Total Body Detox®, A Novel Approach to Lowering Total Body Burden

by Scott Forsgren

One of the messages that has been made ever so clear to me by my mentors in the field of medicine is that every one of us today living on this planet has a total body burden of infections and toxins that is unsafe. Beyond unsafe, today’s environment has created an environment in which every one of us is living with a total body burden of infections and toxins that is unsafe. Beyond unsafe, today’s environment has created a perfect stage for numerous infections to take up residence within us and create a reality inconsistent with our desired state of health and wellness.

One of my mentors, Dr. Dietrich Klinghardt, M.D. PhD, explains the relationship between the toxins and the infections with which we are plagued as the “Alexander Axiom.” The axiom states “For each equilibrium of stored toxins there is an equilibrium of pathogenic microorganisms in the body.” Thus the importance of both treating infection and detoxifying simultaneously as part of a well-planned health optimization strategy cannot be understated.

ResultsRNA® has created a program called Total Body Detox®. The program consists of two powerful products that support the body in the elimination of infections as well as addressing Toxic Body Burden®. Advanced Cellular Serum (ACS 200®) and Advanced Cellular Zoolite (ACZ nano)® are used in combination to simultaneously address our total body burden of infections and harmful toxins.

I spoke recently to David Larson, CEO of ResultsRNA® and Dr. Gary Gordon, MD, DO, MD (H), in order to more fully understand how these products work together to offer many health-promoting effects.

Prescription antibiotics are created to address specific infections. One of the many hallmarks of ACS 200® is that it supports the body’s ability to remove a wide variety of harmful pathogens. ACS 200® is a much broader spectrum anti-microbial than traditional prescription antibiotic, antifungal, or antiviral preparations.

ACS 200® is a 200 ppm (parts per million) colloidal silver product which helps the body address many different types of pathogens including viruses, bacteria, fungi, and other single-celled parasites such as protozoan parasites. Numerous studies conducted at a major western university have shown the powerful effects of ACS 200® on infections such as Lyme disease.

Dr. Gary Gordon suggests that ACS 200® may fully eradicate this harmful infection when used both orally and as a nasal spray.

Collodial silver products available for over 100 years has had mild pathogenic kill rates as compared to ACS 500®, an advanced colloidal silver.

In kill-time studies, ACS 200® was proven to kill MRSA in vitro in less than three minutes. Further, the kill rate was a 5-log kill (99.9999%). Comparing a product that claims to kill 99%...

“Detox...” cont’d pg 7

By David Noblett

It all began in November of 2006. That is when the Texas Medical Board “temporarily” suspended the medical license of Dr. William D. Littlejohn, M.D. of Fort Worth. Likewise, I had been re-reading the many personal letters the patients had mailed me and that were now strewn all over my desk.

Finally, I just couldn’t take it anymore as I blurted out, “Damn it! I hate and despise this TMB Board. It is despicable at what they have suffered from a disabling infection for the past several years. I have made my condition the worst it has been in several years. I have been to the emergency room too many times. I have been in several years. I have had thoughts of suicide since my pain has declined. YES, DEATH IS RELIEF!!” – A Patient

As an agency made up of mostly, and supposedly, medical professionals representing Texas physicians, it is truly amazing the extent of their total ignorance regarding pain medicine, the pain physician and their pain patients.

What the TMB did to Dr. LJ in “temporarily” suspending his license, is a prime example of their attitude and mindset toward pain physicians and their patients. Doc LJ’s license was suspended “temporarily” (22 months ago!) based on “one” lone complaint involving “one” lone patient. The license was “temporarily” suspended based on that single complaint.

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Methicillin-resistant Staphylococcus aureus (MRSA)

ACS 200® has also been shown to be highly effective against Candida, a common organism obtained in people with Lyme disease. For those with Lyme disease that may be concurrently contracting with MARCONS, a nasal antibiotic-prophylactic infection, Dr. Gordon suggests that ACS 200® may fully eradicate this harmful infection when used both orally and as a nasal spray.
An Unforgettable Sunday: Sharing the Gift of Life
by Joan Vetter

Only God can take a tragedy and transform it. Organ donation helped bring about a joyful transformation for several families.

A year ago, Cheryl and Art Browning made a heart-wrenching decision without hesitation. Their son Hunter, about to turn 9 in just days, was not going to survive after an accident on their ranch. “Yes” was an unanimous answer to the transplant coordinator at Children’s Medical Center when asked about donating Hunter’s organs.

Afterwards, they prepared for a funeral. So on July 24, 2007, over 900 family members and friends gathered to celebrate Hunter’s birthday as well as his home going celebration. His father and his Uncle David also shared a birthday on that day. They experienced a lifting of the grief as hundreds of helium balloons were released, captured by the wind and quickly disappeared into the sky. Friends and church members surround- ed the family with support. People all over were praying for them, sending flowers, and bringing food.

Then the reality of life without Hunter, their blond, blue-eyed dynamo who brought joy wherever he went, settled in. Everywhere they looked there were memories. His ever present smile. The way he excelled at baseball for a boy his size. The way he loved animals and freely gave hugs. His special relationship with his brothers Austin and Matt. The grief was overwhelming.

As the days passed, thoughts turned to those unknown people who had been given Hunter’s organs. A few facts here and there emerged. First, Cheryl and Art found out that a 58 year old woman and a 62 year old man received his kidneys. Then came the day they received a letter from Ron Austin, the man who was the grateful recipient of the right kidney. He was a retired school administrator from Arkansas, now living in Allen, TX. He had been on dialysis since May 2004.

He writes, “I received the call informing me of the availability of a kidney while on dialysis on July 20 about 7:30 p.m. I completed my treatment, drove home to pack and reported to Baylor Dallas just before 11:00 p.m. I had tests off and on all night but immediately after each test I fell peacefully asleep knowing I was in the hands of God and thanking Him for the special gift from your precious child and you.”

He also indicated he would like to meet them, but said he would understand if they didn’t want to. He ended his letter with “May God bless you and your family in many special ways to confirm your decision to be an organ donor.”

