Lyme Induced Autism Conference Opens Eyes

By Mary Badger

The CDC tells us 1 in 150 children have autism and that Lyme disease pops up at a rate of 20,000 reported cases a year. Even mainstream experts agree, however, that cases of Lyme are vastly under-reported. At the Second Annual Lyme-Autism Connection Conference held in June in Palm Springs, discussion focused on Lyme-induced autism (LIA). Several experts suggested that at least 70% of the population has Lyme, and that it is being passed to children through congenital transmission, possibly through DNA.

"Most autistic kids have Lyme disease because most docs do not treat Lyme first. They say it is just a cold down enough that the white cell blood count can mount an attack and give you something to measure," said Dietrich Klinghardt, MD, PhD. "That is why it is unknown." According to author and herbalist Stephen Buhner, Lyme bacteria consume colla-gene, so the infection first goes to joints and then to the brain where the body has big stores of collagen. That is why research is showing that 20-30% of children diagnosed with autism, are in fact, positive for Lyme disease. This would mean that 150,000-200,000 autistic children are undiagnosed and untreated for this disease, hindering the improvement of their autism symptoms.

"The epidemics of Lyme and autism have gone from mild ripples in the water to roaring, all-consuming tidal waves, destroying thousands of lives and tearing apart countless families," said Bryan Rosner and Tammi Duncan, co-authors of the book The Lyme-Autism Connection.

Our lack of respect for bugs is as much to blame for our epidemics as is human pol-itics. One of the most fool-ish things humans did was to assume that bacteria were not intelligent," said Buhner. "Bacteria can actually analyze ways to deactivate an antibiotic and give that info to other bac-teria they encounter. Lyme seeds every part of the body where it has been with spin-offs. It generates scores of alternate forms of itself to maximize survival." Lyme is notorious for mutating when hit with antibiotics, antimicro-bials and other attempts to kill it.

Electromagnetic Fields - a Silent but Deadly Force

Various doctors at the LIA conference presented research into what is feeding the bugs. One of the top sus-pects is electromagnetic fields (EMF). "Not enough of us are aware of this," said Dr. Klinghardt. "The body acts like an antenna for ambient electric fields in the home and these interfere with body functions. Neurons cannot function at higher than 40 microvolts".

Dr. Kim Bay explained there is a synergistic effect of environmental pollu-tion and EMF and growth of microbes. "We need to worry about the bugs but there is too much radio frequency out there. We don't need it, they need it, in healthy cells, because of EMF. Some of the answers are cheap and effec-tive, but we have not clicked yet." Dr. Lee Birden stated that EMF can combine with parasites and fungi to create Leaky Gut Syndrome, a com-mon problem in children with autism.

Some parents who caught on early to the EMF issue report success in removing wireless Internet, portable phones, and cell phones from "LIA Conference...cont'd p. 14"
A few weeks back, Connie Strasheim contacted me here at the Public Health Alert to announce her new Lyme disease book. Connie is the author of The Lyme Disease Survival Guide: Physical, Lifestyle and Emotional Strategies for Healing. The title of her book immediately caught me by surprise because I often have been pressed by friends and other patients to write my own Lyme disease survival guide. I am really glad to see this book available for everybody to read and guide them on their individual Lyme journeys. I just finished reading her book, and it is truly remarkable. Thankfully, I had the pleasure of talking to Connie about her experiences with Lyme disease and her exciting new book.

When did you contract Lyme disease? How sick did you get? What were your symptoms?

I was diagnosed three years ago. I didn’t realize I had the disease, but I became severely ill with a flight attendant with United Airlines. Nobody should ever have to work 14-hour days at United. I lost 15 pounds, was unable to eat, or pretty much function at all. Prior to September 26th, I ate for them. My symptoms slightly, and I didn’t seem to improve much with these. Rife machines and the salt/C protocol improved my ability to stand for long periods of time, my movement, and fatigue. I suspect that my symptoms are related more to damage in my brain and loss to infections.

Do you believe in using both traditional and alternative treatment methods?

