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Blending Conventional & Integrative Medicine With a Personal Patient Approach

An Interview with David C. Korn, D.D.S., D.O., M.D.(H)

by Tina J. Garcia

It is no secret that, after being shuffled from one indifferent and inane medical experience to another, medi- cal patients experience denial and repression from their doctors for many too many occasions and years for a medical close encounter of the most exquisitely poignant kind. Such a medical close encounter would include an attentive listening ear, acknowledgement of the patient’s symptoms, knowledge of the disease entity or a willing- ingness to conduct research, time for analyzing and a natural compassion for the suffer- ing patient.

I have, in my experi- ence as a chronic Lyme disease patient, experienced the inane medical encounters of the worst kind after which, for relief, I retreated to bed and covered my head with a warm, therapeutic blanket. Fortunately, I have also been blessed to have had rather close encounters of the exquis- itely poignant kind. The preci- ous memories of these med- ical visits with Lyme-experi- enced doctors have been care- fully placed in my golden box of treasures. I hope this ade- quately conveys the magnitude of cherished feelings held by Lyme disease patients for each of their own Lyme-Literate physicians (LLMDs).

Rarely does a patient have the opportunity to sit at a conference table with their treating physician and listen while he weaves thirty years of medical experience with words of inspiration into a practition- er’s tapestry that tells the story of his personal journey in medi- cine. The medical tapestry woven by Dr. David C. Korn consists of his ongoing quest for medical knowledge, person- al enrichment, service to his fellow man and most admirably, a medical and scien- tific evolution that projects mainstream Lyme treatment back into the Dark Ages.

Tina: Dr. Korn, thank you for the opportunity; it’s an honor to interview you today. Would you consider sharing your medical education and experience?

Dr. Korn: Of course, it’s my pleasure. I began by attending medical school at Ohio State. New Michigan fans may cringe at that because of the rivalry between Michigan and Ohio State, but that’s okay. It’s all in good fun. I decided to change my major and took dentistry at West Virginia University Medical Center School of Dental Medicine in Morgantown, West Virginia. I spent four years at WVU and obtained a dental degree. With my dental degree I entered the public health field and performed oral surgery in Virginia.

I was very interested in oral cancer and proposed a program for oral cancer detection which developed into a pilot program that was sponsored by six state and local health groups. This exciting program became the pilot project for the State of Virginia. I had the desire to learn more and real- ized that I needed additional training.

This decision led me back to medical school. It was pretty funny that one major medical center in the area where I was practicing dentistry told me I was “too old” then, I was 24 or 25. So, I kept that in my heart and was accepted at the Chicago College of Osteopathic Medicine. The Dean there also told me I was too old, and he was very excited about having me there with my DDS and pursu- ing my D.O.

I taught oral pathology at the medical school. During my internship, I practiced den- tistry to help me get through med school and pay the bills. I also had four little guys at the time. Quite honestly, we really had a good time; it was fun. Chicago is a nice town, and even though it’s quite cold in the winter, I wanted to do my internship right there in Chicago where I had four den- tal clinics. I eventually ended up in heading the dental clinics, however, because it became too burdensome for me during my studies and demanding internship.

I had a very good med- ical practice base from the start, because I already had a patient base from the dental clinics. These patients wanted me to take care of their med- ical needs, too. So, I practiced primarily at night hospital medi- cine, delivered babies and was involved in just about every phase of medicine. I was as happy as I could be. I didn’t even know if anyone owed me money, because I was just so happy to be practicing medi- cine. It wasn’t a very good way to be, though, because cer- tainly you have to be tuned to the business aspects of medical practice. But I’m telling you, I was really excited to be prac- ticing medicine. I was doing obstetrics and gynecology, and even though I wasn’t board certified, I was the busiest oral surgeon in the hospital. So, I had a lot of surgical experience and was on the staff of the aca- demic departments in emerg- ency medicine surgery, ob/gyn and family medicine.

In 1978, I also worked 24 hours a week in the trauma room, because Olympia Fields, a Chicago suburban hospital, was in those days a Level I trauma room. I really liked that. So, between 1978 and 1980 I worked in emergency medicine and built my family medicine practice. About that time, I became very interested in headache medicine, because I had been a migraine patient for many years. This is very important from a standpoint of Lyme disease, which is today one of my major interests. From the age of 12 to the age of 33, when I met Dr. Seymour Diamond during my internship, I had migraines every day. Dr. Diamond was then the leading headache authority in the world, and he was able to put me in touch with some treat- ments that helped relieve my headaches greatly. After that, I began studying headache medi- cine quite vigorously and went to all the lectures I could go to under Dr. Diamond’s study group. I then started my own headache medicine practice and began getting many patients with headache prob- lems.

I’ll never forget attend- ing a headache conference in Arizona. Everyone was walk- ing around complaining about how awful the weather was. It was January, the temperature was 55 degrees, and it was a little rainy and overcast. I had just come from Chicago where it was 55 below, so I thought it was a pretty good exchange. But the local natives were complaining. It just goes to show that everything is rela- tive.

I brought my family to Arizona when I attended that.
Bacteria, but instead, psychiatric syndrome” is not caused by IDSA, this syndrome (which stands that it is dangerous, but recognizes chronic Lyme disease as a real medical condition, nei- ther a reliable indicator that other species of Borrelia.” In fact, similar to the con- ditions evaluated for medical condi- tions. Nevertheless, patients who have long- stand- ing symptoms to particular infec- tions. If a diagnosis for Lyme disease is in fact caused by the persistent presence of an active infection, IDSA guidelines generally determine Centers for Disease Control (CDC) guide- lines and CDC, there is generally determine what is and is not accepted for long-term antibiotic therapy, because the IDSA does not rec- ognize chronic Lyme disease as a real medical condition, neither do the majority of physi- cians in the United States. Lyme Disease is a real medical condition bacteria, because Lyme Disease is caused by Borrelia burgdorferi spirochete is the infectious agent that causes Lyme disease. The Borrelia burgdorferi spirochete is the infectious agent that causes Lyme disease.

