

In This Issue



Scott Forsgren
Saving Our Children:
Evaluation and Management of Pediatric TBDs
p. 1



Ginger Savely, DIP
Cost of Lyme Treatment:
Priceless!
p. 2



Linnette R. Mullin
Maintaining Your Marriage in the Midst of Suffering
p. 4



Marjorie Tietjen
Book review of *Real Food For Mother and Baby*
p. 4



Dr. Jacob Teitelbaum
New Marker for CFS, Fibro Treatment
p. 10

Attention Support Groups!

Iutramedix is offering one free 6-month protocol to each support group that contacts them on behalf of one of their members. p. 8

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Thank You!!!

The Public Health Alert was not delayed at all during the time of my brain surgery for Pseudotumor Cerebri.

Thank you to my faithful readers, friends, and collaborators in the Lyme advocacy community to who sent cards, letters, and donations to help keep us going during my recovery period.

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Saving Our Children: Evaluation and Management of Pediatric Tick-Borne Diseases

by Scott Forsgren

Dr. Ann Corson had nearly twenty years of experience as a primary care doctor when she was faced with one of her most complex and challenging medical cases. Her only child was literally dying from an unidentified illness without clear answers. It took three years for her to more fully understand the illness that was ravaging her son's body. It was at that time that Dr. Corson realized "how totally inadequate my 'ivory-tower' medical education had been regarding tick-borne diseases." As a result of her own son's personal struggles with Lyme disease, Dr. Corson has emerged as one of the most respected Lyme-literate medical doctors (LLMDs) in the field.

After discovering the etiology of her son's mysterious illness, Dr. Corson feverishly read the scientific literature and studied with respected Lyme clinicians Dr. Joseph Burrascano, MD, and Dr. Charles Ray Jones, MD. She started her own practice devoted solely to the treatment of tick-borne diseases. Her mission has become to help "those mothers who otherwise would have to watch their children slowly decay without knowledgeable doctors."

Dr. Corson quickly recognized that the clinical challenges that chronic tick-borne disease patients present are incredibly complex and require a multidisciplinary, holistic approach. Over the years, it became apparent that allopathic medicine did not offer a complete solution. As a result, she has incorporated treatment strategies into her practice from many different healing disciplines. Helping patients attain the improvements they are striving for requires a willingness to think beyond the boundaries of that which is understood today. Consideration must be given to those things which will only be more widely accepted in the future.

In her presentation at the LIA Foundation "From Roadblocks to Recovery" event in June 2009, Dr. Corson shared her approach to the evaluation and management of pediatric tick-borne diseases

(TBDs).

"Ticks are cesspools of disease," she noted. Besides *Borrelia burgdorferi*, ticks harbor numerous other organisms that are pathogenic and result in considerable health challenges in humans. Some of these include other *Borrelia* species, *Babesia microti*, *Babesia duncani*, *Ehrlichia chaffeensis*, *Anaplasma phagocytophilum*, *Bartonella henselae*, *Bartonella quintana*, *Mycoplasma fermentans* and other *Mycoplasma* species, *Rickettsia rickettsii*, *Coxiella burnetii*, *Francisella tularensis*, viruses such as *HHV-6*, nematodes, and possibly many other organisms. These are just the ones that are known today; in reality, the list may be much longer.

Approach

In the evaluation of a patient with tick-borne disease (TBD), a full history is obtained including risk factors for TBDs, a complete medical history including the medical history of the mother, and a social and family history. A detailed physical exam is performed. Laboratory evaluation includes assays for TBDs, a full medical workup, and appropriate imaging studies.

Once a patient has been evaluated, management of the illness may include diet, environmental changes such as mold remediation or reduction of exposures to electromagnetic fields (EMFs), use of the German Biological Model of Homotoxicology to modulate the immune system and support organ regulation and drainage, and various antimicrobial compounds including allopathic, homeopathic, or herbal options. Patients may also be referred to other practitioners for osteopathic work, acupuncture, chiropractic neurology or other chiropractic interventions, various types of body work, and psychological counseling.

Risk factors for TBDs include any known tick attachments, rashes, living in an endemic area, close proximity to reservoir animals such as deer or mice, travel to infested areas, family members or pets with known TBDs, and a mother's risk factors both before and during pregnancy.



Dr. Ann Corson, MD

Maternal health at the time of conception and any complications of the pregnancy are important factors in evaluating a child with suspected tick-borne disease.

Evaluation

Birth history looks at factors such as term length, type of delivery (spontaneous vaginal delivery, C-Section, or forceps assisted birth), any delivery complications such as meconium staining of the amniotic fluid, Apgar score (a mechanism to assess the health of newborn children immediately after birth), and any congenital abnormalities. Next, the **neonatal course** (first 12 weeks of life) is evaluated by reviewing blood sugar control, body temperature control, hyperbilirubinemia (an elevated level of bilirubin which may present with jaundice), difficulties in sucking, and history of immunizations. Factors of interest when the child is an **infant** include whether the child was breast-fed or bottle-fed, colic issues, sleeping problems, frequent infections, trauma, and developmental milestones. From **toddler** to **school age**, Dr. Corson looks at history of illnesses, trauma, problems with sleep, developmental delays, socialization,

play behavior, gastrointestinal issues, food intolerances, environmental exposures, dental problems, and immunization history. During elementary school, consideration is given to illnesses, trauma, sleep issues, social behavior in school, learning problems, orthodontic issues, neuropsychiatric symptoms or personality changes, medication reactions, and environmental exposures. Tick bites or tick exposures are always considered and highly suggestive of possible tick-borne disease.

Dr. Corson further evaluates past surgical history, traumas, especially head injuries, dietary history, family dynamics, psychological traumas, and family history. She considers such factors as living in a home that may have a wet basement or going to school in a building suspected of having had water intrusions as both of these could be suggestive of mold as a possible co-factor in the illness. Electromagnetic field (EMFs) exposure is another factor which impacts the course of illness.

It is important to understand why the parents believe the child is sick and to fully understand the entire chronology of the illness. At times, it is the seemingly unimportant

"Corson" ...cont'd pg 3

Download Dr. Burrascano's Lyme Protocol FREE at:
www.PublicHealthAlert.org

The Cost of Lyme Treatment: Priceless



by *Ginger Savely, DIP*

A critique often voiced by those who don't believe in the existence of chronic Lyme disease or in treating it with long-term antibiotics is that the health care providers who do are motivated primarily by financial gain. Practitioners who specialize in the treatment of Lyme disease are looked down upon by those who would believe that Lyme is an easily-treated condition. "Lyme-literate practitioners" (LLPs) are accused of convincing patients that their condition is chronic yet treatable in order to assure themselves of a steady income source. So, it comes as no surprise that patients question why LLPs do not accept insurance and why they charge higher fees than regular family doctors. Let's take a look at this.

As an LLP myself, I can attest to the fact that there would be far easier ways to make a living if money were a primary motivation. Living under the specter of the ever-looming regulatory boards is wearing and many of us, including myself, have sacrificed valuable time, energy and funds to defend ourselves to these bodies. Furthermore, it is demeaning to be ridiculed by medical peers who often treat LLPs with disrespect and deride them for practicing "fringe medicine." My children are upset when they Google my name and read unkind posts accusing me of being a quack and taking advantage of patients, when they know that nothing could be further from the truth. Moreover, tick-borne disease (TBD) patients are not the easiest patients to treat. As is the case with all of the chronically ill, there is considerable emailing, phone calling and "hand holding" time that never goes onto the record books. There is no charge for the many time-consuming services that occur between visits.

LLPs are few in number and strive earnestly to keep up with the scores of Lyme patients who are desperate for treatment and unable to find it. Consequently, they are over-worked and must struggle to fit patients into their already-busy schedules. LLPs overbook their schedules not to increase revenue, but rather to help an underserved patient population that has been disenfranchised by most of the medical community.

All LLPs are volunteer part-time educators and public relations emissaries who donate their valuable time for inter-

average of 7 minutes with the patient. This would translate to about \$750/hour. A survey I conducted of 15 LLPs a few years back revealed charges **per hour** to be anywhere from \$350 to \$650. And keep in mind that unlike the PCP who deals with simple problems with textbook treatments, the LLP is flying without a net, treating complex patients with numerous infections and a range of debilitating symptoms that must be addressed. Because of the complexity of TBDs and the time needed to handle all of the problems, an LLP is able to see only about 10 patients per day.



views, public forums, community presentations and speaking at medical conferences to enlighten their fellow practitioners. In order to continue to be able to treat their underserved population, LLPs must work diligently to cover their bases with flawless documentation and find the time to conduct and publish research studies.

