may affect how a child responds to treatment. The other articles examine topics such as the effectiveness of methylphenidate over a follow-up phase, the effects of the medication on functional outcomes for the preschoolers, and others.

"This new data is an important step forward in bridging the gap between research results and clinical practice," bringing potentially valuable information to clinicians about ways to better customize treatments for their patients," said NIMH Director Thomas R. Insel, M.D. "It also identifies a group of young children who have significant and multiple problems, and for whom more research is needed to identify effective treatments."

Analyzing data from 165 children, Jaswinder Ghuman, M.D., of the University of Arizona, and colleagues examined demographic and family characteristics that may predict response to ADHD treatment. Among the children, 29 percent had no coexisting disorders, 42 percent had one coexisting disorder, 21 percent had two coexisting disorders, and 9 percent had three or more coexisting disorders.

Oppositional defiant disorder, conduct disorder and anxiety disorders were the most common coexisting disorders.

The researchers found that children with no or only one coexisting disorder were most likely to respond to methylphenidate, while those with two coexisting disorders were moderately likely to respond. Children with three or more coexisting disorders did not respond at all to methylphenidate.

They also found no demographic characteristics (e.g., gender, age, ethnicity) that predicted how a child would respond to methylphenidate. However, children with three or more coexisting disorders were more likely to have a lower socioeconomic status, and lived with parents who were less educated and unemployed. In addition, these children also were more likely to live in a single-parent household.

“These results need to be replicated before they can be translated into practical recommendations,” said Dr. Ghuman. “But they are a solid reminder that we need to find better treatments for children with multiple disorders and challenging circumstances.”

The findings are consistent with the NIMH-funded Multimodal Treatment Study of Children with ADHD (MTA), which found that school-aged children with more coexisting disorders were less likely to respond to ADHD treatment. The National Institute of Mental Health (NIMH) mission is to reduce the burden of mental and behavioral disorders through research on mind, brain, and behavior. More information is available at the NIMH website, www.nimh.nih.gov.

"I've already had Lyme Disease, so I can't get it again." This piece of misinformation is very frightening, because if someone thinks they cannot be re-infected, they won't take the precautions necessary to keep from getting the disease again. If anything, having the disease once means more caution in the future.

"I heard that Lyme disease can always be cured with four weeks of antibiotics." A short course of antibiotics may be adequate in some cases, but unfortunately, this isn't always true, especially in more severe cases. Lyme Disease isn't always curable and it is a lifelong illness for some people. This is the point that hits close to home for me; I am able to speak from personal experience just how long reaching the effects of Lyme Disease can be.

All of these misconceptions that I hear have helped me to shape the presentations that I give so I can provide accurate facts and dispel any misinformation that may have been received in the past. I am so grateful that I had the opportunity to be Miss Cumberland County so I can spread awareness about Lyme Disease and ways to prevent it.

Kids With Three or More Coexisting Disorders Show No Response to ADHD Treatment by NII News

Preschoolers who are diagnosed with ADHD are not likely to respond to treatment with the stimulant methylphenidate, regardless of dose, they also have three more coexisting disorders, according to a recent analysis of data from the Preschoolers with ADHD Treatment Study (PATS). PATS was funded by the National Institutes of Health's National Institute of Mental Health (NIMH).

Previously reported PATS results showed that overall, low doses of methylphenidate were safe and effective in treating 3-5-year-olds diagnosed with ADHD. This most recent study, one of seven new PATS articles published November 5, 2007, in the "Journal of Child and Adolescent Psychopharmacology," sought to identify individual characteristics that may affect how a child responds to treatment. The other articles examine topics such as the effectiveness of methylphenidate over a follow-up phase, the effects of the medication on functional outcomes for the preschoolers, and others.

"This new data is an important step forward in bridging the gap between research results and clinical practice," bringing potentially valuable information to clinicians about ways to better customize treatments for their patients," said NIMH Director Thomas R. Insel, M.D. "It also identifies a group of young children who have significant and multiple problems, and for whom more research is needed to identify effective treatments."

Analyzing data from 165 children, Jaswinder Ghuman, M.D., of the University of Arizona, and colleagues examined demographic and family characteristics that may predict response to ADHD treatment. Among the children, 29 percent had no coexisting disorders, 42 percent had one coexisting disorder, 21 percent had two coexisting disorders, and 9 percent had three or more coexisting disorders.

Oppositional defiant disorder, conduct disorder and anxiety disorders were the most common coexisting disorders.

The researchers found that children with no or only one coexisting disorder were most likely to respond to methylphenidate, while those with two coexisting disorders were moderately likely to respond. Children with three or more coexisting disorders did not respond at all to methylphenidate.

