

In This Issue



Scott Forsgren
Neuro-
Immunology:
From Leaky Gut
to Leaky Brain
p. 1



Joan Vetter
Closet
Cleaning
p. 4



Lisa Copen
7 Things
Chronically Ill
People Wish
their Pastors
Knew
p. 4



Bryan Rosner
Lyme Disease:
Simple Bacteria
or Complex
Parasite?
p. 6



Susan T. Williams
Book Review of
*Disguised as the
Devil*
p. 6



Jeff Prince
His Final War:
David Noblett &
Dozens of Other
Patients Just
Wanted Their
Doctor Back
p.7



Barbara Loe Fisher
Forced Flu
Vaccination &
Freedom
p. 13



Marjorie Tietjen
The Experts of
Lyme Disease: A
Radio Journalist
Visits the Front
Lines. p. 14

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NeuroImmunology: From Leaky Gut to Leaky Brain

by *Scott Forsgren*

Many people with chronic Lyme disease understand what it means to have ongoing digestive complaints, brain fog, cognitive deficits, joint pain, and more. However, the connections between the digestive system, the immune system, and the nervous systems of the body are often overlooked.

Aristo Vojdani, PhD, is a research scientist and immunologist in the emerging field of NeuroImmunology. Dr. Vojdani is the head of Immunosciences Lab, Inc. and works closely with researchers at Neuroscience, Inc. to create innovative laboratory solutions for patients and doctors wishing to explore these connections.

NeuroImmunology is the integration of neurology and immunology in clinical practice. Elaborate interactions exist in the body between the immune system and the nervous system, and these interactions have powerful effects on our overall health. The field of NeuroImmunology will be the guide for many years to come as patients and doctors work to solve complex neuroimmune diseases.

Lyme disease is classified as a neuroimmune disorder, as are Lupus, Celiac disease, autism, and many others. Neuroimmune disorders are complex disease processes that are induced by three main environmental factors:

1. Infections
2. Toxic chemicals
3. Dietary proteins and peptides

The contribution of infections and toxicity to poor health has been known for some time. However, the focus on dietary proteins and peptides and how these affect the immune system, the nervous system, and even how they contribute to autoimmune disease and neurodegenerative conditions is not often discussed.

Due to the similarities of dietary proteins and peptides to human tissues, the body may create antibodies to items consumed in our diet which then, as a result of cross-reactivity with our own tissues, attack our bodies and lead to autoimmune and neuroimmune disorders.

A classic example is the connection between milk and diabetes, or between gluten and cerebellar ataxia.

Neuroimmune disorders often start in the gastrointestinal tract which may then affect the immune system and later manifest in the nervous system. The end result of these disorders is a direct and powerful negative impact on brain function which leads to a myriad of symptoms.

Looking at the factors that lead to neuroimmune disorders in more detail, a number of potential contributors are known:

❖ **Stress** can render the blood-brain barrier (BBB) permeable and leave it in an "open" state whereby toxins and infections that should not be allowed entry into the brain are provided easy access through this dysfunctional barrier. Gulf-War Syndrome is a prime example. Stress negatively impacts both the immune system and the nervous system.

❖ **Infections** such as streptococcus, PANDAS (Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections, which in adults is simply known as ANDAS), and others.

❖ **Dysfunctional enzymes** can lead to Leaky Gut Syndrome which has significant implications for the immune system and nervous system.

❖ **Xenobiotics** are chemicals that are found in the environment but are not normally expected to be present in the human body. The most common types of xenobiotics include pollutants such as dioxins and PCBs. One in particular that has recently gained notoriety is Bisphenol A (BPA), a material used in the manufacturing of plastics. BPA has now been detected in the urine of 95% of Americans tested. An interesting point to note for those of us with Lyme disease is that antibiotics themselves are considered xenobiotics and thus may contribute to neuroimmune disorders.

❖ **Dietary proteins and peptides** are found in the foods we consume and when Leaky Gut Syndrome is present, a cascade is initiated which results in neuroimmune disorders.

❖ **Advanced Glycation End products (AGEs)** are the end



Aristo Vojdani, PhD, is a research scientist and immunologist in the emerging field of NeuroImmunology.

products of a reaction between sugars and proteins and result in compounds which have many negative health implications. Though AGEs can be created inside the body, they most often originate from outside the body through the heating of sugars with fats or proteins. A significant contributor to AGE body burden is found in high-fat, high-protein foods that are fried. For those with neuroimmune disorders, fried foods should generally be avoided entirely.

❖ **Neurotransmitter (NT) abnormalities** are implicated in Leaky Gut Syndrome.

It does not take long for one to recognize that there are many factors which lead the body to a state of Leaky Gut Syndrome. Once a leaky gut is present, the downstream effects can be disastrous. It literally does go "From Leaky Gut to Leaky Brain" as we will soon see.

All of the contributors to neuroimmune disorders listed above induce mucosal immune dysregulation which results in the production of pro-inflammatory cytokines such as IL-1 β . These cytokines, or signaling proteins which regulate cellular communication in the body, then bind to receptors very near to what are known as "tight junction complexes". Tight junction

complexes are important in ensuring mucosal integrity which is a key to maintaining a healthy digestive tract. A healthy digestive tract is one which does not allow dietary proteins and peptides into the bloodstream.

Next, a cascade is initiated which activates NF-k β , a protein involved in our ability to respond to stress, cytokines, free radicals, and infections. NF-k β also plays an important role in regulating the immune system's response to infection. This activation further leads to the breakdown of these tight junctions and then creates openings in the digestive tract through which unexpected molecules can easily pass into the blood and systemic circulation. Once this occurs, we have what is commonly known as "Leaky Gut Syndrome". For those with Leaky Gut Syndrome, particles of food cross through the lining of the digestive tract and into systemic circulation. Once in circulation, the body's immune system organizes an attack on these foreign objects through the production of antibodies.

Once these barriers are broken, food intolerances and sensitivities develop. If this leaky gut condition is not addressed, the end result is autoimmunity and, in many cases, "leaky brain".

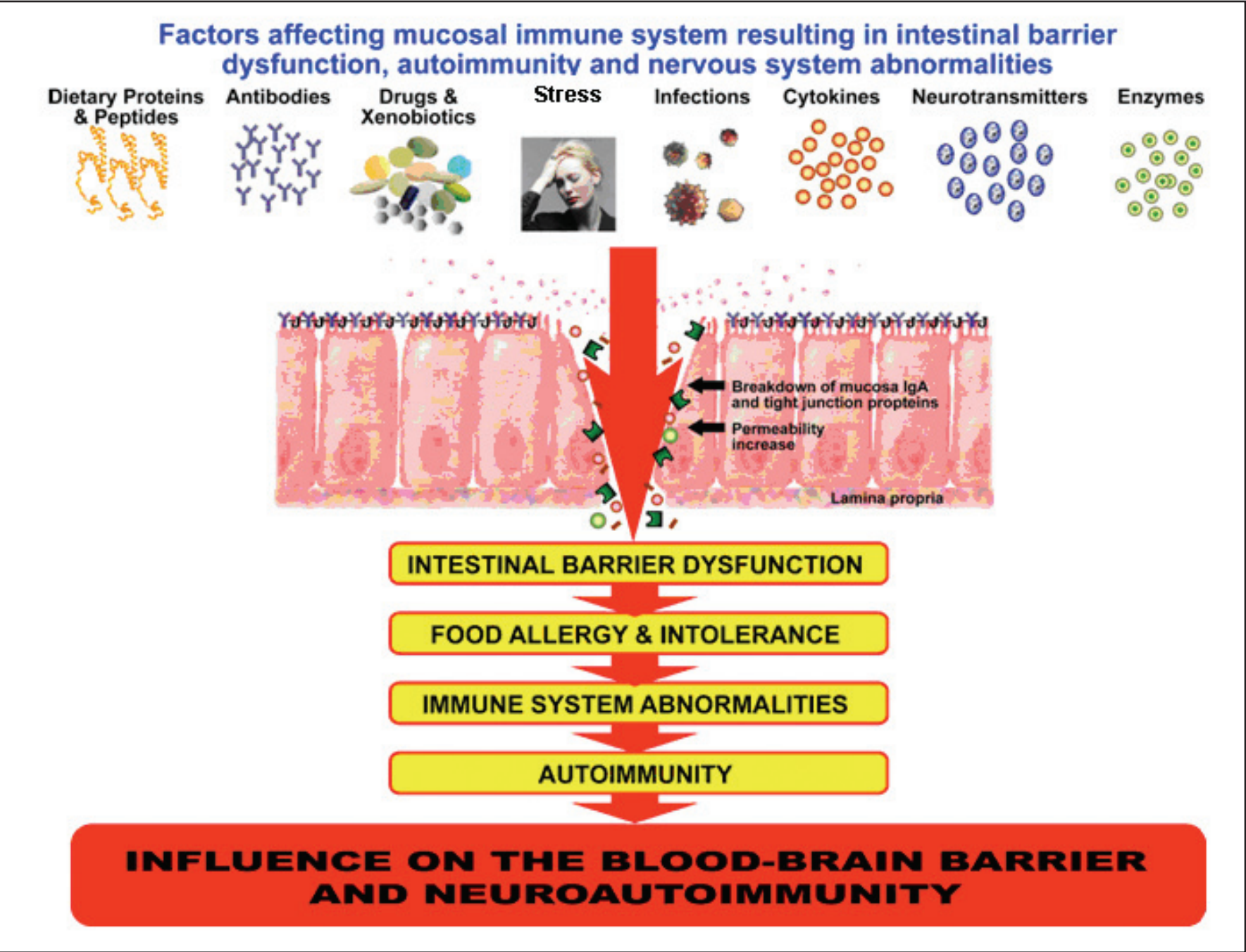
"NeuroImmunology" ... pg 2

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SPECIAL FEATURE

“NeuroImmunology: ... cont’d from pg 1



The above illustrates the importance of a leaky gut in the induction of neuroinflammation, which may take 2-10 years to result in neurodegeneration. Therefore, the tests designed by Dr. Vojdani can assist in early detection of disease, consequently leading to timely implementation of treatment and, hopefully, reversal of neuroinflammation.

The body has four major barriers intended to protect itself from substances that should not be present in us. These are:

- ❖ Skin barrier
- ❖ Lung barrier
- ❖ Intestinal barrier
- ❖ Blood-brain barrier

The two most important in the world of Neuro-Immunology are the intestinal barrier and the blood-brain barrier. In the past, autoimmune conditions have been blamed on genetics and environmental factors. However, recent studies suggest that there is a third element involved which is the loss of intestinal barrier function. If intestinal barrier dysfunction, commonly referred to as Leaky Gut Syndrome, can be corrected, one can often succeed in addressing autoimmunity. Any attempt to treat an autoimmune disorder without special attention to intestinal barrier function will likely result in less than optimal patient outcomes.

Mucosal immunity, the immune system found in the mucous membranes of the body, is our first line of defense. It must properly respond to bacteria, viruses, dietary proteins and peptides, and numerous other substances. Secretory IgA testing is the primary laboratory tool that can be used to evaluate mucosal immunity. If SIgA is low, this potentially suggests autoimmunity. If SIgA is high, the possibility of infection in either the oral cavity or gastrointestinal tract is present. Both high and low SIgA contribute to intestinal barrier dysfunction. IgA plays an important role in responding to dietary antigens and microbes that are ingested and prevents their passage into systemic circulation. A small percentage of the population is IgA deficient which could lead to false negative results. Thus, the preferred approach to testing for various dietary proteins and peptides is to include both IgA and IgM antibodies first and then IgG

later. Dr. Vojdani has developed Intestinal Barrier Function testing to evaluate for the presence of Leaky Gut Syndrome. The majority of tests today which evaluate intestinal barrier function use lactulose or mannitol as the molecule which indicates whether or not the gut is in fact leaky. Lactulose and mannitol are very small molecules. Dr. Vojdani suggests that if we look at a fly versus an elephant, the body may not respond to a fly but will respond to an elephant. Thus, Dr. Vojdani's tests use large molecules which are more likely to provoke immune responses due to the antigenic nature of these larger molecules. It is Dr. Vojdani's opinion that testing for intestinal barrier dysfunction with lactulose or mannitol could result in false positive test results.

The body is exposed to many dietary proteins and peptides on a daily basis. Wheat, corn, soy, milk, and egg are common dietary proteins which are included in the Intestinal Barrier Function test. The test further includes Candida species, aerobic bacteria such as E. coli and Enterococcus, and anaerobic bacteria such as Bacteroides fragilis and Clostridium perfringens. When these antigens get into the blood, antibodies are created. If IgM antibodies are found to these common dietary proteins and various organisms, then the patient has Leaky Gut Syndrome to large antigenic molecules.