Comparing the Cost of LLPs with the Cost of Primary Care Providers

In the world of medicine, all specialists are more expensive than primary care providers (PCPs) because their training is more extensive and they deal with higher risk populations. LLPs are specialists, but if you look at the cost per minute of a visit with an LLP you see that their costs are no higher, in fact usually less, than those of a PCP.

A PCP charges on the average about \$85 for a regular office visit and spends an

When I worked as a primary care provider it was typical to see 40 patients per day!

The Cost of LLPs Versus the Cost of other Specialists

Now compare the charges of an LLP with those of other specialists. The following charges have been reported to me by my patients. Half hour yearly physical with an internist: \$500. Half hour visit with a cardiologist: \$395. Half hour visit with a pain management doctor: \$352. Cognitive testing by a psychologist: \$450/hour. Fifteen minute visit with an infectious disease doctor: \$250. Fifteen minute visit with a dermatologist: \$240. Half hour visit with an LLP: Priceless!

Some of you may be saying "Yes, but at least other specialists are on my insurance plan so I can just pay a co-pay!" Think again. When was the last time that the best specialist in town for a certain problem was actually on your insurer's preferred provider list? People

often have to go outside of their insurance plans to see the providers who are the best in their field. If you have a tick borne disease and you want to get better, you will want to see an LLP. You would go outside your insurance plan to see the best cardiologist around if you had heart disease, wouldn't you? Then of course you'd want to see the person who can best help you regain your life after you've lost it to tick-borne disease.

I can think of no other area of medicine where practitioners must squander their valuable time in defensive posturing. LLPs spend countless hours defending their treatment approach to regulatory boards, insurance companies, pharmacies and fellow medical practitioners. Unfortunately, some of the costs of these endeavors must be passed on to the patient. So you are not just paying for your medical care, you are also paying for your right to have it.

LLPs prescribe medications that are FDA-approved but not formally indicated for the diseases they treat. They also prescribe them in higher dosages and for longer periods of time than is approved by health insurance companies. Therefore, an inordinate amount of time must be spent obtaining insurance prior authorizations for patients' medications. When LLPs finish seeing patients at the end of the day, their work is far from done. Letters and forms must be completed to convince insurers to cover the medications that are being denied to their patients. Furthermore, due to the symptom severity of tick-borne disease patients, many are forced to file for disability insurance. Letters and documentation for social security and private disability insurers is another time-consuming task for the LLP.

Why Don't LLPs Accept Medicare?

Medicare reimburses about \$40 to \$75 per office visit, regardless of time spent with the patient. Since a follow-

"Priceless" ...cont'd pg 10

Public Health Alert

The PHA is committed to researching and investigating Lyme Disease and other chronic illnesses in the United States. We have joined our forces with local and nationwide support group leaders. These groups include the chronic illnesses of Multiple Sclerosis, Lou Gehrig's Disease (ALS), Lupus, Chronic Fatigue, Fibromyalgia, Heart Disease, Cancer and various other illnesses of unknown origins.

PHA seeks to bring information and awareness about these illnesses to the public's attention. We seek to make sure that anyone struggling with these diseases has proper support emotionally, physically, spiritually and medically.

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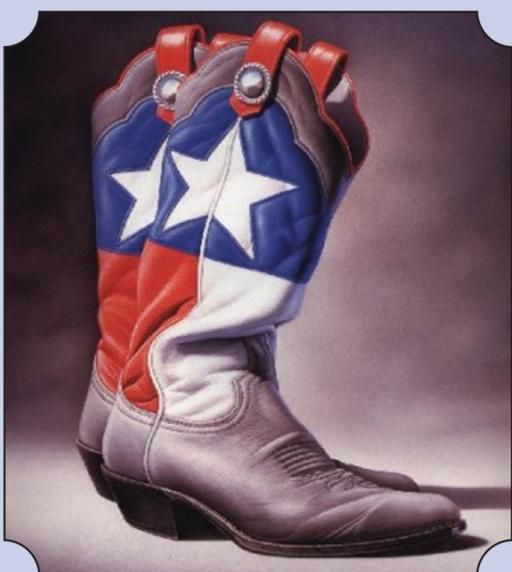
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“Corson” ...cont'd from pg 1

detail that helps to assemble the often complex puzzle pieces necessary to arrive at a diagnosis.

Symptoms

A long list of symptoms must be reviewed including generalized symptoms such as fevers, day or night sweats, cold or clammy hands or feet, and weight gain or weight loss.

Central nervous system symptoms are evaluated by looking at developmental milestones both in gross and fine motor development, delays in language, processing speed, attention, working memory, dyslexia, cranial neuropathies, and ophthalmologic abnormalities. Headache frequency, duration, location, time of day and intensity are evaluated. *Borrelia* headaches are commonly suboccipital (between the skull and first vertebrae), whereas headaches resulting from *Babesia* tend to be frontal or behind the eyes. Balance is observed.

Peripheral nervous system symptoms include numbness, tingling, itching, stinging, stabbing, burning, sharp stabbing shooting pains, bug crawling sensations, hypersensitivity to noise, light, odors, or touch, and painful radiculopathies (nerve problems at the root of a nerve which manifest in an extremity). Clues to these PNS symptoms may be an infant that does not want to be held, a child being unable to tolerate the feeling of clothing tags or certain fabrics, not wanting to have hair washed due to scalp sensitivity, or being overwhelmed in environments with high sensory input such as childhood parties.

A number of symptoms related to the **head, eyes, ears, nose, and throat (HEEIT)** may be present. Scalp tenderness, lesions or pimples, or other sore spots are often observed. Ear pain, redness of the outer ears especially in the afternoon, tinnitus which may often be described as "crickets", and hearing abnormalities are not uncommon. Eyes may be red, itching, burning, tearing, have discharge, or have problems with tracking an object. Lazy eye is often observed as are eye alignment issues such as strabismus or sixth cranial nerve palsy, or drooping eyelids known as ptosis. Floaters may be present. Sensitivity to light, known as photophobia, may also present. Sinus congestion, runny nose, post nasal drip, or sneezing may be involved. If nasal symptoms are worse after eating, this may be a sign of food allergies. Mold exposure can lead to runny nose presentations. Patients may have fever blisters or canker sores in the mouth. Other HEENT symptoms include tongue soreness, teeth sensitivity, problems with tooth enamel, cavities, changes in taste or smell, sore throats that may be chronic or intermittent, hoarseness, difficulties swallowing, and swollen or enlarged lymph nodes. Neck symptoms may include soreness or stiffness, muscle spasms or "cricks", cracking or creaking, and restriction in range of motion.

Lung symptoms of interest include shortness of

breath, air hunger, intermittent sighing, and cough. Cough may be day or night, wet or dry, and may be cyclic. Often times, sighing or a dry cough are related to coinfection with *Babesia*. **Cardiac** symptoms may appear such as heart palpitations including skipping or racing feelings, and pain in the chest, chest wall, or ribs.

Abdominal symptoms include problems with appetite, food cravings, nausea, acid reflux, heartburn, gas, belching, bloating, cramping, and abdominal pain. Stool color may be brown, tan, green, or black. Stool frequency may be impacted. Consistency of stool may

as they may not have the energy or stamina for something more active. **Sleep** is often challenged and patients experience difficulty falling asleep or staying asleep, frequent awakenings, nightmares, night terrors, sleep walking, and difficulty arising in the morning. Nightmares and night terrors are often present with *Bartonella*.

Psychiatric cofounders may be irritability, mood swings, increased emotionality, tantrums, anger or rage attacks, frustration intolerance, physical aggressiveness, separation anxiety, new onset phobias, anxiety, panic attacks, depression with

In the neck area, range of motion and head posture are observed. Thyroid and lymph nodes are examined. Lungs are evaluated for abnormal breathing sounds or excursion of the chest wall. Heart murmurs and rhythms are listened for. Peripheral pulses are felt. The abdomen is palpated for enlarged organs and areas of tenderness.

In evaluating the musculoskeletal system, soreness is evaluated along the neck and spine. Trigger points, shins, and thigh muscles are assessed. Muscle twitches or fasciculations may be present.

The skin often holds

An emerging theory in the puzzle of chronic illness is that biologically incompatible frequencies, or frequencies that are not supportive of human health, may have damaging effects. These electromagnetic fields (EMFs) come from numerous sources such as cordless phones, microwaves, wireless internet devices, and cellular phones. EMFs should be eliminated or reduced where possible. Televisions and computers should not be present in the bedroom. Video game use should be entirely eliminated.

