The 18 Reasons Lyme Treatments Fail: Tick-Borne Infection Medicine for the New Millennium

By Dr. James Schaller, M.D.

My average patient has been to 16-50 physicians before me. Many sincere, hard working health care experts are falling for the far behind new Lyme information. I have become very concerned with the quality of “average” Lyme literate care, and I am particularly frustrated by three things: 1) Ten years of Lyme treatment is not acceptable. It is a paradigm that should be replaced. 2) Lyme shows massive defects in knowledge and practice. “Cure” treatments often merely lower body loads or may make someone feel better without killing many infectious agents. 3) Many patients are frustrated with cure and need help. I have spoken to many patients who are frustrated and feel that treatment has failed. The current practice will never allow these heroes to study and react as much as they prefer, when they have to explain to unlearned prosecution lawyers and surgeons on the medical board, why a Babesia or Bartonella co-infections can cause death. I have been asked by a number of physicians to share various new findings. Most ask because they are all ill themselves. I have asked them to stop treating themselves, and to do an hour consultation with very extensive labs. Almost all have refused. What they could have learned by fixing themselves would have translated into help for their patients; instead they chose to remain ill, and in turn have left their patients without any chance at full cure. The age of the ten-year patient is over. It should never be tolerated again.

Traditional and alternative medicine Lyme specialists need to catch up with emerging new medicine now!

Reason One

The current treatment dosing for Babesia is flawed. If Babesia is present, Lyme cure from Hepcon.com, at one dose three times a day, treatment has not been previously tested for Babesia. We have found obvious Babesia after extended antiseptic use – at malaria killing doses.

The flaw in all Babesia treatment is the assumption that one can simply plug in effective malaria dosing as Babesia dosing. This is a serious error. Malaria kills humans fast and has many obvious and extreme blood patterns. Babesia is much harder to see, and can cause 200 medical problems, it does not die easily – it is much harder to fully remove than malaria.

Reason Two

The current testing for Babesia is markedly flawed. Some DNA or PCR tests sent to a respected East Coast lab are covered by insurance but

A collection of micro rings. These are easily missed in manual blood evaluations. Courtesy of J. Shah, PhD located at 800 832 3200. This glowing probe makes Babesia microti 100x easier to see. Currently, new FISH testing is being developed by PimaN for too many large sets of various Babesia species and also for common Bartonella human species. Other labs are involved in exciting new Lyme, Babesia and Bartonella cases, some PCR tests (given for Lyme) Spring 2009, is impossible. 750 mg/mg twice a day of Meprobam is not a first–the stakes are too high. Artarosine (Zhang Artemisiae) requires 10 negatives to be considered negative. Some labs are only “good” at tissue PCR testing. If you need to do 10

No Lyme literate pope exists in the world. The information known in 2006 is already partly out of date. By definition, a Lyme literate physician must be very aggressive to stay current. Yet heavy scrutiny from medical boards inhibits their ability to do so.

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1) I have been asked by a number of physicians to share various new findings. Most ask because they are all ill themselves. I have asked them to stop treating themselves, and to do an hour consultation with very extensive labs. Almost all have refused. What they could have learned by fixing themselves would have translated into help for their patients; instead they chose to remain ill, and in turn have left their patients without any chance at full cure.

2) Some patients have very few Babesia protozoa parasites, but they cause serious trouble in the body. Their small numbers are missed in a visual FISH exam or a PCR test.

3) A new medical trick can help catch some infections such as Babesia missed by even great labs. The patient is given at least two Babesia killing medications such as Mepron, arteannuin at a high useful dose, or Malarose (given for the prophylaxis). These medications are used for ten days at a dose you and your physician feel is worth the risk, and hopefully will kill a few Babesia parasites. Approximately four weeks later, the patient is tested for antibodies to microti or danio.
The age of the ten-year patient is over.

It should never be tolerated

Traditional and alternative medicine

Lyme specialists need to catch up with emerging new 2010 medicine now!

We have also known since the 1880's that dust and high humidity leads to mold and fungus growth. Their presence makes Lyme disease much more difficult to cure.

Reason Eight

Lyme appears to make many bacterial toxins (one patented OFF TOX!) and the full gene code is fully known. In past years, many Lyme patients with serious low MSH have had it return. But it will never become normal if you use a fair remediation method that has no building removers or if Babesia or Bartonella are missed. Bartonella also has toxins, but these seem to suppress instead of causing inflammation. I have no idea of their effect on MSH or other anti-inflammatory chemicals.

Reason Ten

Starting doses of all medications should be very low and then raised to levels with veterin- ary protection. Starting at full dosing in a "medically sensitive" patient is chemical battery and can be toxic and even suicidal. Batteries can be tolerated.

Patient testing is often required to be sure a person is cured. If it is not cured then you are at the end of your range of specialized treatments, you may need to try self-help.

Reason Twelve

If you have a healthcare worker who does not feel com- fortable being aggressive with treatment and diagnosis of all the top tick and fea infections, you are at the wrong place. If you feel someone is "experi- menting" or you or they are willing, reluctantly, to test you at superior labs or with superior tests, you may need to just get served fire!

