Microbes, Toxins, and Unresolved Conflicts: A Unifying Theory

by Scott Forsgren

Throughout my journey with Lyme disease, I have looked for teachers and mentors that could help shape my understanding of the disease process taking place within my body everyday. From the onset, it was not enough to accept that the meltdown I was experiencing was the result of a simple infection. I knew that there was more to the complex puzzle of my illness. I also felt that a treatment approach based solely on attempts to manage infection would not result in the higher level of health that I had set out to once again attain.

After eight years of illness and what at times felt like the end was looming, I was diagnosed with Lyme disease in July 2005. I finally had a name for the disease that had ravaged my body for so many years. I was now better able to direct my research towards finding effective treatment options.

Shortly after, I learned of Dr. Dietrich Klinghardt, MD, PhD in Seattle, Washington. Dr. Klinghardt is renowned by many as the top expert in the field of Lyme disease. As I began to learn more about the work of Dr. Klinghardt, a light suddenly turned on. I understood my illness in a completely new and different way. I understood how to approach my recovery in a way that, for the first time, made me feel empowered to get well. Since the day I met Dr. Klinghardt, my journey has been forever positively changed.

The “Klinghardt Axiom” looks at the multiple contributors to illness and serves as a single unifying theory for chronic illness. This axiom has three major components: microbes, toxins, and unresolved emotional conflicts. It looks at the relationships within this triad and explains how most attempts to recover from a chronic illness will not be successful without a treatment program that addresses each of these components simultaneously.

Mary Budinger
Hidden Health Care Overhaul in Stimulus Bill

by Mary Budinger

Senator Tom Daschle lost his chance to be the Secretary of Health, but his handwriting is evident in the new federal Stimulus Bill. The stimulus package is more than a $787 billion attempt to create jobs. Buried in its 1,000 or so pages is a still-quietly murmuring of the American healthcare system.

One part of the health care component that is generating considerable concern is the creation of a new council of 15 federal employees to coordinate $1.1 billion in comparative effectiveness research - the ‘comparative effectiveness’ devices, surgery and other medical treatments the federal government deems most effective. The goal is to reduce costs and ‘guide’ your doctor’s decisions (pages 445, 454, 479 - page numbers refer to H.R. 1 EH, pdf version).

Your medical treatments will be tracked electronically by a federal system.

McCaughey points out the bill goes further. “One new bureaucracy, the National Coordinator of Health Information Technology, will monitor treatments to make sure your doctor is doing what the federal government deems appropriate and cost effective. The goal is to reduce costs and ‘guide’ your doctor's decisions (pages 442, 446). These provisions in the stimulus bill are virtually identical to what Daschle prescribed in his 2008 book ‘From the waist down: What We Can Do About the Health-Care Crisis. According to Daschle, doctors have to give up autonomy and “learn to operate less like solo practitioners.”

There’s nothing particularly new about comparative effectiveness research - the National Institutes of Health, along with the Agency for Healthcare Research and Quality, have been doing it for years, with a budget last year of about $335 million. But the goal was usually to establish if a particular treatment was safe and effective, not if it was better than the alternatives.

“The stimulus bill will affect every part of health care, from medical and nursing education, to how patients are treated and how much hospitals get paid,” McCaughey wrote. “McCaughey is not alone. Words of caution also came from William Winkenwerder, Jr., M.D., M.B.A, who wrote for the National Review that, “This is the biggest land grab in the health sector ever attempted by the federal government, and it would be a major step toward thrusting full responsibility for health-care financing onto the American taxpayer-today and for decades to come.”

And the 15-member federal health board? “Composed entirely of federal employees appointed by the president, charged with running ‘comparative effectiveness’ research to assess which drugs and other medical treatments are most effective,” they explained. “The board’s decisions would determine which medical treatments the federal government would or would not pay for. The treatments some patients desperately need might not be on the list. House Appropriations Chairman David Obey (D., Wis.) explained that drugs and treatments that are found to be less effective and in some cases, more expensive, will no longer be prescribed.”

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Book Review of Reprogram Your Patient

Download Dr. Burrescano’s Lyme Protocol FREE at: www.PublicHealthAlert.org

Public Health Alert
www.publichealthalert.org
The Total Body Detox® Solution

by Sherill Sellman, ND

The benefits of our modern way of life are many, but they come with a price - the pollution of our environment and its severe impact on health. The silent killers of the 21st century are the toxic heavy metals and chemicals that accumulate in our bodies over our lifetime.

The legacy of the past century was the creation of more than 80,000 chemicals. Each year the U.S. releases a staggering 4 billion pounds of these toxins into our environment, contaminating the air, water, soil, plants, animals, and of course, humans.