Clearly, there are many physical clues which may support a diagnosis of tick-borne diseases in a patient. Nonetheless, doctors must open their eyes and look before they will find. Fortunately, for patients of Dr. Corson, the physical examination is thorough and often telling.

Laboratory Testing

A physical examination may yield clues which may lead Dr. Corson to further consideration of tick-borne diseases. In addition to a thorough physical examination, laboratory tests are used to evaluate additional indicators that may support a diagnosis.

Dr. Corson first orders a full panel of tick-borne disease testing from IGeneX in Palo Alto, CA. This includes tests for *Borrelia burgdorferi* via Western Blot and PCR as well as testing for common coinfections such as *Bartonella*, *Babesia*, *Ehrlichia*, and *Anaplasma*. A CD57 panel is ordered from LabCorp to evaluate a subset of natural killer cells which are known to be suppressed in chronic Lyme disease. Results of the CD57 often correlate clinically with the severity of the disease presentation. Dr. Corson believes that Clongen and Fry Labs are useful as well.

Medical Diagnostic Laboratories (MDL) is used to evaluate the patient for other related infections. *Epstein-Barr Virus (EBV)*, *Human Herpes Virus Type 6 (HHV-6)*, *Cytomegalovirus (CMV)* as well as *HSV-1* and *HSV-2* are types of herpes viruses which are often activated in patients with chronic Lyme disease due to the immunosuppressive nature of the illness.

Chlamydia pneumoniae and *Mycoplasma* species are evaluated. The presence of any of these infections is important when defining the treatment protocol for the patient.

Sulfates are tested using a urinary dipstick. Some patients will exhibit high levels of sulfates which may be the result of genetic influences, inadequacies of liver detoxification pathways, past sulfonamide use, or simply eating meat from animals that were fed sulfonamides to enhance their growth.

A Complete Blood Count (CBC) as well as a Comprehensive Metabolic Profile (CMP) are run to evaluate basic components of the immune system, functioning of organs such as the liver and kidneys, electrolyte and fluid balance.

When BUN is high and
“Corson” ...cont'd pg 5



Left: Bartonella rash. Photos credit: Martin Fried, MD and The Lyme Disease Association, Inc. Right: Tick attached behind the ear of a child. Ticks are so small they are often overlooked.

be dry, moist, runny, or mushy. The child may strain and have hemorrhoids, rectal bleeding, or mucus in the stool. Stool odor is another often observed change. Dr. Corson says, "We talk about poop a lot in my office; it's just that important." **Genitourinary** symptoms manifest as delay in toilet training, bed wetting, loss of bladder control, painful urination, awakening at night to urinate, bladder pain, hesitancy, urgency, frequent urination, incomplete emptying of the bladder, and pelvic, genital, or testicular pain. *Babesia* may be a factor in bladder symptoms.

Skin manifestations may include neonatal acne, eczema, seborrhea, hemangioma birth marks, difficult to manage diaper rashes, skin rashes of all kinds, erythema migrans (EM) rashes, reddish changes in skin coloration at the back of the neck also known as a "stork bite".

Joints may be stiff, crick, crack, or pop. Pain is often intermittent, cyclical, and migratory. Migratory joint pain is a common characteristic of TBDs. On one day, the patient's left knee may hurt while the next day, it may be the right. Joint symptoms often worsen with exercise. Foot pain upon rising is a common sign of *Bartonella*. Morning stiffness suggests mold exposure. **Muscle** manifestations may include lowered or increased tone, pain, spasms, cramping, morning foot pain on first steps, morning body stiffness, and twitching.

Often times, children prefer sedentary activities or need to rest after school or play

or without thoughts of suicide, obsessive-compulsive disorder (OCD), and personality changes. Panic attacks may be the result of *Babesia* while self-mutilating behaviors may be associated with *Bartonella*. **Neurological** symptoms may present as tics, seizures, lowered or increased muscle tone, motor or sensory abnormalities,

many clues in TBDs. Dr. Corson stresses that every part of the body must be evaluated and that parents are often surprised by what she finds on their children. Hands and feet are evaluated. These may be cold or warm, clammy, or sweaty. Scalp, finger and toe nails, and the opening of the rectum are examined. Multiple hemangioma birthmarks may be observed in gestational cases of TBDs. Rashes of all kinds are often visible. These may include Erythema migrans (EM) rashes or *Bartonella* rashes which are often seen as striae presenting as either bands, stripes, or lines that look much like stretch marks.

Neurological evaluation consists of a review of cranial nerves and extraocular muscles looking for abnormal movements or tracking abnormalities. Motor strength and tone are evaluated as are balance and gait. Reflexes, speech, and language are assessed. Behavior, appropriateness, attentiveness, and interactions with parents and siblings are key factors in a psychological evaluation.

Dr. Corson looks for the possibility that mold may be a factor in the child's illness. Mold may be found in the home, school, or even the car. For some patients, mold exposure is a very significant component of the overall illness as mold mycotoxins produce a number of symptoms. Improvement is often observed through either remediating the moldy environment or removing the child from the environment entirely.

Physical Examination

A physical examination is a key part of Dr. Corson's evaluation of a patient potentially challenged with TBDs. Vital signs are evaluated, though these are generally normal. Tongue size, color, coating, edges, and sublingual veins are evaluated. Red crescents in the pharynx are often observed. Tonsils, teeth, gums, ears and eyes are investigated. Halitosis may be present.

Over the years, it became apparent that allopathic medicine did not offer a complete solution.

Maintaining Your Marriage In the Midst of Suffering



by **Linnette R. Mullin**

"Marriage is an adventure, like going to war," says G.K. Chesterton. Is this how you feel - that marriage is a series of battles, one after another? I believe all couples dealing with chronic illness struggle daily just to survive and wonder if life will ever get better. Others don't fare quite as well and the marriage comes to a tragic end. Despite the constant upheaval we Lymies and our spouses face, I believe our marriages can do much more than simply survive. I believe they can thrive.

Though our marriage isn't perfect, John and I have grown by leaps and bounds since the day we said "I do" seventeen years ago. We've been through enough trials to keep blog readers hooked for years. Keep this in mind as I share in an overview some things that have been vital in rescuing and strengthening our marriage. And remember that whether you are the one who is chronically ill or your spouse is, we all face the same struggles. So, please consider the following insights regarding building or rebuilding a strong marriage in the midst of your sufferings.

Between you and God:

1. Correct life focus - an intimate relationship with

Christ is vital. Without it, there is no guarantee of success.

2. Pray without ceasing - bathe every aspect of your life in prayer, moment by moment - especially your spouse and your marriage.

3. Trust God completely - don't put your faith in your faith, but in God Himself. Don't limit God by putting Him in a man-made box. He's so much bigger than we can ever hope to realize while in this life. He can and does move mountains that seem quite impossible to us. We may not be able to see or understand the things we go through in this life, but we can have peace knowing that God knows and is working it all out for our good and His glory.

4. Renew your mind - train your mind how to think about God, yourself, your spouse, your children, your circumstances, but mostly God. Learn Him.

5. Ask for wisdom - God gives wisdom to all who seek it. It is the truth of God's word that keeps us anchored.

6. Avoid bitterness - its roots go deep and are the hardest kind to destroy. It grows and chokes out all the work God would do in our hearts. It numbs us and keeps us from recognizing the Holy Spirit's leading. Its poison blinds our eyes to God's truth and the true condition of our lives.

7. Talk to yourself - always tell yourself the truth and tell yourself the truth always. Don't allow lies to infiltrate and dissuade you from doing the right thing and being the person God wants you to be. Remember whose you are. If you are a true child of God, remind yourself of it often. Learn more and more what it means to be His child. This is an area where we should con-

stantly be growing in our knowledge.

Between you and your spouse:

1. Learn effective modes of communication - scrutinize how you communicate with your spouse and strive to replace bad habits with good ones. For example, speaking when angry is usually the worst time for discussion and sometimes it's the issue itself that stirs anger. Explore ways of communication that creates the least amount of provocation. You might find that emails, texts, or letters to be the safest means for such things. Find what works for you in your situation.

2. Develop a strong sense of understanding - everyone involved struggles with the same internal battles, just from a different perspective...fear, guilt, disillusionment, frustration, depression, anger, bitterness, humiliation, helplessness, and so on. Coach yourself to think from your spouse's perspective as much as possible.