Reason Four

All routine published Bartonella treatments appear to fail. This knowledge prevents wasting many of the less proven treatments that do work. Some are listed in my Bartonella text- book (3rd ed. 2009). In a private room discussion, it is clear that some have not been able to use this information for any effective treat- ment and effective treatment options. However, I will save this for you another article or book.

The bottom line that is not fully appreciated yet is the cure of Lyme is impossible in the presence of a profoundly super immune suppressing bacte- ria – Bartonella.

Reason Five

Since Lyme spirochetes can become cystic, they can also move from the gut to other possible sites of cyst formation. These are missed approximately 100% of the time by routine large labs. One can also use the 40 possible Bartonella body or blood! Bartonella makes VEGF, a light reddish color from VEGF. This is not an allergy. Nine months later she was fine on this same dose. Cyst-busting treatments are almost for every period of treatment and not some "last stage.

Reason Six

Infections and inflam- mation decrease immune system. This is largely due to an impaired frontal lobe behind your fore- head involving a reduction in white matter awareness. Examples of decreased immune system are shown in the following situations:

1) Some simply feel they are cured, and this is not improved. Many avoid my test- ing to see if they are cured, and for some the testing is offered for free.

2) Others go to practitioners using trace screen labs that are negative even when Lyme or other Bartonella infections are coming out of their noses.

3) Some see physicians who promise you a Western Blot test will work no matter what the test is from a lab that has not spent the money for advanced tick disease testing.

4) Many physicians and patients realize that if you have a +/-, an indetermi- nate or a positive band at only one of these "bands" – 18, 23, 25, 31, 34, 39 or 93 – then you may have Lyme disease.

Reason Seven

Some patients get ill after a flood, large leak or some other water intrusion problem. They feel they are ill because of mold mycotoxins, but perhaps a patient may have another (OFF TOX!) and the full gene code is fully known. In past years, many Lyme patients with serious low MSH have had it return. But it will never become normal if you use a fair remediation method that has no building removers or if Babesia or Bartonella are missed. Bartonella also has toxins, but these seem to suppress instead of causing inflammation. I have no idea of their effect on MSH or other anti-inflammatory chemicals

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Reason Nine

Bartonella and the striations in the body or blood! Bartonella makes VEGF, a light reddish color from VEGF. Here is a "stretch mark" which is an infectious mark from Bartonella floating in the blood. Many mold species.

Reason Seven

Patients with very severe Bartonella infections, including those with only some specific unique findings, a few still doubt what is in our large two-part full color textbook. Since Lyme is never cured with only one or two treatments, this makes or breaks a cure. Bartonella also ruins personalities.

Reason One

“Band-Aids” are often required to save a job, a mar- riage and to care for children. They are often a normal part of care. Pain, fatigue, depression and anxiety often are increased with the die-off of any of the infections carried in deer ticks, and this will not be ignored. “Band-Aid” treatments are often helpful and useful. I treat people who run companies, school families and professional teams. They want to sleep 10 hours per day. The use of natural or synthetic stim- ulant options is discussed in my book The Diagnosis and Treatment of Babesia. Patients do not benefit from sleep in excess of 8 hours. If you want to just get served fire!

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If you have a healthcare worker who does not feel com- fortably aggressive with treatment and diagnosis of all the top tick and fea infections, you are at the wrong place. If you feel someone is "experi- menting" or you or they are willing, reluctantly, to test you at superior labs or with superior tests, you may need to just get served fire!

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Reason Twelve

If you have been treated for many years. You have done IV, you have taken 40 pills per day, you have tried a wide range of different treatments, and now you are fed up with it all. You can generally function better than you were on your baseline. You are at the end of your range of specialized treatments, you may need to try self-help.
Death by Friendly Fire

When the Wounding Comes From the Most Unlikely of Places

Editorial

The PHA is committed to researching and investigating Lyme Disease and other chronic illnesses in the United States. We have joined forces with national and international support group leaders. These groups include the Chronic Fatigue, Fibromyalgia, Ehlers Danlos Syndrome, Lymes Group’s (AL), Lyme Disease Network, and others. PHA seeks to bring information and awareness to these illnesses to the public’s attention. We ask that people forward this publication highlighting these diseases has proper support emotionally, physically, spiritually and medically.

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Letters to the Editor

You may send letters to the editor at publichealthalert@publichealthalert.org or by postal mail to:
PHA
121 Sansome Drive
Arlington, TX 76018

All letters to the editor must be signed, and include name, address, and phone number. Letters will be published at the discretion of the editor.

Letter to the Editor:

Dear Editor:

I have just recently started going to your website and have been very impressed with what you are doing. The one article that sticks so clearly in my mind is: ‘Texas Medical Board under fire’. These are the people who we look to, depend on and trust. I now know that these are the people who we can trust.

I thought this was America! How dare this board make uninformed decisions for people who live with so much pain that they want to die! I now ask myself, is this America any more or are we living in a country that decides who deserves to have a productive normal life, and who does not? I am appalled that Governor Perry has stepped back and allowed the Texas Medical Board to “temporarily” suspend a man’s medical license for helping so many people that you care about.

