Cleansing Neurotoxin Overload

by Victoria Bowmann, PhD

Detoxification can be an important method to support the body during times of crisis. As with many autoimmune cases, there are many factors at work and no one cure. Some of the toxins actually target, impair and even damage the liver and the detoxification organs. This can further impair and block the route for normal excretion, causing an accumulation of toxins. This results in intracellular damage and further progression of disease.

In Lyme disease, the bacteria is a “smart” bug which wants to maintain its life within the person. It actually hides from the immune system. The Lyme bacteria is neurotoxic and, in order to survive, it will use the lymphatic system and cause blood to thicken. The fluid flow through the liver and a stickiness to the interstitial fluid to hold the fluid that bathes and nourishes the tissues cell. It also picks up microorganisms, foreign particles, enzymes, proteins, and hormones for processing through the lymphatic system. In addition to the lymphatic system, Lyme prefer to travel through the collateral more than the blood. Lyme disease is a systemic infection and it can invade and damage any and all organs, glands, and systems of our body. Lyme patients are also challenged by other co-infections that are often overlooked.

Because of its ability to hide from the immune system, Lyme makes itself difficult to diagnose through testing and thereby difficult to design an effective treatment protocol. Often it can mask itself as a different disease such as Chronic Fatigue Syndrome, Fibromyalgia, Multiple Sclerosis, Parkinson’s, Obsessive Compulsive Disorder (OCD), or Amyotrophic Lateral Sclerosis (Lou Gehrig disease). It is important for the physician to ascertain if Lyme is at a causal level in these diseases. Assuming the patient is being treated with an appropriate protocol, effective detoxification plays an extremely important role in eliminating the neurotoxins from the body. When the Lyme is being treated, it produces its own neurotoxin in defense. This subsequently clogs the blood, lymph, liver and colon which slows down the detoxification pathways. And as long as the patient is in treatment for Lyme, detoxification needs to be ongoing. When the body is overburdened with a toxic load, the patient might experience a Herxheimer (Hers) reaction. One of my patients explained her Hers reactions like a bad hangover. She had extreme fatigue, headaches, nausea, flu-like symptoms, and a tingling throughout her body.

She also noticed that her usual symptoms were made much worse. It is during these episodes, the detoxification process becomes even more important.

Since there are numerous methods for detoxification, one must select those which offer the most support. The two primary pathways of detoxification are: 1) the colon which removes solid wastes and 2) the kidneys and bladder which removes liquid wastes. These pathways have external elimination, those being feces and urine. The liver is also a primary detoxification organ for toxins, hormones, and protein and fat metabolism. The pathway for water-soluble toxins is through the urine. Hormones are excreted through bile in the GI tract. The lungs and skin are the secondary pathways. The lungs detoxifies via CO2 (carbon dioxide), and Vitamin K absorbs through the skin. These organs are especially true with neurotoxins that are coming in through the skin.

In 12-20 ways, we feel offering a sample of some of our images now could save lives, decrease illness, prevent psychiatric acting out and prevent organ damage. While vast numbers of images of Bartonella will be in my upcoming books, The 16 Reasons Lyme Disease Treatment Fails and The Diagnosis and Treatment of Bartonella, the editor and I agreed it was too important to delay at least a sample of these materials.

See a variety of Dr. Schaller’s Bartonella Photo Gallery on page 2.

“Bartonella...cont’d pg 2

Bartonella is Becoming the Most Important Issue in Treatment of Lyme

by Dr. James Schaller, M.D.

Powerful Diagnostic Bartonella Skin Findings

Bartonella may be one of the most important issues in the treatment of Lyme disease. Why? In last month’s issue, I showed it was a staggering immune-suppressive infection. We have visualized these unusual bacteria covering red blood cells, and yet the patient remains well. If this were other bacteria, e.g., Staph or Strep, the patient would be quite ill. At this time, I believe it is impossible to fully kill off all Lyme in the presence of Bartonella. Why? It is because we know from many specialized labs that Bartonella continues to be missed. Why? This lack of specialized labs is because we know from many experts that Bartonella can be present many ways missed until recently. Lyme body volume will go down during treatment of a cure. How could it be there is an infection that is so powerful it turns off immune chemical to allow it to safely float in the blood?

It is also very easy to miss no lab in the world can test for all the new species. New Bartonella species are being found every month using DNA techniques similar to those used to map and identify our human genome. Some unpublished research talks about 32 species and 212 variants. An antibody test is only one few if there is another strain. We currently are using a wide range of labs to identify Bartonella. One sample lab, which still occasionally misses noticing it, was discussed in the August 2007 issue.

The Use of Skin Findings to Diagnose or to Raise the Possibility of Bartonella

Some of these proposed skin findings we feel are solidly diagnostic of Bartonella. And with new advanced and diverse lab testing which looks for Bartonella over 8 ways, we find the positive labs match these proposed Bartonella skin findings very well. Therefore, since routine lab testing done is very poor, and even one large lab is raising its flag out for a positive, due to so many positive “false” infections that are supposed “not clinically meaningful,” we can use all the help we can get in diagnosis. And since Bartonella has far more ways of infecting humans and damages all organs...
Bartonella makes Vascular Endothelial Growth Factor (VEGF) which makes and opens capillaries and causes unusual vascular images. The ink circles are sitting on top of red circles. (Chicken wire pattern.)

IN THE NEWS

Therasage is proud to bring you the world’s largest storefront featuring products with far infrared heat. Far infrared heat has been widely used for its many therapeutic benefits in the past twenty-five years and is now becoming very popular in North America.

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Dr. Schaller is the author of 20 books including: The Diagnosis and Treatment of Babesia, Mold Illness and Mold Remediation Made Simple, The Complete Guide to Artemisinin, When Traditional Medicine Fails, 100 Solutions to Out of Control Youth, Suboxone-Pain Treatment with Addiction Relief. He is currently preparing the most up-to-date textbook on Bartonella, which he feels is a top vector in the world—possibly more common than Lyme.

www.PersonalConsult.com
A letter from Dr. Charles Ray Jones:

Dear Friends,

Beginning once again to update you regarding the status of the charges which have been brought against me by the Connecticut Department of Public Health (CT DPH). As of the date of December 18, 2007, the hearing panel made recommendations for sanctions which would severely restrict my ability to treat Lyme patients, and would have a detrimental presence for other Lyme treating physicians.

Those of you who were fortunate enough to hear Attorney Pollock’s oral argument, or who read the transcript published in the Lyme Times, will agree that my professional and keen group of key issues pertaining to Lyme disease and the controversy which surrounds it. Although the Connecticut Medical Examining Board (CMEB) went on to adopt the recommendations of the hearing panel with one change, I remain confident and extremely grateful to my legal defense team, headed by my lawyer Elizabeth Dr. James Schenck, M.D., Tanis Dancers, Linda Fleming, Margaret Perino, and Joan Vetter

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Much Needed Prescription Assistance Available!