Then Cheryl got a call from a woman who received the left kidney. Her name was Lilla Gobin. She is married to a man who is a civil engineer working in Alaska and has two single daughters who have cared for their mother for many years. She, also, was extremely grate- ful and wanted to meet the family.

The Gobin family graved for Cheryl as Mother’s Day was approaching, and decided to send her a gift basket. In it were little boxes shaped like butterflies, which was Cheryl’s symbol of hope. As Art’s birthday and the one year anniversary of Hunter’s death approached, Cheryl and Art made the deci- sion to plan a celebration with friends and family at their ranch and invite the kidney recipients.

On Sunday, July 20th, Ron and Linda Austin and their son Chip arrived first, giving everyone time to catch up on all the details of their journey thus far. Mysterious feelings of having known each other already emerged as both donor and recipient families shared stories they prayed for each other in the days after the transplant. There was indeed a bond forged after the storm.

In the hospital after the accident Art vowed that Hunter will not be forgotten. Having his organs live on, saving the lives of these individuals, is one way this has been accomplished. Another way is the development of the Hunter Mason Browning Memorial Fund set up at First State Bank of Mesquite. The family plans to use this money to provide scholarships to graduating stu- dents or to help children who want to play sports and can’t afford it. Donations can be mailed to the Hunter Mason Browning Memorial Fund c/o First State Bank 917 Military Parkway Mesquite, Texas 75159.

Above: Hunter Mason Browning, an organ donor who saved the lives of others, is also the grandson of PHA staff writer Joan Vetter.
Below: The reception and family members of those who received Hunter’s organ donation and gift of life.

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| Bestseller! | THE TOP 10 LYMEE DISEASE TREATMENTS | The Top 10 Lyme Disease Treatments | By Bryan Rosner |

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Below: The reception and family members of those who received Hunter’s organ donation and gift of life.
Dear Editor,

I would like to respond to the article by Dawn Irons titled “MARC: UNKNOWN” in the June issue of Public Health Alert. I was impressed by the thorough research and the clarity of her writing. However, I disagree with her conclusion that there is no scientific evidence to support the theory that Marc, the child in the article, was the victim of Munchausen's by Proxy (MBP).

In my work as a forensic psychologist, I have seen many cases of MBP, and I believe that the symptoms described in the article are consistent with those seen in MBP. The child's medical history is unusual and inconsistent with typical medical conditions. The symptoms described, such as the child's sudden onset of symptoms, the lack of progress with treatment, and the child's refusal to continue treatment, are all hallmarks of MBP.

Furthermore, the child's family history is relevant. The mother's own history of chronic illness and her diagnosis of Lyme disease are suggestive of MBP. The mother's behavior, such as her refusal to continue treatment, is consistent with that of a MBP syndrome patient.

I would like to challenge the article's conclusion and encourage further research into this case. I believe that a multidisciplinary approach, including a forensic psychologist, is necessary to fully understand the circumstances surrounding this case.

Sincerely,

[Your Name]

[Your Address]

[Your Contact Information]

Letter to the Editor

Editor Responds to the Review of Her Book

Author: Dawn Irons

The Responsible Care

By Dawn Irons

There is a story of significant magnitude unfolding in San Antonio, Texas, where players in this unfortunate drama, which has all too rarely been documented, is an infectious disease, a single mother and her Lyme-autoimmune son, John. This powerful, informative Service to the Texas Medical Board and their policy limiting access to competent care for disease in Texas.

Having been a social worker who worked for Child Protective Services (CPS), there is no doubt that I saw true and genuine cases of child abuse. But the truth of the matter was that the cases of true abuse were few and far between. In the year that I worked for the Bell County CPS, over 90% of the cases in which abuse was reported and children were removed from the home, the abuse was found not to be substantiated or "unconfirmed." Make no mistake, abuse certainly occurred but not on the part of the parents. When the state comes in and removes a child from the home, it is an invasion into protective custody while an investigation of abuse is being conducted. The facts prove to be unfounded — the charge of abuse, the guilt of the abuse, stays completely at the feet of the state. In this scenario, the state of Texas is the abuser and the very organization that is supposed to protect and trust the parent is harming the child and abusers in more than 90% of the cases of reported abuse each year.

I am not a fan of "big government." Government does have its place, but it should be run by the people for the people, not special interest groups who control vast amounts of interest and financial gain.

This case in San Antonio is a perfect example of the very organization that is supposed to protect the parent is harming the child and the abusers. The CPS case worker, to protect the state, the CPS case worker, and the law enforcement officers made an invasive entry into the home.

The case worker proceeded to do a full body strip search on the terrified child, who was hospitalized for physical abuse such as bruising. None was found. The chaotic environment of the social worker, police, and being strip searched sent Marc into an Autistic frenzy.

In the midst of this unfolding drama, the social worker looked at Marc's mom and asked her, "What did you do to make your child sick?" Charges of Munchausen's Syndrome by Proxy and "Doctor seeking" were alleged against the mother.

CPS removed the child from the home and placed him with the non-custodial parent. The parents were not in any disagreement over the medical care and the treatments of the child. The mother was charged with medical abuse in a ploy to pit the parents against each other.

Now I don't know about you, but I have BIG problems with that! The most basic of parental rights, choosing medical care and procedures for their children, is stripped away from parents and it is replaced with the "Nanny State" or it's...
4 Issues You Will Encounter When Leading an Illness Support Group

by Lisa Copen

After planning for your support group meeting for weeks, or even months, it’s time for your first meeting. You feel rather organized. You’ve prepared a proposal to start up a support group which was approved by an organization or church. You’ve put together a welcome folder for new members and you have scheduled your topic or speakers for coming months.

Do, so this means that your illness support group meeting will run without a hitch? Unfortunately, despite all of your hard work, there are a few frustrations that you will likely encounter during those first few meetings. They are worth being aware of so that you are prepared in advance.

(1) Few people attend.

How it feels: Disheartening. After so much planning in putting so much into your personal illness (despite your own illness), it is a few frustrations that you will all of your hard work, there are a few frustrations that you will likely encounter during those first few meetings. They are worth being aware of so that you are prepared in advance.

