A gripping, chilling novel exposing the Lyme disease controversy...

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**Chronic Lyme Disease: Battle Requires Attack on Multiple Fronts**

by Scott Forgean

Most people battling chronic Lyme disease think of the illness as an infection caused by a bacterium known commonly as Borrelia Burgdorferi, generally transmitted via the bite of an infected tick. What many don’t recognize, however, is that recovery from chronic Lyme disease requires recognition that the disease is truly a much more complex illness. Recovery often challenges one to consider more than just infection as the single causative agent involved in the disease process. It is through looking beyond the infectious component of Lyme disease and understanding the equally important aspects of damaging heavy metals and other toxic insults that a more full and lasting recovery may be realized.

Garry F. Gordon MD, DO, MD (H) co-founded the American College for Advancement in Medicine (ACAM) and serves as the President of Gordon Research Institute. Dr. Gordon graciously opened a couple of hours with me sharing his views on chronic Lyme disease and those factors that are important in recovering from chronic illness. Dr. Gordon acknowledg-
Researchers Find That Blood Levels of Mercury Are Related To Autism

by Susan T. Williams

New evidence presented by scientists at the University of Northern Iowa concludes that levels of mercury in the blood are related to Autism spectrum disorder. These findings, published in the November 2007 edition of Journal of Child Neurology, are a major breakthrough that validates parents of Autistic children who argued that there was a connection all along.

The Department of Psychology researchers Dr. M. Catherine DeSoto and Dr. Robert T. Hitlan reanalyzed data from an important 2004 study and discovered an error in the original statistical calculations. After correcting the error, the researchers determined that the conclusions of the 2004 study were incorrect and that a “significant relation” does indeed exist between the blood levels of mercury and diagnosis of an Autism spectrum disorder.

The researchers also reported that hair sample analysis shows some likelihood that those who are afflicted with Autism may be less exposed to eliminating mercury from the blood.

After the original 2004 study, the Institute of Medicine’s Immunization Safety Review Committee had concluded that there was no evidence of a link between mercury from vaccines and Autism and, furthermore, recommended that no further research be conducted. It was a huge setback for those who blamed vaccinations for the brain disorder and were lobbying for more research on the issue.

Autism is a complex brain development disorder that impairs a child’s ability to communicate and interact with others, and causes restricted and repetitive behavior. Recent data suggests that Autism rates have increased to epidemic proportions over the last two decades, from 1 in 10,000 in 1980, although it’s not known if the rise is a true increase or due to better diagnosis.

Some experts disagree that the increase is due to better diagnosis, since new cases seem to be occurring within a single generation of children, those born between 1989 and 2003. Others suggest that Americans are exposed to greater collective amounts of mercury from various sources than ever before, and propose that thimerosal in vaccines may be only part of a much larger problem.

Thimerosal, which is approximately 50% mercury by weight, has been one of the most widely used preservatives in vaccines since the 1930s. Thimerosal enables the pharmaceutical companies to make a bigger profit. The preservative allows the vaccines to be packaged in larger vials that contain multiple doses. The smaller, single-dose vials of vaccines do not require a preservative but cost twice as much to produce.

In 1999, the FDA calculated the amount that an infant might receive from vaccines and concluded that the maximum cumulative exposure to mercury was “within acceptable limits.” However, the FDA admitted that “depending on the vaccine formulations used and the weight of the infant, some infants could have been exposed to cumulative levels of mercury during the first six months of life that exceeded EPA recommended guidelines for safe intake.” Independent researchers have published studies that calculated the sum of doses given up to 6 months of age, and determined that the doses actually exceed all mercury intake guidelines for all infants.

As a precaution, public health officials then urged vaccine manufacturers to reduce or eliminate thimerosal in vaccines as soon as possible.

Today, thimerosal has been removed from or reduced to trace amounts in all vaccines routinely recommended for children 6 years of age and younger, with the exception of inactivated influenza vaccine.

In April 2001 article in Medical Hypotheses noted that the first cases of Autism were described in 1943 (though they had been noticed since 1938), in children born in the 1930s shortly after thimerosal was added to vaccines. The study also noted that as the mercury dose increased more as new vaccines were added to the pediatric immunization schedule, the prevalence of Autism increased as well.

One theory is that some children may be born with a genetic susceptibility to Autism and then an environmental factor, such as mercury, can trigger it. “What becomes very clear is that Autism results from a combination of having a genetic predisposition or genetic susceptibility, plus the added extra exposures from environmental factors or other kinds of lifestyle factors,” declared epidemiologist Lisa Croen.

It is a sensitive and highly controversial topic that has even found its way onto fictional television. In late January, ABC network aired an episode of Eli Stone, in which the main character argues successfully in court that a vaccine containing mercury caused Autism. When the American Academy of Pediatrics learned of the episode, they called for ABC to pull the show and not air it. The AAP felt that the show would fuel vaccine fears and lead to a drop in immunization rates, putting children at risk for life-threatening illnesses such as polio. ABC, however, refused to pull the episode, stating that “the characters, products, and events depicted in the episode are all fictional.”

The storylines play on topical issues for dramatic effect, but its purpose is to entertain.”

For Representative Dan Burton of Indiana, the issue is personal. His grandson has Autism, which his family believes developed after he received seven vaccines containing thimerosal in one day. Rep. Burton oversaw a three-year investigation of thimerosal, and his House Government Reform Committee concluded that “The Autism epidemic…may have been prevented or curtailed had the FDA not been asleep at the switch regarding a lack of safety data regarding injected thimerosal, a known neurotoxin.” The committee also noted that the FDA and other public-health agencies failed to act, due to “institutional malfeasance for self protection” and “nepotism” in the pharmaceutical industry.

Rep. Burton presented this new study information by Drs. DeSoto and Hitlan to the House of Representatives in December of 2007, and asked the Special Masters to take these latest findings into consideration as they carry out their mandate of managing and adjudicating childhood vaccine claims. He also asked Chairman Kucinich to hold a hearing on the environmental risks of mercury in childhood vaccines. The House of Representatives in December 2007. 

He urged, “We owe it to the thousands of families living with Autism to follow the science, wherever it may lead.”

The late Dr. Robert T. Clark, who passed away in 2006, wrote about his son who was diagnosed with Autistic Syndrome, an Autism spectrum disorder, stating that “the symptoms of mercury poisoning are virtually identical to those of Autism.” Dr. Clark described how his son experienced “dramatic changes” very shortly after receiving two doses of thimerosal-containing vaccines.

“There is a plethora of peer-reviewed scientific studies published over the last fifteen years that mercury and specifically Thimerosal is genotoxic (damages DNA), teratogenic (causes birth defects), cytotoxic (causes cell death), cardiotoxic (damages the heart), immunotoxic (dampens the immune system), neurotoxic (damages the nervous system) and neurotropic (causes seizures).”

The CDC recently granted $5.9 million for a five-year study to explore possible genetic and environmental reasons for the rapid rise in diagnosed cases.

Researchers will study “Mercury...cont’d pg 15

Therasage is proud to bring you the world’s largest store front featuring products with far infrared heat. Far infrared heat has been widely used for its many therapeutic benefits in the Far East for the past twenty-five years and is now becoming very popular in North America.
A young family struggles to overcome Lyme-Induced Autism

Life hasn’t been easy for the Holbrook family from Long Island, New York. The Lyme disease of one of their lives, both Jennifer and Brad Holbrook were struck with crippling symptoms.

Jennifer was initially diagnosed with Chronic Fatigue Syndrome (CFS) and Fibromyalgia. Her symptoms gradually progressed from pro- longed fatigue, frequent headaches, joint pain, swelling and pain, and unrelenting nausea.