Financial Burdens Eased by Prescription Hope for Those Who Battle Chronic Illnesses

by Dawn Irons

The physical burdens of someone battling a chronic illness, such as Lyme disease, are only "the tip of the iceberg" of concern. Much like the iceberg that sank the Titanic, there is much more of a problem lurking beneath the surface of the water than just physical burdens when dealing with a chronic illness.

The financial devastation is a common thread among those who battle long-term illness. Insurance companies often deny coverage for medically prescribed treatment protocols. This prescription-free zone makes for some very critical choices. How does one treat the illness if the medicine prescribed is not affordable?

"We are the largest s chered is not attainable due to prohibitory financial costs?" April Pierce, the owner of Prescription Hope, isRepeat this process several times to ensure the ad is clear and visible.

"Hope is on the way!" Prescription Hope, located in Columbus, Ohio was founded by Mr. Douglas Pierce in 2001. The goal of the company was to develop a program to assist low income people who could not afford their medication, an opportunity to purchase affordable medications for medical maintenance purposes.

Currently more than 80 pharmaceutical manufacturers provide more than 1,500 free brand-name prescription medications to individuals who qualify based on annual income. The problem is that most of our citizens who may qualify have absolutely no idea on how to apply, or even know these programs exist. Realizing the problem, Mr. Pierce's company, Prescription Hope, created a specialized program with a Medication Access Network.

Prescription Hope has been in operation for more than 8 years and are finding that they are being contacted by social services and financial foundations as well as other organizations from all over the United States. They are now providing a service which cannot be matched.

Specifications about the Prescription Hope Program:

(1) They provide brand-name medications. They access brand-name drugs via U.S. pharmaceutical company patient assistance programs, giving them access to almost 1,500 different pharmaceutical drugs for their patients.

(2) They provide A-Z name medications. They access brand-name drugs via U.S. pharmaceutical company patient assistance programs, giving them access to almost 1,500 different pharmaceutical drugs for their patients. Users would think a program such as ours would be costly, but considering what is involved in determining who may be eligible, Believe it or not, there are no other hidden charges. There are no other explanation fees, no application fees and no other hidden fees. The only cost to qualified individuals is $7.00 per month per prescription. The average person today on maintenance drugs will be using 4 different medications. At $7.00 per prescription, the monthly cost would be $28.00. Conservatively speaking, if a person were to purchase the drugs retail the cost would easily exceed $250.00 per month, according to April Pierce.

Prescription Hope has been in operation for more than 8 years and are finding that they are being contacted by social services and financial foundations as well as other organizations from all over the United States. They are now providing a service which cannot be matched.

Approved, our enrollment counselors will advocate on behalf of the patient to get what we feel the patient deserves, their medication," said Pierce. You would think a program such as ours would be costly, but considering what is involved in determining who may be eligible, Believe it or not, there are no other hidden charges. There are no other explanation fees, no application fees and no other hidden fees. The only cost to qualified individuals is $7.00 per month per prescription. The average person today on maintenance drugs will be using 4 different medications. At $7.00 per prescription, the monthly cost would be $28.00. Conservatively speaking, if a person were to purchase the drugs retail the cost would easily exceed $250.00 per month, according to April Pierce.

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I have nasty Lyme arthritis in my knee, and the pads are helping to decrease the swelling and flexibilit-

y. It was my Lyme doctor who first told me about the pads... she swears by them! -Satisfied Customer

IV Medications

Doxycycline, Zithromax, Vancomycin, Primaxin

Orals:

Paxil, Zoloft, Lexapro, Effexor, Wellbutrin, Provigil, Cefin, Minocycline, Cymbalta, Lyrica, Neurontin, Gabapentin, Apreocept, Ambien, Naxium

Any Anti-Nausea Pills

Biaxin, Clindamycin, Levaukin Flagyl, plaquenil, Doxycycline

Augmentin, Zithromax, Penicillin

Mepron, Quinine, Amoxicillin

Dificitan, Tarozac, Cream, Benicor, Spanorol, Rifaximin, Malaron, Omnica, Namend, Xyrem

Synthroid, Cortef, Armour Thyroid Cytom Genereis:

IV Rocphenin & IV Clarifin, enzodapine, Tradazone, Tetracycline, Aectib, Mogic, Claritin, Bicillin CR-Infra-muscular injection, Cephalexin, Ketek, Fasigyn, Tiberal, Nystatin, AVCE Cream, Heparin - sal-

Difurian, Rimafil, Laminil www.prescriptionhope.com

May be useful for:

* Heavy Metals
* Liver detoxification
* Weight loss
* Cholesterol
* Lyme disease
* Arthritis
* Fibromyalgia
* Chron's disease
* Fatigue
* Diabetes
* Headaches
* Double vision
* Cancer

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Delete Worry

As an asettive to worry we need to memorize scripture and use it to guard our thoughts each day. (Phil. 4:6, 7) To me, this is like that instruction sheet:

1. Don't worry
2. Pray
3. Ask specifically
4. Praise and thank Him in advance for the answer
5. Let the peace of God guard your mind while you wait

Jesus addressed worry by saying to look at the birds - God takes care of them and reminds us that we are of more value than them. (Matt. 6:26) He asks us to seek first the kingdom of God and His righteousness and everything else we need shall be added to us. Our Bibles are letters from Jesus letting us know what belongs to us. If we got a letter from the bank informing us that we had a CD coming due we would read it and abide by what they told us. Worry reveals to us how we are treating the Word of God as deft instruction. An interesting thing stands for us in Certificate of Deposit. We can only take out what we originally have deposited. What kinds of deposits are we making: worry or trust? His answers are for you - Coming Due!

He's already taken care of everything. Peter writes, "Turn all your anxiety over to God because He cares for you." (1 Peter 5:7) Easier said than done? If you need more than that, you're on your own! Here are six reasons not to worry:

"Don't ever worry about tomorrow." (Matt. 6:34) He doesn't understand if you are sick and you have some serious lab work coming up, so occasionally you may worry about tomorrow." God says, "Don't ever." Our Father is in control. He knows the days of your life (Psalm 139:16) and what you will do today, just as "You'll benefit by not worrying." God's giving us an assignment.

[2] We have nothing to worry about.
It seems hard to believe, but Paul assures us, "Our God will richly supply all your needs according to His riches in glory through Christ Jesus" (Phil. 4:19).

Writing this from a jail cell, Paul was speaking from experience. God knows our needs better than we know ourselves. Paul knows not only what we need but also what we will need in the future; He's already taken care of it. He promises not to take only care of our needs, but to fill our will in need in a glorious way.

[3] Worry doesn't do any good!
Jesus asks, "Who of you can add a single hour to your life by worrying?" Since you cannot do this very little thing, why do you worry about it? (Luke 12:25, 26) Jesus is calling out on our attitude and lack of control. Worrying does not add an hour to your life. If anything it probably takes a few hours off of our life.