I am appalled that Governor Perry has stepped back and allowed the Texas Medical Board to “temporarily” suspend a man’s medical license for helping so many people that you care about.

What we can’t understand, and what we can’t accept, is when our fellow Americans are made to endure death and casualties by friendly fire, in the absence of war, in our civil society at large. We are blind, foolish and deceived if we think that the military is the only source of death and casualties by friendly fire. There are, in reality, civilian counterparts that can also become the perpetrators of death and casualties by friendly fire upon their fellow citizens.

These entries that have, on the one hand, pretended to be on the side of their fellow citizens and, to make their treasured values even more desirable, may have even sworn an oath of allegiance to this nation whose leaders are blind, fooled and deceived if they are not being a part of or belonging to the military that has proven to be an effective and destructive instrument in the administration of death and casualties (as if by friendly fire) upon our fellow citizens. This newspaper is a truth-telling newspaper. The newspaper that has proven to be a voice of the people. The newspaper that has proven to be the voice of the people. The newspaper that has proven to be the voice of the people.

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Cheers to Mr. Noblett for showing us the truth behind our Medical Board.

Thank you, Public Health Alert, finally the truth is being told, and you, Mr. Noblett, can shed the truth and deserve to be heard!

Lisa, in Texas

Letter to the Editor:

A Response about the Texas Medical Board Problem

PHB author David Noblett on page 10...

News Concerning PHA author David Noblett

by David Noblett

“Everyone Listen Up! Shut up and listen to me! Freeze right where you stand! The phosphorus is all around us! Stay exactly where you are and don’t you dare move even one inch except for Doc who’s working on Sparky, Lobsterman. He is just a few feet away from Doc. Switching every step before you move, get over to Doc and lend him a hand! Get your machete and cut out a piece of bamboo for me! I will tell you when to drop down and waffle his wormy! Doc, don’t even think about touching the phosphorus or trying to put it out! You can’t, so don’t waste your time! Get your machete and cut out of his leg even if you have to take it out yourself with it. It’s either that or letting it burn straight through his leg. Quick! Give me the radio, Mike! Red leg! Red leg! Red leg! Cease Fire! Cease Fire! Cease Fire! This is my pilot one alpha. We are ground locked nearby and sprayed the camp when, by error, a willie peter (white phosphorus) round landed nearby and sprayed the area all around us with hundreds of sizzling white-hot clumps of a burning hell. It is almost impossible to extinguish the flaming phosphorus, as it will continue to burn even under water. That’s why it will burn a hole straight through human flesh unless you cut it out from where it has landed.

Death by friendly fire most recently came to our attention when it was made known that the ex-NFL professional football player, Pat Tillman, who had died his lucrative football career to join the military and become one of the elite Army Rangers, was killed in Afghanistan after being mistaken for the enemy. As tragic as it was, death and casualties by friendly fire is inevitable in war. The obvious and depressing feeling of’

“Friendly Fire”...one pg 13

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Lisa, in Texas
Respect where he is with his faith...

doesn’t mean that you know how he is feeling physically or emotionally.

Don’t assume that she copes with things the same way you do. She may gain strength by alone time while being alone depresses you. Let her cope in her own way and don’t tell her she is coping in the “wrong” way.

Let him know you are thinking about him. A card or a phone call can make the difference.

What Not to Say

Avoid giving “God balm.” If you say “God will heal you” or “all things work together...” she will believe you don’t really understand and avoid sharing her feelings with you in the future.

Don’t feel compelled to share every “cure” you’ve heard of for his illness. He’ll constantly bombard with cures and he needs you to be his refuge from that.

Be aware of the fact that illness is not just a matter of attitude. Don’t say, “When are you going to get rid of that cancer?” or “Did you know illness is caused by stress?”

Respect her limitations and be sensitive to them. Don’t say, “A little walk might do you some good” or “No pain, no gain!” Only she knows her limitations; they will likely change from day to day depending on many factors. What she could do yesterday may not be possible today. Don’t question that.

How to Help

Offer specific ways that you can assist your friend. Say “I am going to the drug store. Can I pick something up for you?” Look around her home and see where your friend might need some help. Does the shower need scrubbed? The leaves raked? The carpet shor- red? Offer to take care of these things.

Volunteer to pick up some groceries rather than do the cooking. Many times people with illnesses have restrictive diets, so they may prefer some fresh fruits and vegetables rather than a casserole. Ask what meals he is eating and then freeze some of these for him to have on hand.

Accompany her to places where she may need some assistance. Get your hair cut at the same time, or have the oil changed in her car while you are eating lunch. Bring an uplifting personal little gift when you come to visit her. A fresh cut roses, a new book, a funny movie, some cookies for the children, a blanket, potpourri to make the house smell good.