The Borrelia burgdorferi spirochete is the infectious agent that causes Lyme disease.

For people suffering with chronic Lyme disease, IDSA guidelines can be devas- tating. Yes, the IDSA does rec- ognize “post-Lyme syndrome,” but only as a psychosomatic disorder—not as an active bacterial infection. It does not matter whether or not the IDSA believes chronic Lyme disease is caused by active bacteria or paranoia. Actually, it matters a lot. Although the IDSA does recognize Lyme disease, their stance on the cause of the disease makes the difference between Lyme disease sufferers being vindicated and receiving the treatment they need, or being ridiculed and denied the appropriate treatment. Current IDSA guidelines stipulate that doctors should treat Lyme disease with psychological counseling, and if that does not work, doctors should simply throw patients out of the office and tell them they are crazy. When doctors attempt to treat a raging bacterial infection as if it were paranoia or a character flaw, the result is a large number of very sick patients being talked at instead of treated. Additionally, treating chronic Lyme disease as a psychological problem also results in the ridiculing and disparaging of Lyme patients when the therapy doesn’t work and symptoms persist.

On the other hand, if chronic Lyme disease is treated appropriately with antibacterial therapies, patients will actually get better, get support in areas that matter (emotional, insurance coverage, and understanding from employers and family members), and get compassion from employers and family members, during ongoing sickness. So, as you can see, the question of the cause of chronic Lyme disease is of critical importance to those suffering from the condition.

In recent months the debate over whether treatment is intense, and its resolution seems as far off as ever. On October 5, 2007, the New England Journal of Medicine (one of the most well-respected and credible medical organiza- tions in the world published an article entitled A Critical Appraisal of “Chronic Lyme Disease,” authored by Henry M. Fedo, Jr., M.D., Barbara J.B. Johnson, Ph.D., Susan O’Connell, M.D., Eugene D. Shapiro, M.D., and Alvin C. Stare, M.D., Gary W. Wormser, M.D., and the Ad Hoc International Lyme Disease Group.

The report begins with accurate information: “Lyme disease, the most common tick-borne infection in the northern hemisphere, is a serious public health problem. In North America, it is caused exclusively by Borrelia burgdorferi (or B. burgdorferi sensu stricto, hereafter referred to as B. burgdorferi). Whereas in Europe it is caused by B. garinii, B. afzelii, and occasionally by other species of Borrelia.” The IDSA guidelines state that “…after antibiotic treat- ment, the diagnosis is accurate nor with the accuracy…. Antibiotics are generally recognized in the synovial fluid and the tis- sues. Furthermore, the article dis- cusses the improved response of Dr. Raphael Stricker, president of the International Lyme Disease Association (ILADS), to the article: “It’s a disaster for peo- ple with chronic Lyme disease. This new report raises the stakes considerably and renders any red-hot, hostile envi- ronment, even more perilous. The suffering and despair of the Lyme disease community appears to be headed for a turn for the worse, if that is even possible given the current state of our health care system it is already experiencing.

The Hartford Courant, on October 5, 2007, reported on the response of Dr. Raphael Stricker, president of the International Lyme Disease Association (ILADS), to the article: “It’s a disaster for peo- ple with chronic Lyme disease…since it appeared in the New England Journal of Medicine, there has been a flurry of activity to attribute medically unexplained symptoms to particular infec- tions. Lyme disease is a mis- taken, and the use of pro- longed, dangerous, and expen- sive treatments is not warranted.” Is this a true statement? You decide after reading the above paragraph. The studies we will look at below have been conducted all over the world and represent an objective and diverse cross-section of modern Lyme disease research. Please note that the following collection of scientific studies represents only a small number of the available, relevant articles—there are many more research sum- maries and abstracts available in this book will permit.

The science is clear

Be clear about what you can conclude from the findings of the Institute of Rheumatology, in Prague, Czech Republic. In a report in Prague a case of a female patient suffering from Lyme disease was confirmed by detection of Borrelia garinii DNA present in her blood. After treatment with antibiotics, symptoms persisted and six months later, Borrelia garinii DNA was “repeatedly detected in the synovial fluid and the tis- sues.” Additionally, even after antibi- otic therapy, antigens and parts of Borrelia burgdorferi DNA were detected by electron microscopy in the syn- ovial fluid, tissue, and blood. What was made in Germany at the University Hospital of Frankfurt, called Lyme disease as a “disorder of potentially chronic propor- tions” and that “therapeutic failures have been reported for almost every suitable antibiotic…are not warranted.”

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riz with me. Now I have my life back and I am standing on the
edge of a dream! Thank you, Dr. Forester!

I think God, most of all, who was ever-so-faithful to
direct my path to Louisiana to
find the exact medical care
needed to save my life!

1 view of the campus clock tower where I will be attending

Public Health Alert

The PHA is committed to researching and investigating Lyme Disease and other chronic illnesses in the United States. We have joined forces with local and national support group leaders. These groups include the chronic illnesses of Multiple Sclerosis, Lou Gehrig’s Disease (ALS), Lupus, Chronic Fatigue, Fibromyalgia, Hunt Disease, Cancer and various other chronic illnesses. 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 sup-
emotionally, spiritually, physically, and medically.

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The 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 sup-
emotionally, physically, spiritually, and medically.

My journey with Lyme disease has been a long, ardu-
ous, and hard fought battle. There were days when the thought of dying would have been a welcomed relief just to escape the pain, but I knew enough of the disease process and cycling effect of the Jarisch-Herxheimer reaction to know that this season of pain would cycle through to better days. But there were days I wished I could ever see the other side.