[4] We need to be soothed by God.
David tells God, "When I worred without cause, my anguish assuaged my soul." (Psalm 149:4). Yes, regardless of how God we strive to be, it seems occasional worry is a part of our human nature, but it is important not to let it consume us. David took his worries to God, and Paul personally has a charge: "Be anxious for nothing, but in everything, by prayer and petition, with thanksgiving, present your requests to God." (Phil. 4:6, 7). God knows that you bring your burdens to Him, He will make them light; but He allows us free choice to carry our burdens. This is the disconnection between worry and prayer.

[5] Worry can control you. Worry can even consume you; when you are overwhelmed with this anxiousness our focus is no longer on God. "Let Christ's peace rule your hearts," (Col. 3:15) God tells us "Don't be anxious about anything, but in every thing by prayer and petition, with thanksgiving, present your request to God." And the peace of God, which transcends all understanding, will guard your hearts and your minds in Jesus Christ." (Phil 4:6, 7). God knows that you are sure and sound. Cast down any thought that does not agree with God. Worry can rearrange you. Turn your confidence around. For every victory in Him is found.

I sent this article to Paula to preview, and she wrote back saying she thought about choosing worry versus trust or spinning another poem… or whether I knew?" So here it is:

CHOOSE WORRY OR CHOOSE TRUST

This problem came to occupy my mind. I claim to trust God, but would I trust if I had to? Would it find me at rest, Trusting Jesus through the test? Or would my mind be in worry mode? If I were to be a worry heavy load. But prayer verses action - which way should I go? Ask and you shall receive? But if you just do not worry. Then give it to Jesus when it seems to be a heavy load. Give it to Jesus and leave it there.

Six Reasons Not to Worry When You Have a Chronic Illness

by Lisa Copen

If you could be sitting on a beach chair right now, wouldn't you be doing it? Or would you be worrying about everything going on back home? Most of us can probably think of someone who we believe that there is a verse in the Bible that reads, "Blessed be the workers." Having a chronic illness gives us a long list of justifiable reasons to worry. We worry if we should take it easy today, and rest for tomorrow; or if we should do all we can today, in case tomorrow we feel worse.

We throw out the dreams of trying to do it all, and concentrate on worrying about if we can do some of it. We worry when our body is falling apart. When we are in remission, we worry it won’t last. We worry about having children, raising our chil- dren, financial burdens, if we are a good spouse, how to keep a positive attitude, and we probably all have more moments when we worry and wonder whether God is listening to our prayers. For a moment, let's try to put all those emotional wor- ries aside and look at God's word logically.

He does hear our prayer and knows our worries, but He tells us our worries are in vain.

For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all. (2 Corinthians 4:17)

Six Reasons Not to Worry When You Have a Chronic Illness

by Lisa Copen

If someone handed me two different recipes for a cake with one promise, I would choose the first. If the first is bound to fail and the second is wonderful, I’d certainly be trying to follow that first one just to see if it works. Similarly, how often have we tried to assemble something and failed, so we finally reverted to the instructions?

However, when it comes to God’s Word, we often treat it like we aren’t really that much into results. Consider worry - our instruction manual as Christians tells us to “Have no anxiety about anything, but in everything by prayer and supplication (definite petition), with thanksgiving, let your requests be made to God, and the peace of God, which surpasses all understand- ing, will guard your heart and your minds through Christ Jesus.” (Phil. 4:6, 7). To me, this is like that instruction sheet:

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If colonics are not possible, there are a number of ways to increase bowel activity: magnesium oxide, vitamin C in crystal form, digestive enzymes, or herbal supplements such as sulfur. These stimulate the muscle action of the colon called peristalsis. An occasional use of the herbs cascara sagrada or sena is acceptable although these are not a preferred choice, as they can irritate the delicate lining of the intestines.

When there are excessive bowel movements due to diarrhea or irritable bowel syndrome, it is preferable to begin with one colon reflation therapy. This therapy is the rec- tal introduction of probiotics. Due to the acidity of the stomach, most probiotics do not easily reach the large intestine. The oral method only has a success rate of two to five percent.

However in a rectal application, 100% of the bacte- ria are retained and flourish in this dark, moist, and warm environment. In this way the colon will colonize within one hour and stabilize in three days. This is called colon reflation- therapy and can be read- ministered as often as needed. This provides rapid support for detoxification.

In my 30 years of pri- vate practice, I have contin- uously tested many varieties of probiotics and have found those which are safe, efficient, and effective. This is determined by a positive response on 95% of all the patients. In this way, I have formulated a proprietary formula which has twenty varieties and 50 billion in quantity per application. This provides a rapid proliferation of bacteria. For those with chemical or environmental sensitivities, each individual bacteria can be treated with EAV or Yoga testing.

The vitality of this for- mula has shown a primary sup- port for the GI tract and a sec- ondary support for the liver, kidneys, and immune system. Because of this, the frequencies connect on the lower right side of the abdomen. However, they can be found in most areas of the body. Many doctors dis- miss parasites as a concern for those living in third world nations. In a sample of almost 3,000 people, 32% tested poss- ible for some type of parasitic infection.

Parasites influence the lining of the GI tract which blocks the absorption of nutri- ents. A natural by-product of parasites is acid, which can cause the central nervous sys- tem to become sluggish, dam- age organs, and break down muscle tissue. In their process of growth and reproduction, they emit toxins that affect the liver and kidneys. These detoxi- fication organs then become fatigued and sluggish. Because parasites hinder the growth of beneficial probiotics, they cre- ate an environment that allows yeast to flourish.

A comprehensive para- site detoxification program will address these invaders three ways. First, we use an energetic approach with a homoeopathic remedy. Second, a chemical method is used. I prefer a tic- nure of black walnut. It is best to select the green hull form since it has the highest concen- tration of the chemical which affects parasites. Third, there is a mechanical method using a food-grade form of diatoma- ceous earth. Since most parasites have a life cycle of 21 days, a parasite cleanse should last 23 days or longer. A gentle bowel cleanser will help to move the parasites, their debris, and their eggs out as quickly. I prefer one that is rice based since it is easier to eliminate because it stays soft and slippery.

Liver Functions

Once we have a healthy colon, it is necessary to look at the liver. Toxins in the body can expose the liver to damage which causes a decrease in liver metabolism. This is called slug- gish liver. Symptoms from this kind of damage include fatigue, headaches, blurred vision, increased fat storage, and hor- monal imbalance.

Our liver has a central role in the removal of toxins from the body. It also detoxifies and excretes hormones into the bile. Another main function of the liver is protein metabolism. When there is decreased blood flow through the liver, there can be increased levels of ammonia in the blood. One other central function of the liver is fat metabolism. It is the place to detoxify fat. With any detoxification environ- ment. In this way the beneficial probiotics, they cre- ate an environment that allows yeast to flourish.