Yes, I only had to wait a year once I realized I was ill! (Sarcastic giggle.) Neither do I. I have contracted Lyme. Growing up, I camped in the mountains of Colorado and, in my twenties, I worked in New York and traveled to over forty countries. My best guess is that I may have contracted it in New York about ten years ago (since I used to go running in a park in Queens, and my anxiety and back pain became much worse after I moved there).

What motivates you to write this book?

I have a blog on Lyme disease that Bryan Rosen of BioMed Publishing Group, felt had valuable information and offered other Lyme disease sufferers help. I wrote a book so that I could bring information to a wider audience. I wrote my book to the extent of over a couple of years of my personal journey with Lyme disease. The book contains most of what I learned about how to deal with the devastating consequences of Lyme disease, along with how to heal my body, things I wish I would have known at the onset of my illness. Having this knowledge might have saved me time, money and much anguish. And not just knowledge about how to blast some bugs and detoxify my ailing organs, but also knowledge about how to deal with the financial, emotional, relational and other hardships that chronic illness brings into a sufferer’s life.

So you wrote it to help save lives?

Yes, I want to save other sufferers years of research, if I can. Forget making money. Most people don’t pay their mortgages by writing books and, being an unknown author, I am not likely to either. I wrote this book, hopefully to save a few from the depths of hell that I went through in order to get where I am now. Or at least to encourage them along the way! Another reason I wrote the book was to provide a place for other Lyme disease survivors to post herxheimer reactions for me but, due to improved detoxification mechanisms (which I did not know I had at the time), I didn’t seem to improve much with these. Rife machines and the salt/C protocol improved my symptoms slightly, and I did not do antibiotics for more than two months because I had the feeling that my body was not strong enough to deal with the antibiotics re- actions. I also knew that antibiotics would cause candida and weaken my immune system over the long haul, so from the beginning, I was determined to find another way.

I feel much better now, but still have a couple of symptoms that I am trying to eradicate such as the orthostatic tachycardia syndrome (POTS) which impairs my ability to stand for long periods of time, movement, and fatigue. I suspect that these symptoms are related more to damage in my brain and loss to infections.

How will this book be different from other Lyme disease books?

Connie Strasheim, author of The Lyme Disease Survival Guide broad overview of the most important and successful protocols being used in both conventional and alternative medicine to treat Lyme disease, so that sufferers could choose a strategy that seemed most appropri- ate for them.

What treatment did you find the most helpful, and how are you feeling now?

It has been my experience that because I feel that each of the strategies I have done has brought me one step closer to health. No one treatment has helped me completely. I suspect that bio-energetic treatments, such as IRF (Immune Response Training), and Quantum Techniques have been most helpful. Herbs produced strong anti-inflammatory actions are just as, if not more important, than taking bug killers. Also, evidence suggests that emotional trauma can lodge in organs and tissues just as infections can, and healing this trauma, on a physiological, as well as energetic level, can be important for healing.

Hence, I wanted to write a book that would address healing on a holistic level, but that would suggest strategies that are specific for Lyme disease, not just any chronic illness.

Can you describe in more detail the information contained in the book?

First, this book is designed to provide a broad overview of the most commonly used healing strategies for Lyme disease, in conventional, but especially, alternative medi- cine. The book continues with information on detoxification and supportive strategies, as ridding the body of toxins, while helping it to function optimally with the help of nutrients, hormones and so forth, is critical to any Lyme disease protocol. Information on heavy metal detoxification and testing for co-infections, as well as tips for treating mold and candida, is also included. Because this book is jam-packed with information on so many different strategies, it isn’t going to be all about the book’s supportive treatments, but if you go to my blog:

http://lymesbytes.blogspot.com, you will find a table of contents that lists most of these. The first section of The Lyme Disease Survival Guide concludes with information on protocol considerations, such as how to do herxheimer reactions from symptom flares and relapses.

The second part of the book offers lifestyle strategies for healing, including tips for creating a healthy diet, exercise plan and daily routine. Relationships, finances, work and travel are among other top- ics covered in this section. Finally, the third part of The Lyme Disease Survival Guide addresses emotional strategies for healing; cognitive as well as physiological. The first chapter is a chemical mess that borella makes of the mind, circumstantial difficulties. "Survival---cont’d pg 12
Dear Editor,

I will never forget that last day in Doc LJ's office. His actual name and title is William D. Littlejohn, M.D., but most of his patients affectionately call him Doc LJ. He was my initial reporter on a nationally distributed magazine. I was going to interview him for the first time. He was a very well-liked, kind and compassionate doctor. He did not want me to interview him in the office. He made me write his story about the TMB, the Texas Medical Board.

