NeuroImmunology: From Leaky Gut to Leaky Brain

by Scott Forgøyen

Many people with chronic Lyme disease understand what it means to have ongoing digestive complaints, brain fog, cognitive defects, 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 focus for many years to come as patients and doctors work to solve complex immune neurology

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

1. Infections
2. Toxins and 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 and auto-immune 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-reactions 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 environmental factors and 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 ANCA 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 and are not normally expected to be present in the human body. The most commonly known 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. For example, when a Leaky Gut Syndrome is present, a cascade is initiated which can lead to neuroimmune disorders.

- Advanced Glycation End products (AGEs) are the end 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 fat 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-1β. 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 maintaining 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-kb, a protein involved in our ability to respond to stress, cytokines, free radicals, and infections. NF-kb 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".

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The body has four major barriers intended to protect itself from substances that should not be present in these. These are:
- Skin barrier
- Digestive tract barrier
- Intestinal barrier
- Blood-brain barrier

The two most important in the world of Neuroimmunology 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 function is maintained, commonly referred to as Leaky Gut Syndrome, can be correct- ed, 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 immune function. If SIgA is low, this potentially suggests autoimmunity. If SIgA is high, the possibility of infection in the oral cavity or gastro- intestinal tract is present. Both high and low SIgA con- tribute to intestinal barrier dysfunction. IgA plays an important role in responding to dietary antigens and microbes that are ingested and prevents them from reaching systemic circulation. A small percentage of the population is IgA-deficient which could lead to false negative test 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 tests that evaluate the presence of Leaky Gut Syndrome. The majority of tests today which evaluate intestinal barrier function use lactulose or mannitol as the molecule which indi- cates permeability of the gut or permeability in fact leaky. Lactulose and mannitol are very small mole- cules. Dr. Vojdani suggests that if we look at a fly versus an ele- phant, 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 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 pep- tides, and delayed hypersensitivities. These tests are common in the Intestinal Barrier Function test. The tests further includes Candida species, acne 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 IgG 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 immuni- ty. Here, testing evaluates both IgA and IgM antibodies which are delayed and provide protection. These tests are evaluated with IgG antibodies and IgM antibodies. These tests are performed using serum.

Contributors to inflammation in the gut include glu- temorphs (from gluten), causomorphins (from casein found in dairy products), and lactin (toxic compounds found in inflammatory, nightshade product legumes). Given that a significant amount of the inflamma- tory cytokines which result from an imbalanced gut flora and peptides, a second line of defense is systemic immunity. The idea was conceived further through the creation of a patent-pending test which evaluates for sensitivities to French Fries, donuts, Buffalo wings, and many more regularly consumed food prod- ucts which are common in the American diet.

Antibodies against peptides contribute significantly to poor health through induction of inflammatory 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, was introduced. Introduction of LPS led to the production of inflammatory cytokines as would be expected of a functional immune system. The researchers then took antibodies from a patient with Celiac dis- ease and added them to the same cells. The result was a similarly high level of pro- inflammatory cytokine production.

Looking further at inflammation within the body, inflammation due to pro-inflammatory cytokines attracts mole- cules 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.

Similarly, looking at the blood-brain barrier, large molecules are not per- mitted access to the brain. However, under conditions such as of the brain reactive to substances, and other conditions, the blood-brain barrier becomes more permeable. There are three types of “Neuroimmunology”...

Public Health Alert

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.

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3. Skip the platitudes.
4. You're probably already know that but it's easy for any- one 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 "say" with me and I'll be a lot more receptive to what you have to say.
5. Find some new material.
6. Don't just pray for healing.
7. Tell me something about yourself.
8. 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? Trust me as a human being and not just another person and it will help me more than you know.

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Read a free 50-page excerpt of "Beyond Casserole: 505 Ways to Encourage a Chronically Ill Friend" by Lisa Copen! For the download link, sign up for Rest Ministries monthly newsletter at www.restministries.org "Beyond Casserole" is the perfect pocket-sized book for chaplains and congregational care pastors to refer to or to give family members to flip through for creative ways to say, "I care."