Now that the first line of defense, mucosal immunity, has been evaluated, the second line of defense is systemic immunity. Here, testing evaluates both immediate hypersensitivities and delayed hypersensitivities. Immediate hypersensitivities to dietary proteins and peptides are evaluated with IgE antibodies while delayed hypersensitivities are evaluated with IgG and IgA antibodies. These tests are performed using serum.

Contributors to inflammation in the gut include gliomorphins (from gluten), casomorphins (from casein found in dairy products), and lectins (toxic compounds found in grains, dairy, nightshades, and legumes). Given that a significant amount of the inflammation in the digestive tract can be attributed to foods that we consume, evaluation of intolerances and sensitivities and avoidance of offending substances cannot be overemphasized.

Most food allergy testing performed today uses raw foods such as meat, beans, or potatoes. Dr. Vojdani recognized that very few people eat raw foods. The same foods when cooked often cause significant reactions. The idea was carried further through the creation of a patent-pending test which evaluates for sensitivities to French fries, donuts, cake, Buffalo wings, and many more regularly consumed food products which are commonly part of the American diet.

Antibodies against dietary proteins and peptides contribute significantly to poor health through induction of imbalanced gut flora and release of endotoxins such as lipopolysaccharides (LPS). This was evidenced by a study in which LPS, an endotoxin which induces a response from any healthy immune system, were introduced to epithelial cells. Introduction of LPS led to the production of pro-inflammatory cytokines as would be expected of a functional immune system. The researchers then took antibodies from a patient with Celiac disease and added them to the same cells. The result was a similarly high level of pro-inflammatory cytokine production. After having been on a gluten free diet for six months, the same test was repeated and no pro-inflammatory cytokines were produced. This shows that gluten-free diets work and may be an important part of recovery for those suffering from neu-

roimmune disorders, including from Lyme disease, if the outcome is the elimination from the system of the agent responsible for neuroinflammation. Dr. Vojdani has suggested that gliadin (a protein found in wheat) cross-reacts with peptides in the cerebellum, the portion of the brain responsible for sensory perception, coordination, and motor control. When a patient makes antibodies against wheat, for example, and these antibodies then encounter cerebellum tissue, there is a significant cross-reaction and these antibodies therefore attack our own brains.

Gluten sensitivity is a complex issue which has now been shown to have significant impacts to the immune system and the nervous system, including the brain.

Food sensitivities and Leaky Gut Syndrome lead to systemic inflammation. Once the entire body reacts and enters a state of inflammatory response, a multitude of additional symptoms may be observed. Major depressive disorders, for example, have been linked to pro-inflammatory cytokines which result from a dysfunctional intestinal barrier.

Looking further at inflammation within the body, inflammation due to pro-inflammatory cytokines attracts molecules which have receptors on the blood-brain barrier. Slowly, these molecules end up in the brain compartment and cause destruction of nerve cells. This entire process starts in the gut and results in a neuroimmune disorder including autoimmunity to the brain.

Similarly, in looking at the blood-brain barrier, large molecules are generally not permitted access to the brain. However, under conditions such as stress, toxic chemical exposures, and other conditions, the blood-brain barrier becomes more permeable.

There are three types of “NeuroImmunology” ... pg 13

Public Health Alert

The PHA is committed to researching and investigating Lyme Disease and other chronic illnesses in the United States. We have joined our forces with local and nationwide support group leaders. These groups include the chronic illnesses of Multiple Sclerosis, Lou Gehrig’s Disease (ALS), Lupus, Chronic Fatigue, Fibromyalgia, Heart Disease, Cancer and various other illnesses of unknown origins. PHA seeks to bring information and awareness about these illnesses to the public’s attention. We seek to make sure that anyone struggling with these diseases has proper support emotionally, physically, spiritual-ly and medically.

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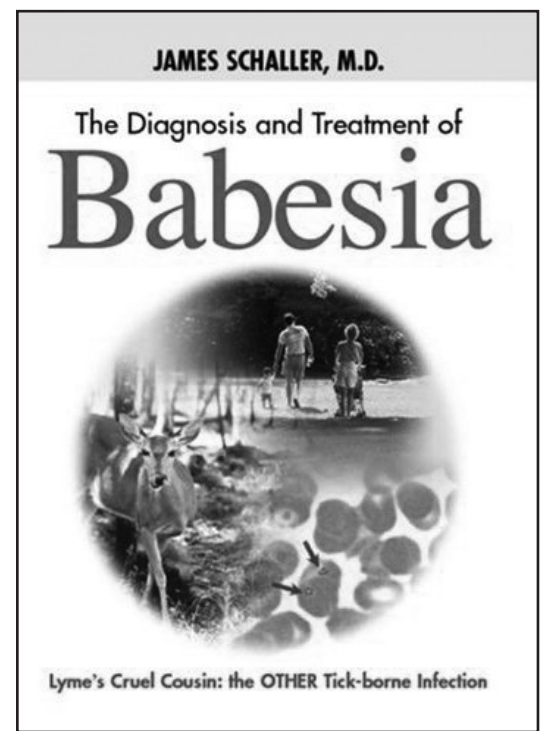
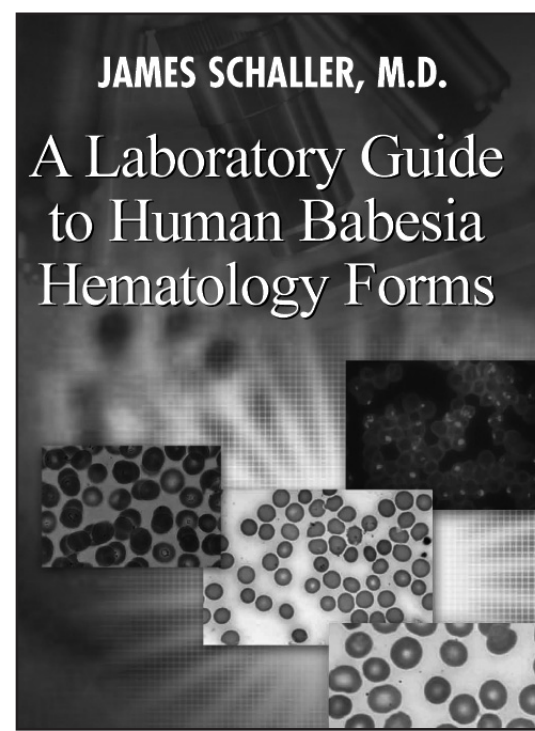
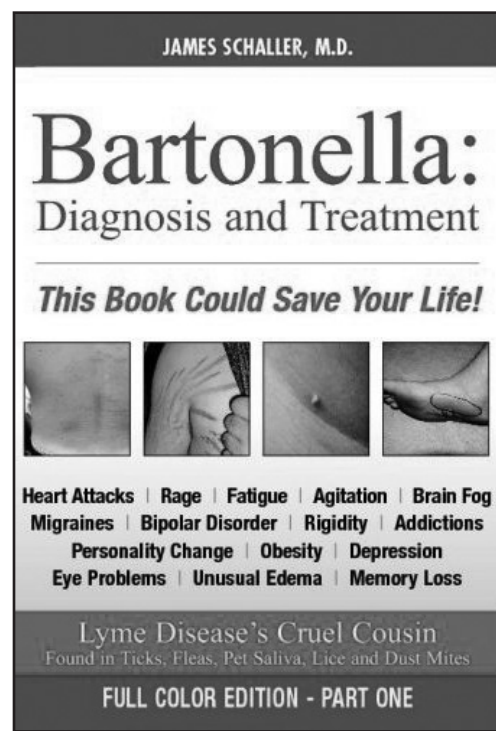
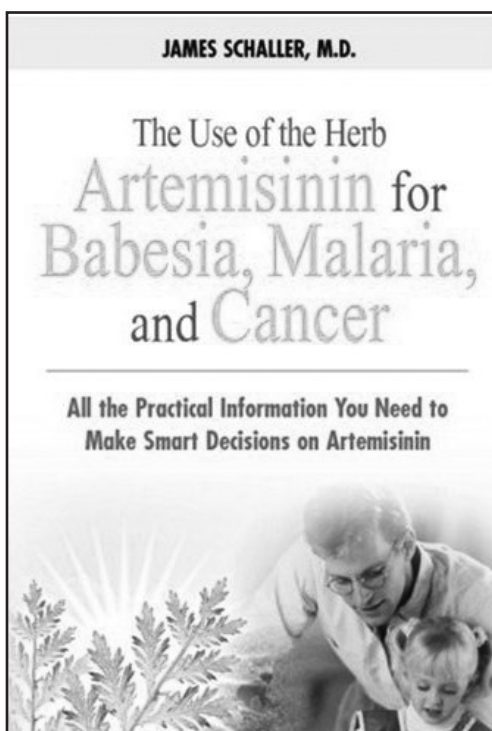
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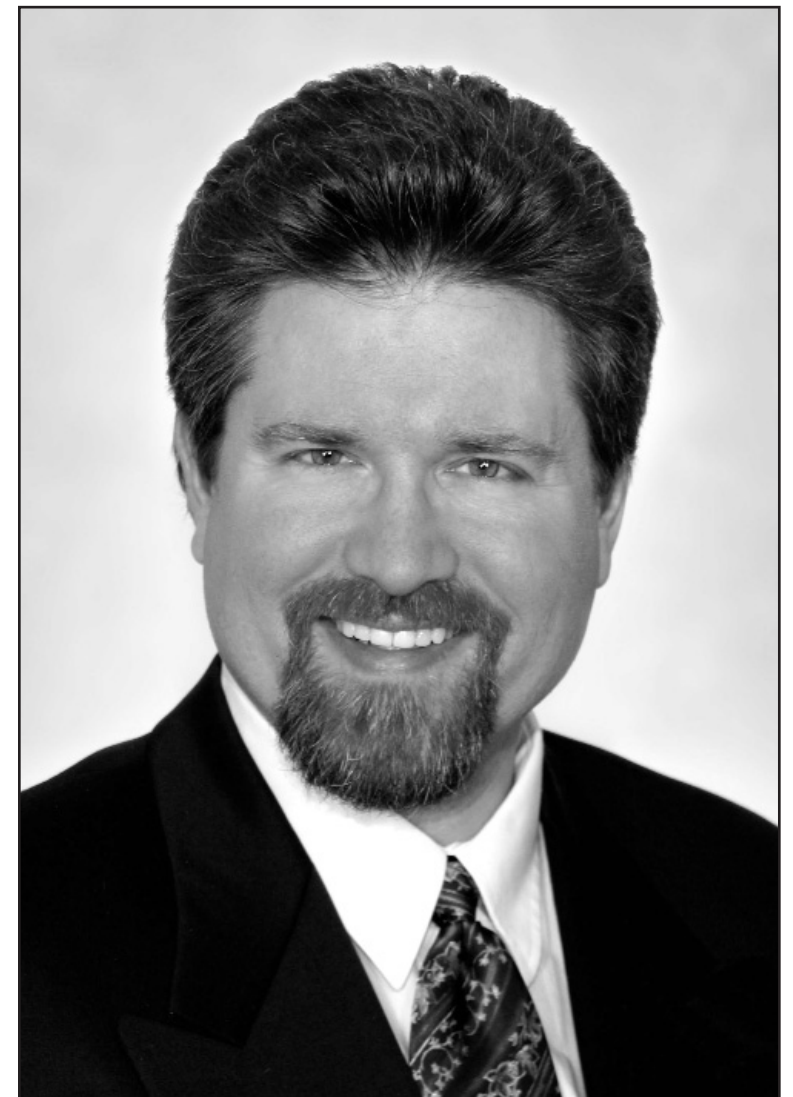
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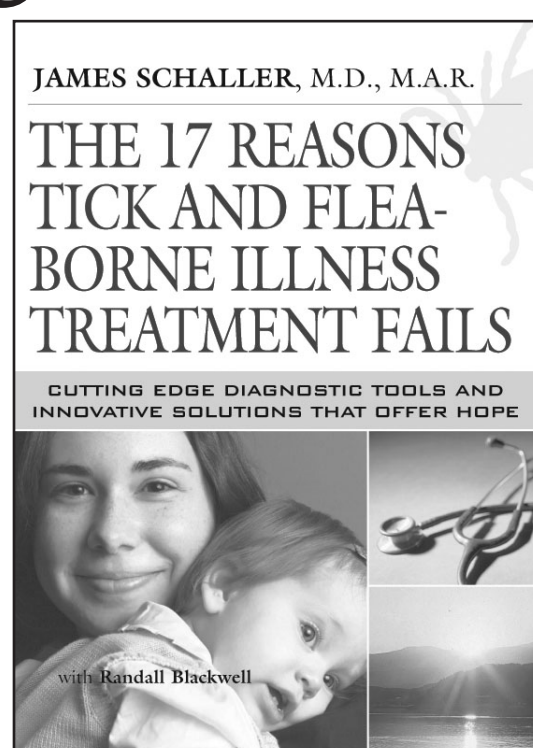
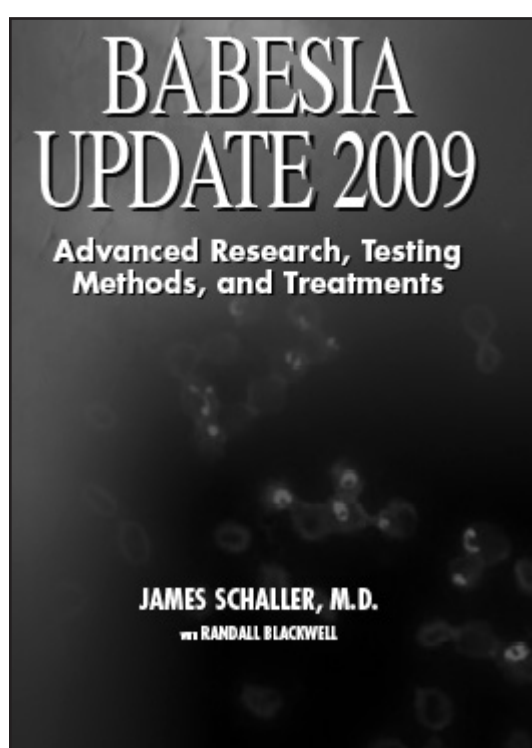