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What to do: Hope for the best and prepare for the few. As a Christian organization, the Hopekeeper’s small group foundation says, “Although it’s disheartening when just a couple of people show up, I know that God created that appointment when I led a group once, just one person showed up, but we had the best conversation and she admitted that she was extremely shy and likely would have spoken if other people had attend the meeting.”

Keep a summary of your lesson plan, even including the topics that were discussed. This way you can easily “replace” the meeting time with another little preparation. Last but not least, consider calling people and, without adding undue pressure, ask them what challenges are preventing them from coming. Is it transportation? Is it the time of day? How could you make it easier for more people to come?

(2) Everyone seems to ignore your lesson plan.

How it feels: As though you aren’t interesting or inspiring enough to keep their attention. It can feel as though no one appreciates all of the time you spent in preparation.

What to do: Allocate flexibility at the first few meetings and let people know that you will add more structure as the group gets more comfortable. Most likely, it’s not that people don’t like your plans, they are just very excited, excited to be able to share experiences with others who understand chronic illness. By just assembling people together in one room, floodgates of emotions that people have held back for years can break forth. If you’ve been through it, you know how very much people are eager to hold up a book and a lesson plan when a member is in the room, or at the end of her marriage, for which she blamed her illness. Although these situations can happen at any meeting, they may be more frequent at the beginning or with first timers.

Talk openly with the group about your desire to have plenty of time available for people to share, but that you also want everyone to leave the meeting feeling refreshed. Regardless of what occurs during the meeting, you will be ending the time together with an inspiring article, scripture, poem, prayer, devotional, etc.

(3) Everyone just complains about everything! Their relationships, the medical professionals, their illness—the list is never ending.

How it feels: Like you are expecting to fix the entire world in an hour or at least listen to every complaint they may have. You will find that people have years of emotions buried in their hearts that have wounded them deeply. Hearing about the worst in people’s feelings, facing unjust consequences, and even coping with severe medical errors are all normal parts of living with illness. For the group leader, you can be left wondering what to do if you can’t fix the problem. You want to show compassion, but need to keep this group on the path of encouragement and support, and not a downward spiral.

What to do: Write up some guidelines before your first meeting if possible, and include the “venting guidelines.” Read “10 Ways to Make Your Illness Support Group Uplifting.” One practical tool is to set a timer and allow everyone to have 60 seconds to share their most frustrating experience of the week. Brainstorm about a contest your group could have that would bring us all to have 60 seconds to share their most frustrating experience of the week. Brainstorm about a contest your group could have that would bring us all to have 60 seconds to share their most frustrating experience of the week. Brainstorm about a contest your group could have that would bring us all to have 60 seconds to share their most frustrating experience of the week. Brainstorm about a contest your group could have that would bring us all to have 60 seconds to share their most frustrating experience of the week.

(4) People continually dominate the conversation; she takes over the meetings and completely disregards your plans or people who are trying to talk.

How it feels: Irritating! After all your preparation, it is annoying to have someone override your entire meeting and take the group down a path that lacks the encouragement you want to provide. You justifiably could be concerned about her impact on the people she could scare away.

What to do: Set firm boundaries from the beginning. While it’s vital that people are encouraged to communicate their emotional issues, they also need to respect the boundaries and time frame of others. For the group leader, you need to carefully manage the quantity of time that they dominate the conversation, and how they comment on people’s treatments or decisions.

(a) Put together some simple guidelines at the beginning that you hand out to new members. They first joined the group. It may also want to put her in charge of a certain part of the meeting so she can have a designated time to talk and be in a leadership position. When situations like this occur, people can be gently reminded of the guidelines they received when they first joined the group. It won’t feel quite as personal as you correcting their behavior. If the leader is not available on the floor, you may also want to put her in charge of a certain part of the meeting so she can have a designated time to talk and be in a leadership position. When situations like this occur, people can be gently reminded of the guidelines they received when they first joined the group. It won’t feel quite as personal as you correcting their behavior.

(b) In order to do that, you will need to make it easier for more people to come. If the person dominating the conversation is still holding the floor, gently guide people in the group to speak up. People who can communicate with others effectively. One who can gently guide people in the direction you wish them to go, so that the group grows rather than becomes a complaint session. A leader must be able to offer compassion, but also set boundaries and even diffuse anger. A leader must be able to talk to other leaders for ideas and support. Keep in mind that no leader is responsible for preventing a hundred percent capable. A willingness to learn and listen is at the top of the list of leadership qualities.

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of pathogens with ACS 200®, which has been shown to have a 7-log kill, ACS 200® is 100% effective in 10 minutes.

A 6-log kill is generally regarded as a "complete kill" but ACS 200® actually eliminates 100-log kills, which is the state essentially every- thing in the body.

When ACS 200® is ingested, the length of time that the product is present is the kill infections is significantly increased. In fact, the half-life (time it takes for half of the product to be removed from the body) is 15 days. Thus, the kinetic benefits of ACS 200® are ongoing in helping the body to deal with many of the harmful microbe burden.

Dr. Garry Gordon commented, "I am confident that, when balancing the returns against the ratio, there is nothing available at this time to compete with ACS 200®. It is readily apparent to lower total body burden of infection.

Dr. Gordon further suggested that the continued success of his laboratories has reported that he has never seen a pathogen that ACS 200® did not do its magic, at least 99% at room temperature in less than one minute. Dr. Gordon urges people to start silver after brushing their teeth at night to eliminate the many harmful organisms that are removed - there many of which are still virtually unknown.

Concern is the possibility about the potential of "blue man syndrome" or argyria. Dr. Garry Gordon commented that at the time of writing this article, no cases of argyria have been reported in the United States. There was a side effect of silver nitrate on the eye of a premature baby. The only reported cases come from different types of silver usage and various oral detoxification processes. Recent reports of argyria reported on "The Today Show" where silver that was made at home in a manner similar to obtaining a silver brick and using a silver chaser and then drinking a quart every day.