Do you have a chronic illness? Get the first 40 pages of "Beyond Casserole: 505 Ways to Encourage a Chronically Ill Friend" when you sign up for our monthly email HopeNotes at www.restministries.org. Plus find other articles all related to chronic illness and the latest info on National Invisible Chronic Illness Awareness Week at www.restministries.org Lisa Copen is the founder of Rest Ministries which serves the chronically ill through Christian resources and other programs and support group materials.

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The Poison Plum is a gripping, chilling novel exposing the rampaging epidemic of Lyme disease now sweeping across America and the disease's connection, if any, to the government's top-secret biological research laboratory at Plum Island, New York.

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Lyme Disease: Simple Bacteria or Complicated Parasite

by Bryan Ranor

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, but most of the time, a waste of time. This time, a doctor in Ohio called me and said he 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 minute. The Ohio doctor said Scott was a genius and had successfully treated hundreds of Lyme patients with a special intravenous therapy. Now, I used to back up for a moment. I hear these types of claims all the time, they either turn out to be scams, or more often, well-intentioned but not effective. I have read about crony and incompetent practitioners who create myths by people who just don’t understand Lyme disease. Nevertheless, because it is my responsibility to stay up to date with current research, I usually look into any lead that I get.

So I called Scott, fully expecting to waste my time. As it turned out, it was not a waste of time, but a fascinating conversation.

As I discussed Lyme disease with Scott, I realized that while there was 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 myths and both of how Lyme disease works. Not just from one perspective, but from a few perspectives.

First, the protocol directly relies on the belief that there are two forms of the disease: the chronic, or cyst form of the disease. Scott’s treatment is given in three phases of IV infusion, the first of which is a potent nutrient administration to help “draw out” and “expose” the cyst form of the disease. He says the cyst is a “time bomb” to determine exactly which nutrients Lyme disease bacteria need. Scott believes that these nutrients are administered, the cyst form exposes itself.

After this initial nutritional IV, additional substances are used to further break down the bacteria in the next two infusions. Scott would not tell me exactly what these substances are, but he did say they are special—formulated depending on the results of a test for a compound pharmacy in Colorado. Scott does not use regular blood tests to determine which infections might be playing his plots; instead, he relies on timing, treating, and repetitively different field microscopical analysis, which, as I was told, is very difficult in an art than a science - dark field microscopy can yield key insight into a patient that 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 other aspect of Scott’s protocol which I was fascinated with was the fact that Scott does not treat Lyme disease as a bacteria, but as a parasite. Yes, he does acknowledge that these spirochete organisms, or 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 understood this immediately made me pause, press the phone a little closer, and start paying attention to what he was saying. I made a similar observation of the nature of Lyme disease in my book, The Top 10 Lyme Disease Treatments. Here is an excerpt from my book:

"Known as spirochetes, Lyme disease bacteria are unusual in that they are larger and more complex than most bacteria. Moreover, the organism as a simple bacteria, but as a parasite. While the author has thought-provokingly dedicated the book itself to patients suffering from Lyme disease, but he has 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 father, also a physician, and I believe passed away a few years ago. He had a background in tropical parasitology and Scott believes that the study of exotic, advanced, and rare parasites is 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 their form in response to the environment under different circumstances.

At this point the puzzle pieces started to start 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, presentation of resistance, to antimicrobials, etc. This is not a simple bug.

So is correct, that technically, Lyme disease is a parasite instead of a bacterium? Scott would not tell me exactly what he meant. He is not really matter, in my opinion. I believe Scott understands what most physicians do not understand:

Scott believes it is so

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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 particular book, which was released in early 2007, 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 intriguing set him. Hmm, maybe the author was right after all, I had to admit begrudgingly. And before I reached the end of the book, I was fully nodding in agreement with many of the passages, caught up in the author’s hypothesis and meticulous research.

Disguised As The Devil: How Lyme Disease Created Witches And Changed History by M.M. Drymon is one of those books.

Ms. Drymon spent over five years researching this controversial book, a fascinating “medical mystery” of sorts that is sure to ignite hot debates and heated arguments. Aware of the controversial subject, she says that readers will be open-minded enough to think outside the current medical box that so many are trapped in.

I’ve thought it’s a disease with a history. We’ve heard a lot of people who have been affected by Lyme disease, and we need to remember that,” Drymon noted. “We’ve heard stories of people who have had a research because all of the squabbles, the nonsensical arguments, the inane time and money and so forth.”