3. Expect ugly moments - growth and change don't always look pretty. So many times we and our spouses have to go through a difficult trial before we learn what needs to be learned. There may even be temperament issues during the process because we tend to react the most when conviction is the heaviest. These are not moments for worry, but for prayer.

4. Learn patience - be patient with yourself and your spouse as neither of you is perfect and sanctification is often a slow go. Don't try to change your spouse; you'll only make things worse. Focus on changing yourself and pray for God to work on him or her. Since we all grow at different rates, be patient when you "get it" but

your spouse doesn't. Remind yourself often that God is the only one who can change hearts.

5. Recognize improvements and be thankful - the slightest improvement is good. Even though it often feels like "one step forward, two steps back," be thankful. Recognize each step forward for what it is and don't take any of them for granted.

6. Persevere beyond your limits - don't give up no matter how hard things get, no matter how much you think the other person wants to. God makes all things beautiful in time and saving your marriage really is worth the effort.

7. Enjoy the moments - relish those special moments, no matter how small, when all seems right with your world. They may be few and farther apart than we would like, but you would be amazed how the more you recognize and cherish them, the more numerous they grow.

As you strive to build a strong marriage in the midst of physical suffering, remember that God is with you. As the gold-smith is closest to the gold in the fire so as not to lose what is precious, so is God closest to those going through trials. I didn't go into my marriage knowing these things. I've learned them along the way. So, be encouraged! If you find yourself struggling in your marriage, don't believe the lie that it's too late for you. God has an amazing way of working in people's hearts. It's not too late to turn your life and your marriage around. Trust God, for "I am sure of this, that He who began a good work in you will bring it to completion at the day of Jesus Christ." Philippians 1:6 (ESV) *pha*

A Note to the Reader:

The issues we face in marriage are too numerous to cover comprehensively in one article. I hope you find this overview helpful and will continue to read in the following months as I hope to dive deeper into the various points of interest. If you have any questions or comments, anything you would like to see addressed, please feel free to email me. Until next month, "The grace of the Lord Jesus Christ be with your spirit." Philippians 4:23 (ESV)

About the Author:

Linnette R. Mullin is a freelance writer and author. She has written articles for publications such as *In Touch Magazine* with Charles Stanley and *The Write Connection* for Heart of America Christian Writer's Network (HACWN). She is currently writing an on-line novel entitled "Finding Beth."

An active member of HACWN, she was chosen "Cheerleader of the Year" for 2008 and won "Non-fiction Article of the Year" at their annual conference for "God's Healing Promise" - to be published in 2009 by the on-line magazine, *Iow What?*

Linnette ministers through her on-line support group for chronically ill people and their loved ones called "LymeLife: Living with Chronic Illness." You may visit her at www.LinnetteMullin.com or contact her at Linnette.PublicHealthAlert@yahoo.com.

Linnette and her husband, John, have four awesome boys. Linnette and her sons are currently being treated for Lyme disease.

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Treatment
Guidelines**

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“Corson” ...cont'd from pg 3

iron is low, Dr. Corson suspects *Babesia*. When ALT is slightly elevated and WBC is low, she considers *Ehrlichia*. She has found that CBCs often show neutropenia, lymphopenia, or a reversal of the normal lymphocyte / neutrophil ratio.

Human Leukocyte Antigen (HLA) testing is performed based on the work of Ritchie Shoemaker, MD. The HLA panel provides specific insights as to the patient's ability to remove biotoxins effectively from the body. About one-quarter of the general population will be found to have genetic types that would increase the likelihood of more severe illness if exposed to biotoxins produced from Lyme disease or molds. Some patients are "multi-susceptible" types meaning that they are susceptible to both Lyme and mold biotoxins. In patients with chronic Lyme disease, the percentage of those evaluated who express genetic issues in this area is much higher than in the general population.

Dr. Corson runs tests to investigate the possibility of autoimmunity as a piece in the illness as the immune system often becomes dysregulated when a patient has chronic Lyme disease. She evaluates whether or not hypercoagulation is a factor. It is not uncommon for the blood to become thickened, which essentially serves to protect the organisms and makes treatment more difficult.

It has long been known that toxicity is a significant factor in chronic illness. Heavy metal toxicity is a common finding in many patients. A stool analysis is performed to look for pathogenic bacteria, parasites, yeast, and levels of beneficial probiotic bacteria as well as to evaluate whether or not the patient may have leaky gut syndrome. Food allergy panels are performed as elimination of allergenic food items is often a key part of the approach to treatment.

When the baby is born, PCR testing is ideally performed on the first urine, the cord blood, the placenta, and the foreskin to evaluate for the presence of infection with *Borrelia burgdorferi*.

Thereafter, PCR testing is performed monthly on the urine.

In terms of imaging studies, a brain SPECT scan is often helpful. These can, however, be normal even in children that are significantly impaired. When the SPECT scan is abnormal, this is a very significant finding. The Amen Clinics look at both perfusion (blood flow) and metabolism at rest and with concentration in their SPECT scans.

Often times, these laboratory tests provide important clues to Dr. Corson as to the potential causes of illness. However, testing for tick-borne disease is still in its infancy and better diagnostic tools are desperately needed. As a result, it is important to look beyond laboratory testing alone and to evaluate the patient in other ways.

Pathophysiology

Pathophysiology is the study of changes in function

within the body that result from a disease process. In tick-borne diseases, the list of these changes is potentially a very long one.

Multiple infections lead to multisystem organ damage. The nervous system is heavily impacted in tick-borne disease. *Herpes* viruses, *Chlamydia*, *Mycoplasma*, and many other infections heavily impact the course of the illness. *Borrelia* is clearly the ring-leader in chronic Lyme disease. It opens the door to many other infections which are then able to invade the body and take up residence.

Dysbiosis (microbial imbalance) of the gut is a common finding. The mucosal lining of the GI tract often harbors infection. It is a known site for the formation of biofilms. Leaky gut

is commonly present in children with TBDs, as is intolerance to gluten. The GALT, or Gastrointestinal-Associated Lymphoid Tissue, is a key component of the body's immune system and it protects the body from invaders. In many patients, the GALT is often found to be dysregulated, thus impairing the proper functioning of the immune system throughout the body.

According to Dr. Corson, cleaning up the gut is one of the first things that must be done before moving forward with treatment.

Liver detoxification abnormalities are almost always present. These may be in the methylation or sulfation pathways and are often genetically influenced - such as in patients with an MTHFR defect or problems with other detoxification pathways. Levels of homocysteine and methionine may be abnormal.

Systemic inflammation is often observed. Lipid abnormalities may be present. Cytokine imbalances may be the result of a confused immune system attempting to respond to items that are foreign. These imbalances must be corrected in order to reduce inflammation. The immune system must then be upregulated to respond to specific targeted pathogens.

Blood vessels may be inflamed in what is known as vasculitis. The blood itself may become thickened due to the overproduction of fibrin. Bone marrow becomes dysfunctional and as a result, the patient may have low platelets (thrombocytopenia), low neutrophils (neutropenia), or low lymphocytes (lymphocytopenia). This further impacts the body's ability to mount an effective immune response to address chronic infections. Anemia may be present.

Autoimmunity is unfortunately another common finding in chronic Lyme disease. As the immune system becomes dysregulated, autoimmune responses become more common. Autoimmunity may be in part the result of molecular mimicry, a process through which the infections are able to look like normal tissues in the body and cause the immune system to incorrectly recognize

self vs. foreign invaders. Autoimmunity to the thyroid is very common in patients with TBDs. This can be evaluated by looking at thyroglobulin antibodies and TPO antibodies. Anticardiolipin antibodies are used to evaluate autoimmunity to the interior lining of the blood vessels while myelin basic protein antibodies give clues to autoimmunity to nerve tissue. Antigliadin antibodies suggest an immune response to gluten as a result of leaky gut syndrome or congenital abnor-

Heavy metal toxicity, such as that resulting from mercury, aluminum, or arsenic exposure, is almost always a factor in chronic illness

malty. Antinuclear antibodies are evaluated using an ANA and a rheumatoid factor (RF) is often ordered. Both are indicators of autoimmune activity.

Changes are often present in the central nervous system. Oxidative stress levels may be elevated. Glutathione levels are often depressed. There may be changes in the metabolism of homocysteine and methionine. Important detoxification pathways such as methylation and sulfation are often impaired which leads to elevated levels of both ammonia and sulfates. Autonomic and peripheral nervous systems can be severely affected resulting in Neurally-Mediated Hypotension, Postural Orthostatic Tachycardia Syndrome (POTS), or even "Bell's Palsy" of the gut.

