Lyme-Induced Autism Conference Focuses on Biofilm and Toxicity

by Mary Budinger

The quest to understand biofilms is changing the paradigm of blood pathology. The conventional wisdom is that blood is sterile because nothing can be cultured from it, but clearly, we have pathogens circulating around our blood. "Blood is not sterile. We have to drop that idea," said Dr. Jeff Wulfman of Vermont. "Forty percent of blood samples contain cell wall deficient bacteria. What are the other factors in blood? We are only beginning to understand." Biofilm is also in the blood, as well as on the gut and on the skin. Biofilm is a self-protected environment in which microbial populations hide from our body's immune system and antibacterial therapies. Biofilm allows the bugs to evade surveillance and infections of the immune system and our best attempts to thwart them. Biofilm communities can be 1,000 times more resistant to antibiotics than free-floating bacteria. Ever tried to knock out candida with the anti-candida diet? Well, candida too hides in the biofilm where it helps the bad guy by stimulating inflammation. The National Institutes of Health estimates that nearly 80 percent of chronic microbial infections are due to biofilm colonies. Tearing out elements hidden in blood is what Dr. Stephen Fry and his colleagues do at Fry Labs in Scottsdale, Arizona. "I don’t think Borrelia is the main problem in Lyme disease," Dr. Fry explained. "We only have one picture of it in the thousands of slides that have gone through our lab. There is something else that stains like bacteria, and looks like bacteria, in people who are sick. Many of the people we see have evidence of this film. There is more than one pathogen in biofilm communities, but the microorganism we are mapping now may be the main target." Dr. Fry finds that the stiffer a person is, the more there will be biofilm communities in the blood sample. "Six years ago, I established Fry Laboratories to begin to identify the DNA of a particular pathogen we see in the biofilm. We looked at the blood from various patients under the microscope and found signs of this particular microorganism in many samples from patients with chronic Lyme disease. So far, we have found some unique genes that make up this microorganism; no other entity on earth is known to possess them."

Dr. Fry thinks the day is not far off when we may recognize a single microorganism which hides itself in biofilm, and is responsible for symptoms of Lyme disease, its co-infections, and many other expressions of chronic disease. "As our work progresses, we will be able to further identify the genetic makeup of this pathogen and then develop a rapid test for it," he said. "It may be that we can develop a simple protocol to knock it out.

But if one bug is the cause of Lyme disease, autism, and so much other chronic disease, why do patients get so many different diagnoses and symptoms? "In the biofilm community, there is a soup where many pathogens hide," Dr. Fry said. "For example, just about everybody over the age of 45 will test positive for Epstein-Barr virus, but people usually are not sick from it. Not every bug in the biofilm soup is causing symptoms. We think we’ve found that one is. And the symptoms may vary based upon a person’s genetics, environment, and pathogen genotype."

Dr. Fry’s take on biofilms is novel. "I could be barking up the wrong tree, but maybe not. Remember, we used to think stomach ulcers were caused by too much acid production. Then Barry Marshall and Dr. Robin Warren identified Helicobacter pylori and proved how it causes inflammation, then ulcers. Maybe in 10 years we will be smart enough to know that the 'auto' in 'autoimmune' actually means pathogen and the whole concept of autoimmunity will change. Chronic inflammation is chronic infection. In autoimmune disease, my model is that there is a chronic infection that switches on. The self antibodies are due to apoptosis and death of host cells with host immune response."

Biofilms are also of great interest to Dr. Anju Uman of Illinois. "All of our tough cases, the non responders - they show biofilms when we run their blood at Fry’s lab," she explained. "Scientists are finding biofilms in polluted areas of our body - the teeth, mouth, adenos, sinuses, and intestinal tract. The immune system recognizes a bug by proteins on its outer membrane. What happens when the bugs don’t produce outer membrane proteins? Well, these bugs don’t. Biofilms act as a unique closing device."

Dr. Uman is focused on dismantling the biofilm. "Let’s look at what happened when experts tackled the superbug, MRSA. One of the most effective drugs against MRSA is vancomycin. But they couldn’t knock it out because there was a biofilm. However, when they combined the drug with EDTA, then the chelating agent pulled out the calcium, magnesium, and iron - all elements of biofilm - and dismantled the film."

That raises the question of what supplements and nutrients may inadvertently feed the biofilm. "When trying to kill bugs, if you take calcium, you may not be making headway," Uman said. "Calcium, iron, and magnesium block our efforts to dismantle the biofilm."

Dr. Uman uses EDTA to open up the biofilm, EDTA, ethylenediaminetetraacetic acid, is a chelating agent used to lower one’s body burden of heavy metals. Another important resource is iron chelating compounds. "Outer membrane proteins" are easy for drugs to see, but they are not expressed when iron is present. "Our bodies make proteins, transport iron, and lactoferrin, which may up iron and block the ability of biofilm to form," she said. "But pathogenic bacteria secrete iron chelators to snatch up iron and thus compete with the transference of iron to lactoferrin for what they need to survive."

To break down biofilms, Dr. Uman uses enzymes such as serrapeptase, derived from silk worms, and nattokinase which penetrates the GI wall.

"ELAP..."...cont’d pg 7
I had been having non stop issues with the pastured tuberculome (PTC) and I have been rapidly losing my hearing. As we all have experienced and understood all too well, mainstream doctors are very unequipped when it comes to Lyme disease and related illnesses.

In dealing with the PTC, I went back to my neurologist who was willing to do a spinal tap in January to remove the excess fluid off my brain. This brought great relief from the migraines and projectile vomiting that came from the nausea associated with the headaches. Within 3 weeks of the spinal tap, I was back where I had been with the pain and vomiting. I could tell the problem was getting worse.