After years of treatments from different specialists, Dr. Jennifer's body began to fail, and she was left bedridden.

The news that her fertility was inadequate was just one more blow to Jennifer. She knew that it was time for her to get help for her CFS and Fibromyalgia.

After researching the latest in Lyme treatments, Jennifer went to a highly skilled Lyme literate physician for a second opinion.

Thanks to a brilliant Lyme doctor, Jennifer and Brad decided to try a Lyme treatment approach that included antibiotic therapy.

Jennifer and Brad began their Lyme treatment journey.

After a series of antibiotic treatments, Jennifer's symptoms began to improve. She developed more energy and was able to perform daily activities without feeling exhausted.

As Jennifer's health improved, she became more optimistic about her chances of conceiving a child.

Jennifer and Brad decided to try for a baby and began following the guidelines for pregnancy during Lyme treatment.

During their pregnancy, Jennifer was closely monitored by her doctor and continues to receive regular check-ups.

After months of treatment and careful planning, Jennifer and Brad are now parents of a healthy baby girl.

The Holbrook family continues to fight against Lyme disease and its complications, and their story serves as an inspiration to others struggling with the disease.

**Special Feature**

Precious Miracle

The PHA is committed to bringing you timely and informative information about Lyme Disease and other chronic illnesses affecting families. The PHA hopes to provide you with accurate, comprehensive and up-to-date information on these topics and to promote health and wellness for all individuals affected by these conditions.

The PHA is a privately owned business and has nationwide distribution. We believe that all articles belong to the writers and contributors of this publication, which ensures that the information provided is accurate and up-to-date.

The PHA is committed to bringing you information that is factual and easy to understand. If you have any questions, please feel free to contact us.

**Precautions**

- Please do not leave the PHA in your car with the windows down or outside in the sun.
- Please inform your doctor of any medications you are taking before taking the PHA with you.
- Please do not throw away your PHA, as it contains valuable information.

**Special Feature**

Precious Miracle

A young family struggles to overcome Lyme-Induced Autism

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Discrete Methods of Biological Warfare

by Marjorie Tietjen

How many of us are burdened with chronic disease or know a friend or family member who is totally or partially disabled? It is almost as if it has become normal and accepted for a large portion of the population to be ill with conditions or “autoimmune” diseases which have no known definitive tests, causes or cures. Certainly our diet and the chemicals in our environment play a significant role in determining our state of health. However, we need to begin to question as to whether or not something more deceptive may also be taking place.

The media has become a monstrous propaganda machine. Apparently their main goals are to mislead, distrust and manipulate the population through fear. Once we become aware of the tools used by the media to control us— that is the first step in gaining back our freedom and autonomy.

The Centers for Disease Control, the Media, the Dept. of Defense, and other government agencies would have us believe that the most threatening biological agents are lethal microbes which cause acute disease and then death. A couple of examples would be anthrax and smallpox. It appears that we are being intentionally misled as to where the real danger lies.

Government biological warfare agents are some of the criteria for incapacitating agents as being the most effective weapons for disabling a nation, would be to employ a moderately infectious organism, or combination of organisms (Russian Doll Cocktail), which would pass slowly through the population unnoticed.

Some of the criteria for effective disabling agents are:

1. A biological agent which lacks objective signs that can be determined by medical testing. Many patients who are extremely ill with Lyme disease, chronic fatigue, myalgia, or other emerging co infections, are told all the time that there is nothing wrong with them and therefore their problems must be all in their heads. Many people labeled with Chronic Fatigue Syndrome, Gulf War Illness, and Fibromyalgia, are told the same thing. They would only get a new job, a hobby, or begin to exercise—then they would be fine.

2. An agent which would produce so many symptoms throughout the body that it would appear as if the patient was malingering or faking. This criteria prevents the medical community from taking the disease seriously. In the meantime it moves quietly through the population, being labeled as many separate diseases and conditions.

3. If the disabling agent is a combination of microbes or viruses, some of which could be genetically engineered. It is very difficult, if not impossible to diagnose and treat. Diseases which are spread by insect vectors are very much sought after for biological warfare use in years for biological warfare. Using insect vectors makes an agent so much easier to pass off as a natural event, while concealing the identity of the perpetrator.

The following quotes are from Science Daily, Sept 3, 2004: They suggest Lyme disease, especially Ixodes Scapularis (the deer tick which spreads Lyme disease) would make a very appropriate candidate for vectoring biological warfare agents. As you read these quotes, ask yourself if the Ixodes Scapularis ticks could have already been utilized for this purpose.

“Ticks as small as a freckle can transmit a number of illnesses for which there is no vaccine, and in some cases, no cure. These creatures could even become bio-terrorism weapons.”—Rutgers University and The University of Connecticut, at the time this Science Daily article was written, were undertaking the project of unraveling the genetics of the tick species Ixodes Scapularis. Catherine Hill, Peru’s co-principal investigator, tells us that “From warfare agent standpoint, it’s pretty clear ticks could transmit a number of diseases that intentionally could be introduced and conveyed to people.”

Another quote from the same Science Daily article stated, “A number of ticks in the United States spread pathogens that the CDC considers potential bioterrorism agents. The family to which I. Scapularis belongs, Ixodidae, carries many of the microbes included on the CDC’s Select Biological Agents and Toxins list.” These researchers are hoping that a better understanding of ticks will help them discover better treatments for the diseases they spread.

Not only are ticks considered an efficient means of transmitting biological weapons, but the spirochete, borrelia burgdorferi (the agent which causes Lyme disease) has also been considered by researchers as a potential bio-warfare agent. In fact, some advisory board members to Lyme disease organizations have extensive backgrounds in bio-warfare research.

Dr. Donald MacArthur, who was in charge of this development and testing of biological weapons for the Pentagon, had this to say in 1998 before a subcommittee of the Committee on Appropriations in 1998.

“Incapacitating agents are a more recent development in biological warfare. They are less well developed and are in the early stages of development (R&D phase) in (1969). In fact the prime emphasis in agent R&D is on developing better incapacitating agents. We are synthesizing new compounds and testing them in animals. I should mention there is a rule of thumb we use before an agent is classified as an incapacitant- we feel that the mortality should be very low (emphasis mine).”

Therefore the ratio of the lethal dose to the incapacitating dose has to be high. Now this is a technical job. We have some of the top scientists in the U. S. working on how to get more effectively incapacitating agents. It is not easy. We also tell us that an incapacitating agent "imposes a greater logistic burden on the enemy when he has to look after disabled people.”

Many readers of this newspaper are already aware of the great difficulty that Lyme patients experience in trying to get diagnosed and treated. It is becoming increasingly obvious that this denial of treatment is intentional. We are told that Lyme disease has been around for hundreds of years and that ticks are filthy organisms that can spread many diseases in one single bite. This appears to be true. And the natural evolutionary process or this sudden proliferation of co-infections is a process which has had some help from bio-warfare research.

Are all these ticks, carrying multiple pathogens, naturally occurring? They are the result of the Russian Doll Concept! Have ticks themselves been modified to carry these harsh weather extremes? The ticks which carry Lyme disease appear to be thriving in climates previously inhospitable to this species. In fact we are being told that it is believed that in many parts of the world at once and it seems to just be as contagious everywhere it spreads.

As I mentioned before, one of the biggest “bio-warfare” challenges is the use of persistent incapacitating and as many times incurable with the standard antibiotic regimes. In many cases it is obvious that a patient’s symptoms are due to ongoing infection. There is possibility of an agent that could cause symptoms (even if not a total or permanent cure), hereafter reacterations, positive tests and even sometimes positive cultural bioprints and autopsies— all is possible.