Ticks are cesspools of disease

Biotoxins are often elevated resulting from both exposure to external sources of biotoxins as well as toxins that are created from the microbes that live within infected patients. In chronic Lyme disease, these water and fat soluble toxins may be the result of indoor mold exposures and infection with *Borrelia*, *Babesia*, and other toxin-producing microbes.

Biotoxins increase the production of inflammatory cytokines which in turn upregulate systemic inflammation and lead to a worsening of symptoms. Insulin resistance increases, lipid profiles deteriorate, and levels of VEGF and PAI-1 are altered. Leptin receptors are damaged which leads to weight gain. Key regulating hormones in the body such as MSH (melanocyte stimulating hormone) and VIP (vasoactive intestinal peptide) become deficient. All hormonal systems of the body are negatively and significantly impacted by the presence of biotoxins.

Hormonal dysfunction is present in almost all chronic

Lyme disease patients, even in children. Insulin and leptin resistance develop. Thyroid insufficiency is often present. There are deficiencies in sex hormones. The renin-angiotensin system is impacted resulting in problems with blood pressure and fluid balance. Abnormalities in antidiuretic hormone (ADH) lead to retention of fluids. Adrenal glands are often stressed or entirely exhausted.

Heavy metal toxicity, such as that resulting from mercury, aluminum, or arsenic exposure, is almost always a factor in chronic illness. In children, this may be related to vaccinations where mercury and aluminum are used as preservatives. Many over-the-counter medications contain aluminum. Very few people recognize that factory-farmed chicken is high in arsenic. Children, especially the first born, can acquire heavy metal toxicity from their mothers in utero.

Dr. Corson has found that patients often have a history of past physical, emotional, or psychological trauma. These factors, though not pleasant, must be considered and dealt with in order to return the child to a state of wellness.

Management - Restoring Effective Function

The management of tick-borne disease is complex and requires the consideration of many factors. Just as Dr. Corson thoroughly evaluates each child through history, physical examination, and laboratory testing, she creates an equally thorough treatment program, which optimizes the outcome of each child she cares for. It is only through addressing the many factors involved in chronic tick-borne diseases that notable improvements are realized.

Diet is a key part of approaching chronic illness. Paleolithic dietary principles are often appropriate. Organic grass-fed meats, wild-caught fish, fruits, vegetables, and tree nuts are good options; whereas grains, legumes, cow dairy products, refined sugars, and processed oils are best avoided. In many cases, avoidance of gluten, cow dairy, sugar, and yeast are necessary. Individual dietary restrictions are introduced based on food allergy testing. It is important for the child to have a diet with the least possible risk of allergic reaction as the immune system is already overburdened and inappropriately responding.

The living environment must be carefully considered. This includes home, school or day care, car, and any other environment where the child spends time. Each of these must be evaluated for the presence of mold. Biotxin-binding substances such as Cholestyramine may be necessary in order to bind toxins which are a common source of symptoms throughout the body. Algae products and homeo-

pathics are often helpful. Avoidance of environments with toxic exposures is a key to recovery.

Electromagnetic fields (EMFs) should be investigated and every possible approach to minimizing these biologically incompatible frequencies should be implemented. This may include removing TVs, computers, electrical toys, turning off circuit breakers in the child's bedroom at night, removing cordless phones and wireless devices from the home, and avoiding cellular phones.

Dr. Corson incorporates the concepts of German Biological Medicine and Homotoxicology in her practice. This involves an assessment of where the patient is within six phases of disease development. The earlier stages include: Excretion, Inflammation, and Deposition. With each further stage, the disease process becomes more deep seated in the body. As the illness progresses, it moves to the later stages which are Impregnation, Degeneration, and Neoplasm. Dr. Corson's goal is to identify the child's current stage and then to move them back towards the earlier stages of the Homotoxicology model using the principles of German Biological Medicine. Restoration of patient vitality through rebuilding of vital heat and energy, or chi, is the first step.

The health and function of the extracellular matrix is of crucial significance. The matrix provides structural support to cells and is critical in both bringing nutrients into cells as well as supporting the removal of toxins from the cells. It must be cleared of biofilm formations, toxicity, and infection. Many functions in the body are supported through communication that occurs throughout the tissues in the matrix. As these are often impaired, the matrix must be a focus of treatment.

Metabolic function of the Gastrointestinal-Associated Lymphoid Tissue (GALT) is evaluated and corrected. Many children have leaky gut syndrome whereby the bowel lining has increased permeability and allows larger than expected particles into the bloodstream, thus creating an undesired immune response. Biofilms in the gut must be broken up while simultaneously removing infections and any dysbiotic microorganisms. The gastrointestinal tract must be repopulated with both prebiotics and probiotics in order to bring healthy balance to the bacteria found in the gut. The flow of material and the mechanical activity of the digestive system must also be optimized.

It is critical for the liver to function optimally in order to return a child to a state of wellness. There are often detoxification defects in methylation and sulfation pathways. These may be genetic in origin or acquired, but can be bypassed with appropriate therapies. Toxicity and infections both significantly affect the function of the liver. The flow of bile and function of the gallbladder must be improved in

“Corson” ...cont'd pg 7

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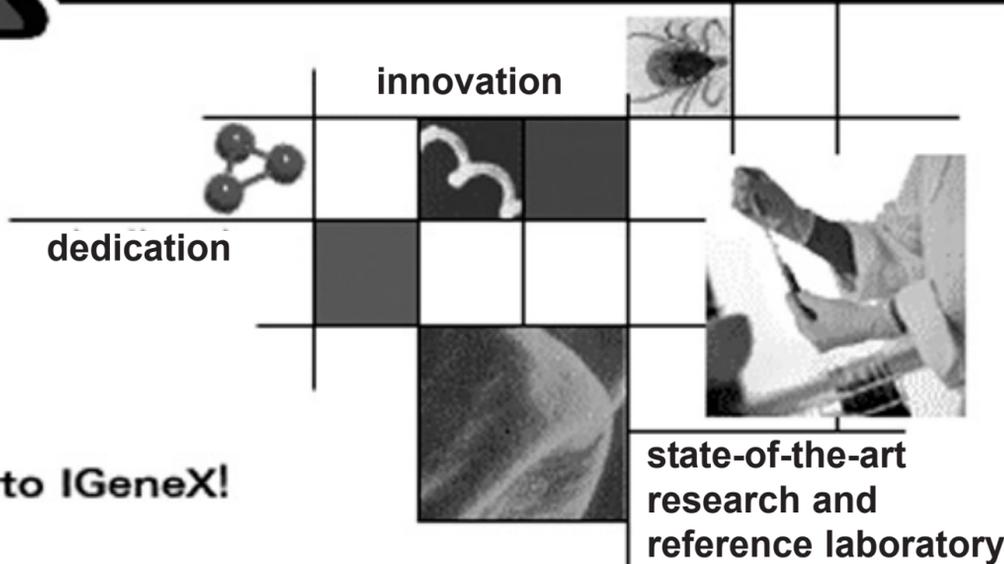
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order to support an effective overall detoxification program. Dr. Corson finds that the liver will often improve dramatically once the toxic load from dysfunctional intestines is removed. Thus, any attempts to improve the function of the liver are often not successful until the toxic load of the gastrointestinal tract is addressed.

The Mucosal-Associated Lymphoid Tissue (MALT) is evaluated. This includes the sinuses and the lungs. Often, biofilms present in the sinuses create a haven for infections that further stress the patient's overall system. Allergic responses are often upregulated. Head, neck, and chest lymphatics may be congested.

The function of the bone marrow is considered given that the bone marrow is the source of red blood cells, white blood cells, and platelets. The more normal the immune cells produced by the bone marrow are the better the child's immune system can respond to the many infectious and toxins present.

The central nervous system is a common source of symptoms for patients with Lyme disease. Dr. Corson works to lower oxidative stress which impacts the CNS. Levels of ammonia and sulfates are examined and appropriate interventions are put in place. Both the myelin sheath and cell membranes are in need of repair.

Various systems in the body have regulatory effects on others systems. Optimization of one system leads to beneficial effects on the other. For example, neuroimmunology is a field which looks at the interactions between the nervous system and the immune system. Neuroendocrinology considers the interactions between the nervous system and the endocrine, or hormonal, system. The neurovascular system considers how the nerves control the caliber of blood vessels. Often times, hypercoagulation, or thick blood, is a factor that must be addressed in order to effectively treat chronic infections.