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Liver Detoxification

There is a distinct dif- ference in the liver’s detoxification enzymes which exist between men and women. This is due to the phase 2 detoxification enzyme induced by proges- terone. What we must remem- ber is that it affects our suscept- ibility and outcome to toxic exposure. Perhaps this is a fac- tor which contributes to the high incidence rate of autism in males, more than females. Also, genetic mutations of the liver detoxification pathways can make our job even more diffi- cult.

Since the liver detoxifi- cation pathways are complex, this article is not about under- standing it. Instead, let’s learn how to effectively support this process. Juicing with dark green vegetables, including kale, barley grass, alfalfa, and beet supports ongoing daily detoxification. Also, look for a nutritional product which has a combination of the supplements designed to support both phase 1 and phase 2 detoxification pathways.

Begin with a very small dose, increase slowly, and vary the dose as needed. We do this to reduce the possibility of herx.

"Detoxification"...cont’d pg 18

"Detoxification"...cont’d pg 18

www.truthaboutlymedisease.com

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Acute and Chronic Patients Welcome
Frequently Asked Questions

New Teen Only Lyme Disease Forum forming!
Karen's symptoms inconsistent with muscular dystrophy (MD). Karen's symptoms began with overwhelming fatigue force her to stop her volunteer work, and she became disabled. Karen's doctors were perplexed, but her symptoms did not seem consistent with a disease, and it was ruled out. She saw many doctors, including a neurologist, but none of whom had any idea what was wrong. At the same time Karen became disabled, her son Tony woke up one morning complaining that his arm was numb. Within minutes his face was numb, and his speech became slurred. Karen and her husband Tim rushed Tony to the emergency room. By the time they arrived, Tony was unable to walk. Tony became combative and had to be intubated and placed into a induced coma. Tony was diagnosed with M. R. E. Tony remained in the ICU, intubated and in a coma for a week while tests were run. Tony's doctors told Karen and Tim that "we've ruled out all of the usual things. You have a hard, the life threatening stuff, so you'll need to prepare yourself."

Fortunately, Tony began to respond to the doctors when they brought him out of the coma, and he was moved into the pediatric unit. What was Tony's diagnosis? He had Lyme disease. Tony tested positive for Lyme, he was able to go home on oral antibiotics and, with her inner strength, has every hope for a full remission.

The financial impact of Lyme disease on the Hausfelds has been astronomical. Karen has not been able to work for "Dancing" – cont’d pg 17

by Laura Zeller

I’m delighted and proud to share with you the astounding

Dancing in the Rain

The Hausfeld Family Story

Life is not waiting for the storm to pass, but learning to dance in the rain.

Karen’s symptoms began with overwhelming fatigue, depression, anxiety, asthma, irritable bowel syn-

Dystonia (IBS), migraines, and a myriad of allergies. Because muscular dystrophy (MD) ran in her family, Karen suspected she was developing into that disease. She became concerned, however, when her symptoms increased and her migraines occurred more frequently. Karen also began having tremors and shakes, neurological symptoms inconsistent with MD. Karen’s symptoms gradually progressed to involving body parts and confusion. One by one, Karen’s joints began to deteriorate, and she required multiple surgeries to attempt to correct the dam-

Karen's overwhelming pain forced her to stop her volunteer work, and she became disabled. Karen's doctors were perplexed, but her symptoms did not seem consistent with a disease, and it was ruled out. She saw many doctors, including a neurologist, but none of whom had any idea what was wrong. At the same time Karen became disabled, her son Tony woke up one morning complaining that his arm was numb. Within minutes his face was numb, and his speech became slurred. Karen and her husband Tim rushed Tony to the emergency room. By the time they arrived, Tony was unable to walk. Tony became combative and had to be intubated and placed into a induced coma. Tony was diagnosed with M. R. E. Tony remained in the ICU, intubated and in a coma for a week while tests were run. Tony's doctors told Karen and Tim that "we've ruled out all of the usual things. You have a hard, the life threatening stuff, so you'll need to prepare yourself."

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The ABC's & XYZ's of Lyme Disease: 
Monkey Business 
Part 2 of a series

by Tina J. Garcia

Lyme disease (LD) is an infection caused by the bacterium Borrelia burgdorferi (Bb). Its basic form is that of a spirochete bacterium, which is in the shape of a corkscrew. However, research has shown that transmission by attachment and feeding of a tick that is infected with the Bb pathogen can change its form into cysts, blebs and rings. Lyme disease is referred to as Borreliosis, and if it has affected the central nervous system (CNS), it is referred to as Neuroborreliosis. Syphilis is another infection caused by a spirochete bacterium, Treponema pallidum. Because syphilis imitates so many other diseases, it is stating that transmission has definitely occurred in utero and via breastfeeding, which supports clinical observations, and then an alleged Lyme expert, Dr. Eugene Shapiro, makes a contradictory statement? Who are we to believe? It is definitely the choice of physicians and patients to believe whom they think is correct. It is my opinion that the statements made by Dr. Eugene Shapiro referred to above are misleading and may possibly have caused irreparable harm to many children and their families. Due to the fact that Dr. Shapiro is regarded in some small circles as a pediatric Lyme expert, this has very serious implications.

Along with Lyme disease, ticks can transmit other infections, which are referred to as co-infections. They can include, but are not limited to, Ehrlichia, Bartonella, Tularemia, Rocky Mountain Spotted Fever and Mycoplasma. In addition, infected ticks can transmit a malaria-type infection caused by a blood parasite; this parasite is called Babesia. Some patients are infected with the “Monkey Busn”...

Key points:
- Lyme disease symptoms vary and manifest themselves in diverse ways throughout the body. Misdiagnoses are unfortunately too common for patients infected with the Bb pathogen.
- It is commonly transmitted by attachment and feeding of a tick that is infected with the Borellia burgdorferi bacterium.
- Technical Information Memorandum #26 dated March 1990 from the United States Armed Forces Pest Management Board (AFPMB), entitled Lyme Disease - Vector Surveillance and Control, states that Ixodes persulcatus (a tick) has been found “naturally” infected with Bb. This refers to ticks being "naturally" infected, caused me to wonder how ticks become infected “unnaturally.” It is interesting that this armed forces document made such a distinction between naturally and unnaturally-infected ticks.
- Lyme disease can have various manifestations, and many children and their families have been born with various serious health problems, which are referred to as co-infections. They can manifest themselves in diverse ways throughout the body. Misdiagnoses are unfortunately too common for patients infected with the Bb pathogen.