He was willing to talk to me if I would promise to write about his case according to his demand that the TMB had just communi-
ted against Doc LJ and his patients. He began to contact Doc LJ's other patients and quickly discovered that I wasn't the only person who felt this way, which led to the formation of the DOC LJ - PCAG (William D. Littlejohn Patient Class Action Group).

Before long, I had in my hand the notarized Power of Attorney for 64 of Doc LJ's patients that allowed me to be the Group's Agent and sued the Texas Medical Board in all matters, legal and otherwise, that were involved in the case.

We were able to sue the TMB's Board of Directors for their violation of the Board of Directors' license and secondarily to institute a federal class action suit to take the TMB and the attorney who filed the perjured complaint to court for the violation of our constitutional rights.

About this time I was grateful for the three years of my campaign for the legislature as an investigative reporter on a nationally dis-
tributed magazine. I was going to need it. As I confronted the TMB, I immediately ran into their well-known "bucco-
dammed" brick wall of absolute resistance and non-cooperation as I was given their famous surve-
sent treatment. I took my insis-
tence to the Texas Attorney General's office to get them to intervene and force the TMB to release documents to me under the Freedom of Information Act.

It didn't take me long to discover just how corrupt the TMB was and how they had put the absolute "royal screw" to Doc LJ and his patients. In short time, Doc LJ and I were able to bring the irrefutable proof that the TMB had committed the ultimate "suspension" of Doc LJ's license on the grounds of Doc LJ's evidence. We then went to the legislature to investigate the TMB and the Board and the Governor's office to get them to stop the ongoing corruption of the Board. We were able to get the legislature to pass the "Texas Medical Board Reform Act." It has been 21 months since Doc LJ's "temporary" sus-
pension. Fortunately, the TMB has finally lifted the suspension this last year from groups such as the Public Health Alert, our Patients and Doctors Group (PCAG), our Lyme Support Group, with their law firm that says that this license will be renewed. Doc LJ is now able to work as he desires.

I am very grateful for the three years that I was able to bring this case to the attention of the state legislature and those who have worked with us patients affectionately call him Doc LJ. He was my initial reporter on a nationally distributed magazine. I was going to interview him for the first time. He was a very well-liked, kind and compassionate doctor. He did not want me to interview him in the office. He made me write his story about the TMB, the Texas Medical Board.

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The Lyme Disease Epidemic

In chapter 48, Pam Weintraub talks about how it is important to know the insurance policies or strategies that are creating our Lyme crisis but that the pharmaceutical industry is involved. I would like to quote a paragraph from page 309.

"The seed was planted in 1980, when Congress passed the Bayh-Dole Act giving universities and their faculty members permission to stake patent claims on discoveries made through research funded by federal agencies such as The National Institutes of Health. Instead of leaving ownership of intellectual property with government, the scientists had a chance to share their stakeholders and entrepreneurs themselves. The new law gave the researchers an opportunity to create a chronic relapsing disease, not only in the lay mind but also in the minds of doctors and patients. The only reason the Lyme disease spirochete is a potential weakening of the immune system was to stimulate others and hopefully end the confusion and controversy surrounding this epidemic. I feel that this is one of the most important quotes that I have read in this book. The quote is from Pam Weintraub's book "Cure Unknown - Inside the Lyme Disease Epidemic".

I think that Pam Weintraub did an excellent job presenting the facts and the reasons for the controversy surrounding the Lyme disease. She showed that Lyme disease can be a chronic relapsing infection, not an acute illness, and she explained the reasons for this. The book is full of references and facts, and it is a good read for anyone interested in the Lyme disease.
Kim Bay: A Determined Fighter

by Lisa Copen

Kim Bay is a fierce fighter. Perhaps she inherited it from her grandfather who fought in World War II. Maybe it’s a result of her Chocotran Indian background. However, it wasn’t in her genes, she might still be in her wheelchair.