Shortly after this, I noticed the constant ringing in my ears has increased and so I went back to my ENT who has been monitoring the hearing loss. He examined me and said the hearing loss that I was having in my “good” ear needed to be addressed immediately because the longer it went unchecked, it had the potential to become a permanent hearing loss. He said the problem was too much fluid in the cranial space that was putting pressure on the hearing nerves in my head. I thought, wait a minute! What is the spinal fluid problem the same thing as the PTC! Could they be related?

I quickly explained my history of PTC and asked if this could be the cause of the hearing loss. He said it would be a rare presentation of PTC, but that it had not been seen in cause hearing loss.

Finally! I felt like we were on the path to solving this problem! The ENT told me to return to the Neurologist as I would need another spinal tap to remove the fluid. In the meantime, the ENT wanted to put me on high dose steroids and while we waited on the spinal tap to prevent further hearing loss.

Immediately, a red flag went up for me! I thought, wait a minute! That is completely contraindicated for Lyme patients. So I called my LLMD and explained the dilemma I was facing. He warned me of what could happen if I did not understand that I was facing the risk of going completely deaf. He explained about the pros and cons of using steroids in Lyme patients and then he finally asked me if I was doing the spinal tap. The steroid had been prescribed at extremely high doses and I was so high that he believed it even gave him pause to reconsider the options before me.

He offered to arrange an oversite option and get back to the Neurologist for the spinal tap. When I contacted the Neurologist and explained what was going, she said she wanted another spinal tap, it flat refused. He said he did not feel comfortable doing another tap so soon after the last one and that he prefers to not do them more than once a year. This is when I knew I was in trouble! As the fluid pressure increases, so do the headaches, nausea, vertigo and hearing loss. Then the Neurologist further explained that he had been in practice almost 30 years and had never heard of PTC causing hearing loss. He explained that the ENT, who deals with hearing loss all the time, said it was a presentation of PTC, just a rare presentation—how sad it had been before.

The Neurologist was not convinced. He sent me off to an Ophthalmologist because he had seen rare cases where the eye had been affected by the high fluid pressure. My LLMD was on board to caution me about the steroid being affected by the high fluid pressure. Four doctors and not one of them could agree on any aspect of how they would treat me. While my hearing was deteriorating and my migraines were taking my life.

At a point of exasperation, when I kept insisting that the ENT needed to be respected for his area of expertise, the Ophthalmologist, frustrated too, referred me out to the University of Texas’s Southwestern Medical School. He said there was a doctor there who specialized in Neuro-Ophthalmology and had a special interest in PTC as his focus in practice.

I was less than thrilled at the idea of adding a 5th doctor to this existing nightmare! I am so glad that I went! I told this new doctor up front that I had no hope that he could do anything to help me. He relayed the story of the ENT, LLMD, Neurologist and the Ophthalmologist that he saw us. He cut right to the chase and asked me if I was seeing a ring on the optic nerve. I told him my main concern was my hearing. He said it was not the most common presentation of PTC, but he has seen cases of PTC where it causes hearing loss! I thought I had died and gone to Heaven!

He further explained my intolerances to the medications used to treat the PTC and how it can cause severe side effects on days end and he completely non-functional for taking care of daily life responsibilities. He had heard of that before as well! All the other docs told me that it was strange that I would have that side-effect to the med and they'd ‘ve never heard of that before!

I left this PTC specialist doctor with an appointment to see a Neurosurgeon and get ventricular shunts put in my brain that will control the fluid pressure from building up! I am scheduled for surgery in the next 4 weeks.

What does this mean for the PHA? My surgery is supposed to have a 2 week show up time... Depending on how well I heal and recover, there may not be a PHA put out that month. But do not fear! May there be a subscription! If you have a subscription, I will just add one to the end of your subscription so you will receive a full 12 issues for your cost. I have heard that you will invoice me as normal, but if it turns out that we cannot put a PHA out that month, then I will hold the funds for the next issue and not send an invoices! Women who just use the funds for the previ- ous paid invoice.

My hope and prayer is that I will recover quickly and the PHA will not miss a beat in how we operate. But I do need to have a backup plan in the event of unforeseen circumstances and delays in recovery. I am forever grateful for all the letters and words of encouragement that my readers have sent me over the last three years telling me how much the PHA has made a difference in their lives. It helps to know that no one is just sitting on the sidelines and wondering if I am doing what I am doing. It is important to our readers, subscribers, doctors and support groups who go to great lengths to see a PHA out in their communities as a means of Lyme disease awareness!

What can you do to help? It is not just me and my surgeries that are at issue if the PHA is out before my surgery date. Please keep me in prayer for a quick recovery! I look forward to being back in the saddle again!

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**LETTERS TO THE EDITOR**

Letters to the Editor are welcome. Letters should be typewritten, double-spaced and be no longer than 100 words. Letters to the Editor must be received by the 15th of each month.

Letters should be sent to:

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For more information, please contact AZPublicHealthAlert@gmail.com

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Public Health Alert is committed to research and educating Lyme Disease in the United States. We have joined forces with local and national support group leaders. These groups include the Texas Lyme Disease Association, Multiple Sclerosis, Lou Gehrig’s Disease, Lupus, Lyme, Chronic Fatigue, Fibromyalgia, Lyme Disease, Cancer and various other illnesses of unknown origins. PHA seeks to bring information and understanding of these illnesses to the public’s attention. We seek to make the public aware that these illnesses have proper support groups, that the illnesses are not imagined, physically, spiritually and medically.

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**PHASE**

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All letters to the editor must be typewritten, double-spaced and printed on bond paper. Phone numbers and e-mail addresses will be published at the discretion of the editor.