In a study at the University of Ohio, animals, exposing rats to 5000mg/kg resulted in all of the rats having blue skin. In order to evaluate 320 different chemicals, the rats were exposed to 165 chemicals. In the animals, a significant lowering of total body burden is noted. In my 2006 experiment with National Toxicology Program, a little of each in my purse every- day. Detox® will support the body in maintaining a healthy immune system.

In addition to the antiviral activity, the use of zeolite has been shown to have antiviral effects against enteroviruses and herpesviruses. Are the antiviral properties of zeolite with the help of the immune system function improves as toxic load decreases and it becomes quite evident that ACZ nano®, the bond cannot be broken and the heavy metals are eliminated through the urine. Of the heavy met- als, zeolite has the highest affinity for mercury followed by lead.

Another beauty of zo- leidecontamination is that they do not create the same level of stress on the kidneys or liver that DETTA, DMPS, or DMPS would. Additionally, with some detoxification options, there is concerns over the waste of minerals which occurs. With ACZ nano®, the product has a very low affinity for nutrient metals and also contains calcium, potassium, magnesium, and other nutrients. This eliminates any potential nutrient metal loss by replacing essential minerals.

With other metal chelat- ing products, there is concern about chelating a patient that has amalgam fillings in their mouth. ACZ nano® can be safely used by those with amalgam fillings. In fact, ACZ nano® is reported to be so safe that it can even be used by pregnant moth- ers, children, or the elderly.

Another compelling aspect of ACZ nano® is that it acts as a free radical scavenger, reducing oxidative stress within the body. Traditional antioxidant therapies work by adding an electron to a free radical. Zeolites work differ- ently in removing free radicals in that they are captured in zeolite cage itself. When we are toxic with heavy metals, as ACZ nano® in my life-long detoxification program. I like to treat and prevent while elim- inating heavy metals from my body.

The daily assault we experience from external toxic assaults makes taking these two products even more important in today’s society. It is truly critical to the body.

Further, there are even me- diation of results RNA’s the maker of ResultsRNA®, the maker of both ACS 200® and ACZ nano®, and can be reached at dr.larson@resultsRNA.com.

About the Author:
Scott Forsgren is the founder and editor of BetterHealthGuy.com, a web site dedicated to sharing personalized medical information regarding his personal, eleven-year battle with chronic Lyme disease.

Scott can be reached at Scott@BetterHealthGuy.com.
Unfortunately, useless diverse labels will often be given to them, e.g., “too much stress,” “a jerk,” “fibromyalgia,” “bipolar,” “a loser,” “chronic fatigue,” “heavy metal trouble,” “work troubles” or “Candida.” Even if these have some merit, they are often distractions from the true cause of their troubles. One famous person was diagnosed clearly with Lyme a few years ago, and then some fortune-teller’s top physician talked him into believing he had MS. He is lost forever. Another popular physician with many tick bites preaches to others about weight loss, toxic metals and Lyme, when he in fact is profoundly obese, glassy eyed, bizarre and sadistic. He is also lost for good.

Further, the newly discovered 32 species of unique Bartonella will only have optimal testing available in the fall of 2008 or in 2009. And most importantly, it has massive personality and impact insights that make someone clueless about the person in the mirror. Bartonella is vastly more common than Lyme and promotes alienation, tensions, severe depression and anxiety. It can also lead to violence, addiction and criminal behavior. Others live with no symptoms for years, but they eventually lose the immune system battle they get cancer or arthritis from Lyme, or have lower function. Bartonella profoundly promotes Lyme disease immune system suppression.

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Get People Treated Now Before Insight is Lost!

Patty is the mother of two ill children. She spent some time getting them diagnosed and treated, but while she had positive extensive labs herself for Babesia, Ehrlichia and Lyme, “She wanted to be able to care for her family and did not want to be ill with a herx when her family needed her.” Of course, I explained to her we do not do “protocols” or “guidelines” which assume people are all the same and which objectifies them. In her case, we could have given her very heavy dosing during a 12-36 hour period in which others could care for her family, and offer lower doses the rest of the week to keep the infections from increasing. After two years of avoiding her own treatment, and not having the insight to see she was becoming less functional, she suddenly could barely get out of bed. She was unable to be helped by a number of clinicians. Her children’s pediatrician did not treat adults, and she became deeply frustrated after consulting with over a dozen physicians. She wanted to get better yesterday. She had been ill at least five years.

After some time, Patty finally started useful and serious treatment with Babesia that was above the relapse promoting dose of 1500 mg/day. In blind testing, we found 1500 mg/day was not fully curative in the long-term after rechecking patients one full year with complete and new types of lab testing. She also addressed her other infections and indoor mold exposure that was particularly bad in her car.

She was lost, but after a stamina crash and appeals from her family, she understood she was not herself. Thankfully, Patty is slowly getting better. She is a great person who made the common parental mistake of ignoring herself.

People Who Only Get 20% at a Time

Tom was diagnosed with Babesia and Lyme. He did two weeks of treatment for each, even though both infections were probably present for more than 20 years. He felt better after the treatments and felt he was cured. He did not do any testing to confirm he was cured, and in his initial labs his VEGF was very high and his IL-6 was very low—common signs of Bartonella. Yet he was never tested for Bartonella or Ehrlichia, and the treatments he had would not have killed them if they were present.

His wife was very discouraged about his rigid determinations, and that he was not infected with things he had never checked. He still had adult onset forgetfulness and memory trouble, and she felt it was likely due to incomplete treatment. Yet he is a success, because Tom started treatment and admitted that he had an infection. It is highly likely if he does get worse, he will revisit this issue. He is not lost. Do not give up hope.

Lisa was diagnosed with Bartonella and Lyme and took one antibiotic that does not impact Bartonella for 6 weeks. She had strong joint aches, fatigue and a headache on the antibiotic, and so she felt she was getting a die off. When this stopped on the same dose, she felt she was cured. She is acting irrational and entitled. She seems to think people owe her a great deal. Did her brief treatment help her? Sure it did. Was it a cure? No. And one hopes that she finishes her program someday, and goes for a home run and not a single. She has partial insight just like Tom. Some insight is better than nothing. And the game is not over with anyone until they are dead. Like baseball, usually after a strikeout, you get to bat again.