Mercury, lead, cadmium, arsenic, pesticides, insecticides, dioxins, furans, phthalates, VOCs, and PCBs are just some of the foreign substances that have created an excessive body burden of harmful chemicals. Just how bad is it? Pretty bad. Most of us have between 20 and 60 pounds of toxic heavy metals, toxic chemicals, and other contaminants that enter and accumulate in the body. These substances are difficult to remove. Toxins quickly overwhelm the body’s detoxification pathways and can ultimately result in severe symptoms or a chronic, debilitating illness. The alarming fact is that there are simply no safe levels of exposure to any of these toxic contaminants.

One More Piece to the Toxic Puzzle

A respected pioneer in the field of heavy metal detoxification, Dr. Dietrich Klinghardt, M.D., PhD has determined that there is a direct correlation between stored toxins and infectious pathogens. He states that “for each equivalent of stored toxins there is an equal amount of pathogenic microorganisms in the body.” The presence of stored toxins causes immune system deficiencies that support the growth of pathogens such as bacteria, viruses, fungi, and parasites. The term Toxic Body Burden (TBB) is now being used in reference to toxic heavy metals, synthetic chemicals, and pathogens that enter and accumulate in the body. Remaining and restoring vibrant health requires an effective and prolonged approach that can detoxify toxic substances while simultaneously eliminating infectious microorganisms.

Trapped free radicals - Lead, Mercury, etc.

Zeolite - Removes Toxins Naturally

Zeolite is a naturally occurring crystalline structure created from volcanic ash. Were it not for the human intervention of man-made volcanic eruptions over 300 million years ago. For thousands of years, civilizations throughout the world have used zeolite as a traditional remedy. More recently, zeolite powder was given to victims of the Chernobyl fallout to reduce radiation levels in their bodies. Zeolite is so effective in binding toxins that it is used as a molecular sieve to create purified, medical grade oxygen from air.

What makes zeolite so unique is its cage-like, honeycomb structure which is negatively charged. When ingested, this natural mineral attracts and irreversibly binds and removes toxic heavy metals, chemical elements, and free radicals through the urinary tract. This process is called Chelation.

Many toxic poisons are positively charged and these toxins are attracted into the zeolite cage like the strong attraction of steel filaments to a magnet.

One of the most significant benefits of zeolite over other detoxification agents is its affinity schedule for toxic heavy metals. Zeolite binds with mercury first and lead second, moving on to additional toxic heavy metals and chemicals which may include pesticides, herbicides, and even radioactive particles without removing precious nutrients such as calcium and magnesium.

However, zeolite goes far beyond helping body cells critical job of removing damaging toxins. Research has shown that it has many other vital actions in the body.

Zeolite removes free radicals. Unlike classic antioxidants, zeolite does not neutralize free radicals by donating an electron to stabilize them. Instead, zeolite’s structure captures free radicals. Once trapped in the zeolite, the inactivated free radical can then safely be eliminated from the body.

Zeolite has broad-spectrum antiviral properties, fighting viral infections in two ways. First, by attracting and binding viral sub-particles, thereby disrupting, and gene-damaging these viral microorganisms in the body.

Zeolite helps support proper pH by establishing optimum pH levels of the body.

“Detox... cont’d pg 14

The Total Body Detox® Solution

The PHA is committed to researching and investigating Lyme disease and other neuroendocrine diseases in the United States. We have joined forces with local and national support group partners. These groups include the Texas Lyme Disease Association, Multiple Sclerosis, Lou Gehrig’s Disease (ALS), Lymph, Chronic Fatigue, Leukemia, Fibromyalgia, Heart Disease, Cancer and various other illnesses of unknown origin. PHA seeks to bring information and awareness about these illnesses to the public’s attention. We seek to build a network that anyone struggling with these diseases has proper support, information, physically, spiritually and medically.

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meh nervous to try, and
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Perhaps that's where I first went wrong - believing
with the Lord was just that - only a walk. Lately it
seems like the speed has increased and I have to run to
keep up. There have been a few times I've "hit the wall"
too. So I searched out what it means to run a marathon.
First you train. Then you race. Finally you relax.
Not just any way you want to, but listening to experts and fol-
lowing a schedule. Then you need to eat the correct foods,
drink appropriately and learn to
pace yourself.
But the most important thing for surviving the "wall" sometime during your race and that doesn't mean it's
over. The key to running past it is to keep going you will make it. Others
go through this and still finish the race.

Legend has it that marathons got their beginning when a Greek messenger sent from the town of Marathon to Athens announcing that the Persians had been defeated in the Battle of Marathon. He ran the entire distance without stop-
ping, and then burst into the assembly exclaiming, "We have won!" before collapsing and dying.

We too have a message - that we have won - and to proclaim it fully we have to die to only focusing on ourselves. One of the walls we hit in our Christian race is discourage-
ment. There are times when we feel nothing is changing, and our efforts not being answered. Perhaps friends and family are unimpressed or downright antagonistic.

Perhaps an affliction increases its grip with a fury that cries unfair.

Another wall is believing that we really can't make it. I listened carefully to the interview with Captain Sullenberger as he described how he felt when he realized his plane was about to crash land in the Hudson River.