In November of 1996, Kim, working as a physical education teacher’s assistant at Williams Elementary in Atlanta, TX began to pull a bunch of mail out of the gym floor. Suddenly she felt a pop in her wrist and elbow. She continued to teach, but within a few hours her arm had swollen so much she couldn’t see. She ended up with a cast on her arm, but after a week they decided that probably wasn’t the problem so they started therapy. Her arm would turn cold, have muscle spasms and change colors. At this point, the doctors looked like Reflex Sympathetic Dystrophy but he wasn’t sure. She’d gone through cortisone shots, finding no permanent relief from the pain. After what was supposed to be a routine MRI, the doctors discovered her nerves were really more badly damaged than she had known.

Kim was finally, definitely diagnosed with Reflex Sympathetic Dystrophy when they compared the temperature of one arm to the other and found a fifteen degree difference. Emotionally she was still hopeful that she would get better, enabling her to endure the unrelenting pain. However, she realized there was no medical answer for her. She was willing to try whatever the doctors suggested. One of the trials was a spinal cord stimulator. They first put her arm in black and she walked around with it on. The exercise was not going to work, so they proceed- ed to go in and do the surgery. When it was over, it seemed like nothing that they cut in her open in four different places with no anesthesia. She had lots of pain, and began to develop more difficulties. About a week later, she began to develop a fever and the doc- tors had said to Kim. During this time she began to abandon her trust in medical professionals. I can’t help but think of the woman in the Bible who had been an outcast. She had worked her Compensation insurance, but having two little girls, and having an arm that she didn’t think would ever work was a struggle for sure. After six years, Kim battled pneumonia resulting in a long hospital stay. Upon release she came out with the unwavering deter- mination to live her life with smile on all the faces, pain, pills, and restrictions. Like the bell indicat- ing the boxing match has started, she was not going to swing out. She joined the YMCA, and they gave them her in the pool. She began to come with her family, and spent two to three hours in the pool every day. She was not going to stand at the end of the day it was a case of get up, get out, and go. Kim was finally, definitely a fighter. Perhaps she inherited it from her grandfather who fought in World War II. Maybe it’s a result of her Chocotran Indian background. However, it wasn’t in her genes, she might still be in her wheelchair.

I was angry. Angry that I was angry when it would not have before. I had a long road ahead of me, diagnosed with rheumatoid arthritis. I was angry that I was angry. Angry that I was angry when I thought about my situation, won’t they think I am weak in my walk with God? I know the Bible says, “wise men shouldn’t anger.” So how can I be my real self with the Lord? I know that anger leads to heartbreak. So if I don’t acknowledge these feelings I will be a better Christian and I won’t ever emphasise it. None of these feelings are unusual, yet they keep us from dealing with the grief that we are going through because of our loss of health and lifestyle.

Here are a few tips to help guide you through the process of dealing with your anger:

1. If you are angry, acknowl- edge that these feelings exist. Then get on with it!

If you insist on ignoring your emotions, believing that in the end you will be a spiritually healthier person for it, you are wrong. Topf advises, “Think of anger as a resource that you can learn to harness and refine for your own benefit.” If you can learn to recognize your emotions and you will help you reclaim your authentic identity. Faking it won’t take you through this.

The Bible explains how Job got angry about the events in his life and cured the day of his birth. He said, “Do I have any power to help myself, now that success has been driven from me?” (Job 6:13). In the end though, God blessed Job in many ways and Job told the Lord, “Surely I speak of things I did not understand, things too wonderful to know” (Job 42:3b). Through his feelings of anger and frustration, character and understanding were built.

2. Feeling angry is okay.

God designed our whole being and that includes the abili- ty to feel anger. Even the Bible provides specific encouragement when God became angry. What does the Bible tell us about how to handle our angry emo- tions?

For man’s anger does not bring the right- ousness that God desires” (James 1:20).

Wise men turn away anger” (Proverbs 29:8).

A fool gives full vent to his anger, but a wise man keeps himself under con- trol” (Proverbs 29:11). It is no secret that God designed us with anger as part of our nature to help us respond to negative circumstances. Some people may believe that it takes anger to make posi- tive changes. For example, the acronym “MADD” explains that it takes anger to make posi- tive changes.