*Insight*...cont’d pg 14
Eye on Lyme: Evidence Suggests Lyme Disease May Contribute to Macular Degeneration

Earlier this year, I learned that I am in the beginning stages of macular degeneration. I am only in my 30s, and my ophthalmologist commented that I am the youngest case he has seen.

“I have Lyme disease. Could that be causing it?” I asked. “Hmmm,” he replied thoughtfully. “Yes, it certainly could.” I had known that Lyme often causes vision problems such as “floaters” and a veil, but the connection to macular degeneration was a new one to me.

While most people associate macular degeneration solely with old age, many patients—such as myself—who are afflicted with Lyme disease and similar chronic infections are learning otherwise. According to the National Eye Institute, Age-related Macular Degeneration (AMD) is the leading cause of central vision loss among those over 60 years of age. If results from deterioration to the macula, a portion of the retina that is located on the inside back wall of the eye. The macula is much more sensitive than the rest of the retina and is responsible for clear, sharp vision that enables us to see detail and vivid color. Those who are afflicted with Lyme disease and similar chronic infections are learning otherwise.

The Macular Degeneration Foundation theorizes that anything that interferes with the macula’s blood supply may cause it to malfunction and become diseased.

Macular degeneration can also be caused by free radical damage. Free radicals are highly unstable chemicals that occur normally during metabolism. If antioxidants are not available or free radical damage is excessive, healthy blood may be damaged. This process tends to be accelerated in those with compromised immune systems.

Other risk factors of AMD include: people who have high blood pressure or Type II diabetes, Caucasian ethnicity, family history of AMD, obesity or high fat intake, or being female. Additionally, individuals with blue or light-colored irises may be at higher risk because light-colored eyes allow more light to reach the retina since there is less melanin (pigment) to absorb it.

The Connection to Infection

Although many eye specialists will likely tell you that Lyme and other chronic illnesses do not contribute to your risk for developing AMD, research suggests otherwise. Numerous studies cite a connection between inflammatory diseases, processes and damage or deteri-oration to the eye.

A 2005 study by the Massachusetts Eye and Ear Infirmary found a high incidence of infection with C. pneumoniae bacteria in AMD patients. A similar study by Columbia University Medical Center in New York suggests that a common virus or bacteria may cause the same type of condition and become diseased. If triggered by something that interferes with the macula’s blood supply may cause it to malfunction and become diseased.

Anecdotal evidence indicates that an appropriate oral antibiotic may help prevent advanced AMD.

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**Top Reasons to utilize Quantum Biofeedback**

- FDA Approved Biofeedback device for relaxation & 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

**Quantum Biofeedback with the EPFX/SCIO**: BALANCING YOUR STRESS NATURALLY

- Enhance Immune System Function – balance lymphatic and drainage organ stress
- Dark Field Blood Analysis – balance pathogen stress energetically
- Nutritional Analysis and Balancing – vitamins, minerals, enzymes energetically balanced for systemic stress reduction
- 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, triclosanes
- NLP Emotional Balancing – balance emotional stress and improve mood, sleep, release anxiety and more
- Pain Reduction – through stress balancing to muscle, joint, nerve, spine and others
- Relaxation for improved sleep
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**Love Health & Healing Center**

**National Support Groups**

**NATIONAL SUPPORT GROUPS**

**Multiple Sclerosis**

Association: www.nms.org

**Alabama**

3840 Ridgeway Drive
Birmingham, AL 35209
Phone: (205) 879-8881
Fax: (1-800) FIGHT-MS
Email: acls@nms.org

**Northern California**

150 Grand, Oakland, CA 94612
Phone: 510-268-0572
toll-free: 1-800-FIGHT MS
Email: info@msconnection.org
http://www.msconnection.org

**Colorado**

700 Broadway, Suite 808
Denver, CO 80203-3442
Phone: 303.831.0700
1-800-FIGHT MS

**Florida**

2701 Maitland Center Pkwy, Suite 100
Maitland, FL 32751
Phone: (407) 478-8880
Email: info@flc.nms.org
http://www.mssociety.org/flc

**Texas**

811 N. Stadium Drive, Suite 100
Houston, TX 77054
Phone: 713-526-8967

**National Multiple Sclerosis Society**

http://www.nationalmssociety.org/flc

http://www.msconnection.org

**National Support Groups**

**Arizona**

Southern Arizona - Donna Hoch, natari@cox.net
520-393-1452
L.E.A.P. Arizona
Tina J. Garcia
Lyneeme.com
http://www.leaparizona.com
480-219-6649 Phone

**Arkansas**

Mary Alice Beer
(501) 884-3902
saber@artelco.net

**California**

Dorothy Leland
website: www.lymeconnection.org
http://www.lymedisease.org

**Colorado**

Mary Parker
303-447-1602
milehightick@yahoo.com

**Connecticut**

www.timeforlyme.com
914-738-2356
Meetings: first Thursday of every month at 7:30 p.m.

**Nationwide**

700 Broadway, Suite 260
Amherst, PA 15002
Phone: 215-643-5434
Toll Free: 1-877-GHEHRG-1 (1-877-434-7441)
Fax: 215-643-9307

**New Mexico**

Valerie Medina
505/549-9858
vmedina@comcast.net

**Oklahoma**

Janet Segovias 405-359-9401
Janet/LDS.com
www.LDS.org

**Oregon**

Portland, Oregon
Meets 2nd Sunday of each month, 6:30 PM 2nd Sunday from 1-3 PM.
303-390-2528

**Texas**

Greater Austin Area Lyme Council.
Teresa Jones
lmottermexico2@yahoo.com

**Dallas/Ft Worth**

John Quinn
Iqurum@dirct.net
214-749-2845

**Houston**

Contact: Teresa Lucher
lucher@abeloglobal.net

**League City/ ClearLake**

& NASA Area
Sandra Mannelli
smannelli@comcast.net

**Washington State**

Alexis Benkowski
WA-Lyme-owner@yahoo.com

**IL / NV**

Regional Areas
Contact PJ Langhoff
(920) 349-3855
www.Sewill.org
www.LymeLeague.com (Inf)

**Wisconsin**

Western Lyme Action Group
Margaret Andrews
715-857-3953

**“Marc”...cont’d from pg 4**

he was 12 while under restraint in Texas foster care. At the time of his death, a toxicology report showed an attention deficit and hyperactivity drug, an antidepressant, a mood stabilizer, and an antipsychotic drug not FDA-approved for use in children in his bloodstream. And this is the agency we are supposed to trust over the protection of the children? Forgive me if I think PARENTS are far better equipped for the job of making life and death medical decisions regarding their child’s health.