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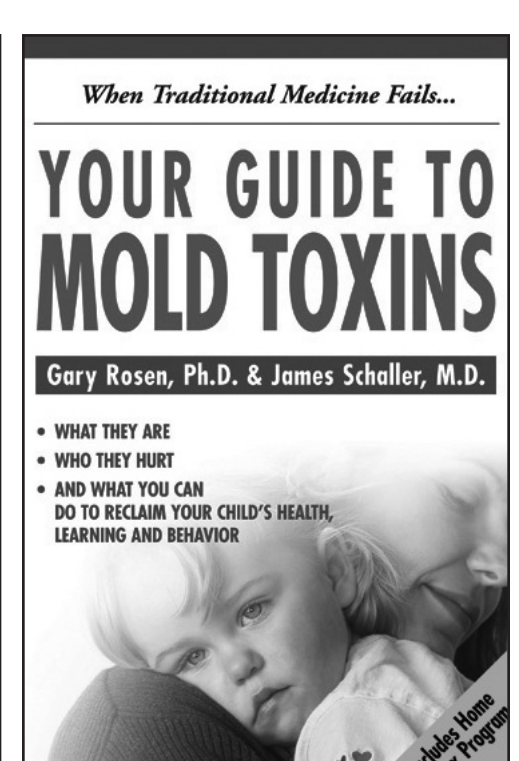
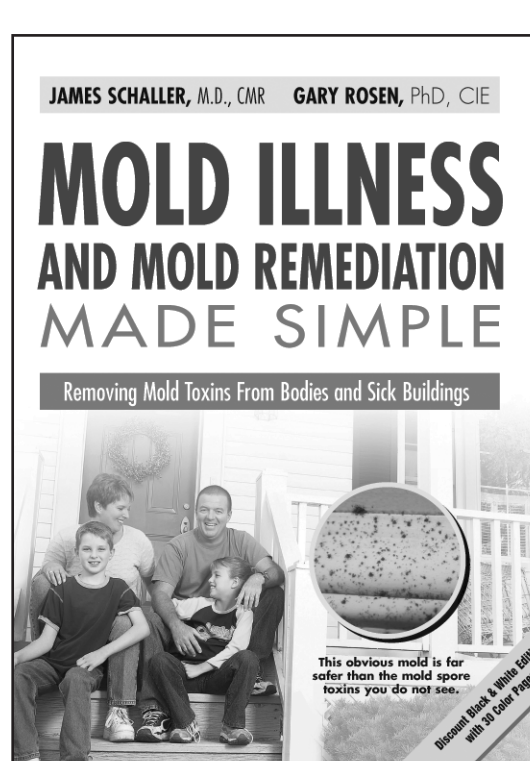
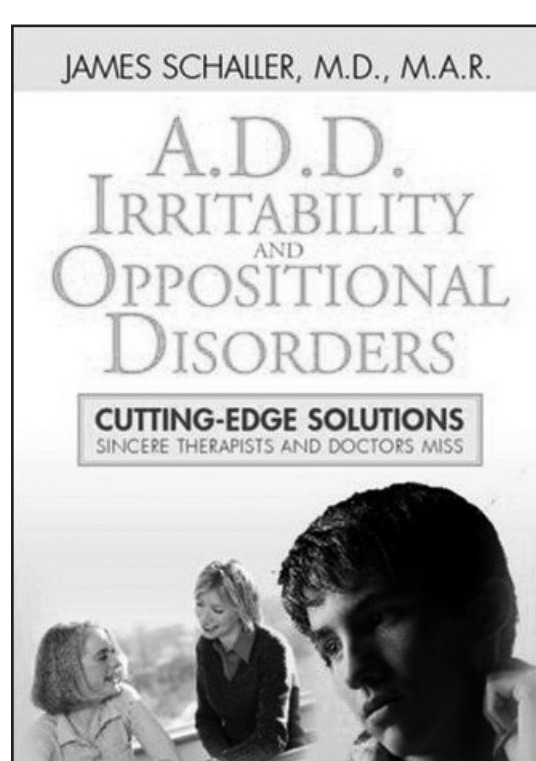
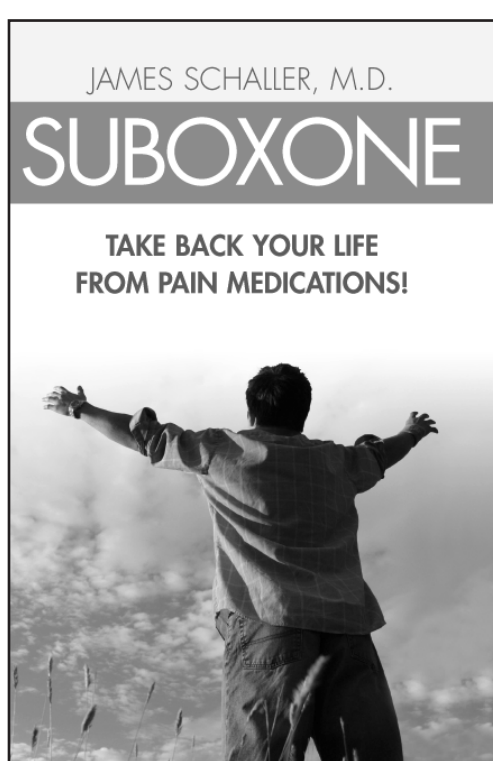
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Closet Cleaning



by Joan Vetter

For the past several days I have endeavored to clean out my cluttered closets. It has thrust me onto an emotional journey. I had excellent intentions of getting rid of things, but how do you throw out a construction paper birthday card from a grandson who is now twenty-two? The front is covered with hearts, stars, and trees. Inside is written, "I love you. All of us love you. Have a great birthbay, Grandma. Love, Micah"

Then, tucked away in the box, I came upon an old journal. So for the next half hour I sit and read what I was doing and thinking in 1985. I could feel the mood again as I read: December 2: "I'm sitting by a morning fire - flaming brightly now - but had been just smoldering. As I used the bel-lows to blow upon the flame, the thought comes to me of how the Holy Spirit comes like a wind to blow upon the embers of our hearts causing them to be aflame with His love. I got up early this morn-ing and had such a beautiful morning. It's been a long time since I've prayed and felt the gentle lift and peace of His presence."

Finally, after an entire day I end up with a bag of trash and a box of things to get rid of. Several times during the day I would just walk away. Deciding the fate of an item was just too difficult.

However, when I was finished there was real satisfac-tion in being able to know exactly what was in the closet,

and having it neatly in place.

In a similar manner I am doing personal spiritual closet cleaning. I've been spending the past several weeks examining what I need to keep and what needs to be tossed out. I've been re-examining old fears, resentments and ways of reacting. What do I need to throw out? Maybe that anxiety when I start to analyze a situa-tion rather than simply trust God? It's one thing to identify it - but another to replace it with a new way of dealing with a situation.

With the political and financial shaking we are experi-encing, we desperately need a place of refuge. I want to make sure it is not a refuge of my own making. Let's examine some refuges we might run to. First of all, ask yourself the question, "Where is the first place I turn when I'm under pressure?"

In the book *The Shack* by William P. Young, Papa (God the Father) addresses Mackenzie in His all knowing way. He says, "Lies are one of

the easiest places for survivors to run. It gives you a sense of safety, a place where you only have to depend on yourself. But it's a dark place, isn't it?" Then Papa challenges him with the question, "Are you willing to give up the power and safety it promises you?"

That is our question today. Can we let go of some-thing that ultimately isn't work-ing for us to find the true fortress - the only fortress that will stand through the shaking of this world?

Another false refuge is depending upon people. In Jeremiah 17:5-8 we are told "Cursed is the man who trusts in man and makes flesh his strength, whose heart departs from the Lord." In contrast, verse 7 says, "Blessed is the man who trusts in the Lord and whose hope is the Lord, for he shall be like a tree planted by the waters, which spreads out its roots by the river. And will not fear when heat comes but its leaf will be green, and will not be anxious in the year of drought. Nor will cease from

yielding fruit."

In addition, things we need to toss out of our inner closets are false concepts of who God is, and false concepts of how He sees us. Often our ideas are formed from parents or words people have spoken that are not true. An example is the comment, "God's going to get you for that."

When we read God's word where it says, "trust in the Lord with all your heart" we need to know that He is absolutely trustworthy.

When we read that "He is our refuge and strength, a very present help in time of trouble", we will only experi-ence the truth of that if we give up our counterfeit places of refuge.

Let's run into His good-ness and declare His Word in Psalm 91: He who dwells in the secret place of the Most High shall abide under the shadow of the Almighty. I will say of the Lord, "He is my refuge and my fortress; My God in Him I will trust." *pha*

7 Things Chronically Ill People Want their Pastors & Chaplains to Know



by Lisa Copen

- 1. Have a sense of humor about my illness if I do.
- 2. I will likely tell you I go to church more often than I do.

You're a chaplain, so I have to sound somewhat disciplined if I am a spiritual person, right? (Never mind that lying to you isn't exactly "spiritual.") Honestly, as much as I may want to go, I get there a lot less. If you have any way to get my church to put the service online or on a free CD, I will listen to it.

3. Skip the platitudes.

You probably already know that but it's easy for anyone to slip into saying things like "God won't give you more than you can handle." As you can imagine, I get enough of that from friends and family already. Feel free to "be real" with me and I'll be a lot more receptive to what you have to say.

4. Find some new material.


I've heard all those verses about faith and healing and hanging in there. If you want to give me scriptures, dig up some I probably haven't heard of

- before. And try a new Bible version like *The Message* to keep my attention.
5. Comfort my family.
- A lot of time I am handling my illness pretty well, but my parents/kids/spouse aren't and they don't have anyone to talk to. They want to talk to me about my illness and I just can't talk about it over and over. It's draining both physically and emotionally. Can you offer them some comfort or even just listen?
6. Don't just pray for healing.
- Everyone prays for my healing, so hey, I'm covered there. Instead, ask me what I'd like prayer for and I may surprise you. I need prayer for how I'm going to pay for all of this treatment, the right doctors, my kids' mental health in dealing with my illness and even my spiritual health to just hang in there.

7. Tell me something about yourself.
- I know, I know you have to draw the line between personal and professional. But I've been poked, rolled and told to sit up or lay down so many times I feel like "the patient" twenty-four hours a day. I'd love to just hear about your day or your family. Where do you like to go on vacation? Treat me as a human being and not one more bed and it will help me more than you know!