Remember that one’s spouse and children have needs too and these often concern the friend. Take the children out for awhile so she can get some rest. Plan something special for the children before you drop them off at the house, pick up a small “something” that will make their parent smile, like some fresh flowers. Ask your friend what her concerns are and how you can address them. One woman who was ill said that she would like for a friend to make sure her children made it to Sunday School and church when she couldn’t go.

Ask the person’s spouse how you can help the family. One spouse was appreciative of the local church gifts to the local fast food restaurants so that the child could occasionally have a quick meal and his wife didn’t have to worry about making dinner.
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Guess What Came to Dinner? Parasites and Your Health

A Book Review by Marjorie Tien

By Barbara Lee Fisher

As the latest study attempting to disprove a link between vaccination and autism demonstrates: if you really don't want to know the answer, just don't ask the question. When medical researchers take a reductionist approach to investigating vaccination and autism, the public can always count on spin doctors to position the conclusions of a narrowly-focused study in a way that appears to totally exonerate vaccines from autoimmune viruses as the cause of autism.

What is the most recent paper purporting to clear MMR vaccine from any relationship with the development of regressive autism in previously healthy children? It was published by researchers at the CDC and Columbia University in the online journal of Public Library of Science. The authors report on a federally-funded initiative to address the hypothesis published in 1998 by Dr. Andrew Wakefield, M.D. and others that children who receive MMR vaccine develop an inflammatory bowel disease and regressive autism due to persistent measles virus RNA in the brain.

The study included five children who were healthy and excelling before regressing into autism post MMR vaccination, it is being touted as concrete proof that the MMR vaccine is not in any way involved in the development of regressive autism in previously healthy children. Nothing could be further from the truth.
**Sex and Lyme Disease**

by Robert C. Bransfield, M.D.

How does chronic Lyme disease affect sexual functioning, and how can it be treated? Lyme can affect sexual functioning by its effect upon the central nervous system, the endocrine system, the autonomous nervous system, and/or the body.

It is well recognized that Borrelia burgdorferi (Bb) causes depression, obsessive-compulsive, panic disorder, and phobias that are functions of the emotional averse pathways of the brain. However, we can also see dysfunctions of the reward pathways as well, which affect capacity for pleasure, feeding, bonding, and sex. Since Lyme disease alters the averse pathways which affect what we are repelled from, it is understandable that Lyme can also alter sexual attraction and behavioral patterns as well. With this in mind, I shall begin with some patient accounts and observations.

**Sexual arousal:**

Most patients report a decline in both libido and overall sexual functioning. Some state that their interest in sex and sexual functioning remain normal while a few report increased libido. One such patient described a greatly increased libido, but was frustrated because the multitudes of chronic Lyme disease symptoms made it painful to be touched and/or hugged. Others describe increased libido as associated with hypnagogic hallucinations. A patient with this symptom was described in the medical literature two years ago. She displayed sexual obsessions, sexual hallucinations, and a tendency to compulsively masturbate in a dream-like state eighteen hours per day of left undisturbed.*

Some patients develop an obsessive-compulsive disorder with sexual obsessions, compulsions, intrusive images, and vivid dreams following the onset of chronic Lyme disease. Of particular interest, a few patients report a change in the content of sexual imagery. A change to more violent sexual themes is sometimes noted. This, in turn, sometimes alters sexual behavior.

Could Borrelia burgdorferi or other infectious diseases sometimes alter sexual orientation or contribute to gender dysphoria, or altered patterns of sexual arousal? There is evidence that sexual functioning is altered by a number of other parasites, including Wolbachia, Spiroplasma, Rickettsia and Microsporidia. When Bb infections begin in childhood, are there some cases where it may have an effect upon sexual development? Is infectious disease one of the many factors that may affect sexual development? When changes in sexual imagery occur in adults, most are upset by the changes, which result in a decline of sexual interest. However, there are times when some individuals act out these fantasies.


**Fertility:**

Patients complain of infertility with surprising frequency. Is infertility more common in chronic Lyme disease patients? Atrophy of genitalia:

A few patients who have been infected for over ten years report atrophy of the genitalia. Males have reported atrophy of the penis and testicles, a change that is reversed by IV antibiotics. females report lack of vaginal lubrication, painful intercourse, and anorgasmia. One female patient reported atrophy of one breast. Anesthesia of genitalia:

On occasion, some patients complain of a loss or sensation of the genitalia. I have also seen this symptom in a few chronic fatigue patients.

Orgasm-induced migraine headaches:

Although uncommon, this is sometimes seen in chronic Lyme disease patients. Lymphocytoma of the nipple:

This has been reported in Europe, but I have never seen such a case in my practice. Menstrual irregularity:

A common symptom in about 50% of menstruating patients. Breast swelling, tenderness, and lactation:

Some patients complain of this symptom. Premenstrual Syndrome:

There is a significant tendency towards worsening of the chronic Lyme disease symptoms in the premenstrual period. Besides these symptoms associated with Lyme disease, there are many other symptoms which indirectly affect sexual functioning, i.e. - fatigue, chronic pain, depression, para-noia, hyper-vigilance, mood swings, low frustration tolerance, temper outbursts, apathy, etc. These mood symptoms often alienate their partners. It is no surprise that many chronic Lyme disease patients report marital discord.