They also found no demographic characteristics (e.g., gender, age, ethnicity) that predicted how a child would respond to methylphenidate. However, children with three or more coexisting disorders were more likely to have a lower socioeconomic status, and lived with parents who were less educated and unemployed. In addition, these children also were more likely to live in a single-parent household.

“These results need to be replicated before they can be translated into practical recommendations,” said Dr. Ghuman. “But they are a solid reminder that we need to find better treatments for children with multiple disorders and challenging circumstances.”

The findings are consistent with the NIMH-funded Multimodal Treatment Study of Children with ADHD (MTA), which found that school-aged children with more coexisting disorders were less likely to respond to ADHD treatment. The National Institute of Mental Health (NIMH) mission is to reduce the burden of mental and behavioral disorders through research on mind, brain, and behavior. More information is available at the NIMH website, www.nimh.nih.gov.

Lyme Awareness Art Project Financial Donations for Supplies Welcome & Appreciated

The first submission for the Lyme Awareness Art Project read: "I’m not afraid of Lyme disease. I know I can beat it. I’m tough and strong and I can be as mean as a dinosaur. This disease can’t slow me down." Jeff - age 6 - Middlesex, VT

Tell Us Your Story! The guidelines for submitting your story and photo are simple. Write a short paragraph or poem describing your experience with advanced Lyme and send a photo that you feel expresses the experience you have written about. Include your name, your age and the city and state in which you live.

I will paint my interpretation of the submissions for what I will be a traveling Lyme awareness show. Please be sure that you send me your contact info in case I need to ask you something about your submission.

Send Photo and Story Submissions to: Linda Marcille, Lyme Awareness Art Project 28 Center Road, Corinith, Vermont 05039 www.crowhousestudio.com http://lindaslymediseasejournal.blogspot.com smalldogat-tops-tele.com
also totally cut out of the news segment. Does this seem fair to you? Does this sound like unbiased reporting?

The day after the protest we were anxiously waiting to see what The Hartford Courant would print, as the Courant reporters were at the protest for over an hour. I looked through the whole paper and no mention of our protest was to be found. In place of what could have been a very helpful article for the people of Connecticut, there was only an announce- ment that some “Lyme” doctor at Yale, had won an award. Obviously these news outlets are not even trying to serve the interests of the people in the state of Connecticut.

There are over 300 strains of DH and our current testing is only looking for one or two strains. Imagine how testing is only looking for one state of Connecticut.

Obviously these news outlets have been a very helpful article for the people of Connecticut. The Lyme bacte- ria is plasmorphic, which means it changes form to evade the immune system, antibiotics and testing. It is a Stealth Pathogen. Perhaps the defini- tion or concept of “Lyme Disease” needs to be expanded. A more excellent web- site to visit is: http://www.lymeinfo.net/lymefacts.html. This website is for patients, researchers and doc- tors. Here you will find all the evidence you will need to help you better understand this most crucial topic.

Susan Trujillo is a patient advocate and Lyme activist. She is a freelance writer for the PHA.

Public Health Alert
Christmas & New Year Wish List
Gift Cards to STAPLES to replenish office supplies
New or Used Laptop in good condition
More Advertisers
Corporate Sponsorship to help with printing cost increase
DFW Area Distribution Volunteers
Hand Truck / Dolly
More Lyme Conferences to be held in Texas
Postage Stamps in the denominations of $1.00 .26 and .05 cents

To order by mail:
Send check or money order for $24.95 + $4.95 S & H to:
The Poison Plum
P.O. Box 428
River Falls, AL 36476

NAME: ________________________________________________

Day Time Phone Number: ________________________________

E-Mail address (optional): __________________________________________

THE POISON PLUM
By Les Roberts

The Poison Plum is a gripping, chilling novel exposing the rampant epidemic of Lyme disease now sweeping across America and the disease's connection to the govern- ment's top-secret biological research laboratory at Plum Island, New York.

www.poisonplum.com

www.publichealthalert.org

Page 13

Public Health Alert

Features

To order by mail:
Send check or money order for $24.95 + $4.95 S & H to:
The Poison Plum
P.O. Box 428
River Falls, AL 36476

NAME: ________________________________________________

Address: ____________________________________________

Day Time Phone Number: ________________________________

E-Mail address (optional): __________________________________________

by Les Roberts

The Poison Plum is a gripping, chilling novel exposing the rampant epidemic of Lyme disease now sweeping across America and the disease's connection to the government's top-secret biological research laboratory at Plum Island, New York.