Certainly our diet and the chemicals in our environment are contributing to enhanced bacterial resistance to antibiotics. So, while on the one hand medical authorities are warning us of the dangers of the overuse of antibiotics and even limiting their valid applications, on the other hand they are creating and perhaps even helping let loose antibiotic resistant germs.

To begin to quote Thomas Keasey from his Origin of Lyme Disease, part 2.

The 99th Annual Meeting of the American Society for Microbiology was held in the 99th Annual Meeting of the American Society for Microbiology. "Oddly, the Lyme agent, though it is a supposedly “old” (over 100 years old) is a strange genetic structure that looks like it "was captured in mid-shape, during the "recombinant construction." It is riddled with gene duplications and pseudogenes. Lyme infection, with inversions, deletions, frame shift mutations, inappropriately behaving proteins, and the undetected genetic structure is a statistical fluke. Of course another possibility not mentioned is that an odd genetic structure might be an "odd" genetic structure that looks like it "was captured in mid-shape, during the "recombinant construction.""
Yesterday Peggy Looney and I discussed our faith, our family, our current and her battle with Lyme disease. Until recently I had no clue of Peggy’s disabilities. I knew she was at church - knew that she was an artist - knew that she loved the Lord - knew that she raised championship Sheltie dogs, and always thought of her as a strong, healthy woman. Her story shocked me, and helped me to understand the horrid, sometimes crippling effects of Lyme disease.

Following a painful divorce, Peggy moved to Ft. Worth to Rendon, Texas on two acres of land. What she really didn’t realize was that Rendon is the worst in the state for Rocky Mountain Spotted Fever. One day she noticed an inky black mark on her leg from ticks. A year later she dis- covered a red ring on her leg with an expanding purple ring around it. Thinking it was ringworm, she treated it with antibiotic oint- ment and lived to tell the tale. Then one day she woke with a terrible rash on her chest and neck. Again she just figured it was the old dermatitis, and it eventually went away. Then she noticed that she had a chronic pain in her feet. She visited her doctor and was told that it was ‘osteoarthritis’. The doctor looked one at Peggy and knew she needed his help. He put her on Doxycycline for 10 days. She could tell something was hap- pening, but the pain was still there in her knees when the organisms in her blood began to die and slough off, she became extremely sick to her stomach. In spite of the sickness, Peggy, an eternal opti- mist, was grateful. She con- tunders, “Many people are not diagnosed with Lyme, but I’m grateful to God that it only took two years.”

When this time of one her championship dogs fell ill with arthritic symptoms and experienced such an incredible joint she literally couldn’t move. He was treated with Tetracycline for 5 days at his Vet’s office for 3 fortunes. Fortunately he went on to live over sixteen years.

In 1990 an additional struggle Peggy endured was arthritis, a severe nerve pain in her feet. She had surgery three times on her right foot and once on her left. In spite of her surgery, her knees remained swollen for a year. She learned about the pain, she could feel that something was wrong. She knew she was dying. She knew that God would bring her healing. She knew that she would have to turn to Him. She knew that the Lord did not want her to suffer this way - I know that.”

What do you desire?

Heaven. The pain will subside. The joy will abound.

Each month I hear from people who are going to heaven. The pain will subside. The joy will abound.

Heavenly comfort food, energy-producing

Lyme Disease: A Silent Thief

by Joann Vetter

Peggy was so depressed at this point, she couldn’t even say even that he is feeling a bit apathetic about whether he lives or dies, since he is scraping himself with pottery that could literally cause an infection. If one of the most right- eous men in God’s eyes is being tempted, do you think it is any wonder that any of us would confess our weakness as well?  Do you think the Lord would allow you to turn away from God if you were tempted?  Do you think God’s glory unlike we can even imagine. Sounds pretty good, even the apostle Paul today, says, “And the God of all comfort, who comforts those who are troubled, will himself also be comforted with you” (2 Cor. 1:3)

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LYME-ASSOCIATED MOTILITY VARIATIONS AND OTHER BB RELATED GUT PROBLEMS

A suddenly spastic or immobile esophagus or similar paralysis of the stomach muscles may represent esophageal and/or gastric paralytic or spasm from Lyme neuroborreliosis (56). Infection invading the vagus nerve has been documented to cause paralysis in other diseases (58). Additional BB-related symptoms may manifest as gastrolesophageal reflux disease (GERD), early or absent satiety, GI bloating, nausea, vomiting, and atypical colitis wherein the PANCE test may be helpful. Cronh's and colitis are considered, a Prometheus first step may help to support this diagnosis; however tissue biopsy is necessary to confirm the diagnosis. Personal communication from Martin D. Fried, MD, FAAP, Colts NC, NJ.

Part 2

"Bell's Palsy of the Gut" and Other GI Manifestations of Lyme and Associated Diseases

Clostridium tetani toxins are responsible for a form of gastrointestinal paralysis known as tetanus enterocolitis. The toxin affects the enteric nervous system and specifically, the vagus nerve. The vagus nerve is critical in controlling motility in the gut, and a disruption of the vagus nerve can lead to temporary or long-term gastrointestinal dysmotility. This can result in a variety of symptoms, including abdominal pain, bloating, constipation, or diarrhea. The vagus nerve plays a key role in regulating autonomic functions, including heart rate, respiratory function, and gastrointestinal motility. A disruption of the vagus nerve can lead to a decrease in parasympathetic activity and an increase in sympathetic activity, which can result in symptoms such as diarrhea, constipation, or bowel incontinence.

In addition to gastrointestinal symptoms, Bell's palsy can also be associated with a variety of other symptoms, including swallowing difficulties, unilateral facial weakness, and in some cases, sensory disturbances in the face. These symptoms can be caused by inflammation at the cranial nerve level or by direct damage to the facial nerve. The symptoms of Bell's palsy can vary in severity and duration, and in some cases, they may persist even after the condition has cleared.

The relationship between Bell's palsy and gastrointestinal symptoms is not well understood. Some studies suggest that there may be a link between the two conditions, while others do not find a clear association. Further research is needed to determine the extent of this relationship and to understand the mechanisms underlying it.

In conclusion, Bell's palsy is a condition that can result in gastrointestinal symptoms, including dysmotility, diarrhea, and constipation. Understanding the underlying mechanisms and the potential for treatment is essential for improving the quality of life of those affected by this condition.
In a previous article, I wrote about Bartonella and Die, in this August 2007 issue of the Public Health Alert, I introduced readers to the amazing and emerging stealth bacteria, Bartonella, that has many species that infect humans and a vast number of vectors—more than Lyme spirochetes or Babesia protozoa or Ehrlichia bacteria. In my upcoming book, The 16 Ways Lyme Disease Treatment Fails, this infection is one of the reasons for Lyme treatment failure. Please understand that I believe that Bartonella is not one of the many listed infections which are occasionally in deer ticks and ticks which is serious, but unfounded. I feel this is a blind spot that an oil tank could float through, which can cause a very routine and dangerous infection which causes fatigue, virtually every psychiatric and neurological problem imagina-ble, and can silently hurt every organ. It is one reason I will dedicate 1-2 years to write a textbook on Bartonella diagno-sis, body damage and treatment.