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An International Leader in All Aspects of Tick-Borne Infections

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Last week I planted some bean seeds. The man who handed them to me told me they came from Africa, and the beans would grow about a foot long. I trusted his words, so I planted his seeds. They have already broken through the ground, and even though I've never seen the beans I fully expect very long beans.

Because I trusted him, I believe them. I've never seen the beans I fully expected to see, though. Some bean seeds. The man who handed them to me told me they came from Africa, and the beans would grow about a foot long. I trusted his words, so I planted his seeds. They have already broken through the ground, and even though I've never seen the beans I fully expected very long beans.

However, there are many areas where believing something told to us can have negative consequences. For instance, the Bernie Madoff investment fraud is a prime example of someone believing his words, and suffering huge financial losses. Perhaps the most tragic situation to come along in my lifetime is one lie you may have bought into. There are always consequences when we believe a lie, consequences that are sometimes more serious than others.

Recently I heard an attractive, confident woman share her story. She talked about how the words her father planted in her mind almost destroyed her life. She said that, “Growing up under his roof was a nightmarish experience. EVERY supper table conversation revolved around warnings and lies about predictions of calamity. He had a special fear of the Nazi era in Germany (although he was not there and) upon meeting them, would outline any survivor of that holocaust to our home to describe their experiences.” His obsession with this dark time in world history and other negative things planted great fear in her as a young girl about her own future, about survival, about life.

She was now 60 years old, coming to terms with the lies and truths, and finally getting free of the fears planted in her mind and heart. She says, “A few years ago, during my quiet time with the Lord, He very clearly spoke. ‘Put on your strong shoes and face them well, I’m taking you to go where you are.’”

The Word of God declaresthat we KNOW the truth and the truth will set us free, but we have a significant choice in first declaring the truth, walking in the truth. When we do, He gives us a new start and begins to pray and study Scripture, we will learn God’s goodness - yet we still must understand the deception of fear. We are to be as serpents and innocent as doves, walking in confidence that God will reveal truth in our lives. He desires us to be set free and blessed, living lives that are not tormented by fear.

The dictionary defines deceive as, “to lead astray or confuse usually by underhand- edness, imposing a false idea or idea that causes ignorance, bewildering or helplessness. Mislead implies a leading astray that may or may be intentional. Delude implies deceiving so thoroughly as to change the truth. Reckless-ness stresses the use of charm and persuasion in deceiving. Words are not only vehicles through which deception travels. However, they can also be carried by afloat and beauty. For instance, let me describe a peaceful garden to you. There are handmade red tiles with a border of yellow tulips, an arbor covered with white honeysuckle, and a light green weeping willow tree whose leaves cascade over a pond with sparkling blue-green water. Our imagination can process this picture similar to a photographer developing a picture.

In Proverbs 16:24 we see that pleasant words are like a honeycomb, sweetness to the soul and health to the bones. We can take calcium for my bones, but maybe just as important is to practice speaking pleasant words to nourish my soul and my bones. We can’t always choose the words spoken to us - but we can choose to reject the words or thoughts that paint a negative picture. For instance, a popular author who has now published hundreds of books asked for a conference so she could improve her manuscript. The response requests, “Honey, just throw it out.”

Because I don’t always want to submit to his Will. Life hurts. It is not easy to live day to day not knowing if it will be a good day or a day when the waves come crashing in. I want to be back home, secure in my heart that I have suffered, and never look back.

I want to be free of the heart of fear, I know that life without Jesus is worse than the most horrendous torment the devil can endue. The agony of not being able to feel is more tor- recting than pain dying. I know that without Jesus is not life at all, but a living death - like Lyme disease, it is not easily definable, only unimaginable worse.

As part of God’s Will for me... I open my heart to you so that I may share in your suffer- ing. I want to help carry the load you bear. As a teenager, I was inspired by a song which says, “I want to spend my life helping broken people. I want to spend my whole life helping broken people.”

So, if opening up my heart can help carry even one hurting heart, if my words can comfort another, I will share in the burden. You may find in these words some comfort and safety as you walk through every storm. Thank you. 

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Dr. Burrascano's 2008 Lyme & Associated Tick Borne Disease Treatment Guidelines

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Athlete Attests Willpower and Maverick Attitude To Her Full Recovery With Chronic Lyme Disease

by Perry Fields, US Track and Field

I’ve been as lonely as I was when I had Chronic Lyme Disease. A Hickory in 2003 which went untreated turned into a total nightmare exactly two years later. Lots of people gave up on me. Lyme cost me four years of my life, two Olympics and thousands of dollars in medical expenses. Now, I’m 30 and I don’t know where my twenties went.

That’s the bad news. But this story has a happy ending. I was born with dysplasia. Who would have thought I’d become a runner, of all things? I spent my early years trying to get my leg back into place. I’m no stranger to huge obstacles. But Lyme has been the biggest challenge of my life thus far.

I’ve fully recovered from Chronic Lyme Disease, for which I’m told that there is NO ONE cure, but I DO believe you can fully recover from it. I have the training and racing stats to prove it. I’m now the total endeavor to compete again, but better than I stopped me. So I’ve begun my athletic career again after four long years and I just happen to be in the best shape of my entire life.

What a surprise to you? It shouldn’t be. Is that a surprise to you? For me, four years ago I would have been horrified. When you’re ill it’s hard to have hope. I was so weak and sick that I mentally (on the surface) got rid of any idea of going back to athletics. It was necessary, but I should heal. Thinking about my career put stress on me and kept me from focusing on winning. Slowly, but surely, I could see the problem.