In managing patients with tick-borne diseases, Dr. Corson generally uses a cycle of release, provoke, release, provoke, release. She comments that "The effective management of tick-borne disease is not unlike peeling an onion. There are many layers to the problem that must be addressed over the course of the treatment."

Management - Therapeutic Tools and Medications

There are a number of different tools that Dr. Corson uses in the management of tick-borne diseases. She finds that since many things have gone wrong in the bodies of people dealing with these diseases, it takes many different approaches and therapies in order to return a patient to vitality.

Spagyric homeopathic remedies and herbal medicines can be very helpful. She states that "Pekana® products are incredibly magical medicines." She uses spagyric products from Energetix as well.

Nestmann has a number of useful homeopathic remedies.

Medications that modulate or balance the immune system are often helpful. Syntrion® and San Pharma™ have created homeopathic preparations of metabolic products from common fungi and bacteria which regulate and modulate the immune system. Syntrion® offers cellular reprogramming medicines which are incredibly effective. Nosodes from Energetix and Deseret Biologicals can be beneficial tools. Researched Nutritionals® has a "wonderful range of transfer factors" that are helpful in dealing with the various infections commonly present in TBD patients.

Nutritional supplementation is generally necessary in order to provide the body with the building blocks needed to support optimal function. The nutritional supplementation aspect of the recovery program is interwoven with the homeopathic and immune-modulating medications in a synergistic manner.

A fresh organic diet with grass-fed meats and sprouted grains is recommended. In fact, "A good diet is always the first place to start," according to Dr. Corson. A multivitamin with trace minerals and magnesium serves as a foundational item. Essential fatty acids are generally required. For children, DHA, phosphatidyl serine, glycerophosphocholine (GPC), and phosphatidyl choline are most appropriate. For adolescents and adults, EPA or DHA are generally suggested.

In support of appropriate methylation, activated coenzyme forms of B vitamins such as folinic acid, methyl-B12, P5P, and even BH4 are considered. Antioxidants of all kinds are often necessary. These include vitamin C, vitamin D, vitamin E, R-Lipoic Acid as well as specific cerebral antiox-

idants such as Cerebro PTC from MarcoPharma and Fibroboost® from Allergy Research Group®.

Specific consideration is given to mitochondrial energy production within cells and the use of specific nutrients to "resuscitate" energy producing capabilities. These include CoQ10, NAC, Acetyl-L-Carnitine, D-Ribose, R-Lipoic Acid, organic acid homochords

The effective management of tick-borne disease is not unlike peeling an onion. There are many layers to the problem that must be addressed over the course of the treatment.

(Lactiplus, Citiplus, and Formiplus from Pekana®), and Researched Nutritionals® NT Factor Energy™.

Dr. Corson uses a multitude of advanced nutritional creams available from Health Pro Labs which can be highly effective, especially in children. Several creams that she has found to be beneficial include molybdenum, orthinine, folinic acid with TMG or folinic acid with TMG and B12, B12, CoQ10, Vitamin D3, Vitamin C, taurine, melatonin, GABA, GABA with theanine, R-Lipoic acid, niacin, glutathione, "Cognitive Therapy", "MS", "Autistique", magnesium citrate, and magnesium sulfate.

The importance of probiotics cannot be over stated as these are critical not only in fighting yeast infections but also in addressing pathogenic bacteria in the gut. Klaire Labs™ Ther-Biotic®, Researched Nutritionals® Prescript-Assist™, MarcoPharma's Ba-Co-Flor, and Theralac® are good options. Nutrients to repair the gastrointestinal tract include glutamine, Syntrion's® SyCol, Tyler's Permeability Factors™, deglycerinated licorice (DGL), and aloe.

Heavy metal binders

include PectaSol®, chlorella, Energetix' Arctic Alginate, Modifilan®, BodyGuard Supreme™ from Supreme Nutrition Products, and Klaire Labs™ Interfase Plus®. For removing vaccination stress, homeopathics from Energetix and Pekana® are helpful.

Management - Antimicrobial Therapies

Though Dr. Corson does not believe that allopathic medicine alone holds the keys to recovery from the complexities of tick-borne disease, she does believe that there is a place and a time for allopathic treatment options in a well-planned protocol. She follows the treatment guidelines set forth by the International Lyme and Associated Diseases Society (ILADS) in her practice.

For the treatment of *Borrelia*, a cell-wall antibiotic such as a penicillin or cephalosporin along with an intracellular antibiotic such as a macrolide or tetracycline is used. Plaquenil, Flagyl, or Tindamax may be added along with a cell-wall drug and intracellular drug in order to address the cyst form of the infection.

For *Bartonella*, doxycycline and a macrolide drug, doxycycline and Rifampin, Bactrim and Rifampin, or a quinolone drug may be used. For *Babesia*, Mepron, macrolides, Plaquenil, Artemisinin, or Bactrim may be helpful. Macrolides or quinolones may be used for *Mycoplasma*; while macrolides or Rifampin may be used for *Chlamydia*.

In looking towards non-allopathic antimicrobial options, Dr. Corson utilizes many of the antimicrobial herbs from the "Cowden Support Program". These include NutraMedix® Cumanda™, Samento®, Quina™, Banderol, Mora, and Enula. She incorporates homeopathic and herbal antibiotics and antivirals from numerous companies that utilize traditional Native American, South American, European and Asian traditions to target infections such as *CMV*, *Epstein-Barr Virus*, *HHV-6*, *HSV-1*, *HSV-2*, *Mycoplasma*, *Babesia*, and *Chlamydia*. The key is that all of these tools are used in an integrative manner.

Beyond restoring function, using therapeutic tools, and implementing an appropriate antimicrobial strategy, there are a number of other therapies that Dr. Corson may suggest. Cranial osteopathy is invaluable whenever there is any history

of trauma. Chiropractic neurology can assist in rehabilitating the brain and rewiring neural circuits. Chiropractic care and acupuncture can be useful interventions. Lymphatic drainage via machines such as the Lymphstar Pro® or through lymphatic massage can support the removal of toxic wastes. Physical exercise and rehabilitation are appropriate, but only to tolerance and only when the patient is able.

Treatment Caveats

Dr. Corson has observed a number of important caveats along the way. She believes that any child that becomes ill after a tick bite needs a full evaluation for the presence of coinfections. She further states that any child who becomes ill after a tick bite and was only treated with 3-4 weeks of oral antibiotics has most likely been inadequately treated. Often times, inadequate treatment makes future treatment more difficult.

Neurological or neuropsychiatric signs and symptoms are often the first and only signs of infection. They are also the most common indication of persistent infection after inadequate treatment.

Summary

It becomes clear rather quickly that the evaluation and management of tick-borne disease is a complex and evolving area of medicine. From a review of symptoms to a physical evaluation, and consideration of laboratory findings, to a restoration of function using various therapeutic tools including the incorporation of antimicrobial therapies, tick-borne disease management is far from straightforward.

Dr. Corson's son graduated from Franklin and Marshall College with honors in Philosophy last May and will be starting graduate school at St. Andrews University in Scotland in September. He is nearing the end of his seventh year of a successful multidisciplinary treatment for TBDs.

It takes someone with a deep passion for healing to have an impact on children and their families. Fortunately for many, that "someone" has been found in Dr. Corson.

Disclaimer: This article is not intended to serve as individual medical advice. All statements made are general in nature and should be discussed with a licensed health-care practitioner.

Resources

- ❖ Amen Clinics - <http://www.amenclinics.com>
- ❖ Allergy Research Group® - <http://www.allergyresearchgroup.com>
- ❖ BioResource Inc. is the importer of Pekana®, Syntrion and SanPharma: <http://www.bioresourceinc.com>
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- ❖ Fry Laboratories, LLC - <http://www.frylabs.com>
- ❖ Health Pro Labs - <http://www.healthprolabs.com>
- ❖ IGeneX, Inc. - <http://www.igenex.com>

- ❖ Integrative Therapeutics, Inc.® (Tyler) - <http://www.integrativeinc.com>
- ❖ International Lyme and Associated Diseases Society - <http://www.ilads.org>
- ❖ Klaire Labs™ - <http://www.klaire.com>
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- ❖ Turn the Corner Foundation - <http://www.turnthecorner.org>

About Dr. Corson

Dr. Corson obtained her BA in Biology from Franklin and Marshall College in Lancaster, PA. She spent two years in graduate school at Penn State's Hershey Medical School working towards a Ph.D. in Neuroanatomy before entering medical school at the University of Pennsylvania School of Medicine in Philadelphia, PA where she earned her MD degree in 1982.