www.poisonplum.com

www.publichealthalert.org

Page 13

Public Health Alert

Features

To order by mail:
Send check or money order for $24.95 + $4.95 S & H to:
The Poison Plum
P.O. Box 428
River Falls, AL 36476

NAME: ________________________________________________

Address: ____________________________________________

Day Time Phone Number: ________________________________

E-Mail address (optional): __________________________________________

by Les Roberts

The Poison Plum is a gripping, chilling novel exposing the rampant epidemic of Lyme disease now sweeping across America and the disease's connection to the government's top-secret biological research laboratory at Plum Island, New York.

www.poisonplum.com

www.publichealthalert.org

Page 13

Public Health Alert

Features

To order by mail:
Send check or money order for $24.95 + $4.95 S & H to:
The Poison Plum
P.O. Box 428
River Falls, AL 36476

NAME: ________________________________________________

Address: ____________________________________________

Day Time Phone Number: ________________________________

E-Mail address (optional): __________________________________________

by Les Roberts

The Poison Plum is a gripping, chilling novel exposing the rampant epidemic of Lyme disease now sweeping across America and the disease's connection to the government's top-secret biological research laboratory at Plum Island, New York.
The deer tick was originally found in portions of California, and in the Northeast, and certain areas of the East and West coasts with the Midwest lagging so far behind. Why do you think the Midwest lags behind? The CDC has not had the full range of contraceptive prescriptions available to students in grades 9-12, which must exist between the ages of 11 and 13. The policy, which was passed by the Portland School Board Committee on June 27th, requires a vote of 7-2, requires students to have parental permission to go to the health clinic, and seek confidential care. Students will have parental consent required—for anything. After conducting a physical examination, a school physician or nurse may prescribe contraceptives, oral contraceptives, intrauterine devices, condoms, or patches, or injections, and the morning-after pill. Proposed in the policy claim that schools need to have someone on hand so that some teens are sexually active and need access to birth control. Some parents have contended that providing contraception for 14- and 15-year-olds is a matter of risky behavior, and that the policy will promote promiscuity and experimentation with young people, while violating the rights of par ents. Confidentiality

Undermines Parental Rights

According to state law, if a student requests confiden tiality, they have the right to receive confidential care. Does the CDC know that they have ulterior motives, and think that when one physician in a group of doctors in the Midwest also gets diagnosed with Lyme disease, the other doctors will think, “I’m going to be seeing a lot of people that have Lyme disease.” That doesn’t happen. Docs in the Northeast who don’t know about the disease because this is a lot of work. You can’t turn to page 77 in the health clinic, and give us any information. That doesn’t happen. Think, “I’m going to be seeing you a lot more tomorrow.” Think about it, there are doctors who don’t want to do that. Think that it’s part of their state of the art. Some physicians have ulterior motives, they are certain another reason. Plus there’s tremendous pressure on physicians. And now what I’m hearing is that when one physician in a practice with other physicians starts treating Lyme patients, their peers don’t like that. So some of these treating physicians have gotten out of that group practice they were in or they’ve curtailed their Lyme treatment and practice due to that.

Why do you think the Midwest lags so far behind the Northeast and the West coast with Lyme disease treatment, diagnosis, reporting—everything? The main reason we think that is the spin, the Lyme disease has been spun—that it’s only found in the Northeast, or the northeastern portions of California, and maybe a little bit of the Midwest. Some of it had to do with tick populations. I think that originally, the deer tick was not necessarily in all the areas that it’s in today, so the deer tick has changed its migration. Then we have the introduction of the longhorn tick, it’s on the move. There was a huge battle for many years between some of the treating physicians over STARI. [Southern TickAssociated Rash Illness] and the treating physicians over STAR1. [Southern TickAssociated Rash Illness].星星 They’re going to be running around with an EM rash and having time to make detectable antibodies that will show up on commonly used antibody tests and, even if they make detectable antibodies, the antibodies often complex or wash the Lyme disease antigen. Commercial tests cannot test for complexed/sandwiched antibodies. A lot of these cases might be STARI, which has no definitive test. And the CDC’s argument is that the case of STARI must be separated from Lyme. So you want the CDC to test positive, to have a test. You don’t say it’s STARI, you say “What are you talking about? We’re third in the country!” They say, “What are you talking about?” We’re third in the country. Lyme disease antigen. Commercial tests cannot test for complexed/sandwiched antibodies. A lot of these cases might be STARI, which has no definitive test. And the CDC’s argument is that the case of STARI must be separated from Lyme. So you want the CDC to test positive, to have a test. You don’t say it’s STARI, you say “What are you talking about?” We’re third in the country! They say, “What are you talking about?” We’re third in the country.