... because his anger raged con- tinuously. God is not upset with the fact that we have enjoyable feelings of anger, but because they can become continuous negative feelings that allow us to lose the path of life. The Lord calls us to reflec- tion on Him and to use our anger constructively. Then we begin at times that will ultimately bring Him glory.

3. Walk alongside God and He will walk with you through the anger.

In the Bible, David described this promise and wrote, “Though I walk in the midst of trouble, you preserve my life; you stretch out your hand against the angry of my foes, with your right hand you deliver me” (Psalm 71:2). You are always waiting for you to stretch out your hand to Him, when especially in anger again. He will protect you from using it unwisely.

“I’m still dealing with anger toward this illness, after five years I’m still dealing with anger at years of being of sick,” shares Peggy, who lives with Sjogren’s Syndrome. “I have a new realization hits me about my limitations, I experience anger. And you know, I have a plan for my life that is perfect. I still battle the angry feelings, which rage inside, every time I have to say no to something I would like to do. I pray I...
Children’s Physical Activity Drops From Age 9 to 15, NIH Study Indicates

by Age 15, Most Fail to Reach Recommended Activity Level

The activity level of a large group of American children dropped sharply between age 9 and age 15, when most failed to reach the daily recommended activity level, according to the latest findings from the National Institutes of Health.

The analysis is one of the largest, most comprehensive of its kind to date.

The researchers evaluated the children to determine whether they achieved the minimum 60 minutes per day of moderate to vigorous physical activity (MVPA) recommended for children.

At age 9, the children averaged roughly three hours of MVPA on weekdays and weekends. By age 15, however, they averaged only 49 minutes per weekday, and 35 minutes per weekend.

"Lack of physical activity in childhood raises the risk for obesity and its attendant health problems later in life," said Duane Alexander, M.D., Director of NIH's Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD). "Helping American children maintain appropriate activity levels is a major public health goal requiring immediate action."

The analysis was conducted on data collected for the NICHD Study of Early Child Care and Youth Development, a long term study of more than 1,000 children from ethnically and economically diverse backgrounds. The study collected information on various other aspects of children's health and development. It was geared toward gathering information on children's experience in various child care arrangements but did not constitute a nationally representative sample of the United States as a whole.

The analysis, appearing in the July 16 Journal of the American Medical Association was undertaken by Philip Nader, M.D., Emeritus Professor of Pediatrics at the University of California San Diego, and other collaborators from the study.

Beginning at age 9, the researchers recorded the activity levels of more than 800 children for four to seven days. The children's activity was recorded with an accelerometer, a device that records movement, which the children wore on a belt. The researchers conducted follow-up tracking at ages 11, 12, and 15.

The researchers found that, at ages 9 and 11, more than 90 percent of the children met the recommended level of 60 minutes or more of MVPA each day. By age 15, however, only 31 percent met the recommended level on weekdays, and 17 percent met the recommended level at 12.6 years, and boys at 13.4 years.

"This decline augurs poorly for levels of physical activity as American adults and potentially for health over the life-course," the study authors wrote. "Consequently, there is need for program and policy action as early as possible at the family, community, school, health care, and governmental levels to address the problem of decreasing physical activity with increasing age."

Dr. Nader explained that local school systems have a role to play, by ensuring children receive periodic recess breaks and daily active physical education. He added that local governments also could strive to provide safe biking and walking routes around schools.

"But parents don't need to wait for big changes," Dr. Nader said. "Whenever possible, parents could encourage family walks with their children. Even walking for as few as 15 minutes a day would provide health benefits. On weekends, family outings could be centered on longer walks or biking."

Increasing physical activity is a primary goal of We Can! (Ways to Enhance Children's Activity and Nutrition), a science-based national education program from the National Institutes of Health to help children ages 8-13 maintain a healthy weight. We Can! provides tips, evidence-based curricula and other resources for parents and community programs to help children and their families make better food choices, increase physical activity, and reduce recreational screen time. More information is available at <http://wecan.nhlbi.nih.gov> or toll-free at 866-35-W CAN (866-359-3226).