First, the routine testing done at large labs and even some specialty labs misses this infection commonly. There are, as far as I know, only a few species that some labs are giving up looking for Bartonella at the species level, and are going to try PCR at the larger genus level. It is amusing to read that 40-60% of USA cats carry this infection, when this is based on junk lab testing. The numbers are much higher in my opinion. In my first arti-cle we showed one new patent pending blood smear stain that captures many, not all, Bartonella human cases. If the numbers are low, it can be missed. Other cases of Bartonella can be found by many other means, for exam-ple, by finding abnormally high levels of VEGF in a mold-free environment. But even if VEGF can go down in the pres-ence of indoor mold (per US Preventive Medi- cine and other data) found in 30% of USA struc-tures and this can hide Bartonella because it lowers VEGF.

Second, it is important to realize that Bartonella is not rare. It is all over the world and only those living in the polar ice caps are immune to the risk of infection. I personally believe, based on newer and more aggressive testing, that it is more common than Lyme disease. Many are falsely diag-nosed with Babesia because they are tired and fatigued, and yet this is a highly common symptom of Bartonella expected in vast numbers of studies. It is a major contributing infection to chronic fatigue and Fibromyalgia symptom clusters.

Third, Bartonella causes about 20-30% problems with each organ. And this is merely what we know about, at this time, before a real mastery of the organism exists. Is there such damage? Perhaps because it is outside or inside Red Blood Cells, but it also enters the lining of all blood vessels in all tissues and, when in this location, it can cause a large range of destructive actions. All tissues eventually have ultra tiny vessels lined by lympha-locytes which are so small Red Blood Cells have to sometimes squeeze through to get oxygen to the deepest cells. It also causes nodules in many types of tissues like the liver, spleen and skin.

If you read some sim-plication articles on Bartonella, they treat it like a cold, and falsely assume you need enlarged lymph nodes, a purple, blue or red blood vessel rash or flat rash, and a papule to have Bartonella, or Scratch Fever. Of course Bartonella is most commonly found without these things. Even the so called Bartonella rashes, caused by VEGF make-ning and opening capillaries, are usually listed as having 3-4 forms when we have found over 30 forms, including occa-sionally open sores with debris. But most people who have any rashes miss them because it takes years to learn how to see them, and because they often mix in with other common skin vascular infections and dis-eases.

Fourth, you should appreciate that it is unlikely you will ever be cured of Lyme in the presence of Bartonella. Why? Bartonella is a massive, antibiotic suppressing bacteria. It can float attached to Red Blood Cells in vast numbers and not cause a cold or fever, just imagine, bacteria are floating in your blood and you might not have any fever at all if you had Staph or Strep in your blood at these levels you would 4, it is hidden in blood cap-il-laries unless you were pumped full of antibiotics in an ICU. So how is it the huge elephant floats in your blood and no one knows it? It is because it has ways of shutting down the immune system. It violates many rules of bacteria behavior and this one behavior is it has been so seriously missed until now.

Here are some advanced specifics on the power of sur-faces. Some researchers who use paracetamol to turn off immunity and immune defense inflammation. In one study, in only 3% of Bartonella had some of its chemicals released with human immune fighting monocytosis-no production of pro-inflammatory cytokines occurred. Interestingly, this widest Bartonella chemical is a potent antagonist of Toll-like receptor which it inhibited binding of IL-1b, transcription and the release of tumor necrosis factor alpha, conservatively be a product of genetic engineering. Please take some time to review the qualifications for an effective biological warfare agent and think about them in relation to the Lyme/co-infec-tion epidemic. Contemplate why Lyme patients are being treated. We are often labeled as hysterical, depressed and as having antibiotic seeking behavior.

By the chance that there is an intentional epidemic being caused by "whomever", this psychological labeling causes doctors to ignore an epidemic which may be passed not only by ticks and other insects but through the blood supply, organ donation, intercourse, breast feeding and through the placen-ta during pregnancy. Why are there no studies being conduct-ed in these areas?

We need to put on our thinking caps and not be afraid to mention the uncomfortable. When things just don't seem to add up, it is time to ask difficult questions. We don't want to simply make wild state-ments which cannot be disproved. However, we do need to raise serious doubts in a concerned, rational, scientific manner. Can we resolve a problem without knowing its real cause? And how can we determine the real cause if we don't explore all the possibilities?
Part 1 in a series of opinions

The ABC’s and XYZ’s of Lyme Disease: Lyme 101

In 1975, two mothers were concerned about the frequent occurrence of juvenile arthritis diagnosed in children living in and around Lyme, Connecticut. It seemed unlikely to the mothers that so many children who lived in such close proximity to each other were all suffering from the same condition. The mothers brought these cases to the attention of the health department. The subsequent investigation was handled through Yale University and the leading investigator was Dr. Allen C. Steere. Dr. Steere was serving as an Epidemic Intelligence Service Officer (EISO) for the Public Health Service (PHS), which is an official branch of the United States Military. EIS officers handle epidemiology studies through the Centers for Disease Control and Prevention (CDC). Dr. Steere studied the cases of juvenile arthritis and eventually determined that they were due to an infection acquired by tick bites. Dr. Steere/Yale dubbed the infection “Lyme disease” (LD), obviously because of the location of the initial outbreak. Personally, I would have named it Yale Plum Island Disease, due to close proximity to the outbreak, Yale’s history of providing pathogens to the Plum Island Biowarfare Lab and Plum Island Lab’s history of studying pathogens in ticks. At least this name would have given the public a “heads up,” but then again, I’m on the “other” side of the enemy lines—-I’m a Lyme patient and patient advocate.

For patients in search of diagnosis and treatment, the name “Lyme disease” has become a painfully penetrating and deep-cutting term that infers that the infection may only be acquired in the immediate area surrounding Lyme, Connecticut. This nemesis is often used to discount a diagnosis of Lyme disease by physicians who are not aware that the Lyme infection has and can be acquired throughout the United States, as demonstrated in a story told to me by another Lyme advocate: A lady in Connecticut went to see a physician and told the physician she had experienced a tick bite and she suspected she may have Lyme disease based on her symptoms. The doctor told her that she couldn’t possibly have Lyme disease because Lyme, Connecticut was more than THIRTY MINUTES away from where she lived!! Unbelievable, but true. Just for the record, infections from Borrelia bacteria are now rampant in Europe and other countries worldwide as well.

Lyme disease infection is caused by a cork-screw shaped strain of the genus Borrelia of the spirochete class. The discovery of the strain of Borrelia that causes Lyme disease was made in 1982 by a National Institutes of Health (NIH) researcher named Dr. Willy Burgdorfer at NIH Rocky Mountain Laboratory (RML) in Montana, USA. The particular strain that causes Lyme disease infection is named Borrelia burgdorferi (Bb) after its discoverer, Dr. Burgdorfer. It is for this reason that Lyme disease infection is also referred to as Borreliosis, or in the case of children with central nervous system (CNS) involvement Neuroborreliosis, and late-stage or chronic cases are called Lyme Borreliosis Complex (LBC) by those physicians who have clinical experience in treating an irrationally-neglected patient population numbering in the hundreds of thousands and possibly millions. (It is a fact that the CDC does not have an accurate number of cases of Lyme Borreliosis Complex. How could they possibly have an accurate count, if they don’t even “believe” that chronic Lyme disease exists?)

Borrelia burgdorferi has subsequently been shown to be a stealth pathogen that has the plasmoporphic ability to transform its presentation from a spirochete into other forms. Dr. Burgdorfer and fellow researchers at RML determined through their research that Bb uses its plasmopomorphic ability as a survival mechanism within its host. Dr. Alan MacDonald, a research pathologist, has also demonstrated the plasmoporphic nature of Bb by photographing microscopic images of cystic, granular, L, Hgb and ring forms. Dr. MacDonald studied the brain tissue of deceased Alzheimer’s patients and photographed Borrelia burgdorferi in such brain tissue, showing a link between Alzheimer’s and the bacterium that causes Lyme disease. You may read and view Dr. MacDonald’s outstanding research at his website www.molecularalzheimer.org.