Eventually, what will happen: a battle for many years between physicians who don’t know about the disease because this is a lot of work. You can’t turn to page 77 in the health clinic, and give us any information. That doesn’t happen. Think, “I’m going to be seeing you a lot more tomorrow.” Think about it, there are doctors who don’t want to do that. I think that it’s part of their state of the art. Some physicians have ulterior motives, they are certain another reason.

That’s happening that global warming has a lot to do with the increase in ticks too. And, quite frankly, I don’t think the Midwest wants Lyme disease because they say, “What do you do with ants in the West coast?” And, “What do you do with ants in the Midwest?” They say, “Why are you talking to us!” We’re third in the nation!” They just don’t want to have to deal with that. They want to keep that to their economy.

If you’re a tourist area, I imagine you have a lot of people that come in here [Minnesota] to hunt and to fish, so who wants us? You talk to the tourists, you talk to their parents, you tell them about all the parks. Lyme disease is a lot of work. You have a good test for STARI, you have a test. There is no cure, you have a test that will show up on your blood work for these institutions, you always have to have the park names. They might come in but my guess would be the IDSA because they now actually have an active agenda of defeating patent legislation, and it’s been up on their slides (at their meetings).

Does the CDC know doctors are being investigated by medical boards for treating symptomatic patients from endemic areas...who show reactive bands specific for Borrelia burgdorferi but don’t meet CDC criteria? Yes. I told them so in no uncertain terms. If they weren’t aware, they are now.

Effective Protections

The Third Circuit’s decision illustrates the precarious state of Lyme law in America today.

The most effective way to safeguard parental rights is through a constitution al amendment that protects the child-parent relationship from government intrusion. The Parental Rights Amendment could clarify the rights of parents to protect their children, to make crucial decisions on their behalf, and to direct their upbringing and education, to be preserved for generations to come.

Join us with your friends to get involved in the battle to protect parental rights and join the campaign and sign the petition at www.parentalrights.org.

“Pat Smith”... cont’d from pg 7

FEATURES

Middle School Student Contraception Policy Threatens Parental Rights

by Parental Rights.org

King Middle School in Portland, Maine, has been making headlines as a proposal to grant students access to birth control continues to move forward. The school would be the first in Maine to go full range of contraceptive prescriptions available to students in grades 9-12, which must exist between the ages of 11 and 13. The policy, which was passed by the Portland School Board Committee on June 27th, requires students to have parental permission to go to the health clinic, and seek confidential care. Does the CDC know that they have ulterior motives, and think that when one physician in a group of doctors in the Midwest also gets diagnosed with Lyme disease, the other doctors will think, “I’m going to be seeing a lot of people that have Lyme disease.” That doesn’t happen. Docs in the Northeast who don’t know about the disease because this is a lot of work. You can’t turn to page 77 in the health clinic, and give us any information. That doesn’t happen. Think, “I’m going to be seeing you a lot more tomorrow.” Think about it, there are doctors who don’t want to do that. Think that it’s part of their state of the art. Some physicians have ulterior motives, they are certain another reason. Plus there’s tremendous pressure on physicians. And now what I’m hearing is that when one physician in a practice with other physicians starts treating Lyme patients, their peers don’t like that. So some of these treating physicians have gotten out of that group practice they were in or they’ve curtailed their Lyme treatment and practice due to that.

Why do you think the Midwest lags so far behind the Northeast and the West coast with Lyme disease treatment, diagnosis, reporting—everything? The main reason we think that is the spin, the Lyme disease has been spun—that it’s only found in the Northeast, or the northeastern portions of California, and maybe a little bit of the Midwest. Some of it had to do with tick populations. I think that originally, the deer tick was not necessarily in all the areas that it’s in today, so the deer tick has changed its migration. Then we have the introduction of the longhorn tick, it’s on the move. There was a huge battle for many years between some of the treating physicians over STARI. [Southern TickAssociated Rash Illness] and the treating physicians over STAR1. [Southern TickAssociated Rash Illness]. stars They’re going to be running around with an EM rash and having time to make detectable antibodies that will show up on commonly used antibody tests and, even if they make detectable antibodies, the antibodies often complex or wash the Lyme disease antigen. Commercial tests cannot test for complexed/sandwiched antibodies. A lot of these cases might be STARI, which has no definitive test. And the CDC’s argument is that the case of STARI must be separated from Lyme. So you want the CDC to test positive, to have a test. You don’t say it’s STARI, you say “What are you talking about?” We’re third in the country! They say, “What are you talking about?” We’re third in the country.