One of the major contributors to the decrease in childhood activity levels are the modern trends in the video gaming industry.
Meeting Dr. Herx : 46 Feet Under Water
Sometimes a Panic Attack Is Much More Than Anxiety

Something disastrous was happening to him, and he couldn’t help but feel self-diagnosed depression. Actually, I had never been sure that he was “depressed-depressed” or whether he was just lonely-depressed. He was working on a maritime project that had him away from his beloved Boston, where his good friends and family were, and he had no office. A young marine biologist, he had always been at sea. I couldn’t get his day—now the sea was filled with dread and doom, sesa

by Dr. Virginia T. Sherr, M.D.

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by Dr. Robert Brainfield, M.D.

Summary:
This article explores the link between emotional trauma and chronic relapsing tick-borne infectious disease affecting the brain. The two case histories present.

Post Traumatic Stress Disorder & Infectious Encephalopathies
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Under Our Skin

Saturday, August 23, 2008 @ 1:00 p.m.
FREE Public Screening at The Vine Fellowship
5229 Kelly Elliott Road, Arlington, Texas 76017
for more event information: dawn@bradiron.com

IGeneX, Inc.

Welcome to IGeneX!

IGeneX, Inc.

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).

www.igenex.com
Lyme disease may play a role in autism, according to a recent study published in Medical Hypothesis. A team of five physicians from smartphone at the National Institute of Mental Health, M.D., analyzed the two diseases and discovered a connection between the two. The study found that autism, symptom similarities, activities, and decreased short-term memory, memory encoding, letter reversals, spelling errors, word substitutions, institutional errors, new histories, and slowed retrieving words, new histories, and geographical memory.

- Processing symptoms included impairments of reading comprehension, auditory comprehension, transposition of late-twenty, right-left discrimination, writing, the use of imagery, calculation, fluency of speech, fluency of written language, handwriting, and spatial perceptual abnormalities. There was stigmatization, dyspraxia, and optic ataxia. Executive function symptoms included facial expression, "brain fog," difficulty prioritizing multiple tasks, difficulty with multiple tasks, and decreased abstract reasoning.
- The patient experienced depersonalization, derealization, vivid nightmares, and illusions.
- Mood symptoms included irritability, tolerance, sudden abrupt mood swings, and hypervigilance.
- Behavioral symptoms included disinhibition, exacerbation stress, suicidal tendencies, accident proneness, decreased job performance, irritability, hypervigilance, and penurious compulsions, dropping objects from her hands, and crying spells.
- Psychiatric symptoms included depression, panic disorder, and posttraumatic stress disorder.

The patient had insomnia and was not well-rested in the morning. There was an associated loss of drive. Capacity for pleasure, libido, and social interests were all diminished.

- There were body temperature changes, intolerance to heat and cold, decreased body temperature, low-grade fevers, night sweats, and chills.
- Headaches were in the neck, with sharp shooting pain radiating to the scalp and ears.

In addition, there were TMI and sinus headaches.

- Eye symptoms included compromised visual acuity to bright light, sensitivity to fluorescent light, floaters, and dilated pupils, and a lid drop.
- A prior Bell's palsy and loss of sensation on the side of the face had not recurred. However, there was an increased sensation that her head felt hollow. The patient fell back on a Rhode Island road after her eyes were closed.

There was pain and tightness of multiple joints.

There was peritonitis tenderness of the abdomen, rib, iliac crest, sternum, and clavicles. In addition, there was chronic fatigue, hypervigilance, and tenderness of the chondrosternal joint.

There was a mitral valve prolapse, a racing pulse, pericarditis, and a heart murmur. Shortness of breath, a sore throat, and nasolacrimal gland were present. Upper GI distress, irritable bowel syndrome, and gallstones are also present. Breast tenderness and irritable bladder. In addition, alco-
ol and ibuprofen are also associated with symptoms of breast pain, multiple chemical sensi-
tivities, bruising, chronic pain, and an increase in allergies were noted.

Symptoms were noted to have gradually evolved with time, and they were sometimes subtle and variable. The symp-
toms were increased by stress, exacerbated by anticholinergic med-
iments, and increased in the per-
tumor period.