His initial reaction was that he couldn't believe this was hap-
pening. However, on the heels of that thought he also proclaimed, "I was sure I could do it." He was a man confident of his training and his experi-
ence. Because he was at the helm, 155 people survived that
day. Incidentally, he also gave credit to the crew and to the passengers by sharing his belief that the miraculous outcome was a team effort.

We may think our race is just our own - for our own glory, but the Christian race is also a team effort. We've got to take a drink from that fountain of brother or sister on the sidelines.

We've got to cheer and encour-
ge others in their race and be
able to accept words of encour-
agement from others along the
road. One of the interesting aspects of participating in a marathon is that few people enter expecting to win. Their goal is to finish.

Another stumbling stone is fear, perhaps the fear of failing at the
inning. I remember the time I knelt at the altar of our church to receive communion. I was aware of how cripplingly and self-centerd my fear of making a mistake had become. So I was asking God to deliver me from it. At that particular church we took the wafer and then dipped it into the grape juice when the next minister mentioned that busy confusing on asking the Lord to remove this fear that I popped the wafer into my
mouth. When the next minister came he had to go retrieve another wafer for me. In my heart I was laughing at the free-
dom I experienced - not a shred of self-condemnation. A friend shared a quote with me: "A person who never makes any mistakes seldom makes anything else." I believe a person who is afraid of mak-
ing another mistake is the one to make any significant steps further in his race. That's why we are told in scripture to forget the past.

Sometimes during our struggles forget the message of Hebrews 12:2-4 "Keep your eyes on Jesus who both began and finished this race we're in. Study how he did it. Because he never lost sight of where he was headed - that exhilarating finish in and with God - he could put up with anything along the way: crook, shame, whatever. And now he's there, in the place of honor, right alongside God. He's done it. There is a living coronation. His head is crowned with glory and honor and titles, and he also shares the glory and honor with us. Because of the sufferings of Jesus, you have become part of this glorious and magnificent assembly exclaiming, "We have won!" (Message Bible)

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

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be in a wonderful mood and then suddenly, without notice, find myself ready to rip some- one’s head off!

This concerned me greatly and I began to pay closer attention when the anger episodes would flare. Within a few weeks I started to notice a pattern. There were often sudden noises that would precede the sudden mood shift. There were often some loud noise that would precede the sudden mood shift. Sometimes it was the children and these anger episodes would flare. There were other times when sudden noises would pervade my environment. Sometimes it was the sound of the kids playing video games in the living room, and their volume levels just steadily escalated to a point that it caused me unbearable, physical pain and I would quickly retreat to my bedroom with horrendous migraines. This happened fairly often.

Other times, it was a dish falling from the cabinet and crashing to the floor. Still other times it was the family dog barking incessantly. Sometimes it was sound feedback on my computer. I could not handle any background noise. No television or radio in the background was possible, the sounds just became too painful and I couldn’t seem to stay in a constantly agitated state. There were times when even the light coming off the computer screen was excruciating.

Once I was diagnosed, the doctor assured me that things would get much worse before they got better...I just went home and cried. There is just no explaining the mood swings to children. They don’t understand. I have three children who suddenly found themselves without a functioning mom. When treatment started, so did the hernsheimer reactions. There were weeks, and sometimes months, that I slept around the clock. At my worst state, there was a time from 2001 to 2006 that I wished this kind of attack on every day of my life. At my worst state, there was a time from 2001 to 2006 that I was in the news daily for over a week and it pervaded TV talk shows, talk radio-- everyone was talking about Lyme disease as he went on a violent rampage seriously injuring a woman in Connecticut, has raised many questions in the public eye as to what Lyme disease does in human hosts. Concerns about the chronic form of the disease are also being looked at more seriously by patients and doctors alike. [Right photo]: these injuries show the damage done to someone after a domesticated chimp attack.

The making of our documentary, UNDER OUR SKIN, Amy Tan was the only celebrity who would go on camera about this devastating disease.

by Dawn Irons

I remember vividly the day the story broke about Travis the chimp going on a rampage and beating a woman nearly to death. I was on the phone with a friend and she mentioned that the chimp must have had a bad day. I said, “No, he probably had a ‘Lyme rage’ moment!” and no sooner had the words crossed my lips the newscaster had said that Travis had been recently diagnosed and was currently being treated for Lyme disease.

There was silence on both sides of the phone. My friend asked me how I knew that. I told her that I was attempting to make a joke and lighten the tense- ness of the conver- sation. She was even more intrigued, and I was no longer laughing. The fact that the chimp truly did have Lyme disease, and was shot down and killed in order to protect the woman who had been so brut- tally attacked, just rattled me to the core.