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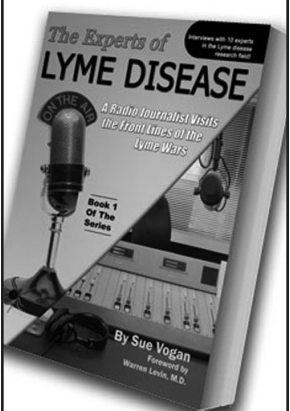


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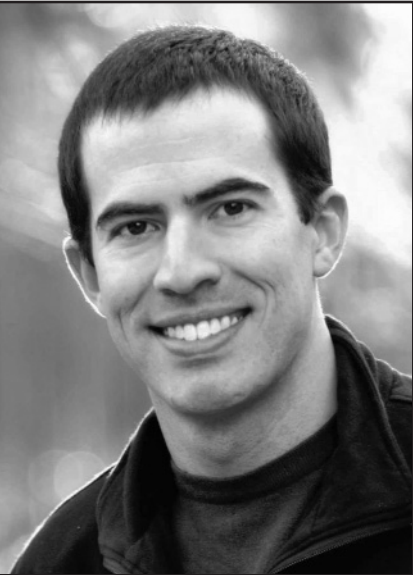
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Lyme Disease: Simple Bacteria or Complicated Parasite?



by Bryan Rosner

I've been researching Lyme disease full time for about 7 years now. This does not mean I know everything--not even close. The more I learn each day, the more I realize I don't know. But, what it does mean is that it is a very rare occurrence that I talk to someone who has information that surprises me, or information that I am impressed with. This happened to me today.

It all started with a book review of *The Top 10 Lyme Disease Treatments* (a book I wrote in 2007) that appeared in the October, 2008 issue of *Townsend Letter for Doctors and Patients*. Usually when my books get press, people call me to chat about this or that; most of the time, a waste of time.

This time, a doctor in Ohio called me and said I absolutely had to talk to a doctor he knew - a doctor named Scott, who practices in the Southwest. I won't tell you Scott's last name, and I'll explain why in a little while. The Ohio doctor said Scott was a genius and had successfully treated over 3,000 Lyme patients with a special intravenous therapy.

Now, let me back up for a moment. I hear these types of claims all the time, for various "miracle treatments," and most of the time, they either turn out to be scams, or more often, well-intentioned protocols created by people who just don't

understand Lyme disease. Nevertheless, because I feel it is my responsibility to stay up to date with current research, I usually look into any research lead that I get.

So I called Scott, fully expecting to waste a half-hour on the phone. As it turned out, it was not a waste of time, but a fascinating discussion.

As I discussed Lyme disease with Scott, I realized that not only did he have a strong understanding of Lyme disease, but he had knowledge and insight which I have long known to be true instinctually and based on years of research, but have never actually heard spoken out loud.

Scott's intravenous protocol is one of the few protocols which actually make sense to me in light of the nuts and bolts of how Lyme disease works. Not just from one perspective, but a few perspectives.

First, the protocol fully recognizes and addresses what I believe most doctors either are unaware of about Lyme disease or choose to ignore because it is too complicated: the dormant, or cyst, form of the bacteria. Scott's treatment is given in three phases of IV infusion, the first of which is a potent nutritional mix that is designed to draw out and "expose" the cyst form of the disease. He says that he has spent years determining exactly which nutrients Lyme disease bacteria need. He believes that when these nutrients are administered, the cyst form exposes itself.

After this initial nutritional IV, additional substances are given to kill the bacteria in the next two infusions. Scott would not tell me exactly which substances they were, but he did say they are specially formulated (depending on patient test results) by a compounding pharmacy in Colorado. Scott does not use regular blood tests to determine which infections might be

plaguing his patients; instead, he uses careful, time-consuming, and repetitive dark field microscopic analysis, which, as many people know, is more of an art than a science - dark field microscopy can yield key insights into a patient's blood if you know how to do it right, or it can be a waste of time if you don't know what you are looking for.

The principle of drawing out cyst-form organisms in order to kill them is just about the only logical approach I've ever heard of. Lyme disease cysts are basically impenetrable and resistant to just about everything, including ozone, oxygen, antibiotics, exposure to distilled water, pH changes, and the list goes on. Antibiotics like Flagyl and Tinidazole show some minor in vivo activity against cysts, but far from adequate.

The other aspect of Scott's protocol which I was fascinated with was the fact that he treats Lyme disease not as a bacteria, but as a parasite. Yes, he does acknowledge that Lyme disease organisms are spirochetes. However, in his mind, he believes spirochetes are parasites and not bacteria.

Why is this an important distinction, you might ask? It is in fact a critical distinction. Bacteria are relatively simple organisms. Parasites, on the other hand, are larger, more complex, more "intelligent," and harder to kill. The mere fact that Scott understands this immediately made me pause, press the phone a little closer, and actually start paying attention to what he was saying. I made a similar observation of the parasitic nature of Lyme disease in my book, *The Top 10 Lyme Disease Treatments*. Here is an excerpt:

"Known as spirochetes, Lyme disease bacteria are unusual, not well studied, elusive and difficult to cultivate in the laboratory, and capable of advanced survival activities more commonly found in large,

er, more intelligent organisms."

Scott believes it is so important to understand this about Lyme disease organisms that he went as far as to say that physicians not trained in parasitology should not even treat Lyme disease! Scott himself has a background in hematology, parasitology, and other relevant medical disciplines. Scott's father, also a physician, and whom I believe passed away recently, helped develop the IV protocol. Scott's father had a background in tropical parasitology and Scott believes that the study of exotic, advanced, and rare parasites was the key missing ingredient in developing an appropriate understanding of Lyme disease. Scott even went as far as to say that Lyme disease organisms have their own internal immune system, as well as the ability to sense very small changes in the environment and react with a number of precise, responsive behaviors...and even change those behaviors slightly under different circumstances.

At this point the puzzle pieces in my head were starting to click together. I, too, believe that modern medicine oversimplifies Lyme disease as a simple bacterium when in fact it is much more complicated. Look at the complex aspects of Lyme disease such as seasonal symptom shifting, dormancy and reactivation, neurological diversity of presentation, resistance to antimicrobials, etc.

This is not a simple bug.

Is Scott correct, that technically, Lyme disease is a parasite instead of a bacterium? I don't know, and it doesn't really matter, in my opinion. I believe Scott understands what most physicians do not understand: that a Lyme disease treatment approach must have great respect for the complexity of the Lyme disease organism, and treat the bug more like a smart beast on the run, rather than wimpy bacteria that just

sits there waiting to be killed by doxycycline.

Unfortunately, Scott was very secretive about his treatments and protocols and did not want his identity publicly shared. In fact, his real name is not even Scott; I changed it to protect his identity. Like most Lyme doctors, he is aware of the current harassment of Lyme practitioners and, since Scott knew that I am a Lyme disease author with the habit of making things very public, he was a bit shy in talking to me. That is why this article will not contain any specific information about Scott or his protocol.

Scott claims to have treated thousands of Lyme disease patients with great success. There is no way for me to objectively verify this claim, but that is not why I wrote this article. Whether or not Scott's statistics are completely honest or possibly inflated, I believe his insights are valid and worthy of further pondering and research. In fact, the complex and parasite-like attributes of Lyme disease organisms have been the primary focus of the books I have written on Lyme disease. Treating Lyme disease as a complicated, intelligent, and survival-driven organism leads to a higher degree of treatment success, in my opinion. On the other hand, treating the organism as a simple bacterium almost always yields poor results. What was neat about my conversation with Scott was that he verbalized a number of thoughts which I had never heard articulated before.

I wish I could share more specifics, but I do not even know them - Scott wouldn't tell me. So, the "take away" from this article is that you will hopefully have more respect for Lyme disease organisms and, when you are planning your treatment program, you will realize that you are up against an organism that behaves much more like an intelligent monster than a stupid bacterium. *pha*

Book Review and Interview With The Author of Disguised As The Devil: How Lyme Disease Created Witches and Changed History

by Susan T. Williams

I am not usually a book reviewer, but every now and then a literary work comes along that really grabs my attention and gets me fired up enough to write about it. "Disguised As The Devil: How Lyme Disease Created Witches And Changed History" by M.M. Drymon is one of those books.

When I first heard about this paperback, which was released in early 2008, I admit to being skeptical. Oh brother, I thought, not another crazy thing that Lyme is going to be blamed for! Being a voracious reader of anything concerning tick-borne illnesses, however, I picked up a copy and plunged in.

I was not far into the introduction before the intrigue

set in. Hmmm, maybe the author has something here after all, I had to admit begrudgingly. And before I reached the end of the book, I found myself nodding in agreement with many of the passages, caught up in the author's hypothesis and meticulous research.

Most modern academics believe that there was no biological factor behind the "witches" of the colonial time period. They ascribe to the notion that these people were motivated to such behavior by social factors such as spite, a need for attention, hysteria, or a psychosomatic disorder. In other words, even to this very day, people are still accusing these "witches" of "faking it". That is an accusation that almost every Lyme sufferer has heard at least once! Indeed, many have made the comparison

that the persecution against present-day Lyme patients and their doctors is akin to a modern-day "witch hunt".

Ms. Drymon, however, believes that there may be more to it than mere social factors. Could there indeed be some type of biological factor behind these odd behaviors?

"When I started my Masters in New England American studies, I just happened to read an experience of one of the girls in Salem. She talked about feeling like someone was tapping her on the back but, when she would turn around, no one would be there. I thought that sounded familiar as a Lyme symptom, and I know what that feels like," Drymon recounted during a personal interview. "I followed that lead and read other experiences. When I got to where

they were talking about the red marks on the skin, for me, that was the clincher."

She also found that "most of these afflicted people also developed neurological symptoms, like seizures, hallucinations, brain fog, and lethargy, as well as joint swellings." As Drymon states on page 10, "Using the tools available to them within their own particular culture or social paradigm, they labeled and understood the disease as a variety of named afflictions."

While the author has promised that "a portion of the proceeds from this work will go towards Lyme disease research and advocacy", the book itself is thought-provokingly dedicated to one of the author's own ancestors who was herself accused of witchcraft and died while in prison.

Ms. Drymon spent over five years researching and writing this controversial book, a fascinating "medical mystery" of sorts that is certain to provoke debates and heated arguments. Aware of the controversy, she hopes that readers will be open-minded enough to think outside the current medical box that so many are trapped in.

"I do think it's a disease with a history. We're in lock-step with a lot of people who have really suffered in the past, and we need to remember that," Drymon noted. "We've been put ten years or more behind in research because of all the squabbling, the nonsensical stuff that goes on in terms of time and money and so forth."

Drymon explained, "I wrote this book to provoke discussion. *“Disguised” ... cont’d pg 9*

His Last War

David Noblett - and Dozens of Other Patients - Just Wanted their Doctor Back

by Jeff Prince
Fort Worth Weekly

A white-haired little man with piercing blue eyes, wearing an Army cap and carrying a briefcase, came to the Fort Worth Weekly office a few weeks ago, entering what seemed to him a door of last resort. He hoped we'd help him expose something he considered an injustice, and he wasted no time launching into his story, speaking quickly, almost desperately, like a man who'd told it many times before to people who weren't interested, as indeed he had.

His problem: The Texas Medical Board, which regulates the practice of medicine in Texas, had suspended the license of his doctor, William D. Littlejohn, a specialist in treating chronic pain. Noblett and others believed Littlejohn had a strong defense against the single complaint brought against him, but for two years the agency has left the physician in limbo, his license suspended, but with no permanent ruling on the case. That left 300 patients in the Fort Worth area unable to get prescription medicines because there aren't many doctors willing to specialize in - or write painkiller prescriptions for - a field of medicine that is drawing the wrath of regulators.

The popular perception, particularly among board examiners and federal regulators, is that chronic pain patients are "legal drug addicts" and their physicians are "pill pushers," Noblett said. Opioids are addictive, and in the past decade, painkillers such as OxyContin have become more abused and used recreationally, a hot party drug for kids who have increasingly become overdose victims. Cutting up time-release pills for quicker rushes or mixing them with alcohol can be lethal.

But for Noblett and other chronic pain patients, oxycodone is a miracle drug when used correctly. Now the federal government is cracking down, and the state medical board is following that lead in Texas. The medical board, which got in deep trouble a few years ago for its lax treatment of corrupt and incompetent doctors, has changed its tune - so much so that one national

doctor's group believes it has gone overboard in the other direction, suspending and removing doctors' licenses without cause. Caught in the crossfire are the patients.