Laboratory testing demonstrated LUA.T – 78, 110, 232, 35, 43, and 51 bands. Period the combination of problems from the LD and the exposure resulted in consider-
ably increased risk. The combination symp-
dically paying for necessary med-
icare, which further exacerbated systems. The patient was treated with a combination of antibiotics, psychotropics, and psychotherapy, with a partial response.

Mr. B is currently a 43-year-old white male who may have been infected by tick-borne illnesses. He became ill about four years and eight years before diagnosis and appropriate treat-
ment. He has been treated with a combination of antibiotics, psychotropics, and psychotherapy, with a partial response. He has now been treated with a combination of antibiotics, psychotropics, and psychotherapy, with a partial response. He has now been treated with a combination of antibiotics, psychotropics, and psychotherapy, with a partial response.
QUANTUM BIOFEEDBACK WITH THE EPFX /SCIO:
BALANCING YOUR STRESS NATURALLY

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.

Available Nationwide
and Internationally

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

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 we do not diagnose, treat, cure or prevent any disease. We do not dispense any drugs of any kind.

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- Adrenal Stress, Analysis and Balancing – for improved energy & stamina
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- NLP Emotional Balancing – balance emotional stress and improve mood, sleep, reduce 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

The Lyme Disease Solution
The Lyme Disease Solution is an exciting new book from Kenneth B. Singleton, M.D., M.P.H., recognized national Lyme expert, LLMD, and Lyme survivor. At 500 pages, it is destined to be the most comprehensive book on the market today written by an LLMD.

- History, biology, prevention and controversy
- Signs and symptoms
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- Impact on the immune system
- Strategies for strengthening and regulating immunity
- Lyme Inflammation Diet
- Treatment principles for tick-borne diseases
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- Methods and techniques for dealing with psycho-spiritual-emotional issues

10% of the sale price of all books ordered directly through Dr. Singleton’s web site or phone number below will be donated to the following organizations:

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QUANTUM BIOFEEDBACK WITH THE EPFX /SCIO:
BALANCING YOUR STRESS NATURALLY

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contribution to the emotional trauma of living with Lyme disease, and exacerbates that mess. This section is dedicated to strategies for making the most of a sunny, healthy, happy life, while healing the brain and mind through prayer, visualization, and other thought-pattern altering strategies. The importance of developing subconsciously-motivated motivational and mental health-strengthening strategies is crucial in overcoming the challenges of living with Lyme disease. Chapter Two discusses the importance of developing an arsenal of coping techniques, including prayer, visualization, meditation, and other mind-body techniques. The importance of these strategies is illustrated through the experiences of a Lyme disease patient who used prayer and visualization to overcome the challenges of living with Lyme disease. The patient describes the power of prayer and visualization in changing their perspective and attitude towards healing. The power of prayer and visualization is also highlighted through the experiences of other Lyme disease patients who have used these techniques to overcome the challenges of living with Lyme disease. The chapter also discusses the role of prayer and visualization in the healing process, and provides strategies for incorporating these techniques into daily life.
Fund Raising Plan to Reach the Goal for Dr. Charles Ray Jones Legal Defense Fund

The figure of $50,000 above is a guesstimate. However, if 10,000 families contribute $20 or 40,000 contribute $5, we could go over our $100,000 goal. If you give $100, we will be able to overcome any financial obstacles.