**Treatment:**

A well-planned treatment approach for chronic Lyme disease can help the overall prognosis, thereby possibly helping any of these symptoms. The treatment of sexual dysfunction is one of the last frontiers in medicine. Three drugs for male erectile dysfunction have been approved for marketing. One was Viagra, developed by Pfizer. Loss of libido and a loss of sexual functioning are treated by a number of methods. Testosterone treatments are sometimes effective for loss of libido in both men and women. Dopamine agonists such as Wellbutrin and Parlodol are also used as treatment modalities. More interesting than the treatment of sexual dysfunction is the question - can some individuals with abnormal patterns of sexual arousal be treated with antibiotics?

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The Borrelia burgdorferi spirochete is the causative agent of Lyme disease.

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Public Health Alert www.publichealthalert.org Page 7
he decided to explore his psyche with me. In the first interview, it became clear that he had a number of physical symptoms for which his doctors had found no explanation. He had been reassured that his sweats, headaches, aches, pains, irritability, insomnia and what he described as mild memory loss were all part of the stress he was experiencing. Because he was a happy man with a wit whom he adored, two sons who were the apple of his eye and a business that was beginning to really take off, he believed that the only stress that could be causing all this must be internal. What did I think?

What I thought of immediately was what I had been dealing with in our area named Bucks County, Pennsylvania for several years: cryptic, unrecognized, persistent Lyme disease and/or other tick-borne diseases that locally were showing up first as psychological problems. Unlike Lyme, CT, where the infamous causative spirochete caused swollen, inflamed knees, in Pennsylvania the disease very often was first manifested by personality changes. The usual test, the Elisa, was negative but more sophisticated, advanced testing by a research-quality laboratory, revealed strong evidence of Lyme disease and several other tick-borne diseases.

Steve was shocked. His wife was relieved that there was hope for the recovery of his former self. He was soon under treatment for his infections, but we began to realize that the memory loss was more than a small part of his problem. His withdrawal and sense of lack of ambition had been, in part, a reaction to the fact that Steve could not understand what he was doing from one minute to the next. The resultant effort to keep track of things was exhausting and he constantly felt overwhelmed. As he began to understand the reality of his situation, Steve slowly calmed down. He worked for about to go down the tube. He tried hard to resurrect the notion that this was just a psychological problem that analyzing would cure. His experience with Lyme patients allowed me to reassure him that this would improve over time as his antibiotic treatment continued. Then I warned him: "At first you will have to protect yourself from the bruising that your brain's memory center has been taking. I call this protection the "Post-it Maneuver" because, to survive successfully in this campaign, you will have to plaster your surroundings with notes and reminders. The memory loss can be temporary but the damage from things forgotten can be permanently troublesome." He complied.

Next session, Steve came in laughing. "Well, I took your advice. The job I had yesterday called for a big custom-made sign that Steve was working on. I knew I kept losing things, I decided to tape the brand-new sign I had made to the job onto the wall over the site where I was working. That way I couldn't forget it. I finished the sign base, caught my breath and began to look around for the sign. It was nowhere to be found. A sense of panic swept over me. Oh, my God, I'd gone off and left it at home. I called my wife, alerted my craftspeople to the crisis, and sped home cursing my stupidity. No one had a clue to the sign's whereabouts. I searched my other trucks - no sign! In deep despair and confusion, I trudged back to the worksite prepared to tell my client that I could not make his deadline, when what to my wondering eyes should appear? The sign! Big as life and right where I had been working. Then I remembered where I had made a giant 'Post-it' of it. "Despite his laughter, Steve felt deteriorate. "How will I know if what you say is true - that my memory will come back?"

"Steve, just wait for a moment of surprise. One day, you will be minding your own business when suddenly you will recall something totally irrelevant and generally unimportant. It will occur as an intrusive thought. An example would be a sudden awareness that you left the toothpaste tube cap off last night. At first, you will think, so what? But then you will do a double-take and say, "Ewww! THAT!!" Steve left looking incredulous.

The artist had a terrific sense of humor so I was not surprised that when he came in several sessions later, he was chuckling as he said, "It happened; it happened just the way you said." I asked in merriment, "You never believed this. I was at work when an irrelevant memory intruded, just like you told me it would. I suddenly recalled that I had been the one to invite my friend to dinner!" He looked at me knowingly. "And?" "Don't you see, it made all the difference. So I called my friend and explained it to him." "I still don't understand. It. It happened months before I knew I had Lyme; my wife and I went out to dinner with our closest friends. At the end of the meal, he didn't reach for the check or even offer to split the bill with me. I felt devalued and angry that he'd treat such old friends that way. I've been angry with him ever since" "I do never said anything to him. As soon as I remem- bered I had been the one who had asked him to be MY guest. I rushed to the phone and called him and said, "It was MY bill!" He was pretty surprised because he had no memory of the event at all. When I explained it, he thought it was all pretty cool. And so far as I am con- cerned, every time I drive by my big billboard, it makes me remember what it is like to forget... I guess you could call it a sign — of memory loss!"
The World’s Top Stealth Bug
Ends Marriages, Friendships and Jobs
Bartonella Promotes Addiction, Aggression and Character Disorders

Dr. James Schaller, M.D.