The laboratory is CLIA-certified, inspected by the Department of Health and Human Services for Medicare testing, and is also licensed in those states with special requirements (California, Florida, Maryland, New York, and Pennsylvania).
Lyme borreliosis is a brain disease as well as a multisystemic disease caused by spirochetal bacteria. *Quite frankly, it is an infection that has been burdened with a thousand inaccurate medical diagnoses. The manner in which the current pandemic of tertiary Lyme disease, neuroborreliosis, has usually been handled—either angrily dismissed or strangely misdiagnosed—throughout the 30 years following its “discovery” has stemmed the historic excellence of modern American Medicine. After all the years, neuroborreliosis is still actually considered rare by a majority of physicians, most of whom are spirochetically naïve. Officially tallied patients (the numbers showing a dip down to 19,804 cases in 2004 after flawed reporting styles were instituted), when combined with uncounted cases may approach upward of an annual quarter million new borreliosis infections in the USA alone. And Lyme infections have been verified as present on all but one continent, globally. The disease is more often than not accompanied by a half-dozen or so of the other serious tick-borne co-infections that currently have been identified. Losses of acuity in the human brain's visual cortex have been observed as early as 6 hours following the toxic bite of an infected tick. Lyme may persist after too brief a period of treatment or if there has been no treatment, and may result in chronic infections whereupon Lyme borreliosis becomes a potential cause of every symptom in medical and psychiatric lexicons. It is the “Great Imitator” of this Millennium, spirochetal parenchymal (neuro-syphilis) having been its precursor in this model.

Two or more Lyme borreliosis—side effects of the symptoms of its most frequent form-subsistent encephalitis—an infected flamed brain as well as an infected nervous system. However, this is the form in which it most commonly exists. Unfortunately, the syndrome that is falsely believed to be a bull's eye rash, fever, positive ELISA test, and/or a swollen large joint—occurs in fewer than half of proven cases. Instead, Lyme borreliosis confirms itself in subtle to profound neuro-syphilitic symptoms, such as everlasting confusion, loss of organizational skills, decreased memory, personality and mood disorder, irritability, and unpredictability, and it can mention just a few. These symptoms can be very obvious to an experienced professional practicing in a Lyme-endemic area. However, cerebral-behavioral symptoms of Lyme disease remain invisible to those whose diagnoses are solely based on old-fashioned concepts limited only to the aforementioned doctor-viewed rashes, swollen glands with positive ELISA blood tests.

To their everlasting shame, medical authorities have stood by while innocent mothers have been sent to jail for insisting that their children were ill, and again have stood by while the parent's belief was verified by the death of their sick child while under State "care". The rights of patients and their treating physicians have been trampled by governmental and insurance agencies in ways reminiscent of the era when AIDS was trivialized and its victims scorned as "psychosomatic." Today's infected millions worldwide show how wrong they were. The phenomenon of that epidemic is being replicated in Lyme borreliosis. My writing is an effort to illuminate this dark and now vast expanse of Medicine and to inspire activism and compassion for those who endured and continue to endure in agony while having to bear caretakers say, "I don't know what you are worried about— you look just fine—maybe you are just depressed." Or on unknowing, dismissive and flippant doctor joked to a frightened patient who came to him in agony while having to bear caretakers say, "Well, we all have to die of something, sometime."
How Does It Work?

Quantum Biofeedback with the EPFX/SCIO works by scanning your body much like a virus scan on a computer. It is a therapeutic technology that detects physical, mental and emotional stresses related to the 10,000 most common health factors from everyday allergies to chronic illnesses. The system can deliver balancing frequencies back to a person to assist in releasing imbalances caused or created by any number of factors. The EPFX/SCIO assists in balancing every aspect of the body’s complex systems. This specific stress reduction can help the body to engage its own natural healing process which allows the body to relax and release the stress contributing to imbalances.

Like all other modalities, every individual will react differently. A comprehensive assessment is included in the initial session in order to give the specialist and client a full overview. The information is then utilized to develop a custom protocol for each client. After our comprehensive initial analysis an energetic plan can be developed in collaboration with each person and their physician if needed.

Top Reasons to Utilize Quantum Biofeedback

- FDA Approved Biofeedback device for Relaxation & Stress Reduction
- RIFE-like generator built into the program
- Safety protocols built into the system
- Compatible with other traditional and alternative modalities
- Helps to reduce stress symptoms from Herx reactions
- Helps reduce emotional stress
- Enhance Immune System Function – balance lymphatic and drainage organ stress
- Dark Field Blood Analysis – balance pathogen stress energetically
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- Adrenal Stress, Analysis and Balancing – for improved energy & stamina
- Energetic Chiropractic & Acupuncture – Reduce stress and balance multiple systems for improved energy
- Energetic Detox – balance stress from heavy metals, amalgams, toxins/contaminants
- NLP Emotional Balancing – balance emotional stress and improve mood, sleep, relive anxiety and more
- Pain Reduction – through stress balancing to muscle, joint, nerve, spine and others
- Relaxation for improved sleep
- Reduce stress related to high blood pressure and cholesterol

Disclaimer: We are not medical doctors nor veterinarians. By law, we cannot diagnose, treat, cure or prevent any disease. Our biofeedback equipment has been registered with the FDA (or appropriate governmental agency) by law, it cannot diagnose, treat, cure or prevent any disease. It is intended to teach you how to relax and manage your stresses. We are biofeedback specialists (or neurotherapists) and do not dispense any drugs of any kind.

Mention PHA and receive 10% off your Initial Consultation and Session.

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- Relaxation for improved sleep
- Reduce stress related to high blood pressure and cholesterol

Available Nationwide and Internationally
A benefit to aid long-time lyme sufferer JENNIFER KANE is scheduled for:

May 3, 2008 at 7:30 pm
Ascension Lutheran Church
7937 Hwy 51 South
Minocqua, WI.

Concert entertainment will be provided by Bret and Frank who display a dazzling repertoire of songs across the musical spectrum.

Free will donations are most welcome as Jen and her young family have encountered enormous costs for several medical procedures in Jen's five year battle with lyme and babesia.

Additionally, several items are set to be raffled off to aid in the benefit. For those able to attend we thank you and for those restricted by distance we ask for your prayers and support.

This event is sponsored by the Lyme Disease Awareness Network

The Lyme Disease Awareness Network has plans to sponsor future events and welcome all inquiries and donations.