Drymon explained, “I wrote this book to take a look at Lyme disease”..."— cont'd pg 9
After Use

so much so that one national
years ago for its lax treatment
federal government is cracking
oxycodone is a miracle drug
other chronic pain patients,
with alcohol can be lethal.
used recreationally, a hot party
Noblett said. Opioids are addic-
physicians are “pill pushers,”
that chronic pain patients are
that is drawing the wrath of

A pain patient takes medication so that
they can get back on their feet
and be a productive member of
society and provide for their families.

Littlejohn fought his
suspension, chose to fight
involving a million dollars.
Noblett had called and written medical
board members and the number
who they appoints them. Gov. Rick Perry. He contacted legislators
and state attorneys general. He'd taken his story to the Fort
Worth Star-Telegram and had
had high hopes of a major story
being published, but that effort
evitably came to naught. He
gathered a group of 400 patients
who threaten a class-action lawsuit.

And, after two years,
Littlejohn had little to show. The medical board was
unresponsive. Nobody seemed to listen in any way.

he said. Opioids are additive,
and in the past decade, painkillers such as Oxycodone
have become more abused and used recreationally, a hot party
drug for kids who have increased
become more addicted and were
using it recreationally. Up to a point
and mixing them with alcohol and

But for Noblett and
other chronic pain patients, opioid addiction can
be a problem when used correctly. Now
the federal government is cracking
down on the state medical
board is following that lead in Texas. The medical boards
which get into trouble a few years ago or for lax treatment of corrupt and incompetent
doctors, has changed its tune
so much so that one national

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what happened. But Littlejohn said he was shocked by what he described as bruise treatment by board president Roberta Kalaitz. She had "pro-poor credentials," Littlejohn said, and questioned a Valium prescrip-trion he'd written, calling it a very addictive drug.

"She's ignorant; Valium is one of the safest drugs," he said. "I was stunned."

The medical board's suspension order reflects that Kalaitz was concerned with the doctor's substandard record-keeping, overprescribing of medicine, and being "disorient-ed and unable to focus on ques-tions."

The board suspended his license, but there has been no permanent resolution. The agency says Littlejohn has delayed subsequent hearings. He says the only notice he received for a new hearing was left at his gate and consequently eaten by his dog, but it wouldn't matter anyway - he refuses to go before a board that carries itself like a "star chamber." He said he might not show up.

Littlejohn wrote to board members accusing them of forcing him to abandon his patients and demanding an emergency reinstatement of his license so he could at least oversee patients during the process of going off their medications. The board suspended his hearing after Noblett's decision.

"I still hurt constantly because these drugs aren't strong enough, but [her new doctor] is afraid to give any-thing else because of the Texas Medical Board, and those are the exact words out of his mouth to me," she said. "I think it's deplorable."

half that board ought to be arrested. To say Doc LJ is mentally incompetent is stupid. I know he mumbles when he talks and has a low, deep voice, but that's just Doc."

Littlejohn wrote to the Fort Worth Star-Telegram last year with their predicament. For sev-eral months, he said, stuff writer Brian Okada worked on the story, even meeting with a dozen patients at a motel room for interviews and pictures. The story was pegged for a high-profile spot - front page on a Sunday - and Noblett's group was giddy with anticipation.

But the story was delayed and then cancelled altogether. Noblett said Okada and news editors ignored his many calls and e-mails asking for an explanation. Littlejohn wrote a five-page letter to his class-action group, characteriz-ing the newspaper's decision as cowardly and ignorant. He copied the letter to the Star-Telgraph, and City Editor Lee Williams responded with a short e-mail saying the story was killed because Littlejohn didn't "best illustrate" a story about the controversy of pain therapy through med-ication.

The Weekly contacted Okada, and he sent an e-mail in response. He said Littlejohn "held a lot of promise," but he'd been unable to substantiate his claims, in part because the state agency didn't record the hearing. He decided to wait until the patient group filed their class-action lawsuit, he said, but then the story began to fall apart, with one key source, for example, deciding not to go on the record. "I don't believe I ever actually had a story that David or his fellow patients would have wanted to see - where I could show that the state had wronged Dr. Littlejohn," Okada wrote. "I believe my editor, Lee Williams, explained the situa-tion to David on more than one occasion."