I remember when I began treatment, and shortly before I was diagnosed, that my anger levels seemed to be on a constant roller coaster ride. I secretly wondered at times if I could have been bi-polar. There were times that I could

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Many people have opted to have a formerly wild but now domesticated animal, as a household pet. The recent national news of Travis the chimp, who was diagnosed and being treated for Lyme disease as he went on a violent rampage seriously injuring a woman in Connecticut, has raised many questions in the public eye as to what Lyme disease does in human hosts.

Concerns about the chronic form of the disease are also being looked at more seriously by patients and doctors alike. [Right photo]: these injuries show the damage done to someone after a domesticated chimp attack.

I found myself sitting in dark rooms with the blinds closed but working on my computer. I could not handle any background noise. No television or radio in the background was possible, the sounds just became too painful and I seemed to stay in a constantly agitated state. There were times when even the light coming off the computer screen was excruciating.

Once I was diagnosed, the doctor assured me that things would get much worse before they got better...I just went home and cried. There is just no explaining the mood swings to children. They don’t understand. I have three children who suddenly found themselves without a functioning mom. When treatment started, so did the hernsheimer reactions. There were weeks, and sometimes months, that I slept around the clock. At my worst state, there was a time from 2001 to 2006 that I wished this kind of attack on every day of my life. At my worst state, there was a time from 2001 to 2006 that I was in the news daily for over a week and it pervaded TV talk shows, talk radio-- everyone was talking about Lyme dis- ease!

I thought it was rather ironic, but suddenly we had a poster child-chimp for the Lyme disease cause. With the vast numbers of celebrities that have been diagnosed with Lyme, we now have a chimp- panzee for our spokesperson and the media are flocking to the story like white-on-rice.

Kris Newby, one of the producers for the recently released Lyme documentary commented, “It’s a sad state of affairs that we have a disease with so much stigma attached that our star celebrity is a chimp with ‘roid rage’. During the making of our documentary, UNDER OUR SKIN, Amy Tan was the only celebrity who would go on camera about this devastating disease.”

I would never have wished this kind of attack on anyone, nor the kind of death Travis faced on any animal. But there has been some good come of the story already. Lyme disease is front and center on almost every news media person’s mind since Travis, in his Lyme-induced rage, seems to have lost his mind and went on the attack.
Mother recognized it. She has a bull's eye rash and everything, much more information about certainty, with Igenex Lab and with Lyme, the testing has and design a good safe therapy caused your disease, but I don't think it was a wall form, during early Lyme, which are resistant to most antibiotics. Lyme, on the other hand, divides every twenty hours. It doesn't work as well as the cell-wall phase form and the granular forms which are resistant to most antibiotics. There are a few things that I know that is something caused your disease, but I don't know what it is. It has to be in some category or another-bacteria or a virus or a toxin. So, I take the most logical stand and try to design a good safe thera- peutic trial and do that. Now, with Lyme, the testing has recently given us much more certainty, with Igenex Lab and tests for the CFS. There are a number of things that give us much more information about Lyme. So, I had a patient just today who had her tick bite tested and found that it was the L form, a bull's eye rash and everything and she's probably been to fifteen doctors who would believe she has Lyme. She went labs from labs that show Lyme and they came back equivocal or negative, so she didn't have Lyme, and she was sick for these years. Yet, she has all the classic signs of Lyme-lymphalgia, arthralgia, brain fog, classical rash in New York, and her mother recognized it. She had Lyme clinically. In two weeks, if you come back positive for Lyme, there's a ninety-nine per cent chance she has Lyme. I mentioned this from her clinical history, there is a ninety-nine percent chance she has Lyme, no matter what the test shows. She's been sick all these years. So, I even use the principals of Dr. McBrien Brown, who was the great rheumatolo- gist at George Washington University Medical School. He discovered that he could cure patients with a persistent of his rheumatoid arthritis patients by giving them minocycline, an antibiotic, over ten months. He found Clamydia in the joints of patients of rheumatoid arthritis, which is a bacterium. He discovered that, even anything about nutrition or or rheumatoid arthritis, he was a major player in con- sidering the whole person, medicin- e. He published in peer reviewed journals, in fact, and only that, he was in Washington, D.C. and was a rheumatologist for three different pres- ident of the American College of Physicians. This guy was big time and he was ignored by conven- tion medicine. It's one thing if you ignore me here in my little office, but ignore Thomas McBrien Brown is really insane. I have now seen many patients who came to me with a diagnosis of rheumatoid arthritis; I discovered Lyme and treated them successfully - no more rheumatoid arthritis! Tina: Have you ever treated a patient who presented with a bull's eye rash? Dr. Susser: Yes, and I treated the patient for three weeks, and they were cured. Of course, earlier the diagnos- sis, the easier it is to treat. Tina: Are you finding Lyme cases here in Arizona? Dr. Susser: I treat patients who acquired Lyme in other states, I have patients who travel from northern California, Utah, New Mexico and Florida. In my practice, we see fairly much quite a few. Most of them have been around for a long time, mostly we see acute cases, but curiously enough, not with a tick bite. There are other things that might carry it, maybe fleas, mites, mosquitos or houseflies. There are lots, infinitely more mran- until they are literally dead. It's very hard to see under a microscope, you almost never enough. I've never seen a serious case of CFS, even in the lab, and it's almost never enough. I've seen a serious case of CFS in the lab, and it's almost never enough. I've seen a serious case of CFS in the lab, and it's almost never enough.
Can oral spirochete infections cause heart attacks?