National Multiple Sclerosis Association: www.nmss.org

Alabama
3840 Ridgeway Drive
Birmingham, AL 35209
Phone: (205) 878-8881
Phone: 1-800-FIGHT-MS
Email: ale@nmss.org
www.nationalmssociety.org/ak

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150 Grand, Oakland, CA 94612
Phone: 510-268-0572
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Email: info@msconnection.org

published health alert

ALS Association DC / MD / VA
http://www.alalsinfo.org/
7507 Stamford Place
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(301) 978-9855

Great Philadelphia
ALS Chapter
321 Northorn Road,
Suite 260
Ambler, PA 19002
Phone: 215-643-5434
 Toll Free: 1-877-GEHRIG-1
(1-877-434-7441)
alisassc@alzphiladelphia.org

South Texas Chapter
http://www.als-south-tx.org/
toll free at (877) 257-4673
North Texas
http://walk.alanorthtexas.org/
site/Pagheiever
1231 Greenway Dr., Ste.385
Irving, TX 75038
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The ALS Association
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518-499-4330
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www.timeoflyme.com
914-738-2338
Meetings: first Thursday of every month from 7-8:30 p.m.
at the Greenwich Town Hall
National Support:
http://lymestories.org
Dana Floyd, director
L.D.A. of Iowa
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515-432-3628
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jsegovis@LDSG.org

Texture to Tasty Cats By Terri Reiser

Texas Lyme Disease Association
www.txlda.org

 Ticktoons
by Terri Reiser

by Terri Reiser

Military Lyme Disease Support

Military Lyme Support is an online source of information and emotional support. This site is for Military Members, Veterans, and their family members who suffer from Lyme and other vector-borne diseases. Members are stationed in the United States, and abroad.

http://health.groups.yahoo.com/group/MilitaryLyme/
by Susan T. Williams

Perhaps many of you are familiar with the 1964 movie “Dr. Strangelove,” whose title I spoofed here. You may recall the plot about an insane U.S. military general who sends bombers to destroy the Soviet Union because he believes they plan to take over the world. Yet such an attack would trigger a “Doomsday Machine” which would destroy the entire planet.

I must confess that I often feel like that madman, so crippled by my own fears that I can’t see past them. Indeed, what person with a chronic illness does not feel as if they have encountered Doomsday or the end of the world? The trick is finding a better ending to our own personal stories than the ending of that movie. Much of that will require facing - and overcoming -- our fears. Life may have handed us a bomb, but, like the film’s cowboy pilot who whopped and holstered the whole way down, we can still try to enjoy the ride.

After I was diagnosed with Lyme Disease, I became afraid of going outdoors again. Though I had once loved the outdoors and any activity that might take me there, I became terrified that I might encounter another tick. I was truly a prisoner of my illness on many levels. Fortunately, my patient and persistent husband encouraged me to “get back up on the horse,” so to speak. The problem then became finding physical activities that I could do in my weakened state.

Many of those who are chronically ill struggle with the issue of physical activities. The spirit is willing, but the flesh is weak! Most of us simply cannot participate in aerobics, jogging, or other “high impact” exercises that would be challenging or entertaining object you might stumble upon. An easy way to get hit in the head by just one ball... how many times can I hit a wall? Some were too expensive (studies say the average monthly gym membership is $60 a year that could be put towards medical expenses). Many of them were just plain boring (walking on a treadmill much like a hamster on a wheel). I don’t want to feel like I’m exercising. I want it to be fun!

When I discovered Geocaching, I was hooked ever since. In December 2005, I stumbled upon the world of Geocaching (pronounced “jee-oh-cash-ing”), a high-tech treasure-hunting game that often requires as much brain as brawn. There are “caches” placed all over the world (even Antarctica), and the goal is to use Global Positioning System (GPS) satellite coordinates to find them.

Each cache is a little different – some are very small while others are large enough to contain trinkets and toys. All you need is a hand-held GPS receiver, which can be purchased as little as $100, and a computer. Participants can sign up at www.geocaching.com or a similar site, where a Basic Membership is free, or a Premium Membership is $30 per year. Then players can search for caches nearby, download the coordinates to their receiver, and set off on the hunt!

As a general rule, caches are placed in areas of interest. We have discovered beautiful overlooks, relaxing hikes, and fun swimming holes that we never knew existed. Some caches are located at places of historical interest, so it can be educational as well. In that sense, you really discover a two-fold treasure: the cache itself, and the area surrounding it. Some of these may be places that you have passed without even noticing before. Better yet, Geocaching is an activity that we enjoy doing together as a family. My kids think it’s “very cool”, and they always yell in excitement when they find the cache. Sometimes they hum the theme from “Mission: Impossible” as we walk, or they pretend to be Indiana Jones on a quest for an ancient artifact, or perhaps James Bond on a secret spy mission.

The trinkets contained in some caches can be anything from toys and games to inexpensive jewelry and coins. Since Geocaching is a family sport, dangerous items such as explosives, knives, alcohol and anything illegal or inappropriately displayed are prohibited. Each person who takes something from a cache is expected to leave something in return. It’s a great way to swap out those toys, books, and CDs that nobody looks at anymore. The main item in each cache is the log sheet, which finders must sign as proof of their success. Upon returning home, cache finders enter the finding into the Geocaching website. This generally credits them a “point,” where one can easily keep a running tally of how many they have found.

Admittedly, it’s addictive. Geocaching gets us out in the fresh air, working together and enjoying each other’s company while exploring new places. If my Lyme Brain gets confused and I think I’m lost, the GPS receiver can lead me right back to my car. Best of all, it helps me enjoy the outdoors again and doesn’t feel as if I can’t see past them. Indeed, we’re often paralyzed by our own fears that I can’t see past them. So many do things that we never knew how to do… yet.

A few suggestions that our family has found helpful:
1. Always wear sneakers since you never know what terrain you might encounter. Bring a change of clothes in your bag.
2. Take a camera even if it’s a digital camera. You may find that you have a memory for life.
3. Carry extra batteries for the GPS and a pen to sign logs, just in case the cache doesn’t have one.
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5. A walking stick can be very useful for hiking, beating back brush or overgrown weeds, and poking in places where you’re not sure you have your hand.

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by Kathleen Liporace

Phil Wood was an active, energetic South Carolina citizen who had nary a doctor visit before contracting Lyme disease while on the job as a timber buyer for Canal Wood in Greenwood, SC. His employment duties included cruising tracts of land on foot and assessing the value of timber for potential purchasing by his employer. As a Timber Buyer, Wood faced a largely unknown risk of being bitten by a Lyme-carrying tick, because such a danger is generally unrecognized in South Carolina. After being diagnosed with advanced or chronic Lyme disease, an assistant was assigned to Phil and he was given the opportunity by his employer to work a modified schedule, based on his limiting physical condition. Specifically, Phil was reassigned to telephone business communications with customers with whom he had served for years. Wood also went into the office weekly to make sure that accounting was done and loggers were paid. He performed his job so well that he was given a pay raise. Phil's productivity is part of his disability struggle that began in December of 2004. Since Mr. Wood acquired Lyme disease on the job, his health insurer delegated the responsibility for health-related expenses to his Workers’ Compensation plan. As a result, Wood was abandoned by his health insurer and left to deal with both illness and Liberty Mutual, the Workers’ Compensation carrier. Because of this course of action and ultimate cessation in reimbursement, Phil and his wife Kim were forced to pay for both doctor visits and medicine out-of-pocket. It was their hope that it would be a tolerably short period of time. However, that hope turned into an acrimonious and protracted legal battle.