Make Donations payable to: Fullman & Conley Trust Account for Dr. Charles Ray Jones
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expect His perfect grace and that He will become slow to anger, counting on the scripture, "The Lord is compassionate and gracious, slow to anger, abounding in love" (Psalm 103:8). Anger is an emotion we will all encounter for the rest of our lives. Perhaps the simplest of advice is a scripture that I quote in my book, Why Can’t I Make People Understand? slicing the tomato or the carrot in the octopus and in the intestine from ever growing biofilm also prevents normal flora like acidophilus from colonizing the intestine from ever growing. The LIA convention, parent Andrea Lalama got a standing ovation for her investigation into how GM food contributes to autism because of the BT pesticide found in all GM corn. One of her children became autistic after receiving five vaccines in the same day. "At first I blamed the vaccines, but I was wrong," she said. She came to understand the vaccines worsened her son's speech delay problem, turning it into a case of extreme autism. Lalama channeled her energies into research. She came to see a link between autism and the pesticide, BT during WWII. Bt spores were looked at by the Germans," she reported. "They saw crystals inside the envelopes that punctured the intestine of the insect and give Leaky Gut. The bacteria then get out of the intestine. The crystals keep the holes in the intestine from ever growing back together again and sealing." Bt has been used as a spray pesticide in the USA since 1939. Autism showed up in 1943. "The BT pesticide was introduced into genetically modified corn, then potatoes, then fruits and vegetables," she explained. "In 1995, it was found in human guts. The meta- bolite pathways in our kids are corrupt." Lalama said the increased exposure to BT modified foods helps explain the jump in autism rates. "It also accounts for the disappearing bees, bats, and monarch butterflies. Surviving bees have been studied and found to have lost their ability to communicate with each other. Sounds just like our kids, yes?" her research caused her to discover a supplement called bitter orange which contains a neurotransmitter found in the octopus and in bees. "We gave it to our kids. In 24 hours, we saw dramatic changes in our children. A week later, we got sentences." She suggests that octopamine replaces communication abilities taken away by BT-modified foods. Synergistic Effect of Heavy Metals Several doctors spoke of a symbiotic interplay between metals and microbes which creates the biofilm that gives Lyme its unique ability to hide from the immune system. "Resistant strains of bacteria and yeast produce a polysaccharide matrix - biofilm - to protect them from the surroundings environment," said Amy Derksen, ND. "It is essentially a layer containing several heavy metals that encompasses the organisms we are trying to treat, making it very difficult to treat without needing doses so high that they would harm our children. The biofilm also prevents normal flora like acidophillus from thriving." Dr. Gordon said that why detox is an absolute must: "We must lower our total body burden of pathogens to help lower our inflammation, which is holding heavy metals in tissues in spite of using the best chelators." "It's important to do genetic testing," suggested Dr. Derksen. "Many of these kids are born with defects of their glutathione and methylation pathways. Looking to the Future The conference presented a number of different protocols for treating Lyme and Autism. Some incorporated antibiotics while others relied primarily on herbs, supplements or machines. One thing stood out clearly: there is no perfect remedy. But the better shape you are in when you start treatment, the better the outcome will likely be." Kim Marott of Corona, California, struggled for years to "fix" her daughter who was seriously debilitated with Lyme. "We tried everything. I felt I was begging in each doctor's office," she said. "When we found the Jai machine, it was as if the hand of God had touched her; the healing was amazingly fast. The humiliation patients face has to end." Clearly, the epidemics are not stopping. The LIA conference sounded a warning bell to stop focusing on new drugs and start focusing on the causes. "We know global warm- ing is driving the growth of insects for example," said Dr. Klingshaid. Environmental pollution, genetically modified foods, and a lack of a nutrient-rich diet are high-risk factors spreading the epidemic. Getting America's doctors up to speed is no small challenge. Many medical groups and government agencies less concerned about politics and more concerned with delivering solutions is no small challenge. "It's up to us as parents and professionals to lead the way," said LIA conference organizer Tami Duncan. "The doctors who enrolled and spoke at this year's LIA conference are probably a good five years ahead of their colleagues in their understanding of Lyme and autism. We will persist because our kids are our future and they need our help." Next year, LIA's annual conference will be held in Phoenix, Arizona. LIA will join with CHOICE, an Arizona organization founded by Linda Heming, aka "zyneang@aol.com." CHOICE lobbies for an unrestricted array of choices in healthcare for patients and doctors. My daughter loved this book. It helped her a lot but it helped me—as her mother—just as much. A lot of the things in the book were things she wanted me to know but had difficulty telling me herself... Eating better is not just a new food trend, it's a new way of life. Many of you choose to follow a specific diet and lifestyle, but why? Many factors can influence our food choices, such as health concerns, taste preferences, and cultural influences. For some, following a specific diet is a way to improve overall health or manage certain health conditions. Whether you're following a vegetarian, vegan, or keto diet, adhering to food restrictions can be challenging. It's essential to understand the benefits and potential drawbacks of any diet you choose to follow. Detox Foot Pads Detoxify While You Sleep! Detox Foot Pads neutralize toxins, naturally reduce inflammation, and promote relaxation. Before Use n After Use

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