Flash forward to 2005. I’m at the Superbowl of Track and Field meets. I’m running the 800m (a VERY difficult race) I’m expected to win. On the second lap I’m in the perfect position to make my move. The race is only 2 laps on the track. Right as I approach the second lap, something goes horribly wrong. My legs and arms become freezing cold and numb. I slow to a crawl finishing last. I then go through a process behind the arena but nothing is coming up. Was I crazy? Was it my imagination? Now this was the time I knew it was ill, but it was a mystery. I went home to see my doctor and was diagnosed with Lyme disease. The symptoms, they never step back and look at the big picture. There is a bigger picture involved with everyone who falls ill, whether it’s cancer or autoimmune illness. I also realized the human body WANTS and DESIRES more than anything to regulate itself. You give it the “right stuff” and you will reward it. You body wants to FIGHT, so you can’t give up on yourself. So when I say I wish the 2005 Perry knew the 2009 Perry, it’s that I had no one to inspire me. I had no one to admire. I had no one who could tell me everything was going to be okay. Cancer victims have Lance Armstrong. But what about Lyme Disease? I had to become my own inspiration. If the 2009 Perry could go and speak to the 2005 Perry, she would say, “Don’t worry, keep doing what you’re doing, EVERYTHING is going to be just Fine.”

Perry Fields is an outspoken athlete and Lyme Disease educator who speaks candidly from the heart. Fields, writes a free newsletter about Lyme Disease treatment and co-authored a book about her success, which is due out in bookstores this fall. She ran a 4:38 1600m in February of 2009 and has her eyes on the 2010 World Indoor Championships.
The Invisible Exam: Introducing the Amazing Ocular Scantor!

by Bryan Rosner, DNP


For some reason, Americans tend to assume that Lyme Disease is isolated to the United States. It is understood that other diseases, such as cancer, diabetes, and hepatitis, are prevalent throughout the world, but Lyme Disease is perceived to be an exclusively American disease. The reality is that Lyme Disease is a major prob-

The Russian scientists set out to determine which types of bacte-
reral agents may cause human disease, including tick-borne diseases. They found that there are probably more than 50 different tick-borne diseases patients of all ages in their office in San Francisco.

What you probably don't realize is that your health care provider does a fairly extensive inspection of many of your body systems without you even knowing it. There is a remarkable amount of data gathered by you, the unsuspect-

If you ask your health care provider about the status of your health, a cursory check on all but the back of the toilet seat, the back of the phone, and the remote control is all that may pass as a physical exam in today's medical world. As we multi-task in order to make our office visits less high tech than that, we are becoming less and less observant of our bodies. Let's take a look at some of the important information that may be gathered.

As he sits, does he look at all uncomfortable or unwell? Is he having a problem with balance? Does he seem to have a problem with vision? Is there even a slight asymmetry in his right and left eyes, is the right eye open slightly more than the left? Is there puffiness in the eye lids? Does he have difficulty seeing (CN 2, 3, 4, and 5) or does either eye of the patient have problems? Articulation irregularities? Is the mouth and face in order? Are the eyes tracking properly as they move around the room? Do they squint or blink? Does the eye that the patient is looking at move better? Is the right or left eye of the patient exposed to more light than the other? Are the eyes dry to the point of feeling like sandpaper under the scrutiny of the amaz-

The Russian researchers conclude with this statement: "Since I. persulcatus is so com-
monly infected with multiple bacteria that may cause human diseases, exposure to these ticks poses significant risk to human health in this region."

Researchers in Germany studied the influence of preven-
tive measures on the risk of being bitten by a tick and suf-
fering from Lyme Disease in children attending kindergartens in forested regions of Germany. Fifty-three schools were stud-
ed, 12,500 children were enrolled, and 1,417 children were being examined, think again! Hopefully you will not be self-

The Department of Environmental Health of the Massachusetts Department of Public Health (MDPH) did a study of tick-borne disease patients of all ages in their office in San Francisco.

In Poland, the Department of Occupational Biobehavioral investigations showed that the ticks collected from forests ofachen (PCR). Not only did researchers collect samples, they also analyzed the ticks for bacteria in ticks collected from forests of all age categories in the forests of Poland. This study was done in an attempt to determine the prevalence of Lyme Disease in the forests of the country. The results showed that the prevalence of Lyme Disease in the forests of Poland was significantly lower than in the forests of the United States. However, it was noted that there was an increase in the prevalence of other tick-borne diseases, including Lyme Disease, in the forests of Poland. The study also showed that the prevalence of other tick-borne diseases, including Lyme Disease, in the forests of Poland was significantly lower than in the forests of the United States. However, it was noted that there was an increase in the prevalence of other tick-borne diseases, including Lyme Disease, in the forests of Poland.
“LIAF” ... cont’d from pg 1

Dr. Jeff Wulfman was awarded the “2009 Physicians Excellence Award” from the LA Foundation and CHOICE at the June conference in Phoenix, AZ.

Dr. Joseph Mercola detailed the positive effects of Vitamin D: “We are modern day cave men. We don’t get exposed to sun. One hundred years ago, sun exposure was much higher and skin cancer rates were much lower. Vitamin D is anti-microbial. It upregulates some 3000 genes that keep you healthy. We need 5000 IU for every 100 lb. I take 6000 – 7000 a day.”

Secrets of the Inner Gut Terrain

Unquestionably, changes are taking place in the invisible interior of our bodies. “In the international community, scientists talk about the rise of the chemicals as global warming, yet we do not admit that there is a sea of chemicals taking place in the human bodies,” said Donna Jackson Nakazawa, author of the Autointoxication Epidemic. “We have removed our kids from naturally dirty environments and we are undereducat- ing their immune system. Then we fill their environment with all kinds of chemical agents. Our immune system diseases are going up because our immune system competency is going down.”