I hate medical drama. If I want drama I will watch a movie, a sporting event or a TV show. Bartonella has almost 2,000 articles on PubMed, but almost no one realizes it is a major source of depression and suicide, panic attacks and social anxiety, heart attacks, personality change, pushy behavior, divorce, profound narcissism, economic obstacles, irri-

sions, irritability, hostility, property destruction, cursing, fatigue, chemical sensitivity, memory trouble, addiction to caffeine, developing drug or alcohol addic-

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Public Health Alert

Page 9

MEDICAL PERSPECTIVES

Lyme Antigen Test by Flow Cytometry

Have your doctor order sample collection kits today!
A Valiant Warrior Until the End

It is with great sadness and grief that I bring the news to you that our co-worker and friend at the PHA, David Noblett, has passed away. David was in the middle of working on “the story of his life” as he had finally gotten the attention of a mainstream media outlet in Fort Worth, Texas to take on story of corruption in the Texas medical board. This had been one of David’s great dreams and passions – to see the story picked up by mainstream media, and it was happening!

The interviews had taken place, the story was written and all that was left to do was for the reporter to come back and take the photos for the article. The appointment day had arrived. The reporter called David to verify their meeting time that was to be 45 minutes from the phone call and all was good-to-go. The reporter arrived at David’s home and there was no answer to the knocks at the door. The door was open, so the reporter went ahead into the home – he knew David was expecting him as he had just spoken on the phone.

The reporter found David at his computer, dead. It is suspected that he had a heart attack. 911 was called but it was too late. David had been taken to a local medical examiner’s office where a full autopsy will be performed. That is standard procedure when someone dies alone with no known cause.

It was too late. David was taken to the PHA, David a funeral, but the law requires, since he is not a “relative,” that they wait 30 days to release David’s body. David’s friends will be taking on the release David’s body.

In the process of our grief, it has been doubly compounded as we have realized that David had absolutely NO friends. There has been no one who can legally “claim” his body at the morgue for burial. Dr. Littlejohn is petitioning the state for permission to give David a funeral, but the law requires, since he is not a “relative” that they wait 30 days to release David’s body.

This means that David’s friends will be taking on the financial gift of giving him an honorable funeral. Dr. Littlejohn cannot afford the funeral alone as he is in much the same situation as Dr. Charles Ray Jones – fighting for his license before the state medical board.

David’s Veterans benefits do not cover but a small fraction of the burial expense, not even enough to purchase a burial plot. Thought they will provide an American flag to drape his casket and a concrete grave marker for his years of service to our country.

So in an effort to give this true American hero, a decorated veteran, an honorable funeral and memorial service, the Public Health Alert is setting up an account to collect donations from the public that would be applied towards David’s funeral costs.

100% of the money donated to the memorial fund will go to David’s funeral and memorial fund. There will be NO administrative fees at all. Send donations to the information below.

David Noblett, PHA staff writer, Texas Medical Board watchdog reporter and President of the Dr. Littlejohn Patient Class Action Group passed away Friday Sept. 26, 2008

The David Noblett Memorial Fund
C/O Public Health Alert
821 Sansome Drive
Arlington, Texas 76018

Make checks out to Public Health Alert (or PHA) with DAVID NOBLETT MEMORIAL in the MEMO line. Donate via PayPal donations@publichealthalert.org

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Arlington, Texas 76018

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- Nutritional Analysis and Balancing – vitamins, minerals, enzymes energetically balanced for nutritional stress reduction
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- Energetic Chrompath & Acupuncture – Reduce stress and balance multiple systems for improved energy
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- Relaxation for improved sleep
- Reduce stress related to high blood pressure and cholesterol

IN MEMORY OF DAVID NOBLETT

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Welcome to Wisconsin
Lyme Woe Wars

It's too late now for help, you see, What's done is done, just let it be. "Sshh!" I say, "Don't spread the word!" Wisconny folks like life absurd. They can't tell day from night, And choose to live a plight, a blight. Lyme disease will kill, you know "Specially when docs help it grow."

If you ask, they'll tell you, "No! You'll see a rascal; It will show!" (or) "We treated you for long enough! We say 'Post-Lyme! You call it rough!'"

Beware! Your test must be read their way (No matter what you think to say.) Docs refuse: "What you call Lyme Just can't be! It's hard to find!"

"We're the doctors! We know best! Now go home and get some rest. You don't have Lyme! That isn't true! Get out!" They yell, "And get a clue!"

"There is a doc, a small town guy, Who says he just can't live like he is. He'll not treat Lyme like others said. His books are always in the red."

He takes those who cannot pay And always listens when they say "I think it's Lyme. Can you help?" "Yes," he says, and then they yelp--

"No one cared! They wouldn't see-- This thing's that's got a hold of me!" "I know," he'll say, "But he's here now, And I won't leave you or allow You to sink or be called nuts, My door is open, never shuts." To you dear Doc, I must confess, I feel a wing-ed angel bless My time with you for you believe Will take my health and find reprieve.