If we lose this battle of parental rights over making medical choices on behalf of our children, which right will be the NEXT to go? Educational choices? Discipline choices?

The only reason the state ever has to intervene into the rights of a family is if there is a clear and present danger. This has been recently confirmed in a detailed decision by the Federal 5th Circuit Court of Appeals which has also detailed circumstances and procedure. This case is said to be making a choice between two recognized standards of care for medical treatment – NOT a clear and present danger in any shape or form... well, maybe an Orwellian form? Or is that now a Texas form??...
...while patients continue to face with ever increasing health insurance costs, a health insurer has a direct financial conflict of interest with regard to the review process especially in favor of denial of payment. By "following" their own medical order

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"Experimental," the insurance company writes health care and undermines the trust placed in physicians by the public.

"For these reasons, I am returning H. 3912, R. 47, without my signature."

-Governor Sanford of South Carolina

""...while patients continue to face with ever increasing health insurance costs, a health insurer has a direct financial conflict of interest with regard to the review process especially in favor of denial of payment. By "following" their own medical order as "not deemed medically necessary," or "experimental," the insurance company writes health care and undermines the trust placed in physicians by the public."

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... this bill was incredibly overturned in a vote by 2/3 of the state house of representatives and 9 state senate representatives.

"Well, isn't that a classic case of the fox guarding the hen-house? Governor Sanford originally vetoed this bill, but it was overridden in a vote by 2/3 of the state house of representatives and 9 re- sends. Those are the kind of votes that those who voted for it will take full advantage of this biased piece of legislation."

"I hope the mainstream media will continue to focus on informing people of informing people, physicians and politicians about the seri- ousness of this illness. It is often misdiagnosed or underd iagnosed for extensive periods of time, leaving devastation in its wake.

In South Carolina, health care disparities are widespread. A 2003 survey of South Carolina health centers found that 15% of the population had no health insurance, and that 22% of the population had no regular source of health care. This survey also found that 20% of the population had been refused treatment by a health care provider due to lack of insurance.

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been unable to find a pain suffering. Despite every attempt if they do not "soon" find relief Several of my patients have in my suspension by the board. Their regular ongoing medical of their own personal letters, in moment. I am fearful for my suspension by the board. And yet, true to their timeless and despicable nature, the TMB com pletely ignored, ignored and refused to answer or respond to this Demand Letter. They totally ignored a physici an’s plea that was a matter of life and death to many of his patients..." ±Patient

*** "Since the Texas Medical Board took Doc LJ out, we have taken their lives as the result of patient killing family and friends. Some have committed suicide simply from not being able to deal with the pain. The TMB cannot use ignorance as an excuse. But the entire TMB has no concern for chronic and intractable pain patients. I personally know 7 suicides of Doc LJ patients working together to get his license reinstated. I also know Doc LJ went to the TMB Town Hall meeting in Fort Worth on July 1, 2008. Ben stood to address the TMB regarding the atrocities they had committed against Doc LJ's chronic pain patients as well as his own personal un bearable and excruciating pain. The TMB turned a deaf ear to his cries. Ben knew the TMB didn't listen to a word he said. And Ben's emails I had been reading that day indicated I wish I had never made the statement in that email, "I hate and detest you, Texas Medical Board!" Let me share you about one of Doc LJ's patients I will be seeing immediately after I write this.

Dr. William D. Littlejohn, M.D. ***

"So what has been the outcome from the TMB's turn of a deaf ear to Dr. Littlejohn's impassioned plea for his "mor tality of life and death" patients or the patients' cries to the TMB for a little compassion to receive their living-salvage medical care? And, lastly, what about the TMB's stubborn-as-a-mule refusal to grant an emer gent reinstatement of Doc LJ's license so he may treat his "at risk" patients? So far, three suicides of Doc LJ's chronic pain patients? I counted (unconfirmed in Illinois). These are all the cases that we have been made aware of. Of course, there is no idea what the total amount of suicides from the over 300 chronic pain patients that were under his care."

In a recent conversation with Dr. Littlejohn, he dis cussed his Demand Letter, his life and death plea for his patients who were in harm's way and those patients who have taken their lives as the "final solution." The TMB proved the prediction of a few suicide as a consequence of the abrupt temporary suspension of my license. The February 25, 2007 date indicates I warned the board of potential damages before the two confirmed cases in June 2007 and 2008. [I'm uncertain of the date and validity of the unconfirmed suici des that may have occurred in Illinois.]

"Dr. Patrick, TMB Executive Director, the Texas Medical Board cannot claim they were not forewarned of the potential for suicides as both you (David) and I put the TMB and Governor Perry on notice many weeks prior to this first tragic suicide. I agree there may be more suicides among my chronic pain patients that we are not aware of."

"Neither the TMB nor the Governor of Texas can use ignorance as an excuse. But the entire TMB has no concern for chronic and intractable pain patients. I personally know 7 suicides of Doc LJ patients working together to get his license reinstated. I also know Doc LJ went to the TMB Town Hall meeting in Fort Worth on July 1, 2008. Ben stood to address the TMB regarding the atrocities they had committed against Doc LJ's chronic pain patients as well as his own personal unbearable and excruciating pain. The TMB turned a deaf ear to his cries. Ben knew the TMB didn't listen to a word he said. And Ben's emails I had been reading that day indicated I wish I had never made the statement in that email, "I hate and detest you, Texas Medical Board!" Let me share you about one of Doc LJ's patients I will be seeing immediately after I write this.