"There is a huge difference between a drug addict and a legitimate, bona fide chronic pain patient," said Noblett, who sustained severe back injuries in the Vietnam war that gave him decades of agony. "A drug addict takes medication in order to cop out, to escape. A pain patient takes medication so that they can get back on their feet and be a productive member of society and support and provide for their families."

Littlejohn fought his suspension but eventually ran out of money. Noblett had called and written medical board members and the person who appoints them, Gov. Rick Perry. He contacted legislators and the state attorney general. He'd taken his story to the Fort Worth Star-Telegram and had high hopes of a major story being published, but that effort eventually came to naught. He rallied a group of 64 patients to threaten a class-action lawsuit.

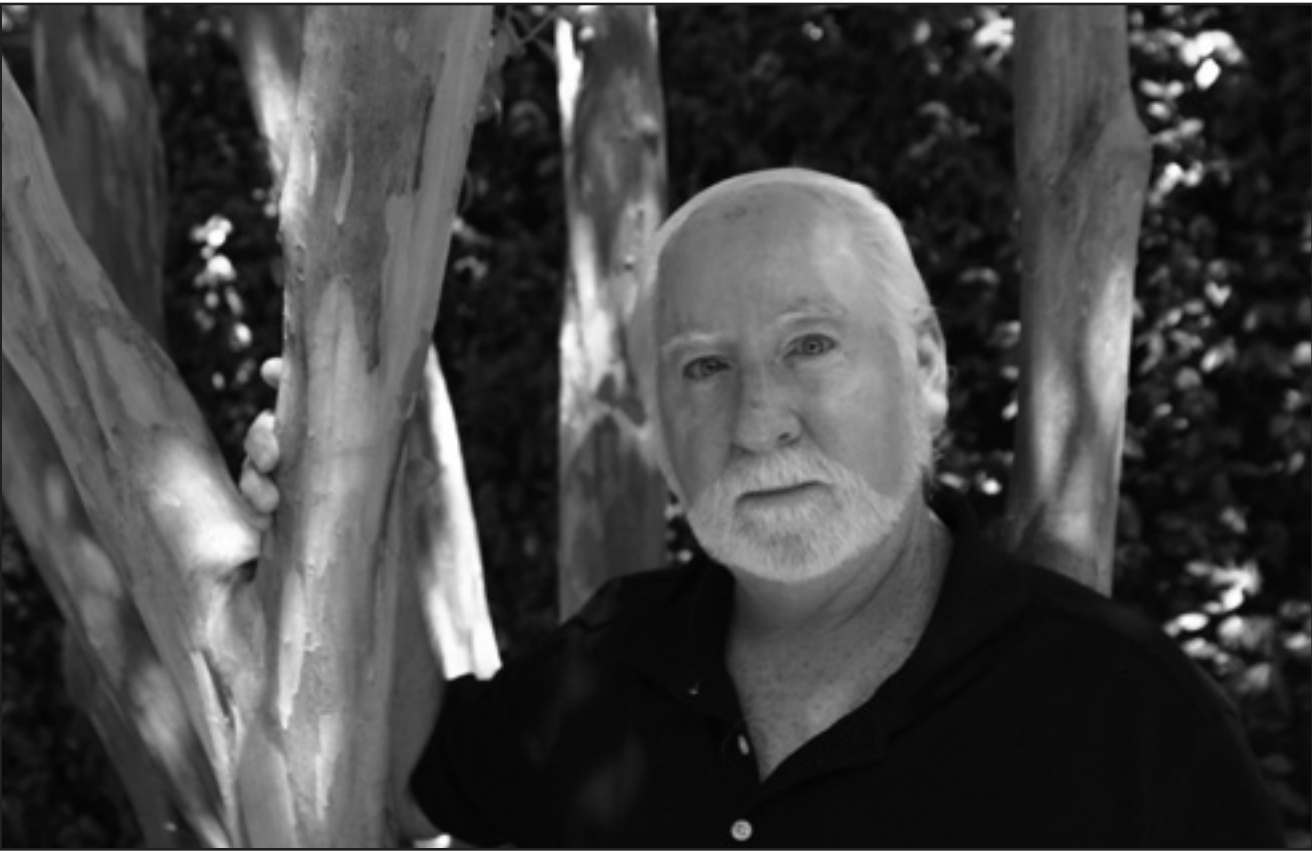
And, after two years, Noblett had little to show. The medical board was unresponsive. Nobody seemed to listen or even care, he said. The patients, even collectively, couldn't come up with money for a lawyer. Many of them live on small or fixed incomes, unable to work or leave their houses because of chronic pain.

Littlejohn figured he was being punished for treating patients the best way he knew how, even when it included a controversial but legal medicine.

"I recognized there were a lot of people suffering who didn't need to be suffering," said Littlejohn, affectionately called "Doc" or "Doc LJ" by his patients. "But if you [prescribe oxycodone], you're sticking your neck out. I didn't get anything resembling due process. Child-raping murderers get more due process."

Four of his patients have killed themselves since his license was suspended, Littlejohn said.

Noblett, the military veteran, chose to fight rather than give in to his misery. But



David Noblett was a staff writer at the Public Health Alert and the President of the Doc Littlejohn Patient Class Action Group at the time of his death.

neither did he live to see the end of the story.

Noblett couldn't believe he and other pain patients could be stripped of their doctor and lose their access to medicine with so little due process. The medical board's decision to investigate Littlejohn came after a single complaint. A woman who had been Littlejohn's patient was involved in a divorce and had hired a local attorney for representation. The woman and her attorney were at Littlejohn's office one day and, according to witnesses, the lawyer manhandled her, causing her to fall and injure herself. Littlejohn reported the incident to police and the Tarrant County district attorney's office, but no charges were filed.

Not long afterward, the woman and her attorney filed a complaint against Littlejohn with the medical board, accusing the doctor of overprescribing addictive medicine and coercing the woman out of much of her divorce settlement money.

Board members spoke with the doctor in a brief closed-door hearing in November 2006 and didn't like what they saw, describing him in an "order for temporary suspension" as distracted, disoriented, and exhausted. They also questioned what appeared to be a business relationship with the patient and whether Littlejohn had ended up with much of her

money.

There is no record of the conversation between Littlejohn and the medical board, since investigations and hearings are private, and board members will not discuss them. But the board's order of suspension is public record and sheds light on the agency's reasons for the suspension.

The news media have spotlighted the ruckus between Texas doctors and the Texas Medical Board in recent years, portraying a pendulum swinging from one extreme to another. About 10 years ago, investigative reports showed the board had been slow and weak in punishing bad doctors. Legislators responded by providing more money and regulatory power, and the number of investigations opened and disciplinary actions taken by the board has almost tripled since 2001.

Many doctors, not surprisingly, don't see that as necessarily good news. In December, the Association of American Physicians and Surgeons filed a federal lawsuit against the agency. The conservative, politically active association, formed in 1943, accused the state agency of violating due process in its zeal to discipline doctors.

"The situation has reached the crisis point for patients and doctors," the association's executive director, Jane M. Orient, said. The med-

ical board denies any wrongdoing, and the federal case is making its slow crawl toward a settlement or court date.

In Littlejohn's case, he was eager to meet with the board and explain the complicated situation. Before the hearing, the woman had recanted her complaint in writing and said that she had made up lies against her doctor under the direction of her attorney, who was promising to use his influence to ensure she ended up with custody of her children. In a letter addressed to the medical board, the woman characterized Littlejohn as having "the utmost integrity and professional ethics," while using words such as "underhanded," "despicable" and "a disgrace" to describe her attorney.

The hearing didn't go well. Littlejohn is something of a character - tall, with seasoned features and a gray beard, verbose and opinionated but usually speaking in a rambling mumble. He said the board was condescending and disrespectful from the get-go, treating him like he was guilty before he'd even been given a chance to tell his side of the story, and asking him right away when he planned to retire. He decided he was facing a "kangaroo court" and "clammed up rather than blow up," he said.

The hearing wasn't recorded, and medical board officials won't comment on

"Noblett" ...cont'd pg 8

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Page 7

“Noble” ...cont'd from pg 7

“Disguised” ...cont’d from pg 6

cussion because having this ancient disease being treated as something that was discovered by doctors who present themselves as the second coming of Galileo gives them enormous power to control the disease - hinting that they may have gotten their history wrong may help lessen that grip that controls so many lives."

Ms. Drymon is first and foremost a professional historian who has dedicated her career to public history. She worked for over ten years as a museum curator, educator, and public historian, and has articles published in a variety of places, including the New York Times. She is a Ph.D. (ABD), having recently completed all required coursework and passed all qualifying exams. Perhaps secondary is that Drymon has also suffered from Lyme disease, making her uniquely qualified to discover the possible relationship between these situations.

Drymon does not jump to conclusions but uses every possible historical record available, including some rather unconventional ones, to ferret out the facts. "Disguised As The Devil" is not a conspiracy-theory laden book, nor filled with the histrionics of the angry and desperately ill. Quite the opposite, in fact, the author lays out the hypothesis and evidence in a very rational and analytical manner. I was extremely impressed by the exhaustive research and copious citations and references from a huge variety of sources, some of which were first-hand witness accounts. Yet even with this vast amount of information, in no way does any of it seem excessive or unnecessary.

When presented with the daunting task of relating so much information, many authors tend to throw it at their readers all at once, leaving the reader gasping for breath and feeling as if they have just been plunged into a deep pool of icy water without a lifejacket. Fortunately, Drymon does not resort to this tactic. Rather, she takes the reader by the hand and gently leads along, step by step, while being careful to keep the history concise enough for even the most historically-

challenged individual (such as myself) to understand.

Drymon discusses the cultural habits and beliefs of the time, the geography, climate, politics, and other influential factors in their social context. She seems to anticipate every question that readers might come up with (Why were so many more women affected than men? Why were they often depicted as old hags?) and uses the same calm logic to answer those questions.

More than once during my course of reading, I experienced an "A-ha!" moment in which the information made so much sense and seemed so obvious that I could not believe it had never occurred to me before. For example, witches have historically been associated with "familiar", that is, supposed demons in the form of various animals (usually dogs, cats, birds and the like). When one realizes that family pets such as dogs and cats can bring ticks into our homes and thus into closer proximity to us, this "superstitious" association suddenly takes on new meaning. There are many other fascinating comparisons to be found in this book, but I will allow the reader to discover them on his or her own.

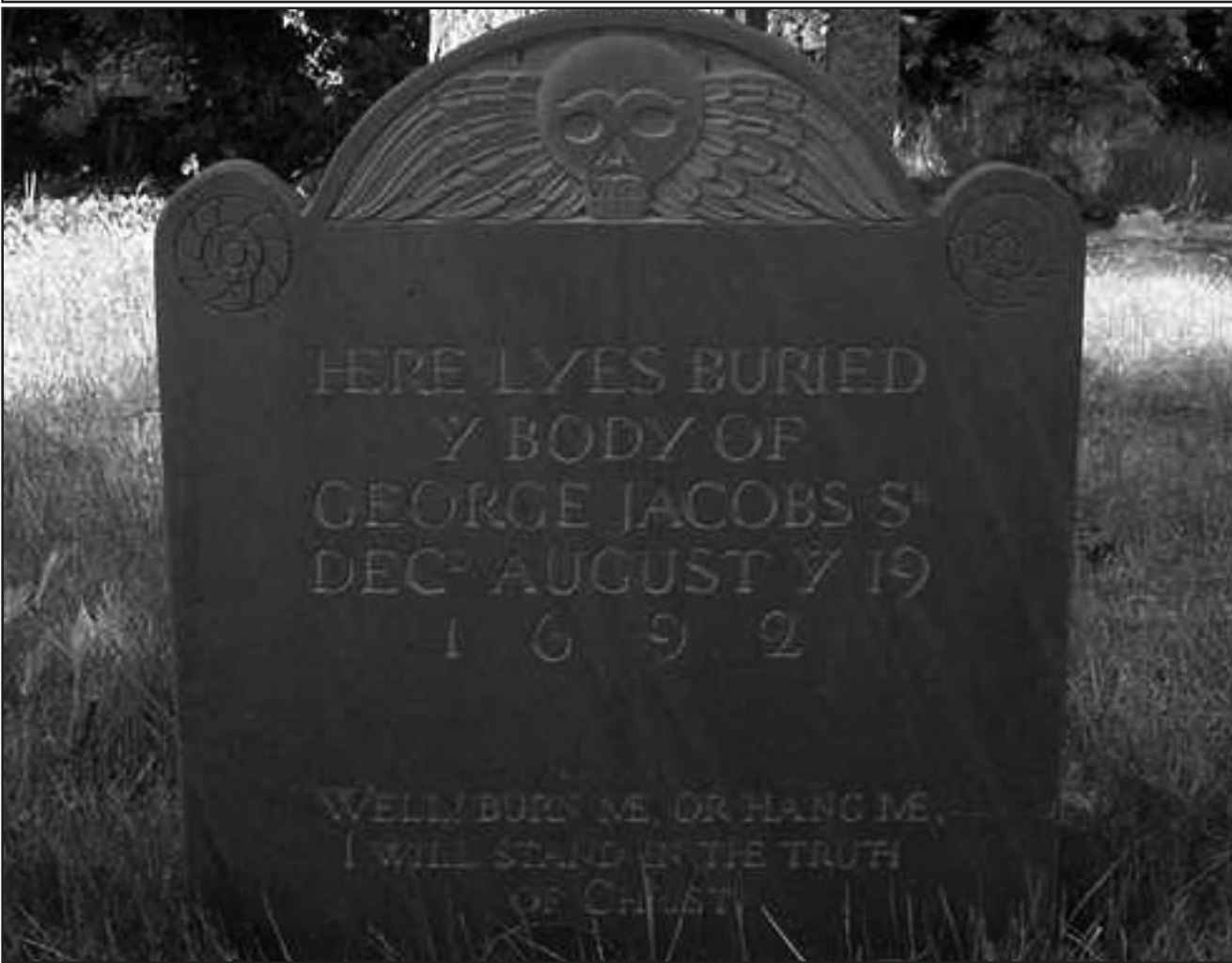
Additionally, all Lyme disease aspects aside, I learned more about the witch trials from this single book than I ever did in all any school classes. While we may never know for certain what afflictions or behaviors led to the witch trials, it certainly seems that Ms. Drymon has uncovered a very striking possibility.