The discovered relationship between dental and heart disease announced by the United States Surgeon General in 2000 has necessitated a unique cooperation between dentistry and medicine. Patients who have systemic diseases, such as heart disease, diabetes, and Alzheimer's disease, also typically have multiple missing teeth. As a result of the missing teeth, these are the patients who require the services of implant dentists. Therefore, implant dentistry requires dentists to understand these diseases and the many medicines that these patients are taking to treat their ailments.

Scientific studies have definitely shown a relationship between periodontal (gum) disease and heart disease. With this new understanding, the dentist's role in medicine has been dramatically elevated. They are now responsible for diagnosing and treating gum diseases that affect other parts of the body, not just the mouth. Is there a cause and effect; dentists and doctors need to understand this relationship between dental and heart disease. Many more theories and solutions will be reported as dentists and doctors work together to better understand and treat this problem.

Research is now being initiated on a grand scale into this relationship between dental and heart disease. Many more theories and solutions will be reported as dentists and doctors work together to better understand and treat this problem.

By www.lymebook.com

The Stealth Killer: Is Oral Spirochetosis the Missing Link in the Dental and Heart Disease Labyrinth?

The Stealth Killer: Is Oral Spirochetosis the Missing Link in the Dental-Heart Disease Labyrinth?®, connects the dots from one hundred plus years of dental and medical research to establish a compelling hypothesis to explain the missing link between dental and systemic disease. These are serious questions and they greatly increase the responsibility of dentists for their patients who need dental implants. An extensive review in the medical and dental literature, plus eight years of microscopic investigation in Nordquist's laboratory, reveals some very important clues in the search for the relationship between dental and heart disease. Some important facts are:

- Both periodontal disease and heart disease are in epidemic proportions in the modern age, especially after World War II.
- More people die of heart disease than all other diseases combined.
- By the time most people reach a "ripe old age," they have some form of heart disease.
- 75-80% of people have some form of gum disease.
- Even though dental disease has been prevalent since the recording of history, it took until after World War II.
- The Stealth Killer: Is Oral Spirochetosis the Missing Link in the Dental-Heart Disease Labyrinth?®, connects the dots from one hundred plus years of dental and medical research to establish a compelling hypothesis to explain the missing link between dental and systemic disease. These are serious questions and they greatly increase the responsibility of dentists for their patients who need dental implants. An extensive review in the medical and dental literature, plus eight years of microscopic investigation in Nordquist's laboratory, reveals some very important clues in the search for the relationship between dental and heart disease. Some important facts are:
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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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www.lymebook.com
There is lots of evidence to show Lyme’s ability to lay dormant. Tuberculosis takes up to a year and a half to treat. The series will appear in Public Health Alert over the next several issues, and most likely 3-5 articles in total.

Tina: That’s so wonderful that you do that. I was so surprised by your approach. From a patient’s perspective, it’s so important that, after their treatments, they are able to prioritize each case and find the best thing for that person that’s possible at that moment.

Dr. Susser: Oh, yes! I’ve had patients who just burst into tears because someone finally believed them!

Tina: Do you have any suggestions for other medical practitioners?

Dr. Susser: Be open to the possibility. One thing about Lyme is never to get cocky about it. Don’t ever get too confident that you’ve reached a cure just because somebody starts feeling better for a while. I’ve seen a lot of relapses when people quit too soon. That has to do with the speed of their replication rate and also with the idea that Lyme is intracellu- lar and that there is no vaccine for it. Remember that it can go into a cyst or granular form. It becomes dormant and there are a lot of other diseases that are like that. Tuberculosis is like that.

Tina: Why wasn’t the medical community’s concern so acute about Lyme like tuberculosis in its ability to evade and lie dormant?

Dr. Susser: I don’t know. There is lots of evidence to show Lyme’s ability to lay down. Tuberculosis takes up to a year and a half to treat. The series will appear in Public Health Alert over the next several issues, and most likely 3-5 articles in total.

Dr. Susser: When you first catch tuberculo- sis, it may only seem like a minor ailment. But it causes a serious illness, and it leaves a little calcified nodule in the lung that becomes a dormant tuberculosis organism in it that is dormant.

Tina: When you get older, maybe 50 to 70 years old, you get pneumonia, cancer or some other condition. Your condition is also due to space limitations.

Tina: What is your take on the current aspect of Lyme dis- ease?

Dr. Susser: Be politically active.

Tina: You know who’s politically active in fighting for the patient? The doctors. They’re very powerful, but ultimately, everything winds up political.