Doc, you try and try and never stop Fighting the beast we've got to whap. We will bat this Lyme together Cut it off its nasty tether.

"It takes time," you say, I know. I trust you, you're no average Joe. You don't know there's none like you, The rest keep patients sick and blue. I'm going to try to tell your story, Give you time to have some glory Before the day of kangaroo court, Befalls you like it did Shortt.

You've risked all to make us well, Now it's time for us to tell. We're the ones who know, you'll see! We'll shout the truth! We'll shout our plea:

"Stand up all you politicians! Time to see which way wind blows. Save our Doc and make it quick 'Cuz we won't stand for one more trick!"

"We're sick with Lyme and we're tired! Stop the lies in which you're mired! We're sick with Lyme and we're tired! 'Cuz we won't stand for one more trick!"

"Board! Admit you judge not knowing All the lives you end up owing!"

"You do just what you want, we know, That's how you make the cases flow. Advisor knows just what to crow, To deal a doc the final blow." A doctor willing and sincere Who treats patients others fear Has to hear your charges clear. Inside the Board "hearing" here. You left them out? What do you do? You think up others that might be true? So you judge on "record-keeping" Of the patients Doc keeps seeing?

Speak, all you unbiased docs! Let's hear again your "records" crooks. Speak now and don't delay, How will you crush what Doc will say? "His patient records are a sin! And for that we'll do him in! We judge him being poor of pen That's really where this case begins."

How dare you say for this we pay A witch hunt always starts Lyme's fray. We've seen it with Docs J and J. It's old hat like yesterday.

You think we don't see patters? You're worn by others just like Muppets, Played by hand to beat the band The goal to get Lyme doctors canned. In Canada and Missouri, Rise up friends to show Lyme fury! Please tell those who speak for you Lyme Wars end or they're through! We'll be there in Capitol foyers Telling you these Boards are toyers Who stand and sit as smug annoyers--

"What say you, Doc? What say your lawyers? In Lyme War, Doc is but a token. The mighty Board has since spoken. Doc is hurt, I think he's chokin' Back the tears. His heart is broken:

"I'm sad for you, you won't believe What a troubled web you weave You'll not let go, Big Dog with Bone, And see your way to leave me 'lone."

"I don't write lists of symptoms, I'm the doc who sits and listens. I hear what patients say to me, I keep it in my head you see."

"Up there I wade through what they say And sort it out to find the way To take away the frightening pain Other docs would not explain.

"Docs follow like ducks to water, Dropping Lyme patients to the slaughter: I've got a gift from my father, To take away the frightening pain"

"Up there I wade through what they say And sort it out to find the way To take away the frightening pain Other docs would not explain."

"You judge me and other doctors With your accusatory discourse Won't you stop for good of all? End this war and stand up tall!"

"It's care I give that patients sought You don't see how they're caught In the wrong things you were taught. But my words here stand for naught."

"I can't stand the wear and tear. The pressure, it's too much to bear. Take my license! I don't care! On your heads how patients fare!"

"We tried and tried And screamed so loud-- "Refuse to be part of the crowd! Don't take our Doc who's done us proud!"

Wisconny docs upon the Board To disagree they'd not afford Their position high and mighty In the medical society. Robbing health and stuffing pockets Protected from law court dockets. They know how to decide the case To cause a caregiver's fall from grace.

Good ol' Doc fought long and hard To heal those that others barred. Frazzled mothers, anguished fathers, He helped heal our sons and daughters. He'd stand by them to make them well To stop Lyme-life in hell. But Doc is gone, such a loss; His healing ways the State did toss To the phonies and their cronies Whose charges were just big balonies."

"LYME KILLS! END THE BATTLE OVER A SERIOUS DISEASE FOR PATIENTS AND DOCTORS!"

Johanna Lake
Tick City, Wisconsin
“Treatment Failure” ...cont’d from pg 2

Reason Fourteen
The treatment approach that leads to cure is not the same dose that leads to stunning outcomes. Cure does not merely equal fewer treatment options. It can ultimately lead to divorce and the loss of family relationships and friends. It can also increase insurance rates. Isolation leads to decreased treatment options. It can ultimately lead to divorce and the loss of family relationships and friends. This can, in turn, lead to decreased resources and support for the poorest beings on earth. Babesia and their die-offs can provoke violence. Bartonella is likely the worst cause of these problems, but Lyme and Babesia and their die-offs can also increase these problems. Isolation leads to decreased treatment options. It can ultimately lead to divorce and the loss of family relationships and friends. This can, in turn, lead to decreased resources and support for the poorest beings on earth.

Reason Fifteen
Cynical Know-it-alls can concur the work of Lyme experts by attacking biofilms. Yet enzymes are some of the twenty plus ways I would address the many options for biofilm treatments we are already exploring include these samples. First, if you look at what kills sprochetes making plaque in your mouth, you will notice that the key ingredients include four essential oils present in products like Listerine.