As Drymon concludes with a discussion of present-day Lyme politics and the battle that many Lyme sufferers undergo in order to obtain proper diagnosis and treatment, it occurred to me that not much has really changed in the last 350 years or so. Sure, we no longer burn so-called "witches" at the stake... instead, we throw them to the wolves known as IDSA and Big Pharma or tell them that "it's all in their heads".

Perhaps the colonists were not so primitive in their beliefs as we would like to



Above: Grave marker of Rebecca Nurse who was hanged in July of 1692 during the Salem Witch Trials. **Below:** Grave marker of George Jacobs who was killed during witch trials in 1699 in Salem. There have been many theories throughout history as to what the underlying phenomena of the people targeted during the witch trials truly was. Many have believed the people to be Christians practicing the spiritual gifts spoken of in the Bible (notice Jacob's epitath on his grave marker 'Well burn me, or hang me, I will stand in the truth of Christ. '), still others have believed the people to have been mentally ill, and others believed them to have had a bacterial infectious disease, such as Lyme disease, as Drymon discusses in her book *Devil in Disguise*.



think. Perhaps they were really not all that different from us. And perhaps the old adage that "Those who do not learn from history will be doomed to repeat it" has never been truer.

pha

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Vaccines, Autism, & Parents

by Parental Rights.Org

Hundreds rallied at the New Jersey Statehouse on Thursday, October 16, to protest a new state law adding four more vaccines to the state's list of mandatory inoculations, already the longest such list in the nation. Various reports estimate the crowd of parents and children at 300 to 500, gathered to draw attention to the new regulation, which requires for the first time that children from 6 months to five years of age receive an influenza vaccine to attend day-care and public schools.

The debate over the benefits and dangers of vaccines is not new, but it is drawing new attention. First there is incessant advertising promoting Gardasil as a vaccine against the human papilloma virus, which in turn is purported to cause certain kinds of cervical cancer. The new drug is being mandated for sixth graders by various school systems across the country, and has been added to the list of vaccines required by U.S. Citizenship and Immigration Services for all women between ages 11 and 26 seeking citizenship. Yet the New England Journal of Medicine warns that the drug only went through five years of clinical studies - much shorter than normal - while it takes twice that long for HPV to result in cervical cancer.

Then there are Hollywood starlets Jenny McCarthy and Amanda Peet, who exchanged barbs in recent

months, the former claiming the possibility of a link between vaccine preservatives and autism, the latter opining that "parents who don't vaccinate their children are parasites." McCarthy has recently released a book on the subject.

According to an APP.com September 23 article on vaccinations, two candidates in the upcoming presidential election have also touched briefly on the issue, including Democrat Barack Obama and Republican John McCain. Obama, in an April rally in Pennsylvania, said "the science [regarding vaccines and autism] right now is inconclusive, but we have to research it." At a Texas town hall meeting in February, McCain said that while "it's indisputable that (autism) is on the rise among children, the question is what's causing it. ... [T]here's strong evidence that indicates it's got to do with a preservative in vaccines."

Proponents of vaccine legislation cite "herd immunity", the theory that immunization even extends to those too weak to receive the vaccine if a super-majority of the community - something between 95 and 99% of healthy citizens - are immunized. This argument makes immunization a public

health issue, rather than a matter of personal or parental choice. Looking at the issue from this perspective - and considerable evidence supports the "herd immunity" theory - it is not such a stretch to see where Peet is coming from. If the community members too weak to be vaccinated can only stay healthy if everyone else is vac-



inated, then to say "parents who don't vaccinate their children are parasites" may not seem unreasonable.

On the other hand, despite insistence to the contrary by medical associations and pharmaceutical companies, an indisputable body of evidence suggests a correlation between thimerosal, a mercury-based preservative used in certain vaccines, and autism or

autism-like symptoms resulting from heavy metal poisoning. New Jersey, as mentioned above, requires more vaccines than any other state. Is it a coincidence that the Garden State also has the highest per capita autism rate in the country? While no studies exist to conclusively prove such a link, none exist to disprove a causal

relationship, either. Such studies, one way or the other, are not needed by parents who have seen an immediate down-turn in the health of a child after vaccines were administered.

Carolyn Schmidt of New Jersey attended the rally in Trenton, holding a picture of her son at five months, healthy and smiling. "He got his DPT shot the day this picture was taken," she told a Times of Trenton News reporter. "Within five hours, he was rushed to the hospital with a grand mal (epileptic) seizure that lasted an hour. He's never been the same since." Today, the 16-year-old is mute and bound to a wheelchair.

Another rally attendee, Patricia DiFiglia has an even more tragic story. Her daughter Gianna was only four months old when she received four vaccines at a routine doctor visit - and died two days later.

Are vaccines safe? Or are they too risky? Parentalrights.org does not

claim to have a solid scientific answer to these questions. Then again, it seems no one else does, either - and this is reason enough to leave this important, potentially life-or-death, question up to the parents.

At Thursday's rally, one of its organizers, Louise Habakus, made the point we would make: "This is not an anti-vaccine [issue]; it's a freedom-of-choice [issue]. This one-size-fits-all approach is really very anti-American."

The Parental Rights Amendment will aid parents in retaining their fundamental right to make important medical decisions in the lives of their own children, with common-sense exclusions for clear cases of abuse or neglect. Should a series of sound scientific studies arise proving vaccines are safe and necessary, they may one day constitute a government interest "of the highest order" to protect children's lives by mandating inoculation. Likewise, a similar body of evidence arising to the contrary may see vaccines, or at least thimerosal, banned. Until such evidence exists one way or the other, as long as the only "proof" on either side is opinions and associational positions, the final responsibility rests with parents to do their own research, draw their own conclusions, and make their own choices in the life of their child.

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“Noblett” ... cont’d from pg 8

Cherry Lane was often crowded because he spent so much time with patients that his schedule was usually backed up. Patients rarely complained. They knew they'd get the same attention when it was their turn. As it turned out, socializing in the waiting room and getting to know one another would make it easier for them to organize into a class-action group later.

"It's hard to find a doctor that will put you first," said Lisa Owens, a Burseson resident who sustained whiplash injuries in a 1992 car wreck and has pain from scar tissue and arthritis on her spine. "He's gone through hell because he did what he thought was right for us. He's like a dad to us. We're not a number. We're not a dollar sign to him. He doesn't live high on the hog. He's just an old poor doctor that cares about the people he takes care of."

Littlejohn dropped out of ninth grade when he was a teenager in Oklahoma City in the 1940s. Fleeing an abusive stepfather, he ended up in a Fort Worth flophouse, working as a pinsetter at a bowling alley. In 1954, he joined the Air Force, and during that six-year enlistment he took a medical technician class, worked with medics, and decided to become a doctor. After his military service, he earned a medical degree at the University of Texas Southwestern Medical School in 1967, interned for two years at John Peter Smith hospital, and then opened a family practice in Fort Worth in 1969.

Over the next 20 years, Littlejohn noticed more and more patients living in constant pain. The doctor felt hogtied in his ability to treat them and in the early 1990s decided to get more credentials.

"At a time when most doctors are thinking about retiring, Doc LJ took a sabbatical for a full year from his practice and became re-trained in pain medicine, then he came back and that's what he began to specialize in," Noblett said. "By seeing me and other chronic pain patients, he made a very critical personal decision - he decided he could no longer ignore or face the frustration of not being able to successfully treat us."

His devotion made him a hero to his patients, and they

rallied to his defense after he lost his license.

Since the license suspension, Littlejohn finds himself in the same position as his patients, trying to come up with money to get a lawyer and sue the board in a case he expects to win if he lives long enough to see a court date.

"I can move a jury," he said.

But the person who stepped up and took the lead role in fighting for both Littlejohn and his patients was the little gnome-like war veteran with the white beard and intense blue eyes who, after two years of frustration, had finally come to the Weekly seeking help.

On that first visit, Noblett tried to tell a long, complicated story as briefly and clearly as possible. His back was severely injured in the Vietnam War and, despite several surgeries, he was in pain every day of his life after that. A surgeon had told him 20 years ago that any future back surgeries could be life-threatening. Oxycodone eased his pain. "I have three feet of titanium steel cages and brackets and screws holding my spine together," he said, pulling up his shirt to reveal long scars crisscrossing his stomach and back.

He carried a thick notebook filled with hundreds of documents, timelines, synopses, public documents, copies of state law, and so on. When I asked how he'd hurt his back, he searched for and found a particular document, and pushed it toward me. "Can't you just tell me?" I asked.

He tapped the paper intently, looking at me with pleading eyes. I later learned from his fellow patients that Noblett was shy to the point of phobic about discussing the war.

He lowered his eyes, stared at his hands on the table in front of him, and quietly began describing a firefight on July 3, 1969. His seven-man squad, on patrol, came upon enemy soldiers. They clashed in a brutal, close-range combat. Noblett's hands began trembling as he described how he and several comrades were bunched together during the battle.

"They were close enough that one of the enemy hurled a satchel charge bomb that landed in the middle of our squad," he said. "It landed at the feet of Michael Blanchfield from Chicago - 19 years old. Without hesitation he threw himself bodily over the bomb, taking the full impact of the explosion upon himself. It killed him and another squad member. The blast picked me up and threw me a good 30 feet in the air. I landed on the upper portion of my back and neck, immediately knocking me unconscious. Michael won the Congressional Medal of Honor

David was my greatest champion, a great man, my greatest friend. If we were in a foxhole together, I wouldn't want anybody else covering my back.

for laying his life down for us."

In recent years, a second injury from that war also came back to trouble him. Noblett's skin had become cancerous in spots - he attributed it to exposure to Agent Orange - forcing surgery that left large scars on his scalp.

In July, Noblett went to that town hall meeting at TCU along with his friend Ben Davis. Noblett did something completely out of character that day - he donned his old Army fatigue jacket.

"I've always had a hesitation or fear of talking about my service in the military and Vietnam," Noblett said. "I've seen so many people that claim to be Vietnam vets and really weren't or claimed to do things in the war and really didn't. I've always kept my mouth shut about it. I'm telling you so you'll understand how much this has affected me. For the

first time since I got back from Vietnam, that night at that town hall meeting - I'd never done this before and it must have been a powerful thing that got me to do it that night, and I'll probably never do it again - but I got my old fatigue jacket out of mothballs, and I got out all the medals and decorations and covered the front of the jacket, hung 'em on there, and I wore that down to the meeting. I know people were probably looking at me like I was some kind of a nut or some Vietnam vet suffering from post-traumatic stress syndrome."

Standing before a medical board member and other chronic pain patients, Noblett had questioned the board's heavy-handed dealings with Littlejohn. He told about fellow patients who had committed suicide because they couldn't deal with their pain after they could no longer get prescriptions.