"My guns". I couldn't take my eyes off those words. "The means and method Ben used a few short days after the TMB Town Hall meeting in Fort Worth on July 1, 2008. Ben stood to address the TMB regarding the atrocities they had committed against Doc LJ's chronic pain patients as well as his own personal unbearable and excruciating pain. The TMB turned a deaf ear to his cries. Ben knew the TMB didn't listen to a word he said. And Ben's emails I had been reading that day indicated I wish I had never made the statement in that email, "I hate and detest you, Texas Medical Board!" Let me share you about one of Doc LJ's patients I will be seeing immediately after I write this.

The TMB is dedicated to the latest news and developments concerning Lyme Disease.

www.contacttalkradio.com

Mondays 9PM EST / 8PM Central Time

In Short Order with Sue Vogan

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The Infectious Diseases Society of America (IDSA) is seeking physicians and scientists to volunteer to serve on a review panel to evaluate whether the Society’s 2006 practice guidelines on Lyme disease should be revised or updated.

IDSA has entered into an agreement with the Attorney General of Connecticut ending his antitrust investigation of the Society’s Lyme disease guidelines. Under the agreement, the guidelines remain in effect, but IDSA is agreeing to an extra step: a one-time special review of the literature to determine whether the 2006 Lyme disease guidelines should be revised or updated. The timing of this review is consistent with the usual practice of reviewing published IDSA guidelines for changes every few years, but is distinctive in that the review will be conducted by an independ- ent panel.

To that end, a panel of eight to ten physicians and scientists will be assembled to review and critically appraise the most recent literature on Lyme disease. The panel will also consider data and other information sub- mitted to IDSA and will hold a public hearing where individu- als may present data to the panel for consideration. At the conclusion of this review panel, the panel will evaluate whether each of the recommenda- tions in the 2006 guidelines is supported by the scientific evidence and will make a recom- mendation to IDSA as to whether its 2006 guidelines should be revised or updated. The conclusions reached will then be submitted to the panel.

The National Eye Institute's Age Related Eye Disease Study (AREDS) has investigated AMD for over two decades and found that taking a specific high dose formulation of antioxidants and zinc significantly reduces the risk of advanced AMD. The specific daily amounts used by researchers were 500 milligrams of vitamin C, 15 mg of vitamin E, 25 mg of beta carotene, 80 mg of zinc oxide, and 2 mg of copper.

A second AREDS study is currently underway, which includes the addition of lutein, zeaxanthin, and omega-3 fatty acids. Researchers note that subjects in the original AREDS trial were less likely to reduce progression of AMD in subjects in the original AREDS study, while AMD as well. Omega-3 fatty acids in the AREDS II formula- tion will include both DHA and EPA, naturally found in fish oils, and found to reduce oxidative stress and inflammation. These modifications will further reduce progression of AMD in patients.

The National Eye Institute's Age Related Eye Disease Study reports that the two carotenoids may serve as antioxidants for filtering out damaging blue light. Those who consumed at least two servings of a fruit a week were less likely to develop advanced AMD as well. Omega-3 fatty acids in the AREDS II formula- tion will also provide beta carotene, an essential nutrient found in fruits and vegetables. The modifications will further reduce progression of AMD in patients.

The National Eye Institute's Age Related Eye Disease Study also emphasizes that taking extra supplements from food, they should consider the literature on Lyme disease. The IDSA website:

Please note that the Chair and members of the AREDS panel must meet the following criteria:

- must be a clinician or scien- tist
- must have not served on any Lyme guideline panel
- must be free of conflicts of interest as determined by the ombudsman
- must be experienced in the interpretation of the medical/scientific literature

IDSA Seeking New Lyme Disease Panel

To that end, a panel of eight to ten physicians and scientists will be assembled to review and critically appraise the most recent literature on Lyme disease. The panel will also consider data and other information submitted to IDSA and will hold a public hearing where individu- als may present data to the panel for consideration. At the conclusion of this review panel, the panel will evaluate whether each of the recommenda- tions in the 2006 guidelines is supported by the scientific evidence and will make a recom- mendation to IDSA as to whether its 2006 guidelines should be revised or updated. The conclusions reached will then be submitted to the panel.

The National Eye Institute's Age Related Eye Disease Study (AREDS) has investigated AMD for over two decades and found that taking a specific high dose formulation of antioxidants and zinc significantly reduces the risk of advanced AMD. The specific daily amounts used by researchers were 500 milligrams of vitamin C, 15 mg of vitamin E, 25 mg of beta carotene, 80 mg of zinc oxide, and 2 mg of copper.

A second AREDS study is currently underway, which includes the addition of lutein, zeaxanthin, and omega-3 fatty acids. Researchers note that subjects in the original AREDS trial were less likely to reduce progression of AMD in subjects in the original AREDS study, while AMD as well. Omega-3 fatty acids in the AREDS II formula- tion will include both DHA and EPA, naturally found in fish oils, and found to reduce oxidative stress and inflammation. These modifications will further reduce progression of AMD in patients.

The National Eye Institute's Age Related Eye Disease Study reports that the two carotenoids may serve as antioxidants for filtering out damaging blue light. Those who consumed at least two servings of a fruit a week were less likely to develop advanced AMD as well. Omega-3 fatty acids in the AREDS II formula- tion will also provide beta carotene, an essential nutrient found in fruits and vegetables. The modifications will further reduce progression of AMD in patients.

The National Eye Institute's Age Related Eye Disease Study also emphasizes that taking extra supplements from food, they should consider the literature on Lyme disease. The IDSA website:
One article in the Mayo Proceedings has recently said, since testing is unreliable, Lyme is often a clinical diagnosis. This is true in patients with high suspicion in deep trouble. Why? If they are finally willing to be tested, people with poor insight typically go for ineptive and incompetent labs with no tick or flea-borne infections expertise, and then get consultations with physicians with a similar lack of serious study and experience on these topics. While I believe direct and indirect lab testing performed at different labs allows you to find all major tick infections, some specialized testing is not found in my two-part Barbeas Handbook. Further, as I shall discuss in one of my two new upcoming books, sometimes you have to use Babesia-killing medications to provoke a positive antibody reaction. If this is not done, patients will see a negative result and believe all is fine.