We know the fetus becomes a chemical dump for the mother’s toxins. If mom has mercury fillings, for example, much of the mercury stored in her body will be downloaded to the fetus. Plastics, pesticides, and other toxins are also downloaded. So today’s children are “taking a virtual tour” of their mother’s toxins. If mom has TB organisms, if mom is infected with TB organisms, if mom is infected with toxoplasmosis, the mouse will come right up to the cat. It is amazing what parasites can do.”

While the bugs direct our thoughts from the inside, outside forces play havoc with the brain’s ability to function properly.

Dr. Wulfman starts new patient relationships by asking if their environment has been checked for electromagnet- ic fields (EMF). “I have Wi-Fi blocking paint and film in my office,” he said. “Our brains are electric. Some people can’t compute because of the electro- magnetic interference in the environ- ment and we see there is always within their immune system a TSH, T2, T3 disruption. EMF makes for a lack of connectivity between different portions of the brain, making it hard for some people in some others.” See www.buildingbiolo- gist.com for materials that block EMF.

Dr. Wulfman says the parasites love sugar and because you don’t need much to digest them,” said Dr. Toby Wukty of California. “It is so much more efficient for the intestinal tract, you can’t get much momentum. Ever pour water on an egg yolk? It runs right off. Same principal.”

“For busy parents it can be a real challenge to break the habit of convenience foods. Too many parents make kids go to gluten free (GF) foods, but still don’t make the switch to the most important nutrient dense foods.”

Dr. Wulfman says parents ask about the weekly health per- tory. He presented one slide: GF pancakes two times that week, GF cereals 3 times, GFCADE 3 times, GF chicken nuggets 4 times, GF granola/bars 8 times, GF cookies 5 times, GF bananas, except for the bananas, there is still no real food in it!” Wulfman advo- cates complex, living foods. “We have a mineral famine going on. There is a nutritional famine. Vitamin D levels are so low thatrickers is back.”

Dr. Wulfman advocates learning how to simply grow food in our backyards. “GF foods are the cause of the greatest danger to all of us from the man-made energy in our daily environment comes to life, when the body must do most of its detoxifying.”

“The heart, the brain, and all the cells communicate with electric signals,” Wulfman explained. “When there is a constant pulsed signal as you get from the ‘Energy Star’ appli-iances, cell phones, Wi-Fi net- works and more, the cell receptors begin to mimic the frequency of that pulsed signal. Then the DNA within the cell has to interpret that vibration to decide whether it is important to communicate it understands or it is something foreign. Then, for the cells, the thing that they is under attack and closes its “doors” which means nutrients don’t go in, and toxins don’t go out.”

The medical term is oxida- tion. EMF makes for a lack of electrical interference in the environ- ment and we see there is always within their immune system a TSH, T2, T3 disruption. EMF makes for a lack of connectivity between different portions of the brain, making it hard for some people in some others.” See www.buildingbiologist.com for materials that block EMF.

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The issue of chronic energy in our environment - electromagnetic - is gaining greater importance and understanding.

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Dr. Wulfman starts new patient relationships by asking if their environment has been checked for electromagnet- ic fields (EMF). “I have Wi-Fi blocking paint and film in my office,” he said. “Our brains are electric. Some people can’t compute because of the electro- magnetic interference in the environ- ment and we see there is always within their immune system a TSH, T2, T3 disruption. EMF makes for a lack of connectivity between different portions of the brain, making it hard for some people in some others.” See www.buildingbiologist.com for materials that block EMF.

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Joanne looked at me in utter anguish. “I’ve lost it. You have to help me.” My mind at tempted at humor. “Lost what exactly?” I didn’t even ruate a thin smile. As it turned out, she was in a state of near panic - something I had known Joanne before she resigned her much-loved job. She had no idea that her central nervous system was infected from an nine-year dis ease. A widely experienced Colmar, Pennsylvania, physi cian worked with her for a year, treating her with several antibi thies as it became clear to him that these were neces sary to her physical stability, headaches, confusion, irritabili ty, fatigue, esophagal spasms, and maintaining a natural state of happiness and vitality at any time.

**Dr. Teitelbaum lectures at machinery “You can handle - never even feeling nudd. Healthy bacteria live in what is called a “symbiotic relationship” with us - it is beneficial for both sides. We feed them and give them a warm place to live. In the exchange, they actually supply us with helpful nutrients and assist us in food digestion. In this manner, they act as one of our major defense armies, purging out the borders against any hostile bac teria in our environment. To do this, they have to be healthy and strong when you take the Probiotic supplement, and be able to get through your stomach acid alive so they can defend the borders in your stomach.

Unless Probiotics are either refrigerated or have a special protective “Pearl” coating, they often will not even survive the trip from the factory to you. I told about this during my research showing that 99.9% of bacteria will not survive a trip through your stomach acid, and it suggests that taking most Probiotics are a waste of time. So, where can I find Probiotics that work? At this point, I recommend sticking with Probiotics that have a special “Pearl” coating and are protected within an "armored tank" that feeds and protects your healthy bacteria soldiers during their travels after production and while passing through the acids in your stomach. The Pearl then dissolves and releases them safely after they reach your intestines - where they do their work. Because of the “Pearl” coating, no refrigeration is needed.

I recommend using either Probiotic Pearls by Integrative Therapeutics or Acidophilus Pearls by Enzymatic Therapy, which get well over a billion live healthy bacteria per pearl (its closer to 2.4 billion, though the label only claims 1 billion) to the colon where they are needed. To get the same amount of healthy bacteria in 1 pearl to this, they have to be healthy and strong when you take the Probiotic supplement, and be able to get through your stomach acid alive so they can defend the borders in your stomach.