When I was diagnosed with Lyme disease in November of 2005, that was a welcome relief which gave me a NAME to call what I had been battling since 1987 that sent me into a medical mystery that specialist after specialist could not figure out and kept passing me on to the next medical specialist. Getting a diagnosis was like winning the grand prize at a power lottery!

My life as I had known it ended in 2005. I physically could not perform the most basic functions of life. Getting out of bed and getting dressed was an energy-draining task that would leave me exhausted and needing a nap just to recover from the effort. By March of that year I stopped homeschooling and put the kids in school as I could no longer teach the chil-
dren. I was lost as lost could be. My whole world—my health, my role as wife and mom and just plain being, I was bullied out of school of who I used to be. But then there came the diagnosis! I was thrilled beyond measure to receive a diagnosis! I can fight a war when I know who the enemy is! I was amazed to learn that Lyme disease was in the middle of medical controversy as I was being diagnosed. I looked at both sides of the argument—actually tried both sides of the argument—and when one failed, I went with the only remaining option on the table… long term treatment. What did I have to lose?

Since that time the doctors have still raged on in their ivory towers about ideology and conflicts of interests, but as a patient who “choose the path less taken” I am now 3 years into treatment, getting my life back, and now standing on the edge of a dream! I have seen my darkest days and they are behind me. That does not mean I don’t still have a bad day, or a h-e-r-e now and then, but I continue treatment it is only getting better and better.

I am weeks away from starting graduate school. If you had asked me 3 years ago if this day would ever possibly be possible, I would have told you a resound-

Texas Lyme Disease Association

Giving Lyme the Boot!
intravenous ceftriaxone for up treatment with four courses of According to doctors, "despite Shortly thereafter, a diagnosis Spirochetes were detected in hinting of Lyme disease. erythema migrans." all, antibiotics used so far have burgdorferi after antibiotic ther- antibody titres against B. icant and persistent increase of Borrelia burgdorferi and signif- ic treatment. Disease were fol- lowed after antibiot- Disease were fol- lowed after antibiot- Lyme disease actually have chronic Lyme disease. In 1996, the Fox Chase Cancer Center in Philadelphia, conducted a study in which it was discov- ered that urine samples from 97 patients clinically diagnosed with chronic Lyme disease con- tained Borrelia burgdorferi DNA. The interesting aspect of this finding is that most of these patients had previously been treated with extended courses of antibiotics, the implications of which are sim- ply that antibiotic therapy (even extended courses) does not always eradicate the infection. The study concludes that "a significant number of patients ac- cused on clinical grounds as having chronic Lyme Disease may still excrete Borrelia DNA, and may do so in spite of intensive antibiotic treatment." The University of Pennsylvania at New York Stone Brock con- ducted a study in 1996 to deter- mine which of two types of antibiotic (azithromycin or amoxicillin) is more efficacious for the treatment of early Lyme “Chronic Lyme”..."cont’d from page 2 producing sporeforming-L-form variants...these forms without cell walls can exit the organism for a long time (usu- ally with beta-lactam anti- biotics) and the cell wall-depend- ent antibody titer disappear and emerge after reversion. Researchers at the University of Dermatologische Privatpraxis, Munich, Germany, agree with their German peers in a 1996 study which notes that patients with erythema migrans can fail to respond to antibiotic therapy. “Persistent or recurrent erythema migrans, major sequelae such as meningitis and arthritis, survival of Borrelia burgdorferi and signifi- cant and persistent increase of antibody titers against B. burgdorferi after antibiotic ther- apy are strong indications of a treatment failure. Most, if not all, antibiotics used so far have been associated with a treat- ment failure in patients with erythema migrans.” In Austria, in 2001, the Lainz Municipal Hospital in Vienna admitted a 64-year-old woman who presented with various systemic symptoms hinting at Lyme disease. Spirochetes were detected in samples of her skin lesions. Shortly thereafter, a diagnosis of Lyme disease was made. According to doctors, “despite treatment with four courses of intravenous ceftriaxone for up to 20 days, progression of [Lyme symptons] was only stopped for a maximum of one month.” After treatment in Graz, Austria, studied four cases of verified late stage Lyme disease and found that serology was Lyme positive even after repeated courses of high-dose intra- venous penicillin-G and cephalexin. Researchers at the University of Umea, Sweden, found in which 165 patients with dis- seminated Lyme Disease were fol- lowed after antibiotic therapy. Approximately 10% of the patients experi- enced a clinical relapse with positive PCR tests and spirochetes successfully cultured from the blood of the patients. Note, in this case, that the Lyme disease relapse was not evidenced only by continuing symptoms, but also by two independent testing methods: both PCR testing and blood culture. This single study, even without aid from the numerous other studies presented in this chapter, should be enough to call into question the IDSA’s staunch and dogmatic stance on recommended antibiotic regi- mens.” These patients were eventually cured by long term treatment with benzathine penicillin. Moving across the globe to Thailand, scientists at KhonKaen University write that “electron microscopy adds fur- ther evidence for persistence of spirochetal antigens in the joint in chronic Lyme Disease. Locations of spirochetes or spiro- chetal antigens both intracellular and extracellular in deep syn- ovial wet connective tissue as reported here suggest sites at which spirochetes may elude host immune response and antibiotic treatment.” In France, a study was published in the Journal of Antimicrobial Agents and Chemotherapy in 1996, con- ducted by the University of Nanterre. The study notes that “despite appropriate antibiotic treatment, Lyme Disease patients may have relapses or may develop chronic manifesta- tions.” It would be understand- able for the IDSA to neglect, or at least take less seriously, research conducted outside the borders of the United States, since the IDSA is an organiza- tion that operates inside, and is accountable to, U.S. citizens. However, as we move in to examine studies conducted in the United States, you will see that a significant portion of the evidence in favor of chronic Lyme disease can be found here on American soil. In 1996, the Fox Chase Cancer Center in Philadelphia, Pennsylvania, conducted a study in which it was discov- ered that urine samples from 97 patients clinically diagnosed with chronic Lyme disease con- tained Borrelia burgdorferi DNA. The interesting aspect of this finding is that most of these patients had previously been treated with extended courses of antibiotics, the implications of which are sim- ply that antibiotic therapy (even extended courses) does not always eradicate the infection. The study concludes that “a significant number of patients ac- cused on clinical grounds as having chronic Lyme Disease may still excrete Borrelia DNA, and may do so in spite of intensive antibiotic treatment.” In 1998, the University of New York Stony Brook con- ducted a study in 1996 to deter- mine which of two types of antibiotic (azithromycin or amoxicillin) is more efficacious for the treatment of early Lyme “Chronic Lyme”..."cont’d from page 6
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How we feed and raise our children ultimately deter- mines the future health of our society. In this modern culture, we have traded the importance of our children for the impor- tance of materialistic goals. Our world is currently reflect- ing this tragic shift in priorities. Sally Fallon, who wrote the foreword to the book, provides us with an excellent analogy to explain the reasons for our modern illnesses and discom- forts.