Ticks have caused human and animal infection throughout history. Dr. Otto Obermeier, a German physician, is credited with discovering relapsing fever infection from tick bites in 1868. Ticks attach themselves to the host by boring into the skin. Infection is caused by the tick sucking the blood from the host, thus transmitting infection into the host simultaneously.

In 1878, another physician named Gregor Munch theorized that additional modes of transmission existed through the bites of other blood-sucking arthropods such as fleas and lice. This theory of lice as a vector of relapsing fever infection was confirmed in 1918 by French microbiologists Sergent and Foley. Current research has determined that, in addition to ticks, the Borrelia burgdorferi bacterium has been found in mosquitoes, flies, mites and flies. In my opinion, it would behoove all people to use their own common sense and acknowledge that the possibility does indeed exist for Borrelia infections to be transmitted via tick, mosquito, flea, mite and fly bites. It makes no sense to me to believe that transmission through these vectors cannot occur merely... “Lyme HIt”...on pg 14
Innocence, "Mr. Magoo," and Asperger’s Syndrome
by PJ Langhoff

In the moments before I was about to walk down the...
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Kenneth B. Singleton, M.D., M.P.H.
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STAND UP FOR LYME (SULF) invites you to join our email list to receive news of advocacy activities and events promoting awareness of and solutions to issues faced by Texas patients.

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

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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
Asperger’s..."...cont’d from pg 9
very difficult for you. It is not that the patient isn’t capable of loving or being loved. They simply don’t understand how to do so, and in each and every situation, those directions may need to be rehearsed. To his credit, my husband’s condition has been a blessing because we, as a family, have been put through some horrendous situations due to our ex-husband’s system over the past 10 years, and also with my Lyme disease due to misdiagnosis and treatment problems. If his husband wasn’t so detached emotionally as he is due to his “condition.” I believe that like some spouses do when the going gets tough, he would have already left this family. I am grateful that he has remained with me, though they were such times, even if he was limited by his abilities.

Do I find our situation an easy one to live in, especially since I am living with chronic Lyme disease and co-infections myself, and I require emotional support (like I do). I feel like he is laughing at me inside when I am upset with him, because of his facial expressions. I feel that he is smiling when he is upset—d’you think he really means it? I cannot seem to connect with him emotionally, not one bit. He can express it in a slightly altered level, to make the relationship the way. Honestly, if I had it to do over again, I would have still married him. Having a terrific sense of humor and a realistic understanding of the sort you or I could get upset, I would have still married him. Having a terrific affectionate way to express it, or even to discuss it, is something my husband does not do. He just says it. Individuals with Asperger’s syndrome typically express what was just said to himself so they can work, but you will have to express it emotionally again, in a slightly altered level, to make the relationship work. This is not done to belittle him, they just don’t understand why he is the way he is. He has got things going on in his mind as a ‘mechanism’—this is his “one” thing he does exceptionally well. In truth, his entire life and sense of self worth seems to revolve around his job, though he doesn’t interact much with his fellow employees. He thrives in a solid, inflexible routine, and does not tolerate any emotional intensity or adversity or surprise. He lives truly with no emotional support at all. Although he is aware that there are other people out here in the world, he doesn’t interact with them. On a moderate level, he is at a loss to understand how to interact with them in a meaningful way, without other people initiating interaction. Asperger’s Syndrome can be a disability, and people with Asperger’s do need support. They have great difficulty communicating, and people with Asperger’s are often low in the capacity for communication. Those diagnosed with AS often do not experience the extent of difficulties in verbal communication that others with autism spectrum disorder or Asperger’s have. They can also excel in one particular area, but not do well in another. For example, I remember my husband’s case, he is an excellent car mechanic, but the development of his social skills basically ended there. I have no clue what kind of symptoms my husband may have expressed when he was a child, he, he admits that he has “always been this way”. He is basically great difficulty with friend- ships.

Symptoms of AS are varied between individuals, but one of the characteristics of some of these is that they do not relate to the point of activities are fun, they do not like change. They have great difficulty understanding and following rules, and they don’t like change. They have great difficulty understanding and following rules, and they don’t like change. They have great difficulty understanding and following rules, and they don’t like change. They have great difficulty understanding and following rules, and they don’t like change. They have great difficulty understanding and following rules, and they don’t like change.
One of the simplest things that we can do to support our body's ability to detoxify is to sweat. Using a far-infrared (FIR) sauna or going to a steam room can have profound benefits and helps the body to remove mercury and other toxins.
because the government agen-
cies vested with authority to
provide us with information are
failing their constituents in
research regarding these
modes of transmission. One of the
most controversial areas that
Lyme disease patients learn
during the course of their debil-
itating illness is the extent that
they can take responsibility for
their own healthcare decisions, relying
upon some untrained or untrusted
sources, not only of that seemingly official
and legitimate but also of many
agencies/organizations/physi-
icians/insurance companies. Their
voices cannot be applied by patients to other
dis-eases and conditions, also.

IDSA treatment guidelines have been
outdated and continue to be
problematic. This is because patients
have reported contracting the
infection throughout the
United States, not only in the
Northeast near Lake
Connecticut.

One of the largest Lyme disease
researchers who has studied Lyme
disease for decades, Dr. Alan Y
demonstrated that
Bb is an intracellular
pathogen that sequesters itself inside
cells and thus evades the immune
system. This makes Lyme the #1
cause in the nation for the common and recurrent
pat-
tern of remission and relapse
that chronic Lyme disease/Borreliosis
patients experience. It causes me great concern when one of the IDSA's refusihg
to act responsibly and fulfill its obligation to the pub-
lic in allowing below par research to
educate mainstream physicians in the complexities of the Borreliosis infections. The CDC research referenced above
by CDC researchers Livengood
and colleagues referenced above
TENT the outrageous-based treatment
guidelines authored by physicians and
the American Lyme Disease Society of
America (IDSA).

The CDC posts the
Infection with Borrelia
burgdorferi for long periods of
time, causing inflammation in the
tissues and the nearby bone. This
is a very painful condition.

with Lyme disease experience severe
symptoms right away. Others notice vague symptoms like fatigue, numbness and
tingling in extremities, headaches
and minor joint pain that
stead rise in severity over a period of
many years. Many initially attribute these various problems to lack
of sleep, stress or over-exertion
involving themselves in physical
activities. Then the time comes
when the symptoms and problems
occur much too frequently, are
too many in number and are too
intense to attribute to everyday
to be healthy.

Usually, by this time, the
bacteria have signified
an impaired one's cognitive function.
Loss of memory, mistakes
and fatigue are often
and losing one's way becomes
too much to bear for those who
have previously lived organ-
dized, detailed, functional lives.
Lyme disease patients describe
this cognitive dysfunction as
"Brain Fog".

Many Lyme disease patients have expressed
that this loss of cognitive ability can
account for the pains and suffering associated with the
physical aspect of the disease.

infection causes a loss of self-
conversation and to carry out job
duties causes a loss of self-
development of tissue that
causes a loss of self-
disturbance causes a loss of self-
for patients who is ill. Borreliosis patients
"antibiotic addicts." That is the same as calling can-
cer patients "radiation and
chemotheraphy addicts." What
d kind of person does to make such a ludicrous mis-
nation? It has been stated that the IDSA's flawed
affiliated physicians/does/insiders/has demonstrated
Little do patients know that the
bacteria hide inside nerve cells, undetected
by the immune system, and destroy
to keep their nerve cells from
The bacteria also
burrow into tendons and ligaments
causing inflammation in the
neuraxis and the nearby bone.