Dr Corson did her internship in Internal Medicine and had residency training in Neurology at the Pennsylvania Hospital before completing a residency in Family Practice at Abington Memorial Hospital in Abington, PA. She is Board Certified in the practice of Family Medicine and

has 27 years of primary care experience in Emergency Medicine, Occupational Health, and Family Practice. Dr. Corson has been a member of ILADS, the International Lyme and Associated Diseases Society, since 2003. She has studied with Joseph Burrascano, MD and Charles Ray Jones, MD in their offices thanks to grants provided by ILADS and Turn the Corner Foundation.

Her practice in Chester County, PA is devoted full time to the treatment of patients suffering from Lyme and associated tick-borne diseases. Working with hundreds of such patients has provided Dr. Corson with the difficult yet enlightening experience that makes her a recognized expert in the field.

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Military Lyme Disease Support

Military Lyme Support is an online source of information and emotional support. This site is for Military Members, Veterans, and their family members who suffer from Lyme and other vector-borne diseases. Members are stationed in the United States and abroad.

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Book Review: Real Food for Mother and Baby



by Marjorie Tietjen

Title: Real Food for Mother and Baby
Author: Nina Planck
ISBN: 13: 978-1-59691 - 394 - 3

I don't feel it is an exaggeration to state that the survival of the human race depends on mankind returning to a diet which is more in harmony with nature. The further we travel away from natural dietary principles, the sicker we become. Our list of chronic illnesses seems to increase every day but the most frightening part of all is that this obvious frailty is very often considered to be normal. Our children are suffering as a result of modern dietary ignorance, which is perpetuated by the industrialization of our food supply.

Nina Planck, in her book *Real Food for Mother and Baby*, helps to dispel this dietary ignorance by educating

parents as to what foods have real sustenance. Be prepared for a surprise. Her recommendations do not coincide with the dietary advice of government agencies and corporations. Nina explains how producing vibrantly healthy children begins even before conception. Planck discusses the importance of a special preconception or fertility diet. She tells us what foods are helpful and why. Many indigenous cultures stressed the importance of women consuming special fertility foods before they were allowed to be married. This practice ensured increased fertility and sturdy offspring. The author shares her opinions concerning a vegan diet, what this type of diet is lacking, and how it can affect mother and baby.

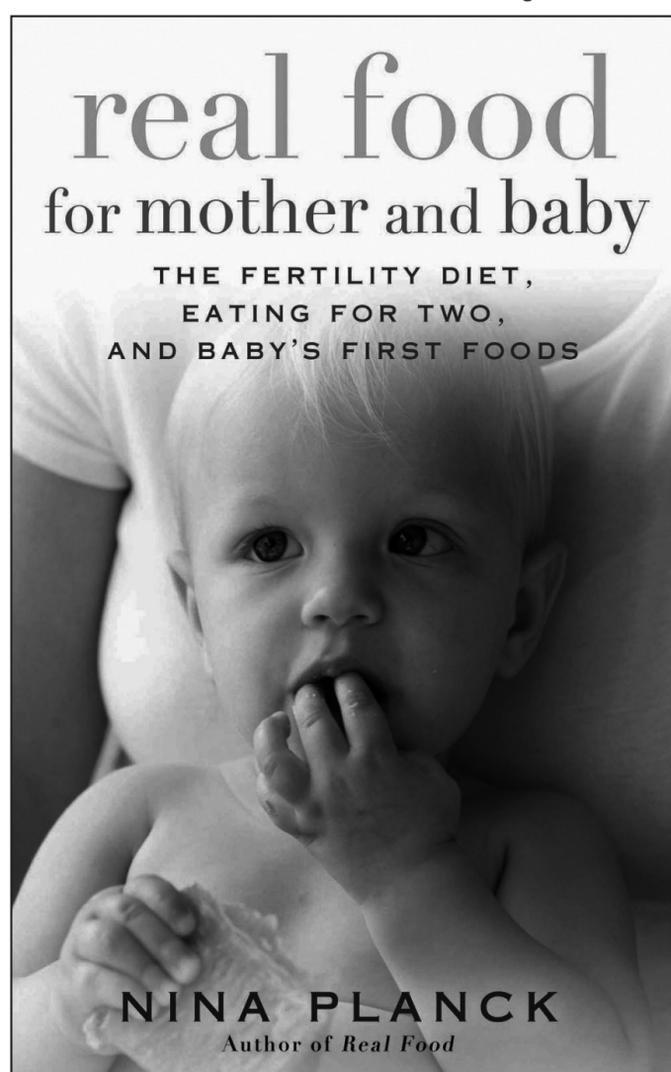
Nina describes how women feel during the different stages of pregnancy and uses her own pregnancy experiences as examples. She reassures women about morning sickness and explains why it can occur. There are normal physiological reasons for being nauseous in early pregnancy and Planck offers several possible remedies.

The author thoroughly explores the types of food that should be eaten during pregnancy but she advises 'mothers to be' not to get overly uptight if their appetites fluctuate. Nina also suggests that pregnant mothers listen to their cravings as she feels they are occurring

for a reason.

After the baby is born Planck recommends breast feeding as absolutely the best food available, perfectly designed for the human infant. She talks about how difficult and even impossible it is to make formulas which could closely imitate natural human breast milk. The author feels so strongly about this issue that if she could not produce her own milk, she would think of hiring a wet nurse. Her second choice would be purchasing milk from a human milk bank. This book allays fears concerning strict nursing schedules and mothers are encouraged to set aside preconceived notions as to when or how often they should nurse. Basically, we are told that the infant will let you know how much milk it needs and how often.

When it comes time to introduce solid foods, the book offers many nourishing snack ideas to choose from. Nina discourages cereals and tells us why on page 199. "Babies do not produce the needed enzymes to handle cereals, especially gluten-containing grains like wheat, before the age of one year. Even then it is common traditional practice to soak grains in water and a little yogurt or buttermilk for up to 24 hours. This process jump-starts the enzymatic activity in the food and begins breaking down some of the harder to digest components."



Nina's personal stories are encouraging and reassuring. She puts new mothers at ease, letting the reader know that even if pregnancy, birth and the nursing experience didn't go quite as they had planned that this doesn't mean they have failed. She dares to admit that

even she is not perfect nor does she have all the answers.

The author's style of writing is informal and personal. I think that most readers will find this book to be helpful and refreshingly different from other books on this subject. *pha*

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The Nose Knows!

New Marker for CFS, Fibromyalgia Treatment



by Jacob Teitelbaum, MD

Bowel symptoms are a routine part of chronic fatigue syndrome, fibromyalgia and ME, otherwise known as myalgic encephalomyelitis. These are caused by many problems including numerous bowel infections and autonomic nervous system dysfunction. The autonomic nervous system is what controls contractions that move food in the proper direction going from your stomach toward the colon and anus.

Bowel infections and autonomic dysfunction results in acid reflux, nausea, diarrhea, gas, bloating and constipation - and most people with CFS/FMS have some or all of these symptoms. In our experience, these generally resolve when treating with the SHINE Protocol. Eliminating candida/yeast overgrowth is especially helpful (I recommend candida be treated in almost everyone with CFS or fibromyalgia), as is treating any parasitic infections which in our study were present in 1/6 of CFS patients. Small intestinal bacterial overgrowth (SIBO) is also common in CFS/FMS and is actually aggravated by an underactive thyroid.

So What's Jew? I Know I Have Bowel Infections

What's new is the hypothesis that hydrogen sulfide (which causes a rotten egg smell and is the major reason why intestinal gas sometimes smells awful) is also being produced at toxic levels by certain unhealthy bacteria - and aggravating CFS/ME symptoms. It is also hypothesized that the presence of toxic metals (e.g., mercury, nickel, etc.) can make the hydrogen sulfide even more toxic and block energy production in people's mitochondrial

energy furnaces.

Along with this hypothesis, a home test kit to measure for hydrogen sulfide will also be marketed to people with CFS. More on the pros and cons of this test kit below.

Hydrogen sulfide is normally found in our bodies at low levels. It is a major part of natural gas (e.g., the gas used in gas ovens). It is usually not toxic at low levels (your body has enzymes to break down small amounts) but can be very toxic at very high levels. The key question is whether the gut bacteria are really producing enough hydrogen sulfide to be a major cause of toxicity. I have not yet been able to find the data on just how high the hydrogen sulfide levels were in Dr. DeMeirleir's study.