Although more and more research is showing that healthy, digestion supporting, milk bacteria can be very help ful, getting the right type of Probiotic is critical. Take the wrong type, and you’ll just be eating dead bacteria that do you no good at all. Unfortunately, I suspect that this description fits most of the Probiotics/bacteria supplements on the market - and there are many of them! What happens when unhealthy bacteria get a foothold? Unhealthy bacteria overgrowing in our bowels can cause a host of problems. These can go well beyond digestive problems such as indigestion, gas, bloating, constipation, and diarrhea. In addition, these bowel infections can make toxins and cause a leaky gut, contributing to chronic fatigue, chronic pain, brain fog, and food allergies. Because this, more and more research is showing how helpful it is to keep an ample supply of healthy “good guy” bac teria in our guts.

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**Probiotics - That Actually Work!**

- Dr. Jacob Teitelbaum

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Lyme Disease, a bacterial infection, was first recognized in the United States in 1975. Since then, the number of reported cases has increased dramatically. According to the Centers for Disease Control and Prevention (CDC), Lyme Disease is the most commonly reported vector-borne disease in the United States, with over 30,000 cases reported annually.

The disease is caused by the bacterium *Borrelia burgdorferi*, which is transmitted to humans through the bite of infected black-legged ticks. The ticks carry the bacterium in their saliva, which they inject into the host during a feeding period of three to five days.

Symptoms of Lyme Disease often begin with a diffuse, macular rash at the site of the tick bite, known as erythema migrans. If left untreated, the infection can spread to the joints, nervous system, and heart, leading to more severe complications.

In addition to the CDC, many other organizations and websites provide information on Lyme Disease. The Lyme Disease Association (LDA) and the American Lyme Disease Foundation are two prominent organizations that offer resources, support, and advocacy for people affected by the disease.

As the disease has spread across the United States, the number of cases has continued to rise, with reports of infections in all 50 states. Lyme Disease is also present in other parts of the world, including Europe and Asia.

The disease is named after the town of Lyme, Connecticut, where the first cases were reported. However, the number of cases is likely underreported due to the complexity of diagnosis and the fact that many people may not seek medical attention for the early symptoms.

The disease is treatable if caught early, but the risk of serious complications increases if left untreated. Treatment typically involves antibiotics, but in some cases, surgery may be necessary.

Lyme Disease is considered a zoonotic disease, meaning it can be transmitted from animals to humans. The disease is often found in areas with high tick populations, such as wooded or forested areas.

Prevention efforts include using insect repellent, wearing long sleeves and pants while outdoors, and vigilantly checking for ticks after spending time in tick-infested areas.

As the disease continues to spread, researchers and healthcare professionals are working to better understand the disease's mechanisms and improve treatment options. The development of new vaccines and diagnostic tools is also a key area of research.

In summary, Lyme Disease is a serious and complex disease that requires ongoing research and public education to prevent and control its spread.
Swine Flu Vaccine: Will We Have A Choice?

by Barbara Loe Fisher

The summer will be over before we know it and it will be time for the school year to begin. This fall, many parents are wondering what will happen to their children when they enter the schools. Some public health doctors want to turn schools into vaccination clinics where children will be the first to be injected with experimental swine flu vaccines.

Less Than 50,000 Swine Flu Cases Worldwide

Every day we are being warned by doctors at the World Health Organization and the U.S. Centers for Disease Control to worry a lot about the H1N1 influenza A virus, which was first identified in Mexico in April 2009 and is being called the new swine flu. As of June 15, 2009, the World Health Organization states that 76 countries have reported more than 35,000 cases, including 163 deaths. 108 of those deaths have occurred in Mexico.

We are being told that nearly 18,000 Americans have gotten sick from the new swine flu virus, with about 5 percent being hospitalized and 45 dying. It looks like people who are in poor health to begin with are at greater risk of having complications and dying from the new swine flu, which has symptoms just like regular influenza. This is not surprising because people in poor health are always at greater risk of having complications and dying from infectious disease.

Most Flu-Like Illness Not True Influenza

What a lot of people don’t know is that true type A or type B influenza only causes about 20 percent of all flu-like symptoms that people experience during any given flu season. 80 percent of all flu-like illness in a normal flu season is NOT caused by the type A and B strains of influenza contained in annual flu shots. And vaccine acquired immunity is temporary, while immunity gained after recovering from influenza is longer lasting.

1968 Flu Pandemic Killed 34,000 Americans

The new type A H1N1 influenza virus public health doctors say is making people sick around the world is an unusual combination of human, bird and pig viruses. Nobody seems to know exactly how this new virus was created and why it suddenly emerged from Mexico in mid-April - or if it will behave like past pandemic influenza viruses that caused 68,000 American deaths in 1957 and killed 34,000 Americans in 1968. (The CDC states that 36,000 Americans died from influenza complications annually, with most of those deaths occurring in the elderly and those in poor health). Influenza pandemics usually start with mild symptoms and progress to more severe symptoms before populations acquire immunity to the virus and it dies out.

Older Americans May Have Antibodies Against Swine Flu

The good news about the new swine flu going around is that there are signs that those of us born before 1957, may be naturally protected and at LOWER risk of being infected. Why? Because we recovered from influenza caused by similar influenza strains that circulated in past decades and have long-lasting antibodies that help us resist infection. So the aging baby boomers have something to be happy about.

Vaccinated Children Don’t Have Natural Antibodies

But will health officials allow our children and grand-children to get those same kind of natural protective antibodies to type A and B influenza, including this new swine flu? It doesn’t look like it. First, doctors in America have been insisting for the past few years that every child from six months old to age 18 must get an annual flu shot. Second, there are new calls by U.S. health officials to give American children the first doses of experimental swine flu vaccines in the school setting.