Eventually, what will happen: a battle for many years between physicians who don’t know about the disease because this is a lot of work. You can’t turn to page 77 in the health clinic, and give us any information. That doesn’t happen. Think, “I’m going to be seeing you a lot more tomorrow.” Think about it, there are doctors who don’t want to do that. Think that it’s part of their state of the art. Some physicians have ulterior motives, they are certain another reason. Plus there’s tremendous pressure on physicians. And now what I’m hearing is that when one physician in a practice with other physicians starts treating Lyme patients, their peers don’t like that. So some of these treating physicians have gotten out of that group practice they were in or they’ve curtailed their Lyme treatment and practice due to that.

Why do you think the Midwest lags so far behind the Northeast and the West coast with Lyme disease treatment, diagnosis, reporting—everything? The main reason we think that is the spin, the Lyme disease has been spun—that it’s only found in the Northeast, or the northeastern portions of California, and maybe a little bit of the Midwest. Some of it had to do with tick populations. I think that originally, the deer tick was not necessarily in all the areas that it’s in today, so the deer tick has changed its migration. Then we have the introduction of the longhorn tick, it’s on the move. There was a huge battle for many years between some of the treating physicians over STARI. [Southern TickAssociated Rash Illness] and the treating physicians over STAR1. [Southern TickAssociated Rash Illness]. stars They’re going to be running around with an EM rash and having time to make detectable antibodies that will show up on commonly used antibody tests and, even if they make detectable antibodies, the antibodies often complex or wash the Lyme disease antigen. Commercial tests cannot test for complexed/sandwiched antibodies. A lot of these cases might be STARI, which has no definitive test. And the CDC’s argument is that the case of STARI must be separated from Lyme. So you want the CDC to test positive, to have a test. You don’t say it’s STARI, you say “What are you talking about?” We’re third in the country! They say, “What are you talking about?” We’re third in the country.

Eventually, what will happen: a battle for many years between physicians who don’t know about the disease because this is a lot of work. You can’t turn to page 77 in the health clinic, and give us any information. That doesn’t happen. Think, “I’m going to be seeing you a lot more tomorrow.” Think about it, there are doctors who don’t want to do that. Think that it’s part of their state of the art. Some physicians have ulterior motives, they are certain another reason. Plus there’s tremendous pressure on physicians. And now what I’m hearing is that when one physician in a practice with other physicians starts treating Lyme patients, their peers don’t like that. So some of these treating physicians have gotten out of that group practice they were in or they’ve curtailed their Lyme treatment and practice due to that.
Shoemaker Unveils Authoritative Resource on Biotoxin Illnesses

When I first met Dr. Shoemaker at the annual conference of the American College for the Advancement of Medicine (ACAM) in May 2006, I had just completed reading his book on biotoxin illnesses titled "Mold Wars". I had a basic understanding that biotoxins were a potential problem for those of us suffering from Lyme disease and many other chronic conditions. However, at the time, I did not fully understand the significance of biotoxins on health like I do today. This understanding has come to me through reviewing the work of Ritchie Shoemaker, MD.

Dr. Shoemaker is unparalleled in his research on the impact of biotoxins on health. In my opinion, no one understands this better. For those of us suffering from Lyme disease or mold-related illness, many key pieces of the puzzle lie in his work. The puzzle pieces are now ours for the taking. To date, other than through his several books, there has been limited information available for the lay-person to gain a better understanding of the significant impact of biotoxins on health.

In collaboration with DataMed Group, Dr. Shoemaker has compiled a vast array of information that is now readily available to us all through his new site at http://www.biotoxin.info. The site includes a detailed description of biotoxin illnesses, explanations of some of his more recent research, and an improved on-line test which includes the VCS (Visual Contrast Symptom Test) for a number of recently filmed videos where Dr. Shoemaker explains the content on a message board where he regularly shares updated information on a variety of topics.

In one article, Dr. Shoemaker discusses how C4a is used as an often helpful marker in determining the presence of ongoing infection after antibiotic treatment in someone with Lyme disease. In another, he discusses the various symptoms of biotoxin-induced illness as well as reviewing a number of other diagnoses that patients often receive before being told that biotoxins are a key part of their illness. The site also explains Dr. Shoemaker's general treatment protocol using cholestyramine and other interventions to address the biotoxins circulating within us.

I was turned my attention to screening tests that may help provide insight about the impact of biotoxins on one's health, the new site introduces an enhanced version of the previously available VCS, or Visual Contrast Symptom Test. VCS testing was discussed in more detail in the November 2006 edition of the Public Health Alert in the article 'What Mine Eyes May Tell'.