Dr. Susser: If you really want to know the truth and keep telling it, eventually, your word becomes the truth. If you believe in the law of the universe.

Tina: When it comes to health, be proactive. The more proactive a patient is with their health, the better they do, in my opinion. People often come to me quite sheepish and apologetic. They say, “I looked this up on the Internet and I don’t want to tell you how to be a doctor and I don’t want to pre- cipitate that you could live in or even survive in for a moment. But please give me your best advice.”

Tina: What is your take on the current aspect of Lyme dis- ease?

Dr. Susser: I don’t think anybody would want to step in it. I’m not going to say I have had a path to follow. Then I started seeing the ones with lethal AIDS start turning into rife machines because of the protozoa, but most of them go to infec- tious disease doctors who special- ize in protozoan inhibitors.

Tina: What is your take on the current aspect of Lyme dis- ease?

Dr. Susser: I’ve seen some people who are in really good health, not with AIDS. AIDS is really dreadful. I used to see a lot of AIDS before the protozoan inhibitors were made available that these drugs suppress some of the effects of the virus. But they don’t have a long life and improved quality of life. I hardly see patients AIDS anymore.

Tina: There are some people that say that HIV is a comedy with AIDS, and I don’t believe that for a second. I could not believe it.

Dr. Susser: I’ve never seen anyone without that disease. There are people with HIV. Everyone with HIV starts getting the immune system changes and the T-cell subsets, you see a lower- ing of the helper cells and an increase in the suppressor cells. If the ratio gets very low, the infections get very bad. You can die very quickly when you get pneumonia. He needed to be hospitalized, so I sent him to UCL, but he didn’t get there in time.

Dr. Susser: I don’t know. There is lots of evidence to show Lyme’s ability to lay down. Tuberculosis takes up to a year and a half to treat. The series will appear in Public Health Alert over the next several issues, and most likely 3-5 articles in total.
“Rifing” ...cont’d pg 9

Rife therapy requires months or years to be fully effective. But I was happier patient after all I had been through. Am I completely cured? As the title of this book, I still had lingering symptoms. However, Rife therapy took me from debilitated and bed-bound to a functioning member of society. No other therapies provided this improvement. And I continue to improve each and every week. Before Rife therapy, I continued to get worse each and every week. Chapter 1 contains a detailed discussion of the typical results people get with Rife machines. Although Rife machines do not cure everyone, detailed discussion of the typical results people get with Rife machines. Although Rife machines do not cure everyone, many other therapies that worked at first, but ceased to be effective after a while. Rife machines were different - they kept working.

I got better and better. My brain began to work again. Lyme disease is primarily a neurologic disease, and my neurological symptoms improved rapidly. My body returned to feeling healthy and strong. I could exercise again, and even enjoy it. I had been so long I really forgot what “normal” felt like. It did take a while to achieve lasting results - as you would, the recovery process is long. Any successful Lyme disease therapy requires months or years to be fully effective. But I was happy patient after all I had been through. Am I completely cured? As the title of this book, I still had lingering symptoms. However, Rife therapy took me from debilitated and bed-bound to a functioning member of society. No other therapies provided this improvement. And I continue to improve each and every week. Before Rife therapy, I continued to get worse each and every week. Chapter 1 contains a detailed discussion of the typical results people get with Rife machines. Although Rife machines do not cure everyone, many other therapies that worked at first, but ceased to be effective after a while. Rife machines were different - they kept working.

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“Rifing” … cont’d from pg 10

The Top 10 Lyme Disease Treatments

www.Lyme-Disease-Treatment.com

Public Health Alert

Consumers are becoming savvi- er and more demanding. There is a helpful chap- ter concerning “Underflying” The Physician. In chapter 18, Dr. Rinker talks about “When Self Advocacy is Not Enough.” Here she discusses when you may need to hire a professional health advocate or if recruiting a family member for this job would work for you. Often patients are too sick to advocate for themselves.

This book is chock full of helpful information for both doctors and patients. We need to understand each other and appreciate the difficulties both sides face. As a chronic Lyme patient, I found that reading this book was very validating. Dr. Rinker writes with a sense of compassion and caring. This made me feel that there is hope for the medical profession and that a doctor’s job is not just to dispense drugs and order tests but also to heal through a car- ing attitude, with a willingness to really listen. Patients’ symp- toms must never be glibly dis- missed as “all in their head.” The importance of this aspect of the healing profession should not be minimized.

I highly recommend this book and will keep this valu- able reference close at hand.
The “Klinghardt Axiom” states that the level of microbes, toxins and emotional conflicts within the body are proportional to one another and the presence of pathogenic microbes. It is only through a well-planned treatment protocol that certain factors, including the emotions that the patient will return to a state of wellness. Let’s look at the interactions described by the axiom.