To put this in perspective:

- ❖ 0.0047 ppm is the recognition threshold, the concentration at which 50% of humans can detect the characteristic odor of hydrogen sulfide, normally described as resembling "a rotten egg."
- ❖ 2 ppm has been suggested to be associated with subtle medical problems. This is approximately 400 times the level where you will smell it.
- ❖ Less than 10 ppm has an exposure limit of 8 hours per day.
- ❖ 10-20 ppm is the borderline concentration for eye irritation.

This means that you're going to start smelling hydrogen sulfide at less than 100th of the concentration needed for it to be toxic. This means our nose could supply a wonderful and very sensitive test for the presence of hydrogen sulfide overproduction.

Do I Recommend the Hydrogen Sulfide Urine Test?

Not at this time. I think Professor DeMeirleir is a very bright and caring researcher. I would not be surprised if the H2S produced by bowel bacterial overgrowth turns out to be one of many toxins causing problems in CFS. I will be very surprised however if it turns out to be the major cause - as is being proposed in news releases.

Basically, I need to see what the actual levels of H2S were that were found in his study and how high a level it takes to give a positive urine test. I hope to see Prof. DeMeirleir at a conference next month and hopefully will be able to get this information from him at that time.

Though the home urine test, when available, will not be very expensive, I am concerned that it will be used to push (scare) people to do other more expensive testing. I prefer to avoid testing that I have not found to be very helpful in guiding people on how to get better.

What Can I Do Now?

TESTING

I suggest that you use your nose. Increased gas is common in CFS from many causes. Candida overgrowth is usually not associated with its having a foul smell. If your gas smells awful (in layman's terms, "farts that are silent but deadly" - and not always silent), you probably have bacterial overgrowth contributing to your CFS. On the other hand, it doesn't mean it's dangerous. If it did, men in general would be in deep trouble.

TREATMENT

This research is fairly new, so I don't think anything different needs to be done yet. The approach below, however, is reasonable if gas that smells like rotten eggs is a part of your symptoms:

1. Try using Bismuth subsalicylate (BSS). This is commonly known as Pepto Bismol. Each tablespoon or chewable tablet contains 262 mg, and it aggressively soaks up hydrogen sulfide and pulls it out of your body (by turning the hydrogen sulfide into bismuth sulfide). At the same time, it has antibacterial activity that may kill off both the unfriendly bacteria and the biofilms they live in. One to two tablets 3 to 4 times a day will be enough (adjust the dose so that the gas is not too stinky). Give it a 3 to 4 week trial and see if it helps. Then post your results on our community bulletin board and let us know if it helps you. The concern is that the Pepto Bismol



may also kill off some of the healthy bacteria, so I would stop it after 3 to 4 weeks. Warning - it is normal for Pepto-Bismol to turn your stools a black color. There appears to be a striking dose-dependent response with BSS: 400 mg / 100 g of dry food completely suppresses cecal hydrogen sulfide release in rats, whereas one fifth of this concentration has no demonstrable effect. What this means in English is just taken enough Pepto-Bismol to keep the flatulence from having a nasty smell.

2. Similar to bismuth, zinc acetate binds hydrogen sulfide. Zinc deficiency is common and causes immune dysfunction in CFS and fibromyalgia, so taking 25 mg a day of zinc is helpful overall. More than this can be toxic when taken long-term however.

3. Increase the intake of probiotics (healthy bacteria). I recommend those that come in "pearl form" as otherwise healthy bacteria tend to be destroyed by stomach acid. I recommend Acidophilus Pearls or Probiotic Pearls 2 twice a day for five months and then one daily.

About the Author:

Dr. Teitelbaum is a board certified internist and Medical Director of the national Fibromyalgia and Fatigue Centers, Inc. He is the author of the perennial best-seller *From Fatigued to Fantastic!*, which has sold over 500,000 copies. The 3rd revised edition from Avery/Penguin Group USA publishes on October 4, 2007.

In *Pain Free 1-2-3* (McGraw-Hill, April 2006), Dr. Teitelbaum outlines a step-by-step program that can help anyone identify the source of pain and understand how to alleviate it. *Three Steps to Happiness: Healing Through Joy* (Deva Press 2003), provides a blueprint for creating and maintaining a natural state of happiness and vitality at any time.

Dr. Teitelbaum lectures to patient, physician and research groups internationally. He is the lead author of groundbreaking "gold standard" research on effective treatment for Chronic Fatigue Syndrome and Fibromyalgia, which was published in the *Journal of Chronic Fatigue Syndrome*, volume 8, number 2 in 2001.

In April 2002, he was editorialized in the *Journal of the American Academy of Pain Management*, where his integrative treatment protocol was recognized as "standard of practice" for chronic pain conditions.

pha

"Priceless" ...cont'd from pg 2

up visit for high blood pressure will often only take 5-10 minutes, a PCP is able to see Medicare patients and pull in enough income to keep his practice open. Since TBD patients spend 30-60 minutes at their follow up visits, you can see that an LLP would soon go broke seeing these patients. And if LLPs can't make a living, Lyme patients will have no place to turn.

The other downside to treating Medicare patients is the "Medicare police" who have the right to sequester patient medical records based on nothing more than an anonymous tip that there may be wrong - doing. The Medicare police

may then proceed to issue huge fines for simple omissions in record keeping, and can easily bankrupt the doctor by these audits.

Dr. Joseph Burrascano, the well-known "Lyme warrior" from New York has told the story of several of his physician friends who were subject to Medicare audits which resulted in their spending \$150,000 to \$250,000 on legal fees, in the end to have Medicare exonerate them with an apology! He knew an entire multispecialty group that went through three years of audits requiring photocopying and submitting tens of thousands of charts. In the end, all doctors in the group were

forced to declare bankruptcy while Medicare simply apologized and said they had found nothing wrong. By then, the damage had been done and there was no avenue for restitution. So, it is not hard to see why LLPs, as well as many other specialists who take care of complex diseases, are unwilling to accept Medicare patients.

What About Other Types of Health Insurance?

The reasons that LLPs do not accept PPOs or other private health insurance are that 1) reimbursements for office visits are too low to cover

office costs, considering the duration of the visit, 2) office overhead costs are higher due to the extra staff needed to file for insurance and follow up for missed payments, and 3) association with these insurance companies may increase the LLP's risk of being reported to the regulatory boards. Insurers are less than pleased with the amount of money they must reimburse to treat chronically ill Lyme patients and are motivated to see that LLPs are silenced.. Additionally, some LLPs have actually been dropped by health insurance companies due to their non-traditional prescribing practices.

Summary

Being an LLP is not just a profession -it is a calling. Those who treat chronic Lyme disease devote their lives to the illness with a passion seen in few areas of medicine. Their tireless advocacy work assures that you, the patient, will be able to continue to receive the treatment you deserve even if your LLP has to put himself at risk for providing it. LLPs make sacrifices to a cause on a battlefield that has no place in health care. Far from being overpaid for the work they do, they provide a service that is priceless.

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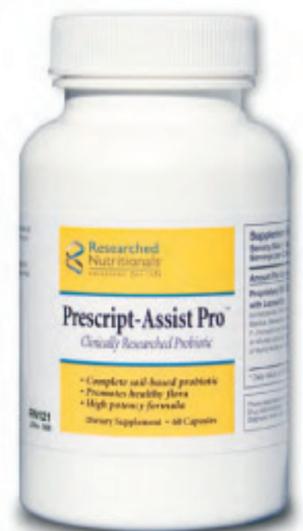
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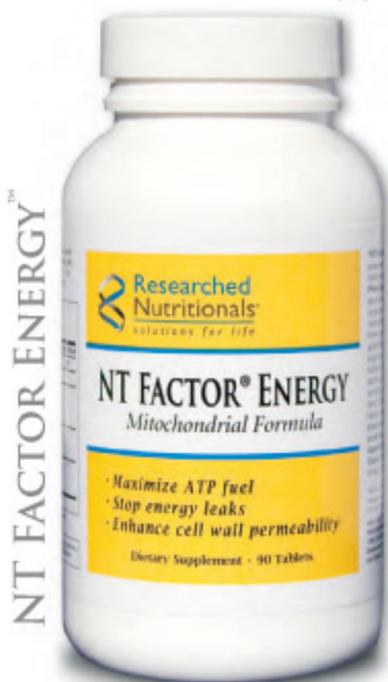
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