“Chronic Lyme” … cont’d from pg 4

disease. The study found that astronautics was more effective than arthritoxin. However, more interestingly, patients from each did experience relapses despite antibiotic ther- apy.

While the IDSA was releasing their guidelines in which it was concluded that chronic Lyme disease is not a medical condition that justifies extended antibiotic therapy, researchers at the New York State Psychiatric Institute were discovering just the opposite. The authors of a report pro- duced at that institution described a case of a neu-ropsychiatric Lyme disease that was “expressed clinically by severe neurologic relapses” and “unusual” case of Lyme disease and “unusual” case of Lyme disease and “unusual” case of Lyme disease. The researchers who treated these patients, indicating that it results eradication by host defense mechanisms and antibiotics.

The author stresses that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gestion of what the IDSA was saying is that the treatment of chronic Lyme disease is not a medical condition that justifies extended antibiotic therapy. In their studies of 63 patients with Lyme disease, the researchers conclude that “some patients with Lyme Borreliosis may require more than the cur- rently recommended two to three week course of antibiotic therapy...”

Also in the State of New York, the New York University School of Medicine conducted a study which evaluated antibi- otics for the management of Lyme disease between the years 1981 and 1987. Of those with “major” infection, even from antibiotic- treated patients, indicating that it results eradication by host defense mechanisms and antibiotics.

While the IDSA was releasing their guidelines in which it was concluded that chronic Lyme disease is not a medical condition that justifies extended antibiotic therapy, researchers at the New York State Psychiatric Institute were discovering just the opposite. The authors of a report produced at that institution described a case of a neu-ropsychiatric Lyme disease that was “expressed clinically by severe neurologic relapses” and “unusual” case of Lyme disease and “unusual” case of Lyme disease and “unusual” case of Lyme disease. The researchers who treated these patients, indicating that it results eradication by host defense mechanisms and antibiotics.

The author stresses that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug- gests that we do not have to accept the ideas of what is right and wrong come from? He sug-
Cancer experts have been warning for years about the dangers and ineffectiveness of mammograms. Still the medical com-

You have probably never suggested natural progesterone because there is no way they can write for it. The drug companies make a synthetic version called progestins, but too often these are NOT the same as natural progesterone and have been noted to cause cancer, heart disease and birth defects.

called-"natural" brands use progestin glycol. Ask Tom of Maine why their "natural" deodorant contains a chemical as its main ingredient. Ingredients are listed in order of concentration. Tom's has progestin glycol on the top of their ingredients list. Read your labels and buy beware.

Dry CLEANERS: Chemicals in dry cleaning are not suspected, but proven to cause cancer. These chemicals (PERC) are being put right against your skin. Most people keep the plastic bags on their clothes for days and weeks until they are ready to wear them. This ensures that the chemicals will be absorbed into the body as the pro-

The bottom line is that breast cancer rates are sky high for women who have taken oral contraceptives. Fifty percent of women diag-

Perhaps Governor Perry has been considering painging for re-election to find a physician to serve as his "chief medical advisor," as he was advised to do by TMB," Jane Orient said.

The active ingredient in all antiperspirants is aluminum Waters apply by wrapping the aluminum stick over your hand, let me show you how to use the cream in one of the breast pigmented areas. There have been numerous studies linking to ovari cancer. Take this very similar in its structure to asbestos, it can also be contaminated with asbestos itself. I recommend using a deodorant without an antiperspirant in it, but before you go purchasing any deodor-

Another fact everyone should know is that the life span of a medical doctor is only 58 years. There is the chance you will want to take health and longevity advice from? Your general practitioner treated you while in alternative health we have a greater understan cause. I believe that with proper nutrition and supple-

The key to prevention, the active ingredient being nicotine, is called "nicotine" and "nicotine". The question is: why are there no chemists working on the design of these chemicals? Why are the answers not being told to the public?

Director.

The cream should be used for 2-3 days before your period starts. Avoid applying it for 5-7 days, then apply daily for 7-10 days. Apply the cream after a hot bath or shower. Avoid applying the cream to areas of skin infection. The cream should be applied to an area where the skin is thin to get the most benefit. The cream can be applied for up to 400mg of progesterone each day through out pregnancy. Remember that progesterone is the food- feed for the uterine lining. The pro-

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conference and we really liked this beautiful Arizona climate. I immediately began to formulate a program in my mind to move to Arizona and practice headache medicine. It was a big step, but I wasn't satisfied with my partnership in Chicago, so I did make arrangements with several hospitals here in the valley. From 1980 to 1984, I practiced in Scottsdale as Director of the Scottsdale Center for Headache and Facial Pain. I and a local neurologist, who also had a headache center, made the interview circuit on every local radio and television show for what we called Headache Awareness Week. This endeavor was sponsored by Dr. Diamond's National Migraine Foundation. We closed our offices for a week and gave many lectures on headaches. Then Dr. Diamond and all the other major headache specialists came to town to give lectures on headaches also, and this was very successful.