The updated test, which is based on soon to be published research in a peer-reviewed medical journal, looks at combinations of variables (namely symptoms and VCS test results) and interactions between variables to predict an outcome using an advanced statistical technique called logistic regression. The test looks at patient reported symptoms along with the results of the VCS test to give a biotoxin illness risk score (BIRS). The resulting analysis may provide further insight into whether or not a biotoxin-induced illness is likely to be present. Further analysis of these responses and the results of the VCS test can provide a biotoxin illness with a sensitivity of around 99.5%. The VCS test has been found to be very specific, indicating that less than 10% of the test results could be false positives where the patient fails the test but the failure is related to something other than a biotoxin illness.

In addition to the VCS test results, the new test incorporates BIRS (Biotoxin Illness Risk Score) which uses an algorithm incorporating the symptom questionnaire results along with the VCS test results to come up with a score between 0 and 100. This score represents the likelihood that the patient’s condition may be biotoxin-induced. Research has shown that when a person fails the online BIRS test, they had a greater than 96.5% chance of having two or more abnormal blood test results, and a 83.5% chance of having 3 or more abnormal blood test results. Many patients who fail the BIRS test have 3 or more abnormal blood test results. It should not, however, be used to replace a thorough differential diagnosis by a qualified physician.

Another exciting new feature of the enhanced test is a tracking and trending feature which generates graphs over time. These graphs may be helpful in representing either a worsening or an improvement in the patient’s condition or be used to gauge treatment benefit. Though the VCS test alone cannot distinguish between biotoxins from mold, Lyme, or other sources, it is a good general indicator that biotoxin-induced illness may be present. It should act as a screening tool to determine whether further evaluation and lab testing is warranted.

One of these additional tests might be C4a which has been found by Dr. Shoemaker to be a useful tool for distinguishing between mold and Lyme biotoxins. After appropriate treatment to remove biotoxins, C4a can be measured at one week and four weeks after treatment concludes. If a rise is observed within one week, the biotoxin is likely due to continuing mold exposure whereas a rise after four weeks may point to Lyme as the source of the biotoxin. This and other useful information is available on the new site.

Another planned feature is the ability to ask Dr. Shoemaker questions and have him respond via the site in either text or video segments. As mentioned, several video segments already exist within the new site on a number of topics related to biotoxin illnesses.

I applaud Dr. Shoemaker for making this new site available to us and for freely sharing the most current information available on the topic of biotoxin-induced illnesses. The more we learn, the better we understand our illnesses, and the better we understand our illnesses, the more equipped we are to someday leave them behind.
by doing this, making HPV a public health issue of greater significance than parents’ rights to choose medical care for their children.

The problems with compulsory vaccination are not only religious or public health concerns. The mandatory assign- ment of any medical initiative removes the basic civil rights of patients and places our freedom of choice into the hands of the government. And yet it is not the right of the government to determine what should or should not be within our own bodies, and we should relinquish this right if we choose. Removing our freedoms are not only fundamentally, morally, and constitutionally wrong, it is dangerous to our citizens. Especially when we have gov- ernments being lobbied by powerful pharmaceutical companies contributing billions of dollars for pharma-law- legislation which will then hold profits for the vaccine manufacturers with unknown risks, against us, for unod pop- ulations. The mandating of vac- cines on the global population turns governments into the same more than laboratory rats to be freely experimented on by pharmaceutical companies and governments.

Did you know that HPV can be contracted by just eating herbs? Herbs which have been traditionally used include garlic, lemon balm, thuja, hyssop, and pau d’arco. Pau d’arco has actually been used to protect against HPV infection as well as cure it. Pau d’arco was described in 1873 by Dr. Joaquim Almeida Pinto, for treatment of herpes, eczema and other disorders. In the 1960s in Brazil, two physicians proved the herb had the ability to cure viral-caused warts. Other physicians in Argentina and US have in the last 50 years to decades to show that this herb has properties which heal the virus. It is now used for AIDS, allergies, infectious diseases, asthma, candida, Parkinson’s disease and a host of other infections and conditions, including warts, skin sores, and HPV. It is only taken as a tincture or a tea. Moreover, no serious side-effects have been seen from its use.[7]

“Gardasil”... cont’d from pg 9

The second part of the Governor’s Lyme disease initiative involves the establishment of intensive community based Lyme disease education and protection programs for Fairfield and Windham coun- ties. This includes medical out- reach, handbooks and brochures, and face-to-face education seminars through community organizations.