"I wanted to make a statement," Noblett said, his voice quivering and his eyes beginning to well up with tears. His words starting coming more slowly, and the pitch of his voice rose.

"Because when I think of Mike, who was 19 years old and threw his body on that bomb to save my life, and I think of 19-year-old Duane Kyle from Detroit; shrapnel caught him in his lungs. After I regained consciousness, I stumbled and fell upon him, and I picked him up in my arms, and he died in my arms, drowning in his own blood. And these two young men would never be able to go on through life like I would, and I saw how they gave their lives, and I remembered that. And now here is this board trying to deny Texas physicians [the right] to treat their patients and deny citizens the medical treatment they have a right to. These are things that my friends laid their lives down for.

"I couldn't let the medical board get away with what they had done," he continued, "and how they had turned a deaf ear and a blind eye to citizens who this day are wishing they were dead or have already committed suicide and more who will commit suicide because of the board's decisions. The hundreds of Texas citizens that Doc has been able

to deliver from being disabled and putting hope back in their lives That's what they robbed us of. They don't even care, they don't even know. So that's ..."

He stopped in mid-sentence, weeping, unable to say more for a few moments.

"That's why I'm doing what I'm doing," he said finally. "I can't describe to you the time and effort and progress and setbacks I've gone through since this started. Trying to get people to listen. They look at you like, 'Oh, pain patients - drugs.' That's all they can see."

Last Friday, I called Noblett and asked if he would don his uniform and medals one more time for a cover photo. He hesitated. "I don't really feel comfortable... ." he stuttered.

How about if he just pulled out the uniform and held it up for a photo?

"I guess that would be OK," he said.

It was 11:30 a.m., and he suggested we meet in 30 minutes at his house and take photos in his backyard.

At noon, I knocked on his door. No answer. The sound of a talk-radio program drifted through an open window, where the blinds were drawn. I called through the window. No response.

In the backyard I saw his fatigue jacket hanging on the door of a tool shed. Having never served in the military myself, I had little knowledge of what the medals meant. His dachshund, Sparky, was sitting nearby, barking. I went back to the front door and knocked harder. The door moved a bit under my hand. I pushed it open and went in.

Noblett was sitting in a chair in front of a computer screen in his living room. His arms hung at his side, head laid back, mouth wide open. Eyes that had already lost some of their trademark blueness were fixed unblinking on the ceiling. Skin that had been disfigured and bleached, perhaps by Agent Orange exposure almost 40 years ago, was paler than usual and tinted yellow. His chest was still - no rise, no fall, no breath.

I picked up a phone next to his computer and called 911. The operator told me how

“Noblett” ...cont’d pg 12

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10

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“Noblett” ...cont’d from pg 11

to lay Noblett on his back on the floor, prop his head back, and look into his mouth for any obstructions. Then I was told to pump on his chest until the ambulance arrived. But life never returned to the man who had cheated death in Vietnam and become as impassioned a warrior in his waning years as he had ever been during his youthful war service.

An ambulance, a fire truck, and a couple of police cars arrived quickly. I told Police Officer Chris Fearneyhough what I knew and led him around to the backyard to show him the jacket. The dachshund was still barking. Fearneyhough approached the tool shed, slowing his pace as he came closer. His reverence was obvious. He too had served in the military.

A Bronze Star hung among rows of other medals and decorations, including, of course, a Purple Heart. Two of them indicated that Noblett was a master with the M-16 and M-14 rifles. Marksmen must hit 40 of 40 range targets with each rifle to earn those recognitions, Fearneyhough said.

The medical crew loaded Noblett's body into an ambulance and drove away, no siren needed. Curious neighbors went back inside. I started to drive off, but remembered the jacket still hanging on the tool shed. I knocked on a neighbor's door and asked if she would keep the uniform safe, and we walked to the backyard to retrieve it. The little dog became agitated when I picked up the uniform and for the first time tried to escape the yard as I left. The woman had to block the dog while I squeezed through the gate.

Police asked me about Noblett's next of kin, but I didn't know of any. He was estranged from his family and had said several times during our interviews that his dearest and most respected friend was Littlejohn. I called the old doctor.

Three hours later, we met at Noblett's house. Also there was Ann Price, Noblett's helper in organizing documents for the patient class-action group. Price sat in the chair where Noblett had died just a few hours earlier and vowed to continue the battle.

"I hope this doesn't dissuade the group," she said. "This just makes me want to fight harder. David was the leader. He kept all our morale and hopes up. I've got big shoes to fill, but I'll do it until I die ... Dammit!"

Later on, Littlejohn showed me boxes of personal possessions in Noblett's house containing letters, photos, and



Sparky was David’s faithful friend and companion. He fiercely guarded David’s Army jacket after his death. Sparky has since been adopted by Dr. William Littlejohn, M.D.

information about his friend's life: a scrapbook filled with photos of a scrawny Noblett during his Vietnam stint, wearing fatigues, with a full head of hair, smiling, posing with other young men putting on brave faces while stuck in an unfamiliar jungle. Photos depicting dead Vietnamese lying on the battlefield. Another showing Noblett talking to a group of Vietnamese youngsters wearing big conical hats and smiling broadly at whatever he's saying.

A citation showed Noblett was awarded the Bronze Star for valor in ground

operations against hostile forces in 1969. "His loyalty, diligence, and devotion to duty...reflect great credit upon himself and the United States Army," it read.

A dusty frame holding a yellowed certificate showed Noblett had attended the Christ for the Nations Bible College in Dallas and become an ordained minister in 1976. More recently, he'd written and self-published a prayer booklet called God Centered, which included a short biography. As a youngster, Noblett had joined a gang of Fort Worth street toughs and

been arrested and jailed on suspicion of an armed robbery. At 16, he ran away to California but was jailed again and told by authorities to go back to Texas and "never come back here again."

At 17, he joined the Army. "It will make me a man!" he wrote.

He was right. He served in an elite brigade but rarely discussed Vietnam. In a letter written to a friend in May, he explained his tight-lipped nature: His actions were no better than those of thousands of others who'd fought and died.



When no family members were found by the State of Texas to be notified of David’s death, even after an investigation and research into his VA records, Dr. Littlejohn petitioned the state for custody of David’s remains in order to have a proper Christian burial as David would have wanted. After 14 days the state granted Dr. Littlejohn burial rights and he assumed personal responsibility for all funeral costs not covered by David’s VA benefits. The above soldier presented Dr. Littlejohn with the military flag that draped David’s casket in honor of his service in Vietnam. It was a very moving moment to see a younger soldier salute Dr. Littlejohn, who himself was a military veteran, as they both honored the loss of a former soldier of armed services to the United States.

In addition to his back and skin problems, Noblett was also diabetic and rarely could afford his medicine, Littlejohn said. Maybe that's what killed him. The Tarrant County Medical Examiners Office told Littlejohn they wouldn't know the cause of death until a toxicology report was available.

"They asked me if I would take care of the funeral arrangements," he said. "I said I certainly will, even if I have to pick up aluminum cans until I'm 85 to pay for it."

The neighbor had come by and laid the Army jacket on a couch. Sparky was curled up on it, growling at anyone who came near. Twice the dog tried to bite when someone attempted to move him.

"He won't get up off that shirt," Price said.

The doctor picked up a cap that sported a 173rd Airborne Brigade patch - Noblett's old outfit. He'd recently given it as a present to Noblett, who'd worn the cap when he first visited the Weekly.

"I'll put this on his casket," Littlejohn said.

He held the cap, looked at it, rolled the bill in his hands, then glanced at the uniform on the couch, still guarded by Sparky.

"David was my greatest champion, a great man, my greatest friend," he said. "If we were in a foxhole together, I wouldn't want anybody else covering my back." *pha*

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**Memorial Fund
Donations
Needed:**

If you would like to donate to help Dr. Littlejohn cover the remaining funeral expenses for David Noblett, you may do so by sending a donation to :

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Noblett
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Arlington, Texas 76018

Please mark David’s name in the memo line so we can make sure it is designated to go to the memorial fund.

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Forced Flu Vaccination and Freedom



by Barbara Loe Fisher

It is no wonder parents in New Jersey are protesting in the streets in opposition to a mandate by the state health department that all children entering daycare and school have to get an annual flu shot. The mandating of the notoriously ineffective and risky influenza vaccine is turning out to be one vaccine too many for parents. Rightfully, they are calling for scientific evidence that obeying CDC officials and giving children 69 doses of 16 vaccines from birth to age 18 will keep them healthy while demanding the right to make informed, voluntary choices about vaccination.

October 2008 has been a busy month for those who want to force all Americans - especially children - to get a flu shot every year. It doesn't matter if scientific studies have failed to prove that influenza vaccine is effective in children or many adults. It doesn't matter that flu vaccines during the

past few years have been essentially worthless because they have not matched circulating strains of Type A and B influenza viruses. And apparently it also doesn't matter if the mortality statistic the flu police cling to - "36,000 annual deaths from influenza" - is scientifically correct or just hype, especially in light of the fact that only about 20 percent of all flu-like illness is actually caused by "influenza."

Bottom line: the flu you thought you caught last year might not actually be "influenza" and, even if it was, the chances that you got a strain of influenza actually contained in the flu vaccine out on the market was slim to none.

But that isn't stopping the pro-force vaccinators from pushing mandatory flu vaccination on all health care workers, who have an historically low uptake (about 40 percent) when it comes to getting an annual flu shot. So if you are a nurse, doctor, social worker, minister or any other professional who interfaces with "patients" in a medical setting, you are going to be rolling up your sleeve every year and getting that flu shot or you could be forced to divulge your vaccination status to patients, wear a mask or be denied contact with patients.

And what about influenza vaccine injury victims? A quick look at the federal Vaccine Adverse Events Reporting System (VAERS) influenza vaccine reaction reports that now number between 24,000 and 34,000

(depending upon if the flu vaccine was given alone or not), illustrate the disturbing similarity of the report descriptions: inflammation of the brain; Guillain-Barre syndrome; chronic joint and limb pain and numbness, chronic fatigue, and permanent neurological damage.

On NVIC's Memorial for Vaccine Victims, there is a report of two children in the same family who regressed after influenza vaccination. Born in 2003, their mother reports that her baby son got a flu shot at seven months and her baby daughter at one year old. They both had behavior changes and regressed developmentally. Their mother said:

"Both stopped sleeping, lost the few words they had at seven months and our daughter developed night terrors. Our son lost eye contact after each vax round, finally truly regressing at three after milk was added to their diet. He was diagnosed with autism; our daughter was diagnosed with "benign" language delay." Although their Mom reports that diet changes (gluten/casein/soy free diets) helped them partially recover, she said they still show "all the immune suppression and inflammation of efflux disorder and will have to be treated."

At the end of her report she includes the following quote by Rabelais: "Science without conscience is but the ruin of the soul."