In 1982, I read a book called Life Extension: A Practical Scientific Approach. It was written by Durk Pearson and Sandy Shaw. It was a blockbuster that sold millions of copies. That book became life-changing for me in my medical practice. It presented the possibility of how people might be able to live longer and healthier. I was blown away by the concepts of clinical biochemistry. So, I extensively studied works on biochemistry and cell pathology. This was a very exciting field! I began to practice some recommendations for enhancement of brain performance post injury and stroke. I thought I could help my mother who had Parkinson’s disease.

Then, in 1984, my elderly parents in Ohio became very ill. My brother was also in Ohio practicing dentistry, and I made the decision to return to Ohio to help my brother take care of my mom and dad. While in Ohio, I began using what I had learned in the exciting new field of biochemistry by implementing anti-aging principles in my treatment of patients. The Life Extension Foundation sent patients from Florida and the Midwest to my practice in Columbus, Ohio. I treated them for memory enhancement. It was then that I noticed there were two groups of these patients, for the most part. One group consisted of patients that could benefit from the brain-enhancing nutrients and drugs that I used and a lot of those drugs and nutrients are set forth in a book called Smart Drugs and Nutrients I and II by Dr. Ward Dean. The other group of patients were those who answered "yes" to nearly everything on my history ques- tionnaire. From my observa- tion, it appears that these patients were the early Chronic Fatigue Immune Dysfunction Syndrome (CFIDS) patients and the Fibromyalgics.

The CFIDS and FM patients had tremendous chemi- cal sensitivities, so they couldn’t tolerate a lot of the treatment I was giving to others. I began studying the CFIDS and FM patients. At the time, most doc- tors thought these conditions were ridiculous and non-exis- tent. However, I found it to be quite obvious that there were such clinical syndromes. I investigated them, but it wasn’t until long after I moved to and practiced in Arizona, that I explored ways to treat the three main viruses that were involved in the CFIDS syndrome.

I initially thought I might be in Ohio for a couple of years and then move back to Arizona, but as it turned out, I stayed in Ohio for 14 years. I would wake up longing for those beautiful Arizona days. I was finally able to return to Arizona in 1997 and then I opened LongLife Medical in 1999. www.longlifemedical.com. I held two license- es in Arizona, a D.O. osteopath- ic license and an M.D.(H) integra- tive medicine license.

Getting back to CFIDS and FM, the three viruses I held to believe are Epstein Barr Virus (EBV), Human Herpes Virus 6 (HHV-6) and Cytomegalovirus (CMV). Those viruses are bad, but they were not necessarily received by establishment medicine. Yet I treated patients with those viruses who had those disorders and symptoms and I got really good results for a period of time. Unfortunately, patients would return after six to nine months and they would be in relapse. I found later that the reason they were relapsing and I wasn’t getting the whole pic- ture was due to Lyme disease. I have worked with hundreds of these patients over the years from 1983-84 to the present. I am also the Medical Director of Envita Clinic in Scottsdale. www.behalealthamerica.com At Envita, I see other types of patients. The majority of patients I see at Envita are can- cer and infectious disease, but some patients see me for pre- ventive medicine.

Tina: Would you share with us your unique and personal patient approach?

Dr. Korn: One thing that is very important to me is that people are three persons. That means all of us; I don’t care who you are or what you do. We each have three parts to our being. We have a spiritual part, a physical part and a mental part. All three parts need to be approached in one’s treatment of an individual in order to help them be well. Wellness must occur in all three spheres of an individual’s being. In my opin- ion.

Personally, I have a very deep spiritual faith in Jesus Christ and that has served me well. I am an ordained Chaplain and also a Pastor. Now I don’t beat people over the head with the Bible, but I do pray with people in my practice. I pray for them to get better. That’s been very helpful to me and I think praying is helpful to many of my patients, also. Not everyone wants to be prayed with. For instance, I had one patient who, after her office visit, went to the front desk and said, “I must be sicker than I know, because that man wanted to pray with me.” But that was okay.

So, that’s an important part of wellness. Not everyone shares my spiritual beliefs and that’s okay. I think, though, that people should eventually come to some sort of under- standing of their spiritual essence. To me, there’s no question as to what that essence is, but not everyone shares that belief. And I do believe in the Bible as a basis for my spiritual faith.

I think a lot of people become more interested in their spiritual natures when they become very ill. Sometimes they even blame God for their illness and I just try to share with them that this is definitely not correct from a Biblical standpoint. When requested, I will provide patients with a Biblical perspective and how it relates to their sickness, but I do avoid spiritual debates with patients.

I believe the Bible is God’s owner’s manual for everyone. Sometimes it seems

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Welcome to iGenEx!

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

www.igenex.com

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ed Jarisch-Herxheimer reac-
tions, and repeated observation of
antibodies and antigens. Both indicators were
positive after just one test, but multiple
courses of "adequate antibiotic therapy"
were administered. The patient was referred to
the Baker Institute for
Medical Research in
Ithaca. Antibiotic treatment of
the knee infection was started,
and symptoms declined
significantly after treatment,
although symptoms declined
further after six months, Lyme anti-
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We know that five insects have been indicted for carrying Lyme. They used to state only the deer tick, but now we know it's all ticks.

Then there are fleas, horseflies, mosquitoes, and the worst of all for Arizona, dust mites.

Dr. Korn: That's a great question. I don't have all the answers, but I'm certain we will find out all the answers.