Despite being a diligent employee with a medical disability, Phil’s job was terminated. It was noted that his office was slated to close and that Wood was to be part of a downsizing, yet others have been hired subsequent to Phil being laid off. Additionally, the office remains open thus far. Prior to his job being unexpect- edly terminated in April of 2007, the church that Phil and his wife attended for plane tickets for Kim to accompany Phil to see another Lyme literate physician, Dr. Steven Phillips in Ridgefield, Connecticut. Given this devas- tating and simultaneous dual impact of a debilitating illness and workplace retaliation, Phil’s church stepped in to offer financial assistance. Mr. and Mrs. Wood paid the cost of the church-affiliated physician visit before contracting Lyme disease that hope turned into an acrimonious and protracted legal battle. Before seeing Dr. Phillips, Mr. Wood frequently struggled with brain fog. He also has experienced such seri- ous bouts of vomiting and dehydration that he has required intravenous infusion of fluids. There were many times that Wood was so seriously ill that he didn’t know if he would wake up the next morning. He has been hospitalized by severe reactions to medicine. One such example is that he broke out with an excruciatingly hypersensitive rash from head to toe. This necessitated him to receive maximum doses of Benadryl for approximately five days while being vigilantly monitored in the hospital. It took two full weeks for that rash to fully dissipate. It is abundantly clear that Mr. Wood has suffered greatly due to this illness. His physically un- able suffering, shared by his wife Kim, has been compounded by the torturous legal issues and attendant delays in gaining income for daily living caused by the obstructionist behavior of his disability carrier. As part of this night-mare, termination by his employer has caused Phil and Kim Wood to sell many of their possessions in order to avoid bankruptcy. Additionally, in view of the fact that his disin- ability insurer stopped paying his medical claims, Phil’s credit has suffered significantly. He also had to spend thousands of dol- lars to hire an attorney to com- pel Liberty Mutual to acknowl- edge their contractual obliga- tion to pay for his medical bills and provide benefits during his involuntarily illness and associat- ed disability. Despite the posi- tive precedent outcome of the case in favor of Wood, there still remains a struggle. He now has income for daily liv- ing, yet no payments have been made for medical coverage or cost of prescriptions. Liberty Mutual remains in derogation of full court orders. Unfortunately, this sce- nario of bad faith, job loss, incapacitation and near, if not total, bankruptcy plays itself out in the lives of many chronic Lyme patients. This is the shocking, but typical experi- ence of many who suffer from various forms of persistent ill- ness.

Victory for Lyme Patient

Precedent South Carolina Workers’ Compensation

**“Victory” for Lyme Patient**

Part 1

Phil indeed had contracted Lyme disease and that his symptoms were and are consis- tent with this disease. He fur- ther wrote a letter to sustain the diagnosis of Lyme to support Mr. Wood in his legal proceed- ings. Before seeing Dr. Phillips, Phil had received the same con- sensus opinion on his diagnosis first from his primary care doc- tor and subsequently by a Lyme literate Infectious Disease doc- tor in North Carolina. As is tragically typical for advanced cases of Lyme Borreliosis, Phil has suffered with multiple unremitting phys- ical issues. A list of these problems...
Borrelia burgdorferi bacteria only and others are infected with one or more co-infections. In the United States alone, over 1 million Lyme disease cases have been diagnosed. Many of these names have been given to Borrelia-caused infections, such as Lyme disease and STS, and the Associated Rash Illness. It is not uncommon for a Doctor of Lyme disease, a complex disease called LBB. When referring to late-stage Lyme Borreliosis Complex aka chronic Lyme disease aka Lyme disease that results in serious cognitive impairments, it’s important in diagnosing late-stage Lyme disease. When I think of Lyme disease, I immediately think of both the BORRELIA are the frightening members of a secret research group known as the Lyme Cartel. It is more than evident that Lyme disease that some doctors are not treated or even diagnosed. If Lyme disease was so easily diagnosed, it would remove some of the fear and anxiety that patients face. People who are bitten by ticks are subjected to intense medical exams, free meals, and travel insurance. Almost one in seven people have been bitten by ticks. Newsweek reported on their website that the CDC's Lyme Disease Initiative is failing miserably, with not even half of the cases of Lyme disease being diagnosed. This is a quote from a doctor at the University of Arizona in Tucson by Dr. Vicki H. McSweegan, stated in his publication in The Journal of Infectious Diseases: "First, Lyme disease is non-communio- cated, heaven-bound, befuddled, and unscientific, because they had not been given all the information needed to make an informed decision. The consent of the patients and their loved ones was also furnished, they were actually forced to participate in the hideous experiment. In the United States, activists have accused the CDC's Lyme Disease Initiative of being a fraud. The New York Times reported on the story about the Tuskegee Syphilis Study, which differed from the Tuskegee Syphilis Study by the fact that the Tuskegee Syphilis Study was an Ad Hoc Advisory Panel who reviewed the study, resulting in a total of 116 men and their loved ones. It's all of this information that the CDC failed to provide. In 1947, Penicillin became available for treatment of syphilis, and the study was ended. However, the study did not conclude, and the Tuskegee Syphilis Study continued for 30 years. According to the CDC, Lyme disease is not contagious.
To know Lyme disease is to know medicine, neurology, psychiatry, ecology, law, politics, and ethics. Clearly this disease is complex. Following are some individual to possess such a broad range of expertise.

My perspective is that of a psychiatrist in private practice in a Lyme endemic area. For many years, I noticed a significant number of Lyme disease patients complaining of chronic Lyme disease, depression, and a number of other central nervous system (CNS) complaints. Whenever the sleep disorder and other psychiatric symptoms were effectively treated, often there was an improvement in the Lyme disease symptoms. With time, I began to better appreciate the wide range of cognitive, psychotic, neurological, and somatic syndromes that were a part of Lyme disease.

One such patient led to my greater involvement with Lyme disease. She had been previously diagnosed with the disease, and treated with the usual protocol that was considered curative. Following for several years, I found her mental status to follow a malignant downhill course in spite of every psychotherapeutic treatment possible. Apart from the obvious joint pain, cognitive impairments, etc., it was the mood swings, homicidal, and suicidal tendencies that were the most threatening symptoms. An extended period of IV antibiotics was tried, with no apparent improvement. She was later diagnosed with generalized anxiety syndrome. Over time, I have seen hundreds of Lyme disease patients with this broad range of symptoms evolving faster than humans and, as a result, infectious disease will evolve.

The Borrelia Burgdorferi spirochete is the bacteria that causes Lyme disease.

In summary, Lyme disease is a result of an active infectious process exists, the second issue is which infectious agents? Very consistently, most of these neuropsychiatric patients see CNS herxheimer reactions followed by improvement in response to antibiotic treatments.