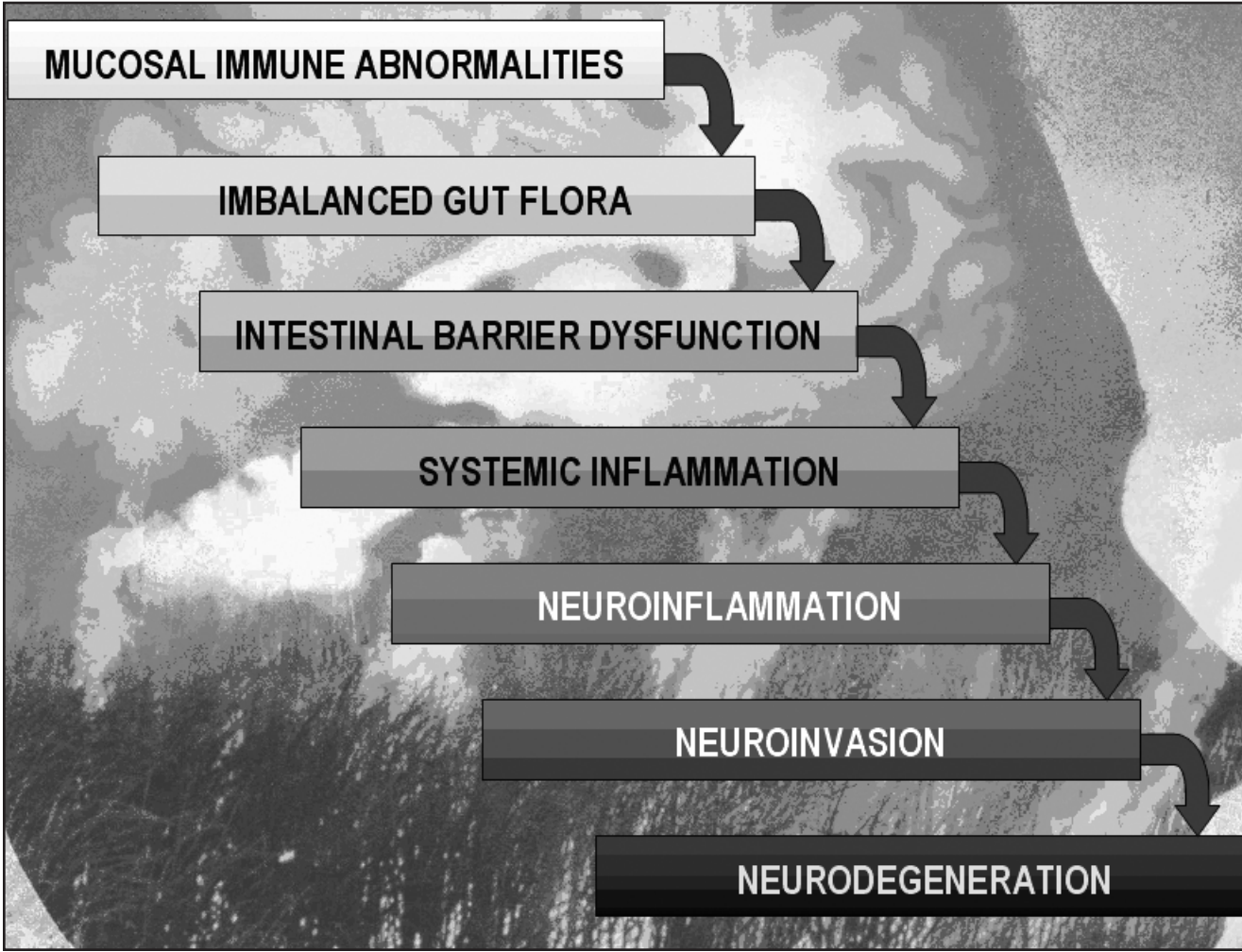
Yes, indeed.



For More information on Vaccine Education & Awareness go to:

www.vaccineawakening.blogspot.com
www.NVIC.org
www.StandUpBeCounted.org

“NeuroImmunology: ... cont’d from pg 2



cells in the nervous system: astrocytes, neurons, and microglia. Each of these can become targets of neuro-autoimmunity. Antibodies can be measured to each of these types of cells to evaluate for the presence of neuro-autoimmunity.

To evaluate the connection between the gut and the brain, two main tests can be ordered. As Dr. Vojdani suggests, "From leaky gut to leaky brain, the Intestinal Barrier Function and Blood-Brain Barrier (BBB) antibody tests are the most important places to begin."

Dr. Vojdani offers the "NeuroImmunology of Lyme, Panel C" which includes not

only a series of tests for Lyme disease and co-infections, but also specifically looks at antibodies produced to the blood-brain barrier which is an indicator of neuro-autoimmunity.

Several other antibodies can be evaluated for neuroimmunological conditions such as Myelin Basic Protein, Myelin Oligodendrocyte Glycoprotein, Myelin Associated Glycoprotein, Alpha-B-Crystallin, Proteolipid Protein, Gliadin, Gluteomorphins, Casomorphins, Cerebellar tissue, and more. These antibodies can serve as good markers to track the effectiveness of treatment in quelling autoimmune conditions.

A clear connection has

been drawn between the health of the gut and the health of the brain. A leaky gut allows for molecules to pass into systemic circulation which then activate an inflammatory response and the resulting pro-inflammatory cytokines can induce a host of autoimmune and neuroimmune disorders. Evaluation of Intestinal Barrier Function and Blood-Brain Barrier protein antibodies are two important tools in identifying these presence of these conditions and defining a treatment plan that provides the patient with the best possible outcome. Here's to your health.... *pha*

Resources:

Test Panels from NeuroImmunology Labs, Inc.:

Intestinal Barrier Function, saliva - 5046

Intestinal Barrier Function, serum - 5000

Food Sensitivity Profile - 45 Foods, Saliva IgA+IgM - 5007, 5026, 5027

Food Sensitivity Profile - 45 Foods, Serum IgA - 5005, 5022, 5023

Food Sensitivity Profile - 45 Foods, Serum IgG - 5006, 5024, 5025

Neuroimmunology of Lyme, Panel C - IgG - 5065, IgM - 5066

About Dr. Vojdani

Dr. Vojdani obtained his Ph.D. in the field of microbiology and clinical immunology with postdoctoral studies in tumor immunology. His area of expertise includes early detection of cancer signals and markers, immune function disorders, immunotoxicology, chemically-induced immune deficiency and autoimmune diseases, and immunoassay technology development. He is CEO and Technical Director of Immunosciences Lab., Inc. in Beverly Hills, CA; member of the editorial board of three scientific journals; and has published more than 100 articles

in scientific journals. He is noted for his papers on the role of environmental factors in autoimmunity and neuroimmunological diseases. Dr. Vojdani has had the privilege of testifying before the US Senate Committee on Veterans Affairs, providing crucial evidence in regards to the effect of chemical agents on veterans who fought in the Persian Gulf War. His testimony helped secure the passage of legislation that enabled the veterans to receive free medical care for neuroimmunological disorders acquired during service in the Persian Gulf. In 2006, Dr. Vojdani was given the prestigious Herbert J. Rinkel Award by the American Academy of Environmental Medicine (AAEM) for excellence in teaching the techniques of environmental medicine.

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Experts of Lyme Disease - A Radio Journalist Visits the Front Lines of the Lyme Wars



by Marjorie Tietjen

Title: *Experts of Lyme Disease - A Radio Journalist Visits the Front Lines of the Lyme Wars*

Author: Sue Vogan and
Foreword by: Warren Levin, M.D.

ISBN: 10: 0 - 9763797 - 6 - 7

Sue Vogan's new book, *The Experts of Lyme Disease*, is a compilation of 10 transcribed programs from her radio show, **"In Short Order"**. The show mainly deals with the subject of Lyme disease and related topics. The purpose of this book is to archive the important Lyme disease information which has been discussed on this program.

The ten guests who were picked for her first book (one of a series) are: Dr. Daniel Cameron, President of ILADS; Dr. Ken Singleton, author of *The Lyme Disease solution*; Dr. Ritchie Shoemaker, author and researcher; Tami Duncan, founder of the Lyme-Induced Autism Foundation; Les Roberts, author of *The Poison Plum*; PJ Langhoff, author of the series, *It's All In Your Head*; Scott Forsgren, *The Better Health Guy*; Constance Bean, author of *Beating Lyme: Understanding and Treating This Complex and often Misdiagnosed Disease*, with Dr. Lesley Fein; David Kocurek, Ph.D. with the Texas Lyme Disease Association; and Betty Martini, founder of Mission Possible International.

The Experts of Lyme Disease contains a wide variety of information, describing many different aspects of the Lyme disease conundrum. The first chapter begins with Dr. Cameron. He speaks about The Infectious Disease Society of America (IDSA) and how they claim that chronic Lyme infection does not exist. He shares this thought...."By not expanding on clinical judgment and patient values, the IDSA guidelines try and kill the idea that a doctor that goes to medical school can use their own judgment." It seems that medical guidelines are becoming more

of a "rule of law", made to circumvent the whole concept of clinical diagnosis.

Dr. Ken Singleton stressed the importance of the inflammation factor in Lyme disease and how diet can help the patient deal with this problem. Dr. Shoemaker raises the issue of bio-toxins and the role they play in preventing patient improvement. Getting rid of the mold in one's environment is often a huge factor in recovery.

Tami Duncan talks about the connection between Autism and Lyme disease. She tells us that informal studies show that from 20 to 30% of autistic children also have Lyme disease. Of course, due to the poor accuracy of testing and reporting, this number could be low. Tami brings out another important point to consider: Many mothers of autistic children are sick before or during pregnancy with such disease labels as M.S, Fibromyalgia, Chronic Fatigue Syndrome, etc. Lyme disease often plays a role in these chronic conditions. In fact, these same mothers very often test CDC positive for Lyme disease.

David Kocurek speaks about his negative experiences with the Texas Medical Board and how they basically govern themselves, with no oversight. Constance Bean tells about her own struggles with Lyme disease, which led her to write the book *Beating Lyme*. She wants to help others to avoid misery she went through.

Then we have Scott Forsgren. Most Lyme patients know Scott due to his dedicated research and reporting on natural health therapies. He also suffers from Lyme disease. In fact, most people who are active in the Lyme arena have a past history with this diabolical disease. Having Chronic Lyme Disease can be a long and scary road to travel, however, it helps to know that folks like Scott, others in this book and thousands of concerned people across the globe, are being driven by this illness to bring to light the seriousness of this epidemic.

PJ Langhoff is another Lyme patient and author of several books. In *The Experts of Lyme Disease*, PJ tells us a bit of her experience and shares with us some of the reasons she feels that Lyme is being misdiagnosed and why the patients are being denied antibiotics.

In chapter 9 of Sue's book, she interviews Les Roberts, the author of *The Poison Plum*. Here we have another author who was led to write a book in response to the trials he experienced with Lyme

disease. *The Poison Plum* is listed as fiction but most people who have had experience with the symptoms and politics of this disease realize that Les's book reveals the real, often bizarre world of Lyme disease. It is a spell-binding thriller which is unfortunately more truth than fiction. I enjoyed reading Les Robert's account in Sue's book of how he came to write *The Poison Plum*.

The last guest in *The Experts of Lyme Disease* is Betty Martini, who has been very instrumental in warning about the dangers of aspartame. The interview includes the idea that aspartame can make the Lyme condition worse...it can cause the body to turn against itself.

I had a few questions for Sue about her book and her Radio show **"In Short Order"**. She answers some of these questions below.

How did you come to write *The Experts of Lyme Disease: A Radio Journalist Visits the Front Lines of the Lyme Wars*?

My publisher, BioMed Publishing Group, came up with the idea, since the radio program **"In Short Order"** has gained popularity. There was a need to preserve the knowledge of the experts.

"In Short Order" has been on the air now for three years. How did it get started?

I was interviewed about my Lyme disease book, *NCO: No Compassion Observed*. A couple of weeks later I was asked to consider doing a radio show dealing with Lyme disease and that's how **"In Short Order"** came to be.

In Short Order is now with www.contacttalkradio.com out of Seattle, Washington. Tell me a bit about the show.

The show airs Mondays, 9PM EST, and is sponsored by Master Supplements, Inc.- the



makers of Theralac, Enzalase and TruFiber - the supplements I personally use. The show can be heard on HDFM, Ipod, cell phone (free by calling 704-631-4060, press # 1 for mobile radio and # 9 to enter the 4-digit station ID code 2795), and the internet. The number of listeners is estimated to be 200,000. The folks at Contact Talk Radio have been wonderful to work with.

Why do you feel that this book is important to the Lyme disease community?

It preserves the experts' knowledge and can be shared with family members who may not understand the disease. The book will also provide needed information to victims and to their physicians, who may need to hear from Lyme-literate doctors in order to learn the best effective treatment protocols.

This is the first book in a series. Who might we see in book two?

Stephen Buhner has been asked, along with Dr. Jacob Teitelbaum and Garth Nicolson, Ph.D.to be in the second book. There will be ten more great interviews in each book to come. I believe there will be two books per year and if a reader wants to see a specific interview featured, they should let me know. The books

and the radio show are for the readers and listeners, so their input is welcome.

When will the new book in the series be out?

I believe we are looking at February 2009.

You have some other interesting news - a new magazine?

Yes, *Peer Observations*. It's an extension of the radio show. With so many experts and only one hour per week (I am already booked quite a few months ahead), I had to create another way to get the information to those who need it. It will be written for and by professionals but patients will also be able to take away much useful information. For more details, those interested can visit www.peerobservations.com. The more information we present, the better off we will be.

Sue Vogan knows how to ask questions to get to the heart of the subject being discussed. She has worked hard to include guests on her show who are making a difference. I know I have enjoyed tuning in over the past three years and have learned a lot from the interviews. Now these interviews are recorded and are a part of written history. *pha*



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I Recommend Researched Nutritionals® for My Patients

...Joseph Burrascano, M.D.



Joseph Burrascano, MD

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 40% 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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⁽¹⁾Journal of the American Nutraceutical Association 2003; 6(1); 23-28. Available only through health care professionals.

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