Dr. Korn: Dr. Korn had a lot of wonderful training and am very grateful for the advanced training I received at the Chicago College of Osteopathic Medicine. I had one with invaluable preparation. However, as I work in medicine, I now realize how much we still have to learn. Now I'm not young anymore, but I attend all the advanced seminars and courses that I can, and no one ever taught me a thing about Lyme disease. I do believe that it will be proven that Lyme disease will increase to higher epidemic proportions than any other disease. I gave a lecture in Utah that was very well-received by a group of about 250 scientists from the Tesla Society in which I compared Lyme plague to the plague of 1390. If you read the Bible books of Daniel and Revelations, you will see the correlation to the tiny plague of the last days. It is on six continents. As much as 50 percent or more of all patients who have been diagnosed with a chronic illness actually have Lyme as the cause.

Tina: Are we getting it only to be on this earth helping the Lord Jesus adjudicate His kingdom here. So, we’ll be in human form walking around, but we’ll be immortal and helping Him administer His kingdom.

Back to your question about suffering: It says in the Bible that we are to carry His cross, and to carry the cross of Christ is to undergo suffering. To suffer is really part of walking with Christ, just as he suffered. If we just blaze through life and have the best of everything, we really don’t learn much. And we certainly don’t prepare our children properly for life if we spoil them by giving them everything to avoid hardship. Life is hard and this world is difficult.

Tina: So much appreciate your spiritual perspective. I believe your words are very inspiring to those suffering from chronic illness.

Dr. Korn: I’ve had a lot of wonderful training and am very grateful for the advanced training I received at the Chicago College of Osteopathic Medicine. I had one with invaluable preparation. However, as I work in medicine, I now realize how much we still have to learn. Now I’m not young anymore, but I attend all the advanced seminars and courses that I can, and no one ever taught me a thing about Lyme disease. I do believe that it will be proven that Lyme disease will increase to higher epidemic proportions than any other disease.

Dr. Korn: That’s a great question. I don’t have all the answers, but I’m certain we will find out all the answers.

If you say we love Christ, we will be with Christ as soon as we leave this body. In that instant, we will be in the presence of the Lord. It is not to be absent from the body to be instantly in the presence of the Lord Jesus. We will be in the presence of Christ.

That’s why I think that 90 percent of our brains aren’t even being used yet. They’re to be used in the future. We’re not going to be floating around on a cloud playing harps, it’s not going to be like that at all.

We blend His kingdom here. So, we’ll be in human form walking around, but we’ll be immortal and helping Him administer His kingdom. In this way, we make His kingdom present here. So, we’ll be in the presence of the Lord Jesus. We will be in the presence of Christ.

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New Yorkers Stand Up for Vaccine Exemptions

by Barbara Lee Fisher

In the harbor of New York City stands the Statue of Liberty, a symbol of freedom that has welcomed millions of immigrants for 112 years, half of the time that the United States of America has been a nation. And on the base of the statue is an inscription that says in part: "...Give me your tired, your poor, your huddled masses yearning to breathe free..."

I remembered that phrase when I was driving from Washington, D.C. to New York City and our van got caught up in the Sunday afternoon traffic that led us past the Empire State Building on our way to Long Island.

Freedom was very much on my mind as we headed for Staten Island University to participate in the March 15 Vaccine Education Roundtable sponsored by New York state Assemblymen Marc Alessi (D-4th Assembly District) and Richard Gottfried (D-75th Assembly District) who is Chair of the House Health Committee.

Americans have always cherished the freedom to breathe free; to speak, to write and to dissent free of fear of retribution; to believe, to find one's god and worship freely, to be persecuted, to vote for whom we want to represent us in government and know our vote counts; to follow our conscience and stand up for what is right. Although America is only 222 years old, which is very young compared to other countries that have existed for several thousands of years, during our short history there is not only that nation which has defined and honored the freedom of citizens to live in a society based on the principle of equal rights and consent of the governed any better than the United States of America. Choice is threatened today for parents in New York and New Jersey and other states. Every day parents are threatened with more hostility from pediatricians throwing them out of doctor's offices for questioning vaccine safety and are being harassed by government officials determined to force their children to get dozens of doses of state mandated vaccines without voluntary, informed consent. New York currently mandates more than two dozen doses of 11 vaccines through mandatory attendance while New Jersey leads the nation with nearly three dozen doses of vaccines, including annual influenz-a shots.

Exemptions are being pulled by state officials after they throw parents into rooms and grit them for hours about the sincerity of their religious beliefs. Last year in Maryland, state officials threatened several thousand parents with jail time and fines for failing to show proof their children had gotten hepatitis-B, chicken pox and mumps shots.

It is in this climate of fear and crisis that parents, who want a more informed choice in making vaccination decisions for their children, and pediatricians and public health officials have decided to strengthen their position on what parents want to do, that is, vaccinations are being pulled by state officials after they throw parents into rooms and grit them for hours about the sincerity of their religious beliefs.

The amount of conflicting evi-dence parents are presented with regarding the effects of certain vaccines is staggering. This forum opened the lines of communication between experts in the debate and pro-voked concerned parents with the most recent information on the safety of vaccines. As a parent, I know how difficult it is to make the right decisions regarding our children's health, but if we are to make good decisions, we need to be well informed and continue to have discussions like this round-table.

At the beginning of the Roundtable, I framed the vaccine safety and informed consent debate and outlined how the informed consent principle is lost in pushing for philosophical con-scientious belief exemption. I reviewed the general health ranking of New York (25th) compared to the 18 states which have philosophical exemptions (six of the top 10 ranked states have philosophical exemption) and noted that the U.S. has more vaccines than any nation in the world but ranks 39th in infant mortality.

Other panelists supporting philosophical exemption to vaccina-tion included New York pediatrician Lawrence Palevsky, M.D., who called for an authentic dialogue that “means past what appears to be a one-sided, paternalistic, and patronizing set of policies and language with an unwillingness to engage in a real discussion about the science of vaccines.”