The reason for this is that
losing one's ability to function in
their daily life, to carry out job
duties causes a loss of self-
ment, physicians that they are bored
and feeling depressed, some of
physicians who place the health
of their patients above the inter-
ests and dictates of the "author-
ity" or any of their patients above the inter-
ests of their patients above the inter-
ests and dictates of the "author-
ity." Some patients have
discovered that their
documented chronic infections. Many patients
have never suffered from Lyme disease.

The treatment of Lyme disease begins with
infections. Many patients have never suffered from Lyme disease.

This type of psychiatric abuse has resulted in
loss of employment, homes,
marriages, families and self-
esteem. Acknowledging the fact
that BB infection does indeed cause
chronic illness is a travesty for patients suffering to such
a great degree both physically and mentally to be turned away
and denied treatment.

Unfortunately, Borrelia does cause
certain psychiatric problems. I wouldn't want to be the physi-
cian who tells a Lyme disease
patient about the psychological damage as well.

Lyme patients experience the exact
psychological damage as well.

Many patients have experienced
what this loss of cognitive ability can
account for the pains and suffering associated with the
physical aspect of the disease.
from the hospital a perfect precocious miracle baby. After two weeks of painful waiting, the Lyme disease tests all came back neg- ative. Jennifer and Brad were thrilled to learn that this miracle daughter was apparent- ly “Lyme free” and could have a normal childhood. However, although the tests were negative, the Holbrooks knew all too well that the expe- rience that tests were not 100% reliable and kept close watch on any sign of the symptoms of this illness. They also decided not to vaccinate their daughter in case she might be exposed to a disease that could dis- ail its full strength to fight ge- tational Lyme disease. Jennifer and Brad had been told that many of the Amish population had removed their children’s Lyme vaccine in their past before she knew who just Emily and didn’t want the same thing for her daughter. Very soon after Emily’s birth, Jennifer’s Lyme relapsed and she experienced night- mares (Sleep Paralysis, Depressions) with anxiety, which is quite common in Lyme patients. It’s not a sur- gery that accompany preg- nancy and birth out all symptoms, they can sometimes cause a relapse of all Lyme disease symptoms, as well. “I could tell by the feeling of unfairness was over- whelming. For her to have a new baby and to feel like she’s lost it is such a difficult experience, but with Jennifer barely functioning, Brad had to become the caregiver.” Emily’s first year seemed normal except for some appetite food allergies. But, Emily and Brad worked hand every day to find a balance between recovering Emily’s health and caring for their baby girl. She was a joy that they had never experienced before.

18 months of age, Jennifer began to notice that something wasn’t quite right with Emily. Jennifer remembered telling the pediatrician that Emily "doesn’t really look at me." Jennifer dismissed many of her own concerns because she was the first time mom and assumed she didn’t have the personality or her own hyper- vigilance due to the Lyme. In the age of two, Jennifer was having almost con- sistent emotional meltdowns. Jennifer explained, “...temper tantrums times 1.000. Her speech didn’t really seem to be developing very well and she was even less social.”

Jennifer and Brad took Emily for speech evaluations that were normal. Other tests Emily had found to have Sensory Integration Disorder, hypotonia, and a speech delay. At the age of 2 years old, Emily was then additionally diagnosed as hav- ing Autism Spectrum Disorder, Not Otherwise Specified by a develop- mental pediatrician. Other words, Emily was autistic. Jennifer and Brad were devastated like many of the Lyme patients, Jennifer had learned to research everything and find every way possible to help Emily. The only thing most doctors just didn’t know what to do. All the signs she had before Emily had been diagnosed as autistic, Jennifer had already stumbled upon the possibility of autism, had researched it and then dreaded confirmation of her suspicions. The severity, overload, the tantrums, the food sensitivities, the lack of eye contact, the loss of interest, the hyperactivity, the repetitive actions, the lack of play skills. It all didn’t fit perfectly.

The pediatrician who diagnosed her wasn’t sure if, as Jennifer put it, Emily “could truly fit into the classic Autism diagnosis or move to a higher functioning level, the Asperger’s Spectrum. She started to receive speech therapy, occu- pational therapy (my other Sensory Integration Disorder) and special education therapy to teach her how to play. 

All Jennifer could think about was eating and sleeping. Emily had to that much to eat and sleep and now had baby eating out of a developental disability. It just seemed too unfair to be real. She mourned the daughter she had hoped for and wondered whethergestational Lyme disease would have been a better fate. Looking back, what she thought she had been given her personality was actually a 14-month disorder. 

Emily refused to eat from a spoon when her parents tried to feed her. For almost six months she ate this continued as she got older. She had trouble with tasks that required using both hands. Emily had trouble using uten- sils to eat her meals or even holding a bottle. She was extremely rigid with her foods because she had trouble with her oral motor skills. This made chewing dif- ficult so she would start to chew on her lip. It made the symptoms worse.

everyday tasks monotonous and Jennifer and Brad often felt they were walking on eggshells. With the new diagnosis, and understanding of the suffer- ing their daughter was enduring, Emily’s heart went west. Jennifer and Brad began to wonder what had caused the life-changing events. Many parents blamed vaccinations but Emily was unavoci- ously to friends and said insistently or immune systems problems may be to blame. During her ongoing research, Jennifer stumbled upon information linking Lyme disease and autism. Not that Emily had Lyme disease after all? She could be autistic, have Autism or be autistic due to Lyme infected. Frustrated with the uncertainty, Emily’s parents knew they had to see Dr. Charles Ray Jones, the world’s best Lyme literate pediatrician. Dr. Jones was a highly respected and carefully and thoroughly evaluated Emily and gave her full blood work up. Emily’s blood was sent to IgNeX to be tested again for Lyme disease. Jennifer’s mailed the mail nervously as she wait- ed for the test results trying to assume that was all well. Dr. Jones noticed that the results were they wouldn’t tell the whole story. Jennifer felt, finally, Jennifer saw the results in her hand and, to her horror, saw Lyme specific posi- tive results on the western blot test, but this time it was her precious daughter’s test, not her. The mixed emotions were com- fusing and overwhelming. Should they be relieved? Jenner knew Lyme was not an easy fix. Did that mean Emily did not really have autism or that just that one of the few parents who knew the cause? Did this change anything? Emily’s Western Blot came back sug- gestive of Lyme disease infection. It was clinical and definitely fit with gestational Lyme infection.

Dr. Jones confirmed that she had Lyme disease induced Autism. But, it was found, and it was Lyme disease all along. When Jennifer’s antibiotic levels dropped below normal during her pregnancy could have been enough to allow Emily to contract Lyme disease in Jennifer’s womb. Dr. Jones assured the Holbrooks that Emily’s parents’ anti- mics was good because she was so young. Jennifer and Brad were deeply upset that despite all their aggressive Lyme treat- ments during pregnancy, her baby still had acquired Lyme disease. Suffered with the frightening truth, they knew that they had to gather their strength and do everything pos- sible for their daughter.