“Windsor County has the highest annual average rate of Lyme disease, while Fairfield County, with its large population, has the highest total number of cases.” Governor Rell “Get forward in order. This emphasis is here on education and protection, as well as input and feed- back from the local commun- ities.” In addition, the Governor said that the state has ensured an on-going partnership with the Connecticut State Medical Society to further educate physicians about Lyme disease detection, surveillance and reporting. To Lyme disease is a bacte- rial infection transmitted to humans by the bite of deer ticks. People are particu- larly vulnerable to it in the wooded areas of the state where deer are abundant.

Connecticut Governor M. Jodi Rell

Expanded Lyme Disease Services and Education Measures

Connecticut Governor M. Jodi Rell today announced that the state has entered into a three-part Lyme disease surveil- lance and education program with unknown risks, powerful pharmaceutical com- panies alike whose for- profit interests may supercede our civil rights to choose, we may yet live to see the day where our younger generation says “I want to be one less”. But the meaning of those words will not be one less victim of cervical cancer, but perhaps one less citizen who has the right to choose.

Notes
Wisconsin Lyme Action Group Bake Sale

To raise money for pediatric Lyme disease speciali-
s, the Wisconsin Lyme Action Group (ILADS) is holding a bake sale to sell hand-made goods for a bake sale at the town's Fall Festival. The annual event drew hundreds of people to a main street parade, amusement park rides, food booths, and a craft fair. Visitors to the bake-

table booth took away goodies and free informational materials on Lyme disease and Lyme co-infections.

While their first public event brought in more money than the Wisconsin group thought it would, they were quick to question what they could have done better. If your support group wants to hold a similar event, here are some suggestions based on the Amery group's experience:

- You will probably not be able to cut down on costs. Put the out on what you can and keep your prices competitive with mainstream medicine over the long run.
- The Amery group found that grandparents were willing to make and donate to the bake sale. They also mentioned as not being used to handling money. Many bakers didn't have to make money for their booth, so the booth was open for business.
- Informational flyers were prepared in advance to distribute at least two months before the event. By doing so, the group thought people would be more likely to come to the booth to make their way through Fall Festival events the next day.
- Encourage people to bring something new and different. Many bakers didn't have to make more than one batch of anything.
- The Amery group found that many bakers didn't have to make more than one batch of anything.

Riverside Medical Center Sponsors Lyme Disease Presentation

WAUPACA, WI - Wisconsin Lyme Action Group members and advocates attended a November 1st talk on Lyme disease by Richard Veiga, MD and Fran Rademacher, at the Riverside Medical Center (RMC). This area of east-central Wisconsin, specifically Waupaca, has been hit hard by Lyme disease.

A flurry of emails from one midwestern Lyme disease sufferer who lives in Waupaca prompted Mike Nickel, Wisconsin Lyme Action Group representative, and Mariana Andrews, who represents Western Wisconsin Lyme Action Group, to attend the RMC meeting. Both Mike Nickel and Mariana Andrews felt their combined presence could be supportive, informative, and bene-
ficial to meeting attendees.

State Representative, Kevin Petrowski, who lives in Waupaca, also attended the meeting.

Dr. Veiga, a board-certified pathologist and medical director of the RMC laboratory, opened the presentation on Lyme disease using a Power Point presentation on Lyme disease symptoms, preva-
lence, and diagnosis, and treatment.

Dr. Veiga said he had to admit that, even though he is a pathologist, the tests for Lyme disease are very poor.

Dr. Veiga mentioned a common Lyme co-infection--Anaplasmosis, an Erlichia bacte-

ers, but he said Wisconsin does not have the also more serious form of Erlichiosis--Ehrlichia (HME). Dr. Veiga corrected Dr. Veiga,