He challenged many of the myths and misconcep-tions about the safety and effec-tiveness of vaccine policies.

New York's John Gilmore, executive director of Autism United, who has a vac-cine injured son with autism, said “Without truth, the propo-nents of forced vaccination have nothing but authority, and authority is an unacceptable basis for any public policy in a democratic society.” He pointed out operational flaws and con-flicts of interest in vaccine safety and informed consent regulatory and policymaking.

Louise Kuo Habakus, of the New Jersey Coalition for Vaccination Choice, who has two young sons recovering from vaccine injuries, presented slides summarizing vaccine risks and questioning whether vaccines can be credited with eliminating disease, mortality and morbidity decreases in the 20th century.

Panelists defending cur-rent vaccine policies and opposing philosophical exemp-tions included New York pedia-tricians Paul Lee, M.D., who agreed vaccine safety should be a high priority but disagreed that the amount of mercury and aluminum in vaccines posed a health risk, and longtime vac-cine policymaker and American Academy of Pediatrics president Louis Z. Cooper, M.D., who agreed truth between pediatricians and par-ent needs to be strengthened but defended the safety of existing vaccine policies, and Debora Block, M.D., medical director of the Immunization Program, New York State Department of Health, who “warned what appears to be a growing number of citizens to be a one-sided, paternalistic, and patronizing set of policies and language with an unwillingness to engage in a real discussion about the science of vaccines.”

Barbara Lee Fisher participates in the Vaccine Education Roundtable discussion in New York in December 2008 that was sponsored by New York Legislators.

By the end of the day, I thought about how long parents of vaccine injured children have been asking pediatricians and public health officials to become partners with them in preventing vaccine injuries and deaths. After nearly three decades, parents and doctors inside and outside of government have nothing but authority, and authority is an unacceptable basis for any public policy in a democratic society.” He pointed out operational flaws and conflicts of interest in vaccine safety and informed consent regulatory and policymaking. NJVC's videographer, Chris Fisher, will be making a video of the day's events available on NJVC's website.

Following panelist presen-tations there was a spirited debate that lasted for more than two hours as panelists argued and defended their positions. NJVC's videographer, Chris Fisher, will be making a video of the day's events available on NJVC's website.

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“Chronic Lyme” ...cont'd from pg 13

is no evidence that this phe- nomenon has any clinical rele- vance. B. burgdorferi may pen- etrate cells in vitro, but there is no evidence that the organism may be sheltered from antibi- otics during an intracellular phase and then disseminate and cause clinical relapse.

Where are they getting this research? Is there a hidden set of scientific literature some- where that only these authors have access to? How can the article make such sweeping, inaccurate claims? Any rational person would have to wonder after reading the research, what forces motivate those who write such statements. It seems clear that whatever their motivation, it is not the presentation of objective, scientific truth. This is frightening considering that these statements were published in a journal as prestigious and important as the New England Journal of Medicine. Medical truth is unfortunately not easy to find, even in the places you would expect most to see it.

In the year 2008, the number of organizations and researchers who do not acknowledge the chronic form of Lyme disease can be counted on one hand. You want credible evidence? How about the Yale University School of Medicine. In a report published by Yale in September of 2004, researchers described a newly-discovered “protective niche for Borrelia burgdorferi” that allows the infection to “evoke immunity” leading to “chronic infection.” You can add Yale to the list of institutions that acknowledge Lyme disease in its persistent, chronic form.

It is of critical impor- tance that scientists, researchers, and doctors take steps to quickly correct erro- nous conclusions about chronic Lyme disease. It is literally a question of life or death. Right now, as you read this, there are thousands of desperate, debili- tated, infected people being told that there is nothing wrong with them. Even in the year 2008, as modern medicine continues to provide solutions to so many health problems, there is a con- tingent of the population whose needs are being completely ignored. This is not acceptable and change must occur soon. Very soon.

It seems appropriate to close this chapter, and, indeed, close this book, with a letter written by a New York physi- cian who states the facts more articulately than I can. This let- ter-written by Dr. Richard Brand, M.D.clearly sums up the current state of affairs. I leave you now with Dr. Brand’s words:

October 27, 2007

I have been trying to divine a reason why the various medical specialty organizations (Infectious Disease, Neurology and now, Dermatology) have been racing to perpetrate a pre- ponderance of guidelines that denounce appropriate, or at least reasonable, diagnosis and treatment for one particular medical condition. I am aware of no parallel in any other ill- ness. It is worthwhile to state that the surprising organ of guidelines follows no new research findings to account for the timing of their release.

The reason for issuing guidelines was ostensibly to obtention of information by medical personnel, who have been the first contact for most patients with Lyme disease. Those are the very spe- cialists now circling the wag- ons in a pre-emptive attack to preserve what they recognize is a massive, catastrophic error in analysis and judgment.

While there may have been other, early motivations (the profit from vaccine develop- ment, legal testimony fees and so on), there is now one single, unifying, global reason to refute chronic Lyme. To pro- tect themselves from the repercus- sions that will follow if, or rather when, the preponderance of Lyme cases and disseminat- ed Lyme information reaches its critical mass. They will try to argue standard of care by hid- ing behind their own guidelines and those of their closely relat- ed-co-specialists. While they have different specialties, they have one common motive. This is defensive and possibly illegal manipulation of the first degree and it is the only explanation that makes sense of the whole.

The current mania to produce guidelines has been driven by the recent explosion in Lyme information hitting every news media, with the recent publicity spared invari- ably toward mentioning a cen- tury rather than merely stat- ing the anti-Lyme position, as had been the case until recently. Major TV stations are picking up on the story, and now, with the Connecticut attorney gener- al adding credibility, and President Bush's treatment adding pizzazz, Lyme is in an understandable panic. This is beginning to look like their perfect storm, not ours.