Emily started antibiotic treatment for gestational Lyme disease and Bartonella infection. It wasn’t going to be easy to care for a child with Lyme infection, but Jennifer had the experience, patience and the heart, it was Jennifer and Brad. To help Emily become as functional a child as possible during this time, Jennifer educated herself enthusi- astically about Autism and treatments to could help Emily become as functional a child as possible during this time. Jennifer and Brad often felt that the point was to have a concerned and loved. Over time, Emily continued her Lyme antibiotics and although it wasn’t a cure, things slowly began to look better. Thanks to the expertise of Dr. Jones, Emily’s health has improved dramatically. Emily’s language, social skills and school performance improved and she now seems just like any other loving, playful and active child.

Jennifer explains Lyme disease and Autism are a men- ace to the world and continues to try to help other edu- cates so doctors will no longer pay attention. Many parents blamed vaccinations, and she now seems just like any other loving, playful and active child.

Jennifer explains Lyme disease and Autism are a men- ace to the world and continues to try to help other edu- cates so doctors will no longer pay attention. Many parents blamed vaccinations, and she now seems just like any other loving, playful and active child.

Jennifer and Brad con- tinue to require treatment for their Lyme disease in order to function in their daily lives. Life is a balance of caring for Emily and her Lyme disease.

The future looks bright. One is for sure, the Holbrooks are full of love and laughter, a miracle that one day seemed impossible.

Lauren Zeller is a freelance writer from on her site. She has a B.S. Degree in Environmental Science. She is a strong patient advocate and is highly respected by LLMDs. www.wildcondor.com

Robert Burton asserted that the CDC developer of thimerosal, from "who has received $873,000 in subpoenas." Richard Horowitz, M.D., Warren Levin, M.D. and Jeffrey Baker, N.D., speakers include:

Brad from Ohio, Jennifer from Indiana, the Agency for Disease Control and Prevention’s Vaccine Safety Datalink, declared “The greatest catastrophe that’s ever hap- pened.” Dr. Mark Geier, president of the Autism Science Foundation Center of America, has been examining vaccine safety since the early 1990s when he was a full assistant at the National Institutes of Health. He strongly believed that the "link between autism and thimerosal is clear," and that public health officials are “just trying to spin the news.”

Most of the doctors and researchers and involved in the vaccine trials against Autism are recipients of large sums - millions of dollars in grants - from the vaccine industry, explained pediatrici- cian Dr. Jay N. Gordon. "The financial ties are fairly common, Rep. Burton asserted that the CDC vaccine trials are full of conflict of interest and serve on intellectual advisory committees that make recom- mendations to the CDC. According to Robert F. Kennedy, Jr., an attorney and environmental activist, phar- maceutical companies are also get- ting help from politicians. As an example, he pointed to the Majority Leader Bill Frist, “who has received $873,000 in contracts from the vaccine industry," and “has tried to sign all of the govern- ment’s clinical trials and funds and shield Eli Lilly, the developer of thimerosal, from sabotage. Rep. David Weldon, a Republican physician from Florida, accused the Institute of Medicine of relying on "faulty flawed" studies that did not repre- sent "all the available scien- tific data." Dr. Mark Blaxill, vice presi- dent of the nonprofit organization that produced the study, declared “no evidence that vaccine exposure is dangerous. It’s massive.”

Susan Williams held a BS degree in Community Health Education and is the Board of Directors of the Texas Lyme Disease Association.
"It's All In Your Head," the first book of an organic, grassroots-groundbreaking 3-book series on Lyme disease by author, activist, and Lyme patient PJ Langhoff are now available at www.allegorypress.com and soon on Amazon.com. A year in the making, these important, informative books reveal the truth about Lyme disease in a never before released collection.

PJ Langhoff, the author of the "Sleeping Forest, a Journey Through Lyme Disease," contracted Lyme disease in 1992 and so did her family....and she reeled at the midwest, Langhoff had no idea Lyme disease even existed until it touched her family personally, and she struggled with the current paradigm. She confronts the issue of suicide through 10 years in the legal system and Langhoff lost custody of her own children and was accused of being "mentally ill" and "delusional" for believing that she and her children had Lyme disease despite medical history and laboratory evidence.

Langhoff fought back continually and worked hard to establish support groups and web sites for Lyme patients offering information, support, and ideas. PJ Langhoff has since written a number of medical books and peer-reviewed articles, and co-authored along with Lyme-literate physicians, a book that raises public awareness about this complex and poorly understood illness which is reaching epidemic proportions globally.

Lyme disease is NOT just a rash and knee pain! It is not just "in the Gulf of Mexico", uncovering the truth about Lyme...

"It's All In Your Head," Patient Stories From the Frontlines: Intimate Aspects of Chronic and Neuropsychiatric Lyme Disease

In this first book, the author covers the history of Lyme disease, the testing inaccuracy, the herbal and herxheimer effect, the hersher effect, Munchausen's, plus a half dozen patient stories including Langhoff's personal story of how she and her two children suffered from Lyme and when they put them through during 10 years in the legal system. Read how Langhoff had to turn in her own daughter to legal authorities in a heart-wrenching decision to try and save her child for severe neurolymphocytic depression. In this second book, Langhoff and her family as well as other patients fully and accurately describe life with chronic lyme disease, the modern diagnosis, the harshest treatments, must-read for patients, physicians, and support persons who have been personally touched by chronic illness.

"Journey Through Lyme Disease..." is a thorough scientific analysis of short stories from 80 Lyme patients from 23 US states, 5 Canadian provinces, and 11 countries abroad. This sampling of the global presence of Lyme-related symptoms, its complexity, is, by the patients themselves. An honest, revealing collection of information which touches on every aspect of Lyme disease, and reveals also that transmission may occur in methods not previously acknowledged. Absolutely a must-read for everyone who wishes to learn why an epidemic is being ignored and the patient's suffering in diagnosis and treatment! A true look at life with Lyme disease, from patient's point of view. Foreword by renowned Lyme-literate physician and musician, John B. Andruscco, Jr. Cover art by Canadian Lyme artist Valerie White.

The third book in the series (coming soon):

Groundbreaking Book Series on Lyme Disease Hits the Market

"It's All In Your Head," the first book of an organic, grassroots-groundbreaking 3-book series on Lyme disease by author, activist, and Lyme patient PJ Langhoff are now available at www.allegorypress.com and soon on Amazon.com. A year in the making, these important, informative books reveal the truth about Lyme disease in a never before released collection.

PJ Langhoff, the author of the "Sleeping Forest, a Journey Through Lyme Disease," contracted Lyme disease in 1992 and so did her family....and she reeled at the midwest, Langhoff had no idea Lyme disease even existed until it touched her family personally, and she struggled with the current paradigm. She confronts the issue of suicide through 10 years in the legal system and Langhoff lost custody of her own children and was accused of being "mentally ill" and "delusional" for believing that she and her children had Lyme disease despite medical history and laboratory evidence.

Langhoff fought back continually and worked hard to establish support groups and web sites for Lyme patients offering information, support, and ideas. PJ Langhoff has since written a number of medical books and peer-reviewed articles, and co-authored along with Lyme-literate physicians, a book that raises public awareness about this complex and poorly understood illness which is reaching epidemic proportions globally.

Lyme disease is NOT just a rash and knee pain! It is not just "in the Gulf of Mexico", uncovering the truth about Lyme...

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Foreword by renowned Lyme physician Dr. Joseph Barrows Cover art by young Connecticut Lyme artist, Stephen Mills.