The level of infection in a body is directly correlated to the level of toxins, or toxic body burden. If the toxic burden is high, the level of disease-causing microbes will also be high. This leads to a total combined burden which results in chronic disease. Once this state is reached, there are no easy solutions. One cannot attempt to address the body burden of infection through an anti-microbial protocol alone. It will simply fail. The body burden must be addressed as well as the toxins within. There is no chance of success in reducing the infectious load of the patient.

Toxins can stem from multiple internal and external sources such as heavy metals, flame retardants, insecticide residues, mycotoxins from mold, Lyme biotoxins, and numerous more. The toxins lead to a suppression of the immune system in the various body compartments where they reside. Once these toxins contaminate an area of the body and immune surveillance function is reduced, this body compartment becomes the ideal breeding ground for pathogenic microbes and numerous infections to move in. They not only move in, but they are essentially free to further damage the body as a result of the immune system’s inability to address these organisms in areas where the concentration of toxins is highest. If one attempts to reduce the level of infection without concurrently reducing the toxic body burden, any positive results will be short-lived. Once the anti-microbial agent is stopped, the infections will once again move into their former home where they will thrive in the presence of a toxic environment. Bacteria grow and prosper proportional to the level of stored toxins in the body. In the succeeding treatment approach is to lower both the level of toxins and the level of infectious organisms in the body simultaneously. In fact, it may be the case that a focus on toxin reduction and immune support and modulation will result in a successful outcome even in the absence of an aggressive anti-microbial program. If we take the impact of toxins on microbes one level higher, we must consider the impacts of electromagnetic radiation, a very powerful toxin to the body. Electromagnetic fields (EMFs) from cell phones, cell towers, cordless phones and other sources strongly drive the growth of many microbes within us. Mold, for example, increase their rate of growth and put out far more virulent mycotoxins in the presence of EMFs. They feel that they are being attacked and respond by fighting back. It is suggested that all levels of the microbial infection are increased by electromagnetic radiation including viruses, spirochetes, mycoplasma, streptococci, staphylococci, and numerous others. Thus, in looking at the impact of toxins on microorganisms, we must not only consider our internal toxic body burden. We must look at the toxic forces around us and make every effort to minimize the external toxins which also have powerful disease-promoting properties.

Next, we turn to emotional conflicts and how past traumas are a significant factor in healing. In Dr. Klinghardt’s teachings in the area of Applied Psychoneuroimmunology (APNI), Dr. Klinghardt talks about the relationships between specific emotions that we hold and organs that are impacted by these emotions. For example, anger and frustration are the primary emotions associated with the liver. Likewise, fear and guilt are associated with the kidneys. As we have stated, the emotions of loneliness or abandonment impact the small intestine. When these emotions are present and not dealt with, they alter the blood flow in the associated organs. Unresolved conflicts create loops of arousal in the subconscious and are expressed by branches of the sympathetic nervous system which leads to hyperactivation and vasconstriction (reduced blood flow) as well as a hyperstimulation of pain receptors. When the blood flow is reduced, immune surveillance in those organs is also reduced and oxygen and nutrient delivery is depressed. As a result, the levels of infections and toxins increase as the immune system is no longer able to perform its job in those areas. If the organs which are impaired are organs of detoxification such as the kidneys or liver, there is an overall decrease in the clearance of toxins which results in a redistribution of toxins into the connective tissue and into the matrix.

The matrix is the space between the cells - the area in the body that includes the blood cells into the cells is impaired, the transport of metabolic waste from the cell to the excretory pathways is blocked and chronic illness follows. Bacteria spirochetes live in the matrix and are collagen-degrading organisms that feed on connective tissue. One of the key elements of a detoxification protocol is to ensure that the matrix is no longer serving as a sponge for toxic waste. It is easy for most people to accept that microbes or infections are a significant factor in a condition such as Lyme disease. It becomes slightly more difficult for some to fully grasp how our toxic body burden promotes the proliferation of the disease-causing microbes. It is often an order of magnitude more challenging for a patient to accept that emotional trauma or conflicts may be a contributor to their illness. However, these conflicts very significantly impact our ability to detoxify which results in increased toxin accumulation and a higher level of microbes. It is only through a treatment program which works to address each of these three factors can we expect to achieve lasting wellness.

Dr. Klinghardt has been a powerful influence in the field of chronic illness and treatment of Lyme disease. Dr. Klinghardt studied medicine in Freiburg, Germany. He has since created a comprehensive diagnostic system known as ART or Autonomic Response Testing, which has transformed many traditional practices and helped numerous practitioners become skilled health care providers.

Dr. Klinghardt has recently released a new 4-DVD set entitled “Protocols for Patients and Practitioners: Fundamental Teachings of Diagnostic Klinghardt MD.” A DVD is available, either as a full set or as individual DVDs at http://klinghardtneurobiology.com.