In July, the medical board held a town hall meeting at Texas Christian University. One of the speakers that day was Ben Davis, who'd been one of Littlejohn's patients for 19 years, a former law enforce-ment officer who suffered from back pain and was finding it difficult to get the medicine his former doctor had prescribed. Davis talked that day about chronic pain patients and lamented Littlejohn's treatment by the board. Afterward, how-ever, he told Noblett he doubt-ed if anything they said would make a difference. A few days after the town hall meeting, Davis shot himself fatally.

Littlejohn lives in a cluttered house on a small spread of land just west of Fort Worth. A brick entryway reveals that, at one time, the house had been handsome. Now it's tired and in need of repairs and fresh paint. Littlejohn has never been rich. His patients describe him as an old country doctor willing to do housework, putter in the yard, shop, and play with his grandkids. Now she has trouble doing much of anything except sitting around the house and hurting.

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The laboratory is CLIA-certified, inspected by the Department of Health and Human Services for Medicare testing, and is also licensed in those states with special requirements (California, Florida, Maryland, New York, and Pennsylvania).

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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 these questions.

More than once during my course of reading, I experienced an "Aha!" 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 and warlocks have historically been associated with "familiars", that is, supernatural 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 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 my 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 care 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 think. Perhaps they really were 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.
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 marketed for sixth graders in 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 clinical studies twice that long for HPV to develop. The new drug is being regulated, 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.

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Habakus, made the point we would make: "This is not an anti-vaccine [issue]; it's a free- dom-of-choice [issue]. This anti-vaccine [issue]; it's a free- dom-of-choice [issue]. This anti-vaccine [issue]; it's a free- dom-of-choice [issue]. This anti-vaccine [issue]; it's a free- dom-of-choice [issue]. This anti-vaccine [issue]; it's a free- dom-of-choice [issue]. This anti-vaccine [issue]; it's a free- dom-of-choice [issue]. This anti-vaccine [issue]; it's a free- dom-of-choice [issue]. This anti-vaccine [issue]; it's a free- dom-of-choice [issue]. This anti-vaccine [issue]; it's a free- dom-of-choice [issue]. This anti-vaccine [issue]; it's a free- dom-of-choice [issue]. This anti-vaccine [issue]; it's a free- dom-of-choice [issue]. This anti-vaccine [issue]; it's a free- dom-of-choice [issue]. This anti-vaccine [issue]; it's a free- dom-of-choice [issue]. This anti-vaccine [issue]; it's a free-
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 fatigues jacket out of mothballs and I put it on and I got the old medals and decorations and covered the front of the jacket, and I wore that down to the meeting. I knew 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 doctors' meeting dealing with chronic pain patients, Noblett had questioned the board's heavy-handedness. Two years before, Littlejohn 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 quavering and beginning to well up with tears. "My words starting coming more clearly, and the pitch of his voice rose.

"Because when I think of my medals that I earned in '68, and threw his body on that bomb to save my life, and I think of the amazing work that down in the middle of our board trying to deny Texas citizens that Doc has been able to deliver from being disabled and putting hope back in their lives ... That's all they see." 

"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 set-backs I've gone through since this started. Trying to get people to listen. They look at you like, 'Oh, pain patients - what's that all they see?'"

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

"How about if I 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. 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 near the front door and knocked hard. 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.

"That's why I'm doing what I'm doing," he said, his voice quavering and beginning to well up with tears. "My words starting coming more clearly, and the pitch of his voice rose.

"Because when I think of my medals that I earned in '68, and threw his body on that bomb to save my life, and I think of the amazing work that down in the middle of our board trying to deny Texas citizens that Doc has been able to deliver from being disabled and putting hope back in their lives ... That's all they see."
"Noblett" ...cont'd from pg 11

Contingent 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. That 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 youth.

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, slinging 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 explained.

The medical crew loaded Noblett's body into an ambulance and drove away, no sirens 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 he 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 him.

Three hours later, we met at Noblett's house. Also there was Jim 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 dis.

FEATUERS

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In addition to his back and skin problems, Noblett was also diabetic and could not 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 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 pulled 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 cas-

kets," Littlejohn said.