The attorney general of Connecticut is at least half right. He is focused on the antitrust implications, but, if he is not already, will become aware of the motive behind their conspiracy. Besides restraint of trade, the effect on numerous, infectious disease, neuro- logical and dermatological organizations will be massive lawsuits for negligence involving failure to properly diagnose and treat, with readily provable losses of health and income directly attributable to medical malpractice.

I am elated by recent events. If the anti-Lyme doctors had simply multiplied along, per- mitting a situation where some Lyme patients got treatment, some didn’t, and things were confused, they might have sur- vived longer. However, proba- bly a result of overactive egos, maybe the new preeminence of certain individuals, they decid- ed to go in for the kill, staging the current guideline ploy to finish us off once and for all, literally killing us off by pro- viding insurance for companies to deny treatment. This move, paradoxically, will prove to be their undoing, not ours, as it provides a prima facie case for conspiracy.

We have only to keep telling the truth. That Dr. Feder and his colleagues clearly stated their意 in the recent papers are a result of the current situation, which is turned to the question of coverage rather than merely stat- ing the anti-Lyme position, and the anti-Lyme position is the only explanation that makes sense of the whole.

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Richard Brand, M.D.
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tried to bargain with God, as it out.

So, in the Hemex Laboratory waiting room, the walls were flushed with pho- tos of all these little babies who, through their knowledge and treatments, had been able to come to term. That is a wonderful thing and David Berg should receive recognition for that. He recently retired and sold Hemex to a larger company. You can still order the ISAC Panel to test for thick blood. This is very important for Lyme patients, because peo- ple with Lyme disease and other autoimmune-type diseases have thick blood.

Getting back to my diagnosis of Lyme, I was so sick I barely could make it to the lecture. I do remember see- ing a pharmaceutical physician in integrative medicine in Arizona at the lecture, and he asked me how I felt. I told him I was really sick and that I was afraid I was dying. He responded with something like, "Well, we're afraid of that, too." That comment really jolted me. I was afraid of death, but I was right. My colleagues were also afraid I was dying. I had lost thirty-some pounds and I was afraid I had cancer, but no one made that diagnosis. My body was ravaged.

At the lecture, a doctor from Missouri who, I think, had the largest Lyme practice in the country, made a presentation on Lyme disease. While listening to his lecture, I realized that Lyme disease was exactly what I had! I spoke to him after the lecture; he was a very fine gentle- man and a wonderful doctor. After the lecture, I was so ill that I couldn't even make it home. It was an extremely hot day and the traffic was bumper to bumper. I couldn't drive any longer and thought I was going to die, so I stopped to rest in a motel until I could drive home later. I often thought about that experience and have wondered what peo- ple do who don't have a credit card or other means to stop and get a room. It breaks my heart for all these people. Dear God, there are so many of them I can't even tell you.

Tina: It's apparent from what you just shared that Lyme dis- ease has had a tremendous effect upon you. Having a per- sonal understanding of Lyme suffering, is there anything you would like to share with your colleagues?

Dr. Korn: If I would say any- thing to my colleagues out there in the medical field, it would be this: Please learn the truth about Lyme disease. Open your minds, dear doctors, and learn about the truth of Lyme disease. It causes over three hundred separate diseases and it acts like all the autoim- mune diseases that rheumatolo- gists see today, every single one of them. And if we could learn that and provide the treatments for Lyme, we could even stop people from dying of schroder- mia, because I've already done it! We could stop people from needlessly suffering, pain and tur- nible death. I know that my pain was just horrible.

Tina: I have to tell you, Dr. Korn, I'm sorry that you had that painful experience, but how thankful we are for your help.

Dr. Korn: Well, I'm thankful, too, because I wouldn't change it for anything to be honest with you. It's interesting. Tina, I had a lady who had been down on doctors for many years tell me, "Dr. Korn, isn't it wonderful that the Lord allowed you to have Lyme dis- ease so you could help so many others?" I looked at her and thought for a moment and said, "Well, I suppose, but I wish He had sent me a letter." The truth is that she was right.

Tina: Have you ever had the good fortune of connecting with Lyme patients in the acute phase of their illness when you were able to treat the infection easily?

Dr. Korn: No, I have not, not one.

Tina: Is that because patients don't recognize it because the symptoms are so easily attribut- able to other causes?

Dr. Korn: I think they might end up in other settings, such as the emergency room or their primary care doctor. I'm not a primary care doctor; I'm a spe- cialist in integrative medicine. In Arizona, there are two ways to have the M.D. (H) degree. The first is that of classical homeopathy, which is not my way. The second is the path- way of integrative medicine, and I am an integrative medi- cine homeopathic physician. My study of anti-aging medi- cine is what initially led me down the integrative medicine pathway.

Tina: What are some of the most important clinical obser- vations you have made with regard to chronic Borrelia burgdorferi (Lyme disease) infections?

Dr. Korn: A major clue for me is patients that come to me who say that they have gone to the emergency room multiple times and nothing is ever found to be wrong. I know that these patients are not crazy. I've rarely had a crazy patient that wanted to be sick or wanted to be in my office. Referring to patients as crazy, malingerers or hypochondriacs is very sad. Those that do this have not really become mature medical practitioners. If they could step outside of their self-righteous- ness or arrogance, they might see the situation differently. They would see that patients are a lot smarter than they give them credit for. Patients are not interested in being in my office for four to six hours trying to get to an antibiotic or something else out of me. Patients are just trying to get well and have some enjoyable time with their families. In the thirty years that I've practiced, I've not seen people that really liked being sick. In closing, the truth is, time will prove us all right.

Tina: Time will prove that all these people are sick from infectious disease that is being missed by the majority of established medicine. I see a correlation between infectious disease and other syndromes, but proba- bly won't make me very popu- lar with rheumatologists, but that's the truth also. I haven't found an autoimmune disorder yet that did not have Lyme bac- teria at the heart of it.

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