Position your great po-

gorous enthusiastic and knowl-

dgeable people at your table or booth. (You need to stage the event at least two months ahead of time. Consider setting up, pricing and marking the goods as early as possible so you can cut down on costs.)
- Put out the word on what you are doing. Put out the word on what you are doing. Put out the word on what you are doing.
- Borrow everything you possibly can to cut down on costs.
- Consider setting up, pricing and marking the goods as early as possible so you can cut down on costs.
- Put out the word on what you are doing. Put out the word on what you are doing. Put out the word on what you are doing.
- Borrow everything you possibly can to cut down on costs.
- Consider setting up, pricing and marking the goods as early as possible so you can cut down on costs.
- Put out the word on what you are doing. Put out the word on what you are doing. Put out the word on what you are doing.
- Borrow everything you possibly can to cut down on costs.
- Consider setting up, pricing and marking the goods as early as possible so you can cut down on costs.
- Put out the word on what you are doing. Put out the word on what you are doing. Put out the word on what you are doing.
- Borrow everything you possibly can to cut down on costs.
- Consider setting up, pricing and marking the goods as early as possible so you can cut down on costs.
- Put out the word on what you are doing. Put out the word on what you are doing. Put out the word on what you are doing.
- Borrow everything you possibly can to cut down on costs.
- Consider setting up, pricing and marking the goods as early as possible so you can cut down on costs.
- Put out the word on what you are doing. Put out the word on what you are doing. Put out the word on what you are doing.
- Borrow everything you possibly can to cut down on costs.
- Consider setting up, pricing and marking the goods as early as possible so you can cut down on costs.
- Put out the word on what you are doing. Put out the word on what you are doing. Put out the word on what you are doing.
- Borrow everything you possibly can to cut down on costs.
- Consider setting up, pricing and marking the goods as early as possible so you can cut down on costs.
- Put out the word on what you are doing. Put out the word on what you are doing. Put out the word on what you are doing.
- Borrow everything you possibly can to cut down on costs.
- Consider setting up, pricing and marking the goods as early as possible so you can cut down on costs.
- Put out the word on what you are doing. Put out the word on what you are doing. Put out the word on what you are doing.
- Borrow everything you possibly can to cut down on costs.
- Consider setting up, pricing and marking the goods as early as possible so you can cut down on costs.
- Put out the word on what you are doing. Put out the word on what you are doing. Put out the word on what you are doing.
- Borrow everything you possibly can to cut down on costs.
- Consider setting up, pricing and marking the goods as early as possible so you can cut down on costs.
- Put out the word on what you are doing. Put out the word on what you are doing. Put out the word on what you are doing.
- Borrow everything you possibly can to cut down on costs.
- Consider setting up, pricing and marking the goods as early as possible so you can cut down on costs.
- Put out the word on what you are doing. Put out the word on what you are doing. Put out the word on what you are doing.
- Borrow everything you possibly can to cut down on costs.
- Consider setting up, pricing and marking the goods as early as possible so you can cut down on costs.
- Put out the word on what you are doing. Put out the word on what you are doing. Put out the word on what you are doing.
- Borrow everything you possibly can to cut down on costs.
- Consider setting up, pricing and marking the goods as early as possible so you can cut down on costs.
by Christopher Irvine
From The (UK) Times Online

Mike Gregory, the former Great Britain captain and Wigan Warriors coach, died November 19 after a prolonged battle with a neurological condition. His death brought an outpouring of love and remembered him as a potential coach for the future.

His death brought an outpouring of love and remembered him as a potential coach for the future.
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 soft-gel form, allowing the oil base to optimize absorption. As I have come to expect from Researched Nutritionals®, the raw material is of the highest quality and is imported from Japan.

I believe a healthy energy level and a fortified immune system are essential to good health. 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 pure transfer factor, larch arabinogalactan, IP-6, shiitake and maitake mushrooms to promote healthy NK cell levels & immune modulation(2) (3)
- **Macrophage & T-Cell Pro-Blend™** - Proprietary blend of beta glucan, astragulus, and TMG for healthy macrophage and 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. (4) (5)
- **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.** (6)

I recommend Researched Nutritionals® 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 Nutritionals® 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(1) 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, Krebs Cycle Glucose 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 interestingly, 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, toxic removal is improved and oxidative stress is reduced.

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. Transfer Factor Multi-Immune™ combines the following complexes to provide optimal natural killer cell support:

- **NK Maximizer Bioplex™** - Super blend of pure transfer factor, larch arabinogalactan, IP-6, shiitake and maitake mushrooms to promote healthy NK cell levels & immune modulation(2) (3)
- **Macrophage & T-Cell Pro-Blend™** - Proprietary blend of beta glucan, astragulus, and TMG for healthy macrophage and 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. (4) (5)
- **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.** (6)

I believe a healthy energy level and a fortified immune system are essential to good health.
Best Regards,
Dr. B.

---


*These statements have not been evaluated by the FDA. This product is not intended to diagnose, treat, cure or prevent any disease.
IN THE NEWS

POWERFUL NEW ARSENAL
for today’s health challenges

“The Nutramedix products are the most effective natural products I use on my patients.”

— Wm. Lee Cowden, MD, FACC
Cardiologist, Internist, Author, Lecturer

- Product samples available for health care professionals.
- Seeking U.S and International distributors.
- Private label and bulk liquids available.
- Test kits available upon request.

Nutramedix.
Providing Quality Natural Products Since 1993

info@nutramedix.com • www.nutramedix.com • Tel: 1-800-730-3130 1-561-745-2917 • Fax: 1-561-745-3017

These statements have not been evaluated by the FDA. These products are not intended to diagnose, treat, care or prevent any disease.