Yet low levels of Babesia red blood cell parasites are routinely missed, even by exceptional laboratories and exceptional pathologists, so killing a few Babesia may be needed to find an increased IFI titer and also to find positive antibodies to Babesia—though no lab currently can test for all human forms. (Two labs are on the advance of generalized tick testing to catch virtually all Babesia forms that infect humans).

Further, all patients with positive Babesia, babesiosis or tick or flea exposure, should be examined for the 40 physical exam findings in my two-part Babesia textbook and, if able, with the following labs: VEGF, IL-1β, IL-4, IL-8, IL-10, TNF-β and Tnf-a. Also, a manual smear of blood should be sent to at least two labs that have demonstrated a solid ability to see both Babesia and Babesia on a blood smear. In this context, I recommend all patients with a new willibleness to be tested get a manual blood smear with two stains which shows two different areas under the microscope—this is available from Fry Labs for $350.00. Other laboratories for this option in the future, but none will do yet. Ask Fry Labs for the “Schaller double stain option for 350.00.” If it is not clearly asked for on your requisition, you will get one field and one stain.

I am publishing a serial blood smear color picture book just in two weeks. It has over 250 pages, and as many blood images, and shows how to recognize color images of Babesia and Bartonella. This is the first book of its kind in human history, partly because it has taken until 2008 to assemble vast numbers of unique and published Babesia forms. I wrote it because most Babesias examined under the microscope is missed. And once one can identify various Babesia forms, identifying Bartonella is also much easier.

About the Author:
Dr. Schaller is one of the most prolific LL MD’s in the world. He has published 25 books in 5 languages. His 27 peer-reviewed papers cover 10 areas of medicine found in top national and international medical journals.

He treats patients from all over the world. His cutting-edge writings include textbooks on Babesia, Bartonella, Pathology Imaging of Tick and Flea-borne infections, artemisinin, Artesia, Artesunate, pain/addiction care with Suboxone, indoor mold toxins, out of control youth, ADD, ODD and many other topics.

He has over 20 web sites. The main web site offers over 1,000 free articles at www.personalconsult.com. It also offers nine free books.

He offers non-patient phone consultations. Anyone looking for a fresh look at their treatment. He is currently preparing two additional books on Babesia, and we much anticipate, The 17 Reasons Tick and Flea-Borne Illness Treatment Tactics, which has been delayed due to the need to add significant and extensive new advanced information.

The National Autism Association announces the appointment of Warren M. Levin, MD, FAAFP (reti), FACN, FAEM as Chairman for Bio-Medical Education of its new Northern Virginia-Fairfax Chapter.

Dr. Levin is a graduate of Jefferson Medical School in Philadelphia, PA and opened the first Alternative Medical Center in NYC in 1974. Dr. Levin’s Compensation Alternative Medical practice in Vienna, Virginia is committed to furthering the advancement of preventative studies, therapy, and research of individuals with autism and other related disorders. Specifically, Dr. Levin has dedicated his 30-year career to developing treatment protocols for diseases like attention disorders, learning disabilities, asthma, Lyme disease, heavy metal toxicities, chemical sensitivity,

- Food allergies, anti-
- Nutritional deficiencies, Candida and parasites - all of which can contribute to the common problem.

Dr. Levin, through his work with the chapter, aspires to further public understanding of the complexities of the many facets of The Autistic Spectrum Disorders in order to adopt more effective strategies for prevention, identification, and treatment. The Chapter anticipates the community will experience better outcomes and recovery through cooperative engagements with Dr. Levin and parents, educators and researchers.

The Chapter will host its official opening ceremony September 6, 2008 from 2-4 pm at 1934 Old Gallows Road, Suite 350, Vienna, VA. 22182. For more information or to make contact with the Chapter, please contact the National Autism Association at www.na-autism.org or at 703.652.7682.

Levin Accepts Chair with National Autism Association

John felt he never had any tick-borne infections. He had camped or visited states like the Carolinas, New Jersey, Wisconsin, Texas and New York with large tick numbers, but refused to consider the possibility he had a tick-borne infection.

He was functional, but not as functional as 10 years earlier. John was foggier, longer things and bad trouble with loads sounds. He was also slightly more socially reactive, overweight, and could not handle stress as well as in the past. I had sent him articles, checklists, books and emails, to encourage him to get full and complete testing, and not a cheap junk ELISA from a huge national lab. I considered him lost forever.

But I was wrong about John.

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...Joseph Burrascano, M.D.

The Mitochondrial Component
One of the most common complaints among our patients is lack of energy. I became intrigued with NT Factor Energy™ during a medical conference presentation which showed a 49% reduction in fatigue in eight weeks (1). When I tested my patients on this product, they reported a noticeable improvement in energy. The product's success is due to its ability to deliver a stabilized and absorbable phospholipid complex to promote healthy mitochondrial membrane potential.

The Immune Component
Most of our patients' immune systems are very weak. In order to provide the nutritional support for a healthy immune system, I recommend Transfer Factor Multi-Immune™. These folks have put a lot of thought into developing a product which promotes healthy natural killer cell function. The combination of transfer factor and the herbal and nutritional base make this an extremely effective product.

Adrenal Component
I believe that we also need to address adrenal fatigue. Energy Multi-Plex™ includes fourteen researched nutrients to support adrenal health, including D-Ribose, Panax Ginseng, Acetyl-L-Carnitine, Alpha Lipoic Acid, Pyruvic Acid, 7 Keto DHEA, CoQ10, Methylcobalamin and L-Taurine. Patients like the convenience of this comprehensive formula versus taking three or four different products. Plus it saves them money.

The Gut Component
Prescript-Assist Pro™ is clearly a step above what has been generally available, and I highly recommend it. If you do not have enough good gut flora, then you may not only develop GI upset and bad flora overgrowth, but you may also develop food allergies and other ugly stuff. There is nothing more important than a good probiotic. This product was developed to assist you if you are taking antibiotics – Prescript-Assist Pro™.
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