Let’s step away from clinical observation, and instead look at disease from a more global view. What is the medicine looks at causes of disease from an evolutionary perspective. One view is that microbes affecting CNS functioning. After seeing how Lyme disease causes psychiatric, cognitive, and other neurological symptoms, it certainly raises the question - How much CNS disease is caused in some way by infectious disease? Borrelia burgdorferi (Bb) is a major, but not the only causative agent. The greater issue is whether the active infectious process exists, the second issue is which infectious agents? Very consistently, most of these neuropsychiatric patients see CNS herxheimer reactions followed by improvement in response to antibiotic treatments.

The Borrelia Burgdorferi spirochete is the bacteria that causes Lyme disease.

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1969 CDC reaffirms need for study and gains local medical societies' support (AMA and NMA chapters officially support continuation of study).

Following a 1973 class-action lawsuit filed by the National Association for the Advancement of Colored People (NAACP), which resulted in a $9 million settlement granted to the study participants and their families and a 1997 public apology from President Bill Clinton, the Tuskegee Health Benefit Program was established. Guess who was given the responsibility for carrying out the program? It was given to the CDC, who in 1969 had reaffirmed the need for the study and had gained support for it from the AMIA and NMA.

In conclusion, Lyme disease patients all over the world are being told by the CDC, authors of the IDSA Treatment Guidelines and physicians who are misinformed and misled by both of these organizations that they are suffering with something other than Lyme disease. Could that something be “bad blood?”

In my opinion, both the 2000 and 2006 IDSA Lyme treatment guidelines have earned their rightful place in the eternal septic tank of raw sewage disseminated by the Lyme Cartel, which includes the CDC. Carefully-designed disease parameters that include ludicrous diagnostic criteria and treatment guidelines = A Borrelia Burgdorferi Longterm Study comparable to that of The Tuskegee Study, but without the legal mistakes of the past, that is guaranteed to last a long time without any accountability by those FORCING the Study upon its participants through orchestrated diagnostic and treatment failures. Borrelia Burgdorferi Longterm Study = Tuskegee Revisited.

Although public law (107-116) prohibits the use of the CDC epidemiology reporting criteria to be used for diagnostic purposes, the CDC and other public agencies are allowing this criteria to be utilized in laboratory test kits. This is being done through the ongoing serologic testing and clinical research studies. This issue will be addressed in subsequent parts of this series.

The Lyme Cartel and complicit IDSA followers act like the Three Monkeys, Dr. Kikazaru who hears no evil, Dr. Mizaru who sees no evil, and Dr. Izawaru who speaks no evil. In other words, Dr. Kikazaru says, “I’ve never heard of chronic Lyme disease!” Dr. Mizaru says, “Lyme disease? I’ve never seen a case of Lyme in this state!” And Dr. Izawaru says, “Lyme disease? Oh, we don’t wanna’ talk about that!” This IDSA/CDC Lyme Monkey Business is perpetuating an epidemic that is affecting families across the United States and other parts of the world. I don’t know about you, but I’m fed up with all this Monkey Business!
Dr. Charles Ray Jones, MD
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admin@thenmo.org
Fax: 903-639-2461
www.lymesite.com/LLMD_Fund
IN THE NEWS

The New Morgellons Order
P.O. Box 1109
Long Star, TX 75668
Fax: 903-639-2461
admin@thenmo.org

The Charles E. Holman Foundation is a grassroots activist organization that supports research, education, diagnosis and treatment of Morgellons Disease.

Ultimately, we seek discovery of it’s cause and cure.

We utilize creative confrontation to expose anyone or group opposing or inhibiting education, awareness or recognition of Morgellons Disease.

The Charles E. Holman Foundation exists to play an integral role in promoting understanding of Morgellons Disease to others. The CEHF is committed to positive change through assertive action.

“Dr. Jones” ...cont’d from pg 3

Could draw on resources outside of the Lyme community (e.g., a concert). I welcome and encourage other non-Lyme groups to form a creative effort to raise money for the legal defense fund.

On Friday, March 14, I reached my 79th birthday. Someone asked me recently if ever danced as I would find myself in this position at this stage of my life. I replied that, no, I didn’t, but I had the chance to do it over, I would do it all again. It is large in my life. I have had to face a kind of struggle. I have had to work through our solution. Please accept my heartfelt appreciation for your ongoing support.

With very best regards,
Dr. Charles Ray Jones, M.D.

How to donate to the legal defense fund

To make donations payable to the “The Charles Dr. Ray Jones Legal Defense Fund,” mail to:

C/O George Heath, III (CFA)
26 Fairlawn Drive
Wallingford, CT 06492

Note “gift” in the memo field

A website for Dr. Jones is now ready to take PayPal credit card contributions to the defense fund:

www.DefendMyDoctors.com

If you are a patient of Dr. Jones and would like to write in your support, please send your letters to him:

Chairman, MDPharm
111 Park Street, 1st Floor
New Haven, CT 06511

To view fundraisers already in progress for Dr. Jones, go to www.lymesite.com/FLMFDRAIR?start
We can more easily feel our the immune system, sixty per-
channels. It enters the subcutaneous cell
and detox reactions.
“Detoxification” ...cont’d from pg 6

Toxins are based on quantum oscillating frequencies. A
filed with noble gases. These rays
quencies with noble gases.

Deep cleansing as it releases

Detoxification Bath: A detox bath can be as
simple as the epsom salt bath explained above or as compre-
enhensive as one using specific equipment. There are
models which emit healing frequencies into the water.
Lyme disease was primarily

Case History #2
N. J. is a 7 year old boy who was diagnosed with high func-
tional autism. He has done a comprehensive heavy metal
load, and detox reactions.

Case History #3
P. F. is a 44 year old male, diagnosed in early 2005 with
Lyme. Traditional treatment was done initially, with some
improvement. He then relapsed, which began his search into alternative treatment. He did IV’s of vitamin C, chelation therapy, holistic antibiotics, and Bee venom therapy. The Lyme disease was primarily neurological. He continues to utilize numerous holistic physi-
cians. The detox protocol includes colonic refluorastation therapy which he considered a primary key. He also did lymph-
drainage therapy and castor oil packs. He maintain-

Victoria Bowman earned her PhD in Homeopathic Medicine. She has been in private practice in Kansas for over 20 years. She has written numerous articles for various publications, has been interviewed on radio and TV, and given presentations worldwide. Please visit her web site at www.victoriabowman.

OBITUARIES
Vanita I. Nelson, 74, of Shavano Park died Saturday, March 1, 2008. Visitation was held from 5:00 p.m. to 7:00 p.m. on Monday, March 3, 2008 at the Amo

Family Funeral Home, 10901 Johnson Dr, Shawnee, KS. Burial was held at 10:30 a.m. Wednesday, March 5, 2008 at the Monticello United Methodist Church, 7777 W. 135th St., Shawnee, KS.

In consideration of service fol-

Lymphatic Detoxification

There are two forms of lymphatic drainage therapy: manual and assisted. The most effective and rapid method is the electroni-
cally assisted. This types...
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. 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, 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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