"Journey Through Lyme Disease..." Around the World in 80 Lyme Patient Stories: Intimate Aspects of Chronic and Neuropsychiatric Lyme Disease

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even a partial paralysis occurs in the small intestines, SBBO (SBIBO) with meaning of immense proportions may ensue. Parous of the colon may result in mega colon with severe constipation and/or encopresis even in very young children in Lyme-endemic regions. Diarrhea resembling an IBS-like syndrome can occur if there is SBBO-sponsored gut hypermotility. Similarly, GI symptoms can also result in plethora of symptoms, including septic colon and sepsis occurring. A trial in SBIBO is helpful for those sus- pected of having tick-borne diseases despite negative test results. The "symptom intensification syndrome" known as a Herxheimer reaction can be anticipated to both bechaunted by doctor and patient as potentially dis- turbingly difficult but should be expected when immune sys- tems over-respond to a spiro- chetal infection. This reaction should not be confused with an allergic reaction to the antibiot- ics.

Most helpful diagnostic tests for Lyme disease are the direct fluorescent phototests observations of a "Bulls Eye" circular or oval skin rash. Unfortunately, for many patients the rash is only present in roughly 30% of known cases. If the lesion slowly expands (due to spirochetes multiplying in the outer edge, which fact allows extended life and culture) it is perfectly diag- nostic of Lyme disease or its associated TBE (Tularemia - a fever, skin rash and rash alike in the Lyme disease form of Lyme dis- ease.) In endemic areas, patients with this rash should not be suspected of having tick-borne diseases because the rash is expected to bechaunted by doctor and patient as potentially dis- turbingly difficult but should be expected when immune sys- tems over-respond to a spiro- chetal infection. This reaction should not be confused with an allergic reaction to the antibiot- ics.

A BRIEF OVERVIEW OF SOME APPROACHES TO THE TREATMENT OF TICK-BORNE DISEASES AFFECTING THE GUT

Sensations of total, dire, overwhelming, unending, weakness or fatigue in most seriously ill Lyme patients lead many Lyme patients to consider suicide. Treatment begins with educating them about the treatable underlying diseases and about realistic expectations in order to inspire hopefulness for recovery. The physician's listening skills and willingness to give anxious patients extra time can be life-saving.

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Potency of skillfully combined oral antibiotics in an attempt to avoid treatment for all but those seriously afflicted with advanced neuro- Lyme (patients that manifest MS-like or MSX-type symp- toms) is the next challenge forcing spirochetes out of cover to manufacture them to be aware of the neurologic damages. Regularly spaced "safety blood work" must be regularly ordered for all patients who require long-term use of any antibiotics. For those with Lyme-illness and chronic fatigue the drug with resulatant SBIBO non-absorbable, intestinal "antimicrobials" likely will be needed (60). Current usage of rifaximin may include carefully monitored long-term prescriptions.

Doxycycline has the advantage of being able to arrest both Lyme and the distri- bution in those who are multi- ply infected with each. Bifidobacteria (the tick-borne variant) usually responds, albeit slowly, to aggressive treatment by one of the quinoline family of antibiotics such as levofloxacin (Levaquin) or by rifampin (Rifampicin). Ivermectin may respond best to tetracycline, rifampin, and erythromycin. Babesia, the red blood cell parasite, requires different approach for acute and chron- ic disease stages. In chronic alimentary, the basal, form of alimentary, a combination of ate- vaquine (Mepron) or Malateone, a sulfa-pro- vaquine and progesterone hydrochloride, and erythromycin are still drugs of choice (61).

NUTRITIONALS AND ANTIMICRO- BIALS TO RESTORE THE GUT AND THE GI TRACT

Restoration of gastrointestinal systems damaged by chronic Lyme disease can be a formidable task depending on the presen- tation and treatment of co-infections. In supportive symptoms, antimicrobial or other treatments involved, and any side effects thus incurred. The goals are to enhance gut motility or reduce spastic- ity, remove toxins, strengthen the patient's general and gut-lining immunity while killing off invaders such as bacteria, firmicutes, fungi, and gut opportunists (62,63). Painful rectal area mus- cle spasms in Lyme patients usually respond to alprazolam (Xanax), 0.25 mg (1/2 to one tablet) best chewed for quick relief and Natural Calm, a formulation of instant release, water-soluble magnes- ium hydroxycarbonate (100 mg one daily), and ursodiol bile acid (100 mg one daily), Slippery Elm demulcent cap- sules (725 mg 1-3 times daily), and unodored bile acid tablets (64). Additionally, in the treatment of SBIBO, the esoph- agus may include culture with analysis and sensitivity of opportuni- ties. Additional treatments may include the choice of antibiotic. Alternatively, a trial may be undertaken with rifaximin (Xifaxin) 200 mg three times a day until symptoms have cleared (60). Cholestyramine (Questran) may be useful in reducing the recurring neuro- toxicities produced by tick-borne diseases.

As tick-borne diseased GS systems of their own owners, heat, relief will be palpable. Physicians will partner in that education by the patients and ant- iviously grimmaced patients move to the healthy side of a behavioral health literacy that would measure the degree to which both gastrointestinal tract and lives have been restored to functional capaci- ties. These satisfactions satis- factions will be re-experienced when wisely diagnosed and treated Lyme-sick patients will be able to smile broadly at last, know in their guts that zesty appetites for life really will be possible again.
Six With Autism... cont'd from pg 13

and asked them to also invite friends.

"Thirty people from our church and family came to support us," shares Robin. This brought the social worker and the family to tears, as did the news that the entire family had joined the support system.

So what’s life like with six children on the spectrum? Well, probably just as one would think; biting, obsessions, running off to school, mealtimes, and over...

...havoc. But, one thing was clear in my interview; these children need boundaries, routines, and a blanket of love and faith surrounding them.

The doctors asked what tips or advice she had for other parents with similar challenges. She suggested three tips: 1) Treat the child like any other child; 2) Be patient and never give up on them; 3) Remember that they need time to process the new information and be patient and never give up on them; 3) Remember that they need time to process the new information.

For more aggressive detox, additional capsules of EDD can be added up to one capsule every ten pounds of body weight. EDD is also available as a powder that can be mixed in water or juice or used in a bath.

EDTA has a high affinity for binding with lead but is not regarded as a strong chela-
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ting agent for controlling infections and reducing our

toxic burden, the body generally resists treatment, or a

can be used on a continuous basis.

In summary, though chronic Lyme disease is a sig-


cific and challenging illness, the disease cannot be

tackled by a single approach. The battle once they realize that Lyme disease is not Lyme alone but a combination of in-

ators that must be synergistically addressed in order to regain

are currently being developed for various chronic conditions to help couples plan for the ideal time for pregnancy.

national program quite simple by combining his years of research and clinical experience into a product called Beyond Chelation (BAM). The product, called Beyond Chelation (BAM), incorporates his Beyond Any Multiple (BAM) product.

In fact, Dr. Gordon has made creating a powerful detoxifica-
tion program quite simple by combining his years of research and clinical experience into a product called Beyond Chelation (BAM). The product, called Beyond Chelation (BAM), incorporates his Beyond Any Multiple (BAM) product.

He further includes a capsule which contains phosphatidyl choline, phosphatidylserine, and ginkgo biloba which he indicated was added to support brain function, reduce the chances of Alzheimers, and protect the muscles and organs in the brain as we age. BCI provides pre-filled packets which contain three of the three EDD, 2 essential fatty acid softgels, and the Phosphatidylglycerol capsules. The recommended dosage is one packet twice daily.

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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, toxin removal is improved and oxidative stress is reduced.

CoQ10 Power™ 400mg
I actually tested the blood level of a patient on this product versus another well-known CoQ10. The patient using CoQ10 Power™ had three times the CoQ10 in the blood than the other product. The product is produced in the preferred 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.

**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, astragalus, 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.
IN THE NEWS

POWERFUL NEW ARSENAL

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

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

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