About the author: Scott Forgorn is the editor and founder of BetterHealthGuy.com where he shares his twelve year journey through a chronic illness only diagnosed as Lyme disease after eight years of searching for answers. He has attended numerous conferences taught by Dr. Klinghardt as well as having been a patient of Dr. Klinghardt for the past three years. Dr. Klinghardt has been a powerful influence in our lives and guide as Scott has worked to understand the disease which had previously taken so much of his life and moves toward a place of health and wellness.

[see Q&A with Dr. Klinghardt pg. 13]
Q: Do you believe that people with chronic Lyme disease have a more serious condition as some promote?

A: Late Lyme disease is the persistence of infection. There may be some inappropriate immune responses which complicate the patient’s condition but these inappropriate immune responses are not the direct outcome of the presence of infection, nor the result of something that is happening after the infection is eradicated.

Q: Why do you incorporate the use of anti-virals and anti-fungals into your treatment of Lyme disease?

A: It is a major mistake for us to approach these organisms as anything other than highly evolved, intelligent life-forms. They do not live on land, but in the ocean, under the sea. The heavy metals is a serious concern. We do not want to move metals from areas where they are causing limited or no problems to areas where they cause significantly more challenges for the patient. A second area that needs to be addressed is that of the toxic and infectious com-

Dr. Betsy McCaughey, an Adjunct Fellow with the Hudson Institute, treats patients with serious chronic conditions.

Opposing Views

Linda Bergthold wrote in the Huffington Post that McCaughey was "wrong" about a lot of nothing. "Does anyone care about the facts?" Bergthold asked. Bergthold represents the American Health Coordinating Center, an organization Bergthold argues that the money for comparative research is "the only way to communicate more information about what works and make that information available to patients and doctors. In fact, in a press statement from the Senate Finance committee, it is made completely clear that this information may NOT be used under Medicare to make coverage decisions.

Dr. Elliott S. Fisher of Dartmouth Medical School said the committee’s votes were a "first step" to attempt to answer whether it is better to treat severe neck pain with injections or physical therapy and exercise and medications. What is the broader implication of eliminating anti-bacterial and anti-fungal medications and caring for patients with these medications and "watchful waiting" compare with surgery as a treatment for ligament that results in the blocking of the arthritis in the lower legs?

Bergthold argued that the report filed with the final version of the bill, negotiators did not intend for any language that would be used to "mandate coverage, reimbursement or other policies for any disease or condition." Steven Pearstein, business columnist for the Washington Post, posted McCaughey’s commentary as a right-wing bloviath, a "work of political spin for what are essentially drugmakers and medical device makers, which have the most to lose, from both a patient's and a doctor's point of view."

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ACZ nano® and ACS 200® deserve special mention. Advanced Cellular Zeolite (ACZ) nano® and ACS 200® are chelating agents that can be more effectively absorbed through the mucosa to rapidly enter into the blood plasma, continue through the intestinal spaces and into the cells. Beyond the ability of ACZ nano® to remove toxins from the body, it boosts the immune system, enhances the body’s metabolic function and nutrient absorption, alkalizes the body, and improves the body’s ability to resist disease. ACZ nano® is demonstrated to be so safe that it can even be used by pregnant mothers, children, and the elderly. Provided in a 2 ounce intra-oral spray (most competing zeolite products are more expensive and sold in 1/2 ounce dropper bottles), ACZ nano® is truly a powerful answer to our most pressing health problems.

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About the Author:
Sherrill Sellman, ND is an author, lecturer and health consultant. To contact her visit www.whatsomewhatsomewhere.com

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- Magnesium
- Malic Acid

“I like this product because it combines D-Ribose with the synergistic heart nutrients in one formula. This is a research-based product that meets the needs of energy starved patients.”

- Joseph J. Bursciano Jr. M.D.

clini cally researched probiotic - PRESCRIPT ASSIST PRO™

Prescript-Assist Pro™ has been shown to promote healthy intestinal function. As a soil-based probiotic, it contains no antibiotic or hormone residues, there is no potential for bacteria-intolerance side-effects, and does not need to be refrigerated.

Soil-based probiotic organisms (SBO’s) are found in healthy soils which produce and release powerful enzymes that prepare and purify soil to support plant growth. Natural soil is a living biomass composed of SBO’s, fungi, yeasts, and microscopic insects. The role of SBO’s is to keep the soil biomass in a healthy dynamic balance that supports the growth of plants and animals. Additionally, SBO’s simultaneously produce and release specific nutrients necessary to accelerate plant development and reproduction. SBO’s play the same role in the gut as they do in the soil supporting the healthy growth of organisms.

Many forms of SBO’s, as well as their enzyme and nutrient byproducts, are consumed when humans eat fresh, organically-grown fruits and vegetables. Prior to the 20th century, people relied on SBO’s (versus milk based acidophilus products) to provide intestinal health support. SBO consumption was widespread as people ate foods fresh from fields and gardens. Today, our food processing techniques combined with fungicides, herbicides and heat destroy most all of these friendly soil-based organisms in our food supply.

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