He held the cap, glanced 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."

[reprinted with permission from Jeff Prince and the Fort Worth Weekly located online at www.fwweekly.com]

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:

The David Noblett Memorial Fund

C/O PHA

821 Sansome Dr.

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.

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 in the hope that he assumed personal responsibility for all funeral costs not covered by David's VA benefits. The above soldiers 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 young soldier salute Dr. Littlejohn, a man who himself was a military vetran, as they both honored the loss of a former soldier of armed services to the United States.

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.

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.

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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 notori- ously ineffective and risky flu 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 mat- ter if scientific studies have failed to prove that influenza vaccine is effective in children or many adults. It doesn’t mat- ter that flu vaccines during the past few years have been essen- tially worthless because they have not matched circulating strains of Type A and B influen- za viruses. And apparently it also doesn’t matter if the mor- tality statistic the flu police cling to - “36,000 annual deaths from influenza” - is scientific- ly correct or just type, especial- ly in light of the fact that only about 20 percent of all flu-like illness is actually caused by “influenza.” 

The bottom line: the flu you thought you caught last year might not actually be “influen- zal,” and even if it was, the chances that you got a strain of influenza actually contained in the vaccine out on the mar- ket was slim to none.

But that isn’t stopping the pro-force vaccinators from pushing mandatory flu vaccina- tion 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, a wear or be denied contact with patients.

And what about influ- enza virus 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 vac- cine was given alone or not), illustrate the disturbing similar- ity of the report descriptions: inflammation of the brain; neurological injury; Guillain-Barre syndrome; chronic joint and limb pain and numbness, chronic fatigue, and permanent neurological dam- age.

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 develop- mentally. 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 vac- round, truly finally 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.

by Barbara Lee Fisher
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

Featured by: Warren Levin, M.D.

ISBN: 10 - 9767977 - 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.” It was 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, Understanding and Treating This Complex and often Misdiagnosed Disease, with Dr. Lesley Fein, Dr. David Kocurek, RD, founder of Mission 患者, and Betty Martini, founder of Mission 患者.

The Experts of Lyme Disease contains a wide variety of information, describing many different aspects of the Lyme disease commumind. The first chapter begins with Dr. Cameron. He speaks about The Infectious Disease Society of America (IDSA) and how they claim that chronic Lyme infec- tion does not exist. He shares this thought...”By not expanding on clinical judgment and patient values, the IDSA guidelines are killing the idea of a doctor that goes to medical school with the best judgment.” It seems that medical guidelines are becoming more of a “rule of law,” made to cire- curve the whole concept of clinical diagnosis.

Dr. Ken Singleton stressed the importance of the infection factor in Lyme disease and how diet can help the patient deal with this prob- lem. Dr. Shoemaker raises the issue of bio-tissues 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.

Dr. Shoemaker was asked about the connection between Autism and Lyme disease. She feels that many parents often do not recognize signs of Lyme disease, not only children, but adults as well. In chapter 9 of Sue’s book, Dr. Steve Roberts, the author of The Poison Plum, asks us to consider doing a radio show dealing with Lyme disease information which has been discussed on this program. The last chapter ends with Dr. Cameron.

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In chapter 9 of Sue's book, Dr. Steve 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 Lee'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 Lee's book 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 instru- mental in warning about the dangers of aspir- i- tume. The interview includes the idea that aspir- tume can make the Lyme condi- tion 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 certain segment of the population out there who needed 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 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 speci- ficial interview featured, they should let me know. The book 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 didn’t have the ideas, so I already booked quite a few months ahead. I had to create another way to get the informa- tion out. I believe we are looking at February 2009.

Sue Vogan knows how to ask questions to get to the heart of the subject being dis- cussed. She has worked hard to include guests on her show who are making a difference and those interested can visit www.peerobservations.com .

I have learned a lot from the interviews over the past three years and have learned a lot from the interviews. I know I have enjoyed tuning in to hear from Lyme-literate doc- tors 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 speci- ficial interview featured, they should let me know. The book and the radio show are for the readers and listeners, so their input is welcome.
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...Joseph Burrascano, M.D.

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PUBLIC HEALTH ALERT

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