WHO Declares Phase 6 Alert; Public Health Doctors Exercise EUA

This is because the response by doctors at the World Health Organization, who immediately went into high gear within days of identifying the new swine flu virus emerging out of Mexico, was to declare a public health emergency. Now, they have increased the pandemic flu fear alarm to Phase 6, which is the equivalent of the U.S. Homeland Security’s Code Red warning of an imminent terrorist attack. Doctors at the Centers for Disease Control, who followed the lead of the World Health Organization, have done the same and are exercising unprecedented power that Congress handed over to them after 9-11.

Fast Tracking of Experimental Vaccines With Novel Adjuvants

Whenever the CDC declares a public health emergency, that declaration allows the Food and Drug Administration to permit emergency use authorization of drug companies to fast-track creation of experimental drugs and vaccines that do not have to be tested as thoroughly as vaccines that go through the normal FDA licensing process. In this case, Congress respond- ed to the public health emer- gency declaration by giving a group of drug companies one billion dollars to fast-track experimental swine flu vaccines that may include whole live, killed or genetically engineered human and animal influenza viruses, chemicals, and poten- tially reactive oil-based adju- vants that manipulate the immune system to boost the vaccine’s potency.

States Enact Stronger Quarantine & N. Free Assembly Laws

In some states, like Massachusetts, public health doctors have persuaded legislatures to quickly pass pandemic influenza legislation that will allow state officials to enter the homes and businesses of individuals without their consent; to investigate and quarantine indi- viduals without their consent; to require licensed health care providers to give citizens vac- cine and to ban the free assem- bly of citizens in the state.

What Can You Do?

What does this declaration of a public health emergency in the U.S. mean for you and your family? It means that, right now, you need to become educated about vaccination, influenza, vaccine risks, and the public health laws in your state. You need to find out what your rights and options are under new public health laws that may require you and your chil- dren to get vaccinated or be quarantined.

Take Action Now

Go to www.NVIC.org and learn more. Register now to attend the Fourth International Public Conference on Vaccination Oct. 2-4, 2009 in Washington, D.C. and help organize in your state to protect your right to informed consent to vaccination. Call and write the state legislators you elected to make public health laws that govern you and your family. Make your voice heard.

Homeland Security, Department of Defense & CDC

As Department of Homeland Security officials are defining that disease outbreak is a matter of homeland security, public health officials and Defense officials are defining public demonstrations as “low level terrorism”; as CDC officials make plans to re-route air- planes to designated airports with quarantine centers to screen all passengers for signs of swine flu; and as fast-tracked experimental pandemic flu vaccines are being created to be given to American children first, it is time for all of us – whether we are public health officials addressing what we believe is a true public health emergency or whether we are ordinary citizens simply trying to protect our health and the health of our children - to act in rational and responsible ways.

Protect Health Choices

Every pharmaceutical drug, including vaccines, car- ries a risk and those risks are greater for some than others. In this time of fear, we cannot let that fear take away our freedom to make voluntary health choic- es, including vaccine choices, so we have the power to make sure that the cure is not more dangerous than the disease.

Q: Which one has Lyme Disease?

A: They both do!

But the child is far less likely to receive proper diagnosis and treatment from a knowledgeable doctor: see www.txlda.org for more info
Microbes and Mental Illness

by Robert C. Bransfield, M.D.

Microbes are the greatest predator of man. As medical technology improves, there is increasing recognition that infectious disease contributes not only to acute, but also chronic relapsing illness and mental illness. The evidence to support this is a combination of insights from theoretical biology (particularly Darwinian medicine), research, and direct clinical observations.

We lead our entire lives surrounded by microbes. In a state of health, there is a balance, a reasonable resistance to infectious disease, and a peaceful coexistence. In contrast, with infectious disease, there is an imbalance between the threat posed by microbes and host defenses. This balance is affected by environmental factors (including exposure to pathogens) and a number of host factors such as genetics and/or increased vulnerability as a result of a state of chronic stress. Although the stress response is adaptive in a short time frame to allocate resources during a crisis, if the stress response is persistent, rather than cyclic, it further increases vulnerability to disease.

The most common sequence of disease begins with a vulnerability and an exposure to one or more stressors. The vulnerability may commonly include genetic and/or increased vulnerability as a result of these and other vulnerabilities, the microbes more easily penetrate the host's defenses and an initial infection may then occur. Although infection may occur from microbes that are always present in the environment, a greater number of organisms or more virulent organisms further increase risk. Acute infections are most noteworthy in general medicine. However, the course of the infection most relevant to psychiatry includes injury from a prior infection; chronic, low-grade, persistent relapsing infections; or the persistence of the infectious agent in the inactive state. When persistent, relapsing infection occurs, there may be extended period of latency followed by some triggering event(s) (i.e.: chronic stress, injury, surgery, or other infectious agent), which may then cause the activation of the infectious agent(s) and the progression of the pathological process.

Some injury in infectious disease is a result of toxic products or direct cell injury, but a significant amount of injury is a result of host defenses gone awry in response to the infection. Neuronal injury may occur by a variety of mechanisms, which include vasculitis, direct cell injury, toxins, inflammation, cytokines, autoimmmune mechanisms, incorporation of parasite DNA into host DNA, and excitotoxicity. This injury leads to a vicious cycle of disease, resulting in dysfunction of excitatory and/or modulating centers of the brain. Injury to associative centers more commonly causes cognitive symptoms, while injury to modulating centers more commonly causes emotional and allocation of attention disorders.