Further, we have been working with biological chemists who are extracting a wide range of natural chemicals from various botanicals. Some grow bacteria and others kill bacteria but hurt human membranes. Others kill bacteria and are profoundly safe.

Reason Seventeen
Self-treatment is easy to pursue. Many experts are expensive, and you are uncertain of their level of knowledge after reading on the Internet. Some are too narrow. Others are open to virtually everything they seek out cures. For example, using Bicillin once a week with no prescription options. Some try a, b and c. You read testimonials of hundreds of patients. You try a wide range of non-prescription options. Some times like keys, and this so-called miracle enzyme may not be the “key” to Lyme’s biofilm.

Two of the twenty biofilm treatments we are already exploring include these samples. First, if you look at what kills sprochetes making plaque in your mouth, you will notice that the key ingredients include four essential oils present in products like Listerine.

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days, weeks or months you feel better. Other weeks, you are not so good. You are upset. You ask yourself, why do I have to do all the work and learning? This is not a good place. People exist who have already explored virtually all of the fifty things you are going to explore in the next ten years. You need a mentor.

Reason Eighteen
Tick and flea-borne infections cause isolation. They ruin relationships due to foggy, poor insight, various addictions, rage, extreme hostility, and refusing to get treatment, and they can sometimes provoke violence. Bartonella is likely the worst cause of these problems, but Lyme and Babesia and their die-offs can also increase these problems. Isolation leads to decreased treatment options. It can ultimately lead to divorce and the loss of family relationships and friends. This can, in turn, lead to decreased resources and support for the poorest beings on earth.
A Lesson in Logic: When Will They Listen?

by Dawn Irons

I’ve been told for years that Lyme patients in Texas would better be served if we could get veterinarians to treat us! I thought that just was a humorous way of expressing the frustration of the medical controversy surrounding Lyme disease, but I was wrong.

The verdict is in! The statement is no joke—at least—and very severely true.

Just this morning I received this national tracking man of tick-borne diseases in canine—specifically Lyme disease—or DOOP. This map shows that the prevalence of Lyme disease in dogs in the exact same prevalence as it is on the east coast. How can that be? Don’t those ticks know that according to the infectious disease doctors in Texas, that we don’t have Lyme in Texas? What a conundrum!

But yet, it is plain as day—the surveillance map showing no difference in the rates of Lyme disease among dogs in the most endemic regions of the country as there are in Texas. NO DIFFERENCE.

Now does it stand to reason that dogs live where people live? In a disease that is known to be carried by both animals and people, and we have continuous surveillance with the petitionary, such as this showing overwhelming proof, that Lyme in Texas is real, that we cannot get our general medical profession on board— is it possible due to the state department of health and all of our major universities and the situation in borrelia burgdorferi in Texas?

There is a huge problem when our dogs get sick. We can’t get health care for Lyme disease in Texas than our children can.

I’m just saying, it is a huge problem when our dogs get sick. What a conundrum!

Maybe it is time to start a new poster-child campaign in response to this new and staggering information regarding canine Lyme disease surveillance.

Let me know what you think!
Bartonella... cont’d from pg 9

80s, I was confused why she was doing medicine when her treatments were not significantly helping her. She was much more irritable and anxious. Cocaine and heroin made her feel like she was in a "right." He had a family history of drug abuse and so he figured it was genetic. When he found out he had Bartonella, he was given Suboxone (See my Suboxone textbook) and he was off the heroin in 3 days. He had to use other medications while he was treated very aggressively for Bartonella and other medical conditions. Now, he has Bartonella and other maladies, and he has no anxiety and feels content - "like I did years ago." I feel the Bartonella caused his need to use destructive substances. Agitation, reactivity, panic attacks and serious insomnia can often be from Bartonella.

Bartonella Aggression and "Hot Heads"

Sean told me he would walk around "bad neighborhoods" at night, dying for a fight. If no one bothered him, he would go into a bar and pick a fight. He did not care if he was hurt. He would just sit with a fire inside. He had to blow it release. Sean also lost his job because when he got so agitated and angry, and he hit a coworker. He was attacked by his parents. He had served them with integrity and immense love for many years. Sean was very sad and beat one person to death. He became a profound alcoholic. He went to his family doctor and then to three psychiatrists. He had been driving his life worse and worse. A short treatment with a brain stimulation helped him for 2 weeks, but soon he was depressed and agitated again. Then he had to take antidepressant pills.

Some time after his death, a pathology sample was sent for DNA evaluation. He had Bartonella. Unfortunately for this tortured fine mind, one never ever considered this as the cause for his suffering and the cause of his mood treatment had failed. I strongly hope his suffering will help others that have a similar bio-histories to work, consider and face the consequences.

Mike explained to me that he could not understand why he had such marker anxiety, and he was committed to cure Lyme disease with aiah. Mike had adopted the tactics used by those deter- mined to cure Lyme disease with aiah. Mike had adopted the tactics used by those deter-
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...Joseph Burrascano, M.D.

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