Psychiatric syndromes caused by infectious disease most commonly include depression, OCD, panic disorder, social phobias, variants of ADD, episodic impulsive hostility, bipolar disorders, eating disorders, dementia, various cognitive impairments, psychosis, and a few cases of dissociative episodes.

In clinical experience, the link between infectious disease and psychiatry has been an issue with Lyme disease, Ms, encephalitis, toxplasmosis, meningitis, neurosyphilis, mycoplasma pneumonia, toxoplasmosis, stealth viruses, AIDS, CMV, herpes, strep and other unknown infectious agents. In the collective database of patients demonstrating psychiatric symptoms in response to infectious disease, the majority of the cases has been infected by ticks. Aristotle referred to ticks as "slithy disgusting animals." They spend their lives living in dirt, feeding on the blood of mice, rats, and other wild animals. When they bite humans, they pose a risk of injecting an infectious cocktail of pathogens into the host.

Patients with psychiatric symptoms from tick-borne diseases are most commonly infected by Borrelia burgdorferi, Ehrlichia, and stealth virus, Candida, Babesia, and Ehrlichia. For example, stealth virus facilitates lipid production which facilitates Bb growth, Bb is protected from host defenses inside Candida cells, Babesia causes immunosuppression, and Ehrlichia causes bone marrow suppression.

In summary, the complexity of these issues teach us humility. To better understand the clinical syndrome associated with these infections, internists need to recognize the significance of mental symptoms in chronic interactive infections and psychiatrists need to better appreciate the role of microbes in causing mental illness.

The Hidden Epidemic

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If chronic illness or pain is a part of your life, the odds are that at one point you have been requested by a physician to keep a log about your activities and pain levels, especially what led up to your pain being most intense. He may have sug- gested that you write down specific activities, your diet and exercise behaviors, and even your patterns of sleep. If you have attempted to track this on and off, you know that it can be an overwhelming feeling to keep track of all of your activities and still maintain a sense of normal life. It can be extremely helpful, however, to you and your medical team, to have a written record of your activities, diet, etc. to help discover what is causing you the greatest pain. Was that extreme flare caused by a minor food allergy, the winter conditions, or that you were up all night with friends?

It is somewhat ironic that while we may find it a burdensome task to record what we are eating, who we are with, how much we slept, and how we are feeling, millions of peo- ple are doing this daily on Twitter. They write what they ate for lunch, if they have a migraine, and if they are up at 2 a.m. working... and they call it fun!

If you have a chronic illness, Twitter can be an amaz- ing tool to use as a pain diary. This social networking tool has been successfully used to help people maintain logs on their diet, exercise, and even the commitment to stop smoking. Why should we not use it to keep accurate records of our chronic illness and pain levels?

Here are 5 steps to put this into place:

[1] Create an account at Twitter just for your chronic pain log. If you already have a Twitter account, make a new one, and let it remain private. If you look under "settings" you will see the option to make your account private, meaning that you will have to approve any followers before anyone can see your Twitter account. Since this is private medical information, we recommend not approving anyone. If you are already Twittering this can seem a bit strange because you typically want to increase the number of followers.

[2] You are now ready to start writing your posts. You cannot write more than 140 characters, however, this keeps it a simple task and not too overwhelming. Feel free to use it in any way necessary, for example, submitting more than one post to describe a special circumstance. You can send posts from your cell phone, not just from the computer, so set up this option in your account to make the most of it.

[3] If you do not know where to start, begin by posting about any major events or behaviors that are not part of your typical day, and how your body responded to them.

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Here are 5 steps to put this into place:

[1] Create an account at Twitter just for your chronic pain log. If you already have a Twitter account, make a new one, and let it remain private. If you look under "settings" you will see the option to make your account private, meaning that you will have to approve any followers before anyone can see your Twitter account. Since this is private medical information, we recommend not approving anyone. If you are already Twittering this can seem a bit strange because you typically want to increase the number of followers.

[2] You are now ready to start writing your posts. You cannot write more than 140 characters, however, this keeps it a simple task and not too overwhelming. Feel free to use it in any way necessary, for example, submitting more than one post to describe a special circumstance. You can send posts from your cell phone, not just from the computer, so set up this option in your account to make the most of it.

[3] If you do not know where to start, begin by posting about any major events or behaviors that are not part of your typical day, and how your body responded to them.
PUBLIC HEALTH ALERT

RIBOSCARDIO™ - the most advanced Ribose

RIBOSCARDIO™ has been designed to support serious energy needs of patients. The product has been formulated with CardioPerform™, a potent blend of L-carnitine (transports fuel into the heart to be burned as energy) and Acetyl L-carnitine (improves heart & brain health, protecting against oxidative damage), plus the patented form of D-Ribose, malic acid and magnesiumglucaronate to optimize energy production and synthesis.

Each scoop contains:

✓ D-Ribose
✓ L-Carnitine
✓ Acetyl L-Carnitine
✓ 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 strained patients."

- Joseph J. Burrascano Jr. M.D.

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 lactose-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 help break down and partly break down plant growth. Natural soil is a living biomass composed of SBOs, fungi, yeasts, and microscopic insects. The role of SBOs is to keep the soil biomass in a healthy dynamic balance that supports the growth of plants and animals. Additionally, SBOs simultaneously produce and release specific nutrients necessary to accelerate plant development and reproduction. SBOs play the same role in the gut as they do in the soil, supporting the healthy growth of organisms.

Many forms of SBOs, 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 SBOs (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, or all, of these friendly soil-based organisms in our food supply.

ENERGY FOCUSED PRODUCTS

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Available only through healthcare professionals
Call: 800 755 3402 or visit ResearchedNutritionals.com

*These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure or prevent any disease.
PUBLIC